

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH

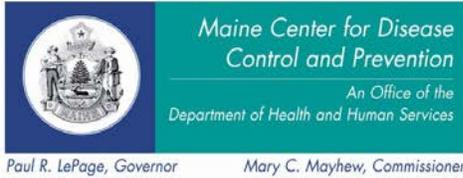
JUNE 21, 2017

AGENDA

10:00 – 1:00 Council Meeting
Includes a working lunch (please feel free to bring your lunch)
Room 209B, 2nd floor, Augusta Armory, 179 Western Avenue
Call-in Information: Call number: 877-455-0244; Passcode: 879 303 3495

- 10:00** **Welcome** - *Christopher Pezzullo, DO, State Health Officer*
- 10:05** **Introductions**
- 10:15** **Review of Agenda**
- Review of March 16, 2017 Minutes
- 10:20** **District Updates**
- SHIP Update** – *Nancy Birkhimer*
- 11:20** **Governance Structure Review**
- 12:20** **Voting**
- Operating Principles
 - Vacant Seats (2)
 - Chair
 - Co-chair
 - At Large Seats (2)
- 12:55** **Next Steps, Evaluation**
- 1:00** **Adjourn**

The Statewide Coordinating Council for Public Health, established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination.



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**Statewide Coordinating Council for Public Health
Meeting Minutes of March 16, 2017
Augusta Armory, Room 205; 10:00 a.m. – 1:00 p.m.**

Voting Member Attendance:

Seat	Roll Call	Name	Organization	Representing
1	√	Betsy Kelley	Partners for Healthier Communities	York District
2	vacant			Cumberland District
3	planned absent	Erin Guay	Healthy Androscoggin	Western District
4	absent	Jaki Ellis		Midcoast District
5	√	Joanne Joy	Healthy Capital Area	Central District
6	√	Patty Hamilton	Bangor Public Health	Penquis District
7	√	Helen Burlock	Community Health & Counseling	Downeast District
8	absent	Rachel Albert	University of Maine Fort Kent	Aroostook District
9	√	Christopher Pezzullo	Maine CDC	State Government
10	vacant			State Government
11	vacant			Department of Education
12	√	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	√	<i>Kenney Miller</i>	Maine Health Equity Alliance	Essential Public Health Services
14	vacant			Essential Public Health Services
15	√	Doug Michael		Essential Public Health Services
16	√	Peter Michaud	Maine Medical Association	Essential Public Health Services
17	√	Meg Callaway	Charlotte White Center	Essential Public Health Services
18	planned absent	Jennifer Gunderman-King		Essential Public Health Services
19	vacant			Essential Public Health Services
20	√	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	absent	Abdulkerim Said		Essential Public Health Services
22	√	Kristi Ricker	Maine CDC	Wabanaki Public Health District
23	absent	Daniel Onion		Essential Public Health Services
Total Voting Members Attending 12 = Quorum reached				

Interested Parties and Stakeholders Attending

James Markiewicz, Al May, Drexel White, Paula Thomson, Stacey Boucher, Jessica Fogg, Adam Hartwig, Kristine Jenkins, <i>Jamie Paul</i>	Maine CDC, District Public Health
Sheryl Peavey, Nancy Beardsley, Deb Wigand, Nancy Birkhimer, Andy Finch	Maine Center for Disease Control and Prevention
Kara Ohland	Community Health Options,
Kristen Dow	Attending on behalf of Seat 2, vacant
Emily Poland	Attending on behalf of Seat 11, vacant

Attendance:

- Confirmation of quorum

Key to Notes:

Text highlighted in yellow indicates agreed-upon changes to the draft governance structure

Text appearing in red refers attachments to these minutes

Speakers' requests are shown in text underlined in red; speakers' names are italicized

Text highlighted in pink represent notes made by the secretary post-meeting

Agenda Review

- December 2016 minutes reviewed and passed without comment
- Agenda reviewed and passed without comment
- 2017 schedule and revised meeting date reviewed and passed without comment
- Result of vote on SCC acting as the Preventive Health and Health Services Block Grant Advisory Committee
 - The vote passed by a majority of voting members of the SCC
 - Outstanding was the answer to a question regarding the scope of the SCC and the authority it has to advise the PHHSBG
 - The Assistant Attorney General (AAG) advising the Maine CDC clarified that it is not outside the scope of the statutory authorization of the Council to advise the MCDC for the Public Health and Health Services Block Grant.
 - The AAG focused on the issue of conflict of interest and advised that the SCC governance structure as drafted addresses conflict adequately; (as a result of this discussion, the word "may" will be changed to "shall" in Line 170 of the Draft Governance Structure which addresses conflict of interest).
 - The description of the role of the SCC covers the role being sought for the PHHSBG.
 - Precedent has been set in the past with SCC acting as the transportation grant advisor.
 - Additionally, the level of decision-making the SCC would take in advising the PHHSBG does not preclude the normal purchasing processes that will be followed in allocating grant funds.

Discussion and Vote on Revised Governance Structure

- A revision of the guiding document (**attached**) for the SCC, formerly termed the Structure and Guiding Principles and re-named Governance Structure, was emailed to voting Seatholders on 3/1/2017 with notice that discussion and vote would be on the 3/16 agenda.
- The full meeting packet was emailed to the SCC on 3/13 and a link to the SCC webpage containing all meeting materials plus the legal notice of the PHHSBG Public Hearing was emailed to all stakeholders and interested parties on 3/14.

Almost all of the meeting was spent discussing the re-introduction of this draft. Extensive questions and discussion ensued, noted as follows:

- Q. Section 6, Item 7, Line 145, Page 4, Voting. Ms. Hamilton asked for clarification of the terms "quorum" as defined for this group.
- A. Council agreed to specify the definition of a "quorum" for voting purposes for this body to be fifty percent of membership plus one, also known as a simple majority.
- Q. Article III, Section 2, Line 195, Steering Committee. Mr. Michaud asked if the Council agreed with the proposed size of the Steering Committee.
- A. Answers:
 - When researching steering committees for similar-sized bodies established in statute, MCDC staff found that for a body of this size (23 Seatholders) a steering committee or other similar entity averaged three or fewer members. The proposed steering

committee size was chosen to align with what's being done in other similarly sized bodies.

- The point was also made by the Chair that decision-making and direction would be made by the larger Council as a whole, so a large Steering Committee is not really necessary.
 - Additionally, governing language authorized the Steering Committee to create ad hoc committees as needed, extending the size of a decision making group as needed.
 - **POST MEETING NOTE: SCC enabling statute specifies that the members shall elect, annually, a chair and co-chair; the chair shall be the presiding member.**
- C. *Mr. Michael* noted that Executive Committee discussions in which he has participated have focused on developing agendas and moving issues forward, but not decision making. Expressed concern that other staff within MCDC are making the decisions, but did not provide examples of such decisions.
- A. *Mr. Markiewicz* clarified that several staff within MCDC representing State resources of time and effort work to provide support to the SCC in several ways. The COO, the SHO, Division and Program Directors as well as administrative support staff create presentations that are seen here, work together on prevention team collaborations, develop District plans and reports, provide website maintenance, and offer hours of administrative services.
- Q. *Ms. Dow* asked if District Coordinating Councils should change their governance structures to mirror these changes to the SCC governance.
- A. 1) The vote before SCC today is to consider revisions to the SCC governance, not to address the governance of DCCs.
2) The work done at DCCs is different from the work done at the SCC. Similarly, the statute authorizing the work of each body is different. The governance draft before the SCC today is specific to the work and structure of the SCC.
- Q. Article III, Section 2, Line 198. *Ms. Joy* requested the line be changed from “One elected co-chair must be an appointed District Coordinating Council member” to “One elected co-chair must be one of the appointed District Coordinating Council representatives”.
- A. The **requested change will be made** based on agreement of those present.
- Q. Line 209, Section 5, Steering Committee Meetings - *Ms. Joy* requested the section specify the minimum number of meetings.
- A. **The Section will be amended to reflect that Steering Committee meetings occur at a minimum on a quarterly basis, the month prior to an SCC meeting.**
- Q. *Ms. Joy* noted that Council Member terms end in June and September on a staggered basis and expressed concern that gaps in membership can occur for half or quarter years if the operations calendar for this council is by calendar year, line 178.
- A. This concern was noted; the Secretary did not record an action related to this item.
- Q. *Someone* asked if monthly Steering Committee meetings are necessary.
- A. It was noted that the former Executive Committee has met monthly prior to the quarterly SCC meetings but it can be done differently. The Secretary did not record an action related to this item.
- Q. *Mr. Michaud* asked if meetings must be in person and if there must be consensus.
- A. The Executive Committee meetings are done by phone. Consensus has presented a challenge based on lack of attendance.
- C. *Ms. Burlock* noted that attendance at meetings is of concern, and when meetings are scheduled, having a designated day is the best practice and members must commit to attendance.
- A. The Governance document does specify the definition of a member in good standing requires minimal annual attendance at 75% of full SCC meetings, and subcommittee meetings to which members are appointed.

MOTION:

Ms. Hamilton moved that the language in Article III, Section 2, Steering Committee Members, be amended to define the Statewide Coordinating Council Steering Committee as being comprised of 5 members of the Statewide Coordinating Council:

1. A co-chair
2. A second co-chair
3. The director or COO of the Maine CDC or his/her designee
4. 2 at-large members

SECOND:

Motion seconded by *Ms. Burlock*

DISCUSSION:

The old language defined EC members as including 2 at large members for a maximum of 7.

- Q. *Mr. Michaud* asked if the point of the motion was to increase the representation on the Steering Committee, or change the language to revert to the old language defining the Executive Committee?
- A. *Ms. Hamilton* confirmed her motion was intended to define a 5-person membership.

Conclusion:

1. The minutes of this meeting will be reviewed by the SCC membership to confirm accuracy of representation of all comments and questions. (** PLEASE NOTE this step has been added post-meeting by the secretary and was not discussed on record at the meeting**)
2. A contingent vote was taken to accept or reject the draft governance document as verbally amended in this meeting. Only seated voting members cast ballots; of 12 voting members present, 9 ayes carried the acceptance of the governance document; two voters logged nay and one abstained.
3. The offices of the Attorney General and Secretary of State will be consulted regarding the matter of required size of steering committee. If the language in the current governance document is acceptable, today's vote shall stand and the governance document will be finalized and distributed.

Call for Nominations - Chairs

The Chair has issued a call for nominations for two co-chairs and two at large members, as defined in the above motion.

- Nominations may be made from the floor at this meeting, or electronically, in an email to the Committee Secretary, no later than 3/30/2017.
- Ballots will be prepared by the Secretary and distributed no later than 3/31/2017.
- Votes shall take place electronically by email to the Committee Secretary between 4/3/2017 and 5 pm on 4/7/2017.
- Results will be announced electronically on 4/10/2017

Nominations from the floor:

Patty Hamilton nominated for Co-Chair by Helen Burlock and accepted
Kristi Ricker nominated for Co-Chair by Patty Hamilton and accepted
Jennifer Gunderman King nominated for at-large member by Doug Michael

Call for Nominations - Seats

The Chair has issued a call for nominations for Seat # 14 and Seat # 19, representing essential public health services. Seat 14 expires 9/2017. Seat 19 expires 6/2018.

- Nominations may be made from the floor at this meeting, or electronically, in an email to the Committee Secretary, no later than 3/30/2017.

- The Secretary will present a ballot to the COO by 4/3/2017
- The COO will convene a membership committee and the membership committee will make appointments to Seats # 14 and # 19.

Nominations from the floor:

Brenda Joly, USM, nominated by Doug Michael

Kolawole Bankole, Portland Public Health, nominated by Kristen Dow

Other seat vacancies include # 10, appointed by the DHHS Commissioner, which is in process, and seat # 11, appointed by the DOE Commissioner, with whom we are communicating. Voting to fill Seat # 2, representing the Cumberland District, is scheduled to take place at this week’s District Coordinating Council meeting.

Community Prevention Contracts

See the **attached** Community Prevention Contracts presentation.

- Q. How are community coalitions and the new infrastructure supported by these contracts?
- A. Community coalitions have not been dissolved; they have become partners through these contracts. For instance, in the Northern region, Eastern Maine Health Systems is a sub recipient for both Domain 1 (opioid / substance use prevention) and Domain 2 (tobacco use exposure and prevention).
- Q. How does the budget initiative put forth in the Legislature impact this system?
- A. These efforts are priorities of the Maine CDC and must succeed. Maine CDC is committed to keeping these prevention contracts as financially whole as possible with accountability intact.
- C. *Mr. Michael* asked how can we continue with community based prevention under an administration that intends to move tobacco and obesity initiative funds out of the Fund for Healthy Maine and into MaineCare?
- A. These efforts are priorities of the Maine CDC and must succeed. Maine CDC is committed to keeping these prevention contracts as financially whole as possible with accountability intact.

District and State Planning

At this point in the agenda, no time remained for this planned discussion; District Reports are **attached** and this item was waived for this meeting.

In future, the District Update will focus on informing the SCC of progress of Districts toward reaching goals in the DPHIP at the District level. Written updates will still be provided; District Reps will be asked to speak about DPHIP priorities at SCC.

SHIP Next Steps

SHIP SCC presentation, attached

PHHSBG Public Hearing and Advisory Committee

The public hearing was attended by four members of the public and conducted in accordance with PHHSBG requirements. Notes can be found on the SCC webpage, here:

<http://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml>

Adjourn

Meeting adjourned at 2:05 pm

**Statewide Coordinating Council (SCC) for Public Health
Preventive Health and Health Services Block Grant (PHHS BG) Advisory Committee
and
Public Hearing
Draft Meeting Minutes of March 16, 2017
Augusta Armory, Room 205; 12 noon – 1:00 p.m.**

Members of the public attending:

Becky Smith, American Heart Association
Hillary Schneider, American Heart Association
Marlene McMullen-Pelsor (no affiliation given)
Susan Percy, Smart Child & Family Services

- Public Hearing commenced at noon with four members of the public joining the SCC Advisory Committee in progress.
- Nancy Birkhimer presented a brief introduction and explanation of how the SCC serves as the PHHS BG advisory committee; the public hearing is scheduled as part of that meeting. The public will have an opportunity to comment, followed by discussion from the advisory committee.
- Ms. Birkhimer provided background on the PHHS BG, including federal requirements and guidelines. She then outlined the current and proposed objectives and activities in project year 2016:
 - Community Engagement
 - Epidemiology Capacity
 - Early Childhood:
 - Developmental Screening for Young Children
 - Prenatal Substance Abuse
 - Lead poisoning
 - Accreditation
 - Sexual assault and human trafficking
- Ms. Birkhimer presented Maine CDC’s strategy to use any unspent grant funds as carryover into project year ‘17. A chart of the original budget and revised budget was presented. (See attached PowerPoint for further details)
- The project year 2017 proposed budget was presented. The same objectives are being proposed, with the expectation that these funds will be spent between 10/1/17 and 9/30/18. The 2017 budget includes additional funding for the District Health Improvement Plans and for Epidemiology capacity, and full staffing of the Accreditation and Performance Improvement unit.

Questions and Comments

Q: What will be improved through Accreditation?

A: Maine CDC became a nationally accredited public health agency last May. A handful of needed improvements were identified by the Public Health Accreditation Board (PHAB), two of which were related to reporting on implementation of plans. Therefore, strategic planning, the State Health Improvement Plan, and performance and quality improvements are key. PHAB focuses on quality improvement for all states. In Maine, we must implement continuous improvement in data collection, particularly for outcomes for the people of Maine and public health impacts that we can control.

- Q: The governor's budget has cut funding to community-based prevention. Was that accounted for in the choices for funding?
- A: This budget developed separately. The current state budget is still being debated.
- Q: Who pays for the Maine Integrated Youth Health Survey (MIYHS)? Why is only BRFSS funded, not MIYHS?
- A: The Office of Substance Abuse and Mental Health Services and the Maternal and Child Health Block Grant both contribute to the MIYHS.
- Q: What are the plans to gather further data on populations for which we have historically not included in the data sources commonly used, such as tribes?
- A: There is continued interest in how to improve data for these populations, and current survey instruments may provide a tool. Improvements in analysis of death certificate data quality, hospitalization data, and our data systems in general are being implemented.
- Q: What about having these groups collect their own data? The current Shared Community Health Needs Assessment (CHNA) does not include Tribal data.
- A: Inclusion of comparable data across populations is the goal. At this time no plans are in place to fund separate efforts to collect quantitative data that cannot be compared across population groups. Inclusion of all data for various populations will be a goal for the next version as well as inclusion of additional qualitative data. Partners in the Shared Health Needs Assessment and Planning Process (SHNAPP) will help to capture some other recent assessments.
- Q: Does the SHNAPP include Tribal representatives?
- A: Tribal representatives have been and continue to be invited. Two sub committees for the SHNAPP: Metrics and Community Engagement are currently active and there is an ongoing open invitation for anyone to participate.
- Q: What is in the Community Engagement part of the Block Grant budget?
- A: Community engagement for FY '16 is primarily the salary for the Community Prevention Manager and a portion of the funds are allocated to the District Coordinating Council fiscal agents for implementing the SHIP. There is a planned increase in FY '17.
- Q: It appears as though there is a significant reduction to sexual assault and human trafficking funding in the budget tables for FY '16 and '17. Is that adequate?
- A: The minimum required allocation is \$29,700. In the past two years, an initiative to create a human trafficking response network was funded that is sharing resources and standardizing responses to victims of human trafficking. Another significant piece of the higher level of funding was used to promote collaboration between gay, lesbian, bisexual and transgender advocates and sexual assault support centers to make sure that the sexual assault centers are welcoming to GLBT people and to make sure that GLBT organizations understand the issues of sexual assault in their communities, so it is a two-way collaboration. At the same time, the Office of Children and Family Services (OCFS) manages the host of significant federal funds for Violence Against Women and Rape Prevention Education. This funding to OCFS has increased in the last two years, so without having to reduce these federal efforts, PHHS BG funds could be responsibly re-allocated.
- Q: Do we have adequate surveillance system places, checking programs of domestic and sexual assault particularly for population that we may have gathered from other data sources, whether it is from this funding or other -- surveillance systems funded through other grants.
- A: Over the past few years these issues have been examined by Maine CDC's Maternal and Child Health epidemiologists and partners who provide services related to sexual and domestic violence. Police reports often under-report prevalence, and some victims may not seek services from the sexual assault center. Several years ago our coalition partners requested a related question be added to the BRFSS.
- Q: What is the opportunity for providing comments after today? The attendance for this hearing is fairly low and materials were not available very much in advance.

A: The plans presented today have not been submitted to the US CDC. Significant adverse public input at this time would prompt a re-review. Contact information is provided today for anyone wishing to follow up with further comments via e-mail. Suggestions are welcomed.

Q: Can you put the Block Grant on the SCC agenda as a standing agenda item and let more partners know.

A: Yes.

Q: Will the budget be reviewed again in the future, especially the community engagement issue?

A: We intend to keep budget discussions at a high level to avoid conflicts of interest in the Advisory Committee. Specific community engagement in each district is discussed by staff and district fiscal agents and includes reviews of strategies to ensure they are evidence based and fit into the District Public Health Improvement Plans.

Q: Is there any concern that the Governor will not accept this funding?

A: There has been no indication of that. All block grants have been carefully reviewed by the Department and the Governor's Office. Because the block grant gives us flexibility, the Department wants to ensure that we are specific and clear about what our outcomes will be.

Q: Will these questions and comments be posted on the Maine CDC website so people can refer back to them?

A: Yes.

Q: Data is important, but there must be staff to utilize it. Consider using the grant for core staffing when the budget is strained.

A: We may look at this if the budget changes, however, under federal grant guidelines, we are not allow to supplant funding.

- Public hearing was closed and Advisory Committee was asked for any recommendations.
- There was a general consensus to make the Block Grant a standing agenda item for all SCC meetings.



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: June 1, 2017
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</p> <ul style="list-style-type: none"> ➤ DCC Members made recommendations and approved updates to the DPHIP and RFP application for next Fiscal Year, May 3, 2017 ➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> May 3, 2017 DCC Meeting <ul style="list-style-type: none"> • Speaker: Dr. Rachel Albert, PhD, RN, Professor of Nursing and Allied Health at the University of Maine at Fort Kent Topic: Reviewed the <i>Partnership Self Assessment Tool</i>. Members approved to complete study as a form of DCC Gap Analysis • Next DCC Meeting: August 2, 2017 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Continued work on Standard Operating Procedure, Committee met on 5/17/17, will meet again 9/17 ➤ Continued review of DPHIP implementation application ➤ Deliverables monitoring on all funded DPHIP projects 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ➤ Currently \$39,255 of \$57,152 starting funds distributed or 68.6% of funds distributed. ➤ Awards made since March: Adopt A Block Aroostook, Cary Medical Center/NMMC collaborative project, Dunk the Junk, Presque Isle Community Garden, in addition to: UM Cooperative Extension, ACAP, MSAD # 1, Cary Medical Center/AMHC collaborative project <p style="margin-left: 40px;">**** As of 6/14/17 DPHIP funds completely expended: VNA/Agency on Aging/ PI Rec Department collaboration, VNA, AA, Houlton Rec collaboration, VNA/AA/FK Senior Center Collaboration, Fish River Rural Health Million Hearts project</p>	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> ➤ Successful implementation of rolling DPHIP application deadline/review process. Throughout this first funding cycle, Aroostook DCC in collaboration with the fiscal agent have no more than a 10 day turn-around from the time that an application is received to fund distribution to the awarded vendors. 	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> ➤ None to report this quarter 	
<p>Other topics of interest for SCC members:</p>	

District Name : Aroostook

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

- (1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and
- (4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

A-1. The tribal district coordinating council shall:

- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
- (2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic



Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central

Date: June 21, 2017

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at:

<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml> At the April 25 DCC meeting we heard updates from our SCC Representative, DCC workgroups, and meeting attendees. Dr. Ann Dorney presented the growing body of research showing the health impacts of Adverse Childhood Experiences (ACEs) across the lifespan, how the development of resilience can assist in dealing with ACEs, and answered questions about how to most effectively apply this knowledge to improve health in the district. We then reviewed the application and award process for this year's District Public Health Improvement Plan (DPHIP) implementation funding for our priorities of Substance Misuse, Adverse Childhood Experiences, & Obesity.

Ongoing or upcoming projects or priority issues: starting implementation for this 2016-19 DPHIP cycle; coordination with hospital Implementation Strategies; MGMC/District Oral Health Implementation Grant and increasing/sustaining resources for community health workers; district transportation services, gaps, and volunteer efforts; recruiting/maintaining sector membership; coordinating with district recipients for the Statewide Prevention Services contracts; vulnerable populations HAN; real-time mapping of district resources; ongoing sustainability of successful initiatives

Progress with District Public Health Improvement Plan (DPHIP): *Activities planned for completion during the quarter and whether activities are able to be completed on schedule*

- ▶ Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, and partners – ongoing task with updates going out weekly as needed
- ▶ Establish and implement DCC Vaccination Workgroup and communication network – ongoing
- ▶ All three priority workgroups (Substance Use, ACEs, and Obesity) have been instrumental in developing the DPHIP and assisting vendors in implementing their funded projects. Members of each workgroup were also subject matter experts on the scoring teams to evaluate vendor proposals for DPHIP funding. All workgroups have begun discussing Year 2 planning, and regular meeting schedules.
- ▶ Substance Use Workgroup met before the April DCC meeting to discuss needs and recommendations for the new DPHIP and continued to discuss creating a Recovery Coalition along with other efforts to reduce stigma and efforts to create resources to promote mental health and well being.
- ▶ ACEs Workgroup continues work to increase knowledge of ACEs among all people in the District, ACEs Screening, and the promotion of resilience programs. Workgroup members assisted in securing Dr. Dorney's presentation to the full DCC and have offered feedback to the Pulse ACEs project.
- ▶ Obesity workgroup assisted in developing invitation to bid for Sugar Sweetened Beverage / Water project and participated in conference call with Public Health Partners to assist in information gathering.

Successes achieved

- ▶ Awarded 4 contracts to vendors working on implementing DPHIP Priorities:
 - 1) Pulse Marketing received 2 contracts to work on portions of the Substance Misuse and ACEs plan. As part of the Substance Misuse plan they will assess barriers to entering treatment (particularly stigma) and create a plan to address those barriers. As part of the ACEs plan they will assess ACEs knowledge among those working with people at risk for ACEs as well as the use of ACEs Screening tools among health care professionals
 - 2) Healthy Communities of the Capital Area received a contract to increase fruit and vegetable consumption in food serving institutions
 - 3) Public Health Partners received contract to develop messages to reduce sugar sweetened beverage consumption and promote water as the beverage of choice

Barriers encountered

- ▶ Did not receive applications for all proposed work in the DPHIP
- ▶ Recruitment of participants for Substance Misuse / ACEs focus groups convened as part of the Pulse Marketing projects. Pulse has proposed additional focus groups in an area with a more engaged stakeholder group, as well as an online assessment.

Structural and Operational changes, including updates in membership: implementing new Lead Fiscal Agent/District Coordinator structure; ongoing review of membership and adjusting to turnover/filling gaps in sector representation; filling school nurse gaps in Vaccination Workgroup coverage

In-district or multi-district collaborations: Oral Health Grant; MaineGeneral Medical Center PICH Grant; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition

Other topics of interest for SCC members: Steadily building participation in and awareness of the DCC has led to more interest in using the DCC to recruit partners and 'asks' to take on work as a district – a good success, but one that highlights our lack of resources to complete some work identified by the DCC.

Central District

2

6/21/17

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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- (4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

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- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
- (2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic

**Statewide Coordinating Council for Public Health
District Coordinating Council Update**



District: Cumberland

Date: 6/21/2017

For agendas and copies of minutes, please see district's website at:
<http://portlandmaine.gov/218/Cumberland-District-Public-Health-Council>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

All four priority areas have at least one if not two contractors implementing the work plans. There are a total of six contracts, two for each work plan except Oral Health, which is one contract.

Three Executive Committee officer positions were filled: SCC Representative, Vice Chair and Graduate Student Seat. The election was held for these positions at the March DCC meeting. DCC held its second Networking Breakfast prior to May full Council meeting.

The last full council meetings had the following highlights:

- Heather Drake of Maine Cancer Foundation held a community conversation around cancer to gather information.
- Courtney Kennedy of Good Shepherd Food Bank and Jim Hanna of Cumberland County Food Security Council presented on Hunger Related Health Issues.
- Voting in of one new member, and voted four EC officers.

Ongoing or upcoming projects or priority issues:

As described in the previous section, district-level work continued regarding the DPHIP process and related deliverables.

A community event will be held on June 26 to highlight the DPHIP and to share the process and progress with work on district priorities with the community and especially those who took part in the SHNAPP process that informed those.

A FY17 DPHIP infographic and annual report have been designed, and will be printed for dissemination at the community event. Next steps for DPHIP review for FY18 will be identified too.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

There are a total of 6 sub-recipients of DPHIP funds, all of which are implementing the four priority work plans. The Executive Committee provides oversight on priority work plan implementation.

Structural and Operational changes, including updates in membership:

The Executive Committee continues to approach individuals from specific sectors, organizations and geographic areas to invite them to join the DCC.

The Council elected two Executive Committee officers at the DCC meeting that took place at the March full Council meeting: Zoe Miller of Greater Portland Council of Governments as Vice Chair and Courtney Kennedy of Good Shepherd Food Bank as SCC Representative.

Additionally, the Executive Committee created a new officer position: a student seat. Catie Peranzi and Hannah Ruhl, USM Muskie School Graduate Public Health Students were elected to share this seat at the March full Council meeting. As they are graduating, the process for selecting the next student representative to the Executive Committee has yet to be confirmed.

The Council elected one new member at the May full Council meeting, a representative from incumbent organization MaineHealth Maine Medical Center CarePartners Program.

In-district or multi-district collaborations:

District Liaisons and Coordinators continue to discuss and exchange sample documents and templates across districts for development of contract deliverables under the DPHIP process. Monthly conference calls also provide a space for DLs and DCs to discuss specific deliverables.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Other topics of interest for SCC members:

N/A

22 M.R.S. §412 (2011).

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- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
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Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East

Date: June 21, 2017

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: <http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/index.shtml>

District Public Health Council Meetings

March 24 at Washington Hancock Community Agency (Ellsworth) and Sunrise County Economic Council (Machias) with twenty participants (ten in Ellsworth, eight in Machias, and two by zoom-telephone).

The agenda action items:

- Deeper Dive: Panel Discussion on Oral Health Services and Challenges
- Healthy Acadia Youth Engagement Work
- Review of DPHIP funding awards
- DPHIP Priority Area Committee Status
- Renewal of Lead Fiscal Agent

May 26 at Washington Hancock Community Agency (Ellsworth) and Sunrise County Economic Council (Machias) with twenty-five participants (fifteen in Ellsworth, seven in Machias, and three by zoom-telephone).

The agenda action items:

- Deeper Dive: Panel Discussion on Maine Statewide Prevention Services
- Healthy Acadia Obesity Prevention Work with Let's Go
- Turning Ideas into Action: discussion on how to move district meeting discussions into community and member organization action.

2017 Meetings: 1/27, 3/24, 5/26, 7/28, 9/22 and 11/17

Executive Committee Meetings: April 28 via Conference Call.

- Budget/Grants Update
- District Communications Plan
- Hanley Leadership Institute Undergraduate Intern
- Set Executive Committee Retreat/Visioning Day

Downeast District

1

June 14, 2017

¹Section 5. 22 MRSA c. 152

A district coordinating council for public health shall:

1. Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
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Statewide Coordinating Council for Public Health District Coordinating Council Update

<p>Ongoing or upcoming district projects or priority issues:</p> <ul style="list-style-type: none"> • Emergency Preparedness Related <ul style="list-style-type: none"> ○ Medical Reserve Corp formation ○ Points of Dispensing Sites: Update MOUs, Site Plans, Exercises ○ Disaster Behavioral Health Team formation • National Diabetes Prevention Program Lifestyle Coaching Program • Stanford Chronic Disease Self-Management and Chronic Pain Self-Management Programs • Aging Population and Housing/Transportation/Services
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Funded Projects: <ul style="list-style-type: none"> ○ Cardiovascular disease: eight projects ○ Alcohol and Drug Use: four projects ○ Mental Health and Early Childhood: one project
<p>Structural and Operational changes, including updates in membership:</p> <ul style="list-style-type: none"> • Lead Fiscal Agent Services Renewed for Year Two • Council Meeting Evaluation and Value
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> • LGBTQ Disparities • Thriving in Place / Aging Task Force • Drug/Alcohol Use: Downeast Substance Treatment Network and Washington County Substance Use Response Collaborative • Food Security • Work Place Substance Use (Lobstermen Pilot)
<p>Shared Health Needs Assessment and Planning Process (SHNAPP):</p> <ul style="list-style-type: none"> • State Planning Committees currently on hiatus • Ongoing communication with hospitals on progress of implementation strategies
<p>Questions/Comments for SCC: None at this time.</p>

Downeast District

June 14, 2017

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Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Midcoast

Date: June 21, 2017

Brief review of decisions and outcomes from Steering Committee and District Coordinating Council (DCC) meetings held since last Statewide Coordinating Council (SCC) meeting.

District Public Health Improvement Plan (DPHIP) Funding

- On March 14, 2017, Medical Care Development (MCD) was selected to perform assessments in the three (District) priority areas of Lead, Mental Health and Obesity.
- DCC Oversight Groups for each priority area began meeting with MCD to offer ongoing input and assistance, and to ensure that contract work is on track.
- Council also released a Physical Activity Mini-Grant Funding Opportunity Announcement to address the Obesity priority. Ten (10) Mini-Grants were awarded representing broad coverage throughout the Midcoast District.

Steering Committee –May 23, 2017, at LincolnHealth, Damariscotta

- Chose Steering Committee member Joy Osterhout, Coastal Healthcare Alliance to replace retired Jaki Ellis as the Midcoast Public Health Council representative the SCC.
- Reviewed status of DPHIP work by Vendor and Oversight Groups.
- Discussed public awareness of Council/District work. Consensus was to promote awareness of the Midcoast Public Health Council and mini-grant recipients with local newspaper advertisements about the mini-grants, and to encourage physical activity.
- Steering Committee directed District Coordinator to research social determinants of health in the District for future consideration to direct activities for greater effectiveness.
- Discussed Council and staff roles, communication, responsibilities, and relationships.

District Coordinating Council (DCC) Meetings, Knox County Emergency Management Agency (EMA), Rockland

April 11, 2017

- Announced DPHIP priority areas vendor selection and corresponding Oversight Groups with reports
- Presentation by state Prevention Contractors
- Tick and Browntail Moth presentation

June 13, 2017

- Data presentation by Tim Cowan, MaineHealth
- Youth Policy Board, OUT Maine presentation
- Report of DPHIP Oversight Groups: Lead, Mental Health and Obesity
- Announcement of Physical Activity Mini-Grant recipients

District Council Meetings for the remainder of 2017 - September 12th, November 14th

MidCoast District
22 M.R.S. §412 (2011).

1

June 2017

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Template updated 03/2015 (CTG Section Removed)



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Penquis District

Date: June 9, 2017

Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.

Lead Fiscal Agent DCC workplan updates:

Priority areas identified in the Penquis DPHIP are: Drug & Alcohol Abuse and Tobacco Use, Food Security, Obesity, Nutrition, and Physical Activity, Behavioral Health, and Poverty. The DCC Steering Committee anticipates that all FY16 deliverable will be met by year end. In May, 2017 all sub-recipients submitted the 1st progress reports for their various projects. Many of the garden projects were behind schedule due to the extensive rain this spring. Visits have occurred at most of the garden project sites.

District Public Health Improvement Plan (DPHIP) Implementation:

In March, the 5 initiatives funded through the Penquis DCC began:

1. Sebasticook Valley Health: Edible School & Community Education/Garden project:

SVH will collaborate with established school, community, and worksite garden partners to construct modular greenhouses and integrate an evidence-based gardening curriculum within Penobscot county. This project will focus on food insecure populations in Penobscot County.

2. Sebasticook Valley Health: Resource Guide:

Sebasticook Valley Health will increase education on and access to behavioral health resources by creating a behavioral health resource guide for the Sebasticook Valley region.

3. Food AND Medicine: Raised Vegetable Gardens

Food AND Medicine shall construct three raised vegetable gardens in strategic partner locations where the population is low-income and food insecure; support committees of affected community members to lead and tend to each garden; organize workshops to teach skills associated with gardening, cooking/preserving, and shopping for healthy food on a fixed budget; develop leadership at each garden site so that each garden can sustainably continue and be more autonomous.

4. National Alliance on Mental Illness: Mental Health First Aid

NAMI Maine will offer Mental Health First Aid Trainings in order to increase awareness and deliver concrete skill-building opportunities to the residents of Penobscot and Piscataquis Counties. This project aims to certify residents in this national, evidence-based training and includes the provision of both the Adult and Youth models.

5. Penobscot Community Health Care: Giving Hope Garden

PCHC, in collaboration with Hope House Health and Living Center, shall implement the. Penobscot Community Health Care will manage and sustain the Giving Hope Garden, a 15-raised bed organic garden in Bangor, Maine. This project will provide nutritious produce and food security to vulnerable populations in the broader Bangor community.

Ongoing or upcoming projects or priority issues:

- Complete deliverables as outlined in DCC work plan.
- Continue to monitor and support sub-grantees through the end of FY17



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Statewide Coordinating Council for Public Health District Coordinating Council Update

Structural and Operational changes, including updates in membership.

The Steering Committee has welcomed a new members Carrie Limeburner, River Coalition in April and Hillary Starbird, Mayo Regional Hospital, in June. Joseph Locke, the new District Coordinator began at the City of Bangor on March 27, 2017.

New members: no new members this quarter

In-district or multi-district collaborations:

- Partnership to Improve Community Health grant with EMHS, multi-district
- Community Health Leadership Board, Greater Bangor
- Thriving in Place (MeHAF Grant Initiative), Millinocket, Old Town, Orono, Veazie, Dover-Foxcroft,

Other topics of interest for SCC members:

None to report



Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Tribal District	Date: 06/21/17
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district’s website at: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</p> <p>The latest DCC Meeting was held on April 21, 2017</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • The five Tribal communities are continuing to work together to explore a Wabanaki Treatment Facility that will incorporate cultural practices as treatment for Substance Misuse Disorders • Two Tribal community members will be trained at the end of June, as Recovery Coach Academy trainers and will be holding trainings within all the Tribal communities following completion 	
<p>Progress with District Public Health Improvement Plan (DPHIP):</p> <ul style="list-style-type: none"> • Final DHIP Implementation Plan for Year One was approved by Tribal District Coordinating Council • Wrapping up work being done under the Implementation Plan for Year One, FY 17 • Currently developing the Implementation Plan for Year Two, FY 18 • Awaiting final reports generated from the assessments conducted under the Mental Health and Substance Use Disorder, as well as the Cultural Practice Contact Inventory List • The priorities of focus for year two will be Mental Health, Substance Use Disorder, Elder Services and Cultural Practices as Prevention 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • New members have been added to the Tribal District Coordinating Council <ul style="list-style-type: none"> ✓ Chief Clarissa Sabattis (Maliseet) ✓ Vice Chief Richard Silliboy (Micmac) ✓ Chrissy Donnelly, Brandon Getchell, and Teresitia Hamel, Tribal Council (Micmac) ✓ Susanna Wright, Tribal Council (Maliseet) • DCC Standard Operating Procedure Guidance document completed and adopted • Developing individual SOPs from the topic list within the guidance document 	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> • District Liaison continues to attend Penquis, Downeast, and Aroostook DCC meetings, including the Penquis Steering Committee 	

Tribal District

 22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

- Collaborated with geographic districts on their DPHIP strategies and objectives:
 - ✓ Two Mental Health First Aid trainings are being provided at the Penobscot Nation in collaboration with the Penquis Public Health District and NAMI
 - ✓ Police Assisted Addiction Recovery Initiative, a collaboration of the Sipayik Police Department and the Downeast Public Health District
- In-District Collaboration:
 - ✓ Partnering with the Aroostook Band of Micmacs on Phase Three of their Healthy Communities Grant, a MeHaf Initiative. They now have a Community Health Navigator who works with all Tribal community members, finding resources available through the Tribe and in the surrounding areas. This person will also be a Recovery Coach Academy Trainer and will implement a Recovery Coach program within the Tribal Communities.

Other topics of interest for SCC members:

- Micmac Health Fair, June 29th from 12:30-3pm at Presque Isle Middle School, Presque Isle, ME
- Penobscot Nation Health Fair, Aug 5th from 9am -12pm, Indian Island, ME
- Sipayik Health Fair, Aug 11th from 10 am-12pm, Pleasant Point, ME
- Aroostook Band of Micmac's Annual Mawiomi, August 18-20th, Doyle Road, Caribou, ME

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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Western

Date: June 21, 2017

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

Member Presentations

- A standing agenda item has been established for DCC meetings. Different DCC members will provide a brief (15 minute) presentation about the work of their organization and how it may relate with DCC priorities (March 2017).
- Of the past few DCC meetings that included member presentations, DCC members have responded positively and additional members have volunteered to present at future meetings.
- This agenda item is addressing the need for regular communication and collaboration with different district organizations.

DPHIP

- Subcontractors selected and contracts signed (March & April 2017)
- Planning for review, evaluation and reporting (May 2017)

New Steering Committee Members (April 2017)

- Nate Miller, Kim Preble and Stephanie LeBlanc volunteered to join the Steering Committee and were approved by the DCC.

Meeting Schedule for FY18

- With strong DCC support, monthly DCC meetings will continue next year. Much progress has been made this past year and the DCC wants to continue this positive momentum. Many DCC members have voiced support for the continuation of the monthly meetings, as they allow for work to be completed and regular communication.
- It is possible that there will not be a July meeting, as to take a summer 'break'. This decision has not yet been approved by the DCC.

Ongoing or upcoming projects or priority issues:

Ongoing

- District Standard Operating Procedures. A small committee has been meeting regularly since January of this year to draft SOPs. This committee has set October 2017 as a deadline for all SOPs to be complete and approved by the DCC. Based on the progress made by this committee so far, the October deadline is achievable.
- DPHIP application template. The DPHIP selection committee for FY17 revised the DPHIP

application to create a template application to be used in the next round of funding. The revised template was presented to the whole DCC at the May DCC meeting for input.

Upcoming Projects

- DPHIP review, evaluation and end of the year report.
- FY18 DPHIP implementation plan and use of new DPHIP application template.

Progress with District Public Health Improvement Plan:

Subcontractors

- WDCC approved selection committee's recommendation (March 2017) and awarded the recommended sub-contractor (April 2017).
- WDCC awarded a reduced amount to the selection committee's recommended 'runner-up' under the stipulation that both sub-contractors collaborate to meeting district-wide DPHIP objectives (April 2017).
- Both sub-contractors have submitted required monthly report for April and are making positive, timely progress towards meeting DPHIP objectives and deadlines.

Funded DPHIP Activities

- Inventory and Gap Analysis of existing and needed resources on Substance Use Disorder and Adverse Childhood Experiences (ACEs)
 - o Partners have been identified and inventory work has started (April)
 - o Inventory is still in progress, planning for final product has begun (May)
- Increase education on ACEs as a potential root cause of Substance Use Disorder (DPHIP Priority 1) and Unhealthy Weight, Physical Activity and Nutrition (DPHIP Priority 3)
 - o One district wide training is complete – *Inspired Leaders & Life Changers* (May 2nd)
 - o Planning education and trainings for May and June, working towards accreditation (participants can earn CMEs and/or CEUs) (April)
 - o Several trainings and presentations planned for June for both Substance Use Disorder and Unhealthy Weight (May)

DPHIP review, evaluation and end of the year report

- Planning has begun for how the DPHIP will be reviewed and evaluated.
- Based on the evaluation the year report will be drafted.

Structural and Operational changes, including updates in membership:

New Steering Committee Members (April 2017)

- Nate Miller, Kim Preble and Stephanie LeBlanc volunteered to join the Steering Committee and were approved by the DCC at the April meeting
- The Steering Committee now consists of:
 - o Chair: Jim Douglas, Healthy Oxford Hills
 - o Vice Chair: Michele McCormick, Franklin County Health Network

Statewide Coordinating Council for Public Health District Coordinating Council Update

- Treasurer: Ken Albert, Androscoggin Home Care & Hospice
- Statewide Coordinating Council Representative: Erin Guay, Healthy Androscoggin
- Androscoggin County Representative: Nate Miller, Seniors Plus
- Franklin County Representative: Jennifer McCormack, Healthy Community Coalition of Greater Franklin County
- Oxford County Representatives: Stephanie LeBlanc, Oxford County Mental Health and Kim Preble, United Way of Oxford County

New Member Orientation

- The Standard Operating Procedures committee has put much thought into the New Member Orientation process. The current plan is to have a 'New Member Orientation' for all current members once the process is finalized. This is to ensure that all current members have received the same information and all are 'orientated'. After this initial orientation, new members will receive the same process provided by the District Coordinator.

In-district or multi-district collaborations:

State-wide Vendor sub recipients

- Three health coalitions in the Western District who are sub recipients of the State-wide prevention services vendors have been collaborating to provide prevention services for the entire district. The health coalitions were very county focused, by working together they have been able to provide services for the whole Western district, which is made up of three counties.
- The sub recipients have been regularly sharing their progress with the DCC at DCC meetings.

District Connections

- At the May DCC meeting, DCC members in attendance participated in a District Connections activity. Members recorded all individuals and organizations that they have a professional connection with. Members shared their list with the whole DCC. The purpose of this activity was to begin see how the whole Western District is interconnected and hopefully begin to build a stronger collaboration.
- The information gathered from this activity was shared with the DPHIP sub-contractors, as they are conducting a district-wide inventory and gap-analysis on DPHIP priorities.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Other topics of interest for SCC members:

22 M.R.S. §412 (2011).

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**Statewide Coordinating Council for Public Health
District Coordinating Council Update**

District: York District

Date: 06/15/2016

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

The Executive Committee continues to meet regularly. Executive Committee has moved towards structuring the full council meetings around specific themes every quarter. For more information and meeting times please contact Laura Overton at loverton@une.edu

March 6, 2017 Meeting focused on Human Trafficking.
June 5, 2017 Meeting Focused on Environmental Health.

- Executive Committee voted on UNE continuing to be the fiscal agent for the DCC
- Executive Committee decided on June 5, 2017 to have those who were interested to meet with each vendor of the DPHIP before June 30, 2017 to discuss next steps. Meetings scheduled for week of June 19,, 2017
- YDPHC first electronic newsletter was sent out on May 12, 2017

Ongoing or upcoming projects or priority issues:

Final reporting due from vendors by June 30, 2017. Upcoming project will be to design a better way for vendors to report monthly to DC for year two.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

Vendors will submit final reports by June 30, 2017. Meetings scheduled with all vendors to discuss final products and/or next steps for the week of June 19, 2017.

District Public Health Improvement plan priority areas

Oral Health: Implementation vendor: *Medical Care Development*

Substance Misuse: Implementation Vendor: *University of New England*

Nutrition/ Obesity: Implementation Vendor: *York County Community Action*

Structural and Operational changes, including updates in membership:

Sue Patterson, member of the Executive Committee, is retiring, and is in the process of finding a replacement from York Hospital.

In-district or multi-district collaborations:

ME CDC is working in partnership with the York District Coordinating Council, University of New England, the Medical Reserve Corps, and others to plan an Alternate Care Site functional exercise. This will be occurring this fall. For more information please contact adam.hartwig@maine.gov

Other topics of interest for SCC members:

Statewide Coordinating Council for Public Health District Coordinating Council Update

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2017-2020 State Health Improvement Plan Objective Development



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

So far...

- DPHIPs have been developed
- Initial priorities were discussed in December & March

So far...

- Priorities were voted on via survey monkey:
 - Substance Abuse including Tobacco
 - Obesity
 - Mental Health
 - Chronic Disease
 - Cancer
- Suggestions for objectives and strategies were collected via Survey Monkey (handout)

Today:

- Refine and add to suggested objectives
 - Should be outcome-oriented and SMART
- IF TIME: further brainstorm of strategies
 - State-level
 - IN ADDITION to Maine CDC/DHHS funded activities
 - Funding/leadership from other public health partners.

Next (after today):

- Further refinement of objectives
- Final approval via Survey Monkey
- Refine and add to suggested strategies
 - State level (broader than a single District)
 - Actions OTHER than those being done by or funded by Maine CDC/DHHS (these will be added by Maine CDC/DHHS staff)
- Maine CDC staff will add strategies from Maine CDC/DHHS work plans
- Confirmation of partner activities

Today's Activity

- Small Groups
 - People on Adobe will have their own group
- Pick THREE priorities to work on today – Round Robin
- Input on other objectives can be provided via e-mail after this meeting.
 1. Review suggested objectives
 2. Add to these if gaps are identified
 3. List on poster paper top choices
 - Aiming for 5-6 per priority area
 4. Revise to be outcome-oriented and SMART

Objectives

- Outcome-oriented:
 - Increase the proportion of those with mental illness that receive treatment
 - Decrease the amount of children drinking x amount of sugary drinks by 30% by 7/1/2020

Objectives

- Process-oriented (possibly include in strategies):
 - Connection to primary care
 - Create a plan for workplace prevention
 - Seek and accept federal funding
 - Develop physical activity that are attractive to children of school age

Objectives

- SMART:

(specific, measurable, achievable, realistic, time-limited)

- By June 30, 2020, increase by 15% the proportion of Maine youth (grades k-12) who report ever using tobacco.
- Decrease the amount of children drinking x amount of sugary drinks by 30% by 7/1/2020.
- By June 30, 2020, increase by 10% the proportion of Maine adults who participate in Chronic Disease self-management classes.

Objectives

- Non-specific:
 - Secondary prevention
 - Alcohol
- Not measurable:
 - Food insecure persons will learn how to use their money to buy healthy food (?)
 - Reduce stigma related to substance abuse by 30% by 7/1/2020. *(Noted in survey: “Clearly this would require evaluation activities not currently done.”)*

Follow-up by August 1
Send additional input to:

Nancy Birkhimer,
Accreditation and Performance Improvement
Nancy.birkhimer@maine.gov



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

SHIP SCC May 2017 Survey – Proposed Objectives

Substance Abuse, including Tobacco

- Increase public awareness around biopsychosocial nature of substance use disorders and connection to trauma.
- Sobriety achieved
- Sustained recovery
- Reduce stigma related to substance abuse by 30% by 7/1/2020. (Clearly this would require evaluation activities not currently done.)
- Alcohol
- Increase tax on alcohol products by year 2
- Create a plan for workplace prevention
- Increase % of youth that have never used by 10%
- Increase % of youth that perceive occasional use as dangerous
- Prevent or delay onset of substance misuse among middle school and high school students
- Opioid Harm Reduction
- Reduce overdose deaths
- Reduce the number of overdose deaths by 50% by 7/1/20
- Decrease number of persons seeking treatment that cannot access it
- Increase # of rural fp doctors offering suboxone tx
- increase by 5% # of Np providers who obtained x waiver for suboxone tx
- Increase by 50% the number of in-patient and out-patient substance use disorder treatment slots in Maine June 2020
- Increase/strengthen public health nursing services
- Reduce substance abuse in Maine by 10% by June 2020
- Reduce the number of drug affected babies by 50% by 7/1/20
- Reduce transmission of hepatitis C
- Tobacco (primary prevention)
- By June 30, 2020, decrease tobacco use, including ENDS, by 15% among Maine adults.
- By June 30, 2020, increase by 15% the proportion of Maine youth (grades k-12) who report ever using tobacco.
- Decrease rates of tobacco use among LGBTQ+ youth and adults.
- By June 30, 2020, increase by 20% the proportion by of municipalities who have a tobacco free recreation policy

SHIP SCC May 2017 Survey – Proposed Objectives

Mental Health

1. Children and youth will have opportunities for afterschool and vacation activities to reducing risk behavior isolation
2. Students will have opportunities for afterschool and vacation activities
3. Connection to primary care
4. Increase the number of family practice offices that incorporate mental health counseling
5. Increase depression screening/referral
6. Increase screening for mental illness by providers by 20%
7. Connection to treatment services
8. Increase access to mental health services
9. Increase the proportion of those with mental illness that receive treatment
10. Decrease number of persons seeking treatment that cannot access it
11. Decrease the rate of youth who report suicidal thoughts by 7/1/20.
12. Increase by 2% # of public schools in Maine that have an onsite mental health professional
13. Train teachers to recognize potential mental health issues for preschool, kindergarten and primary school.
14. Increase the number of healthy days as reported by BRFSS by 30% by 7/1/20.
15. Increase/strengthen public health nursing services
16. Decrease rates of mental health issues, including suicidality affecting the LGBTQ+ community and other health disparities populations.

SHIP SCC May 2017 Survey – Proposed Objectives

Physical Activity, Nutrition, and Obesity

1. Addressing Food Insecurity/ Food Access
2. By June 30, 2020, increase by 10% the proportion of Maine youth (grades k-12) who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 minutes or more each time.
3. By June 30, 2020, increase by 10% the proportion of the Maine population (adults and children) who consume five or more servings of fruits and vegetables a day.
4. By June 30, 2020, increase by 15% the proportion of Maine adults who engage in some leisure-time physical activity.
5. Community-based primary prevention funding (environmental, systems and policy strategies)
6. Connection to primary care
7. Decrease the amount of children drinking x amount of sugary drinks by 30% by 7/1/2020
8. Expand SNAP-ED programing to all public schools in Maine by year 3
9. Food insecure persons will learn how to use their money to buy healthy food
10. Food insecure persons will learn how to use their money to improve their diets by learning how to prepare meals at home
11. Implement tax on sugar beverages by year 2
12. Increase PE in adults and youth by 30% by 7/1/20.
13. Increase the proportion of Maine schools that require daily PE for students
14. Increase/strengthen public health nursing services
15. Measured improvement in level of physical activity
16. Measured improvement in nutritional choices
17. Measured reduction in obesity
18. Reduce household food insecure families in Maine
19. Reduce the proportion of adults who participate in no leisure time physical activity
20. Re-instate PE class opportunities for all schools in Maine
21. School-based screening will identify food insecurity or weight issues and make appropriate referrals
22. school-based screening will identify food insecurity issues and make appropriate referrals
23. Seek and accept federal funding

SHIP SCC May 2017 Survey – Proposed Objectives

Chronic Disease

1. By June 30, 2020, increase by 10% the proportion of Maine adults who participate in Chronic Disease self-management classes.
2. Connection to primary care
3. Decrease ED related visits for people with chronic disease.
4. Decrease health care costs by 10% for chronic disease.
5. Develop physical activity that are attractive to children of school age
6. Fund public private partnerships aimed at primary prevention, community based intervention efforts
7. Increase % of adults that know the signs of stroke and how to respond
8. Increase by 5% the number of seniors who have had all recommended screening testing
9. Increase percentage of seniors who receive wellness visit
10. Increase/strengthen public health nursing services
11. Reduce hospitalizations due to unmanaged care of diabetes
12. Secondary prevention, community-clinical linkages
13. Seek and accept federal chronic disease prevention funding
14. Sustained treatment

SHIP SCC May 2017 Survey – Proposed Objectives

Cancer

1. Begin wider educational campaign on harms related to vaping
2. Connection to primary care
3. Decrease rates of tobacco use among health disparities populations.
4. Environmental Health - Indoor air (Radon), well water testing/remediation (arsenic and other heavy metals)
5. Increase colonoscopy screening rates by 10% by 7/1/2020.
6. Increase evidence based screening/early intervention rates for lung, breast and colorectal cancers
7. Increase rates of breast cancer screening as guidelines direct
8. Increase rates of colorectal cancer screening as guidelines dictate
9. Increase screening rates for select cancers among health disparities populations.
10. Increase the rates of those who were counseled regarding guidelines for cancer screening
11. Increase tobacco excise tax and legal age to 21
12. Increase well water testing
13. Reduce UV exposure from sun
14. Seek and accept federal cancer prevention funding

SHIP SCC May 2017 Survey – Proposed Strategies

Substance Abuse, including Tobacco

- Decrease overdose/HCV - Explore and develop innovative approaches to harmful drug use with evidence of effectiveness including safer drug use facilities, tolerance zones and other strategies - HEAL
- Health Disparities tobacco use - Develop targeted social marketing and public health campaigns specific to select health disparities populations - HEAL, CCHCs
- identify children focus group to identify program for education of children re substance abuse Healthy Acadia
- substance abuse - convene planning group for farming, fishing and forestry Community Health coalitions volunteers for community/state associations related to these work forces
- Substance abuse convene focus group of fisherman to identify content of prevention program
- Substance abuse Identify group of middle/high school students who have battled substance abuse and those who have not to help develop education modules School Connect
- Treatment access - Develop pre-arrest programs to divert people from the criminal justice system towards community based resources - HEAL
- Treatment Access - Develop strong referral networks to low-barrier treatment programs - HEAL, FQHCs
- Reduce overdose deaths, hepatitis C - Expand access to harm reduction programs including syringe exchange and naloxone distribution – HEAL

Physical Activity, Nutrition, and Obesity

- Nutrition teaching from purchase to preparation of healthy food
- Nutrition teaching from purchasing food to finished meal thriving in place

Chronic Disease

- Convene group of school age children in appropriate age categories to identify physical activities that they would view as desirable Rural fit kids
- Convene focus group children to identify activities that school age children would be interested in HCPC

Cancer

- Engage physicians to start conversations with parents at 6 month check up re UVA including eyes
- Engage physicians to start discussions of sun exposure at first afterbirth appointment physicians
- Involve public health and home health in well testing

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DRAFT PROPOSAL
Statewide Coordinating Council for Public Health
Governance Structure
~~March 16, 2017~~ June 5, 2017

Article I. Purpose and Mission

The Statewide Coordinating Council for Public Health (SCC), established under Title 22, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination.

The Statewide Coordinating Council for Public Health shall:

- (1) Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation; and
- (2) Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible; and
- (3) Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and
- (4) Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any tribe.

Article II. Role and Structure of the Council

Section 1. Council Role

The Council is responsible for providing assistance and support to the Maine CDC in fulfillment of the directives established by legislation. In addition, the Council may:

- a. Review and comment on reports from entities within and outside the public health infrastructure including the State Health Improvement Plan, and assist in identifying district wide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services throughout the public health infrastructure.
- b. Develop reports and summaries for the purposes of fulfilling their role annually and as determined necessary.

Section 2. Council Size

The Council is comprised of twenty-three (23) members.

46 **Section 3. Council Members**

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Members of the Statewide Coordinating Council for Public Health are appointed as follows.

- (1) Each district coordinating council for public health, including the tribal district coordinating council, shall appoint one member.
- (2) The Chief Operating Officer of the Maine Center for Disease Control and Prevention or designee shall serve as a co-chair.
- (3) The DHHS Commissioner shall appoint an expert in behavioral health from the Department to serve as a member.
- (4) The Commissioner of Education shall appoint a health expert from the Department of Education to serve as a member.
- (5) The Commissioner of Environmental Protection shall appoint an environmental health expert from the Department of Environmental Protection to serve as a member.

An additional ten (10) members, selected from the following sectors, according to the process described in Section 4:

- a. county governments
- b. municipal governments
- c. tribal governments/health departments
- d. city health departments
- e. local health officers
- f. hospitals
- g. health systems
- h. emergency management agencies
- i. emergency medical services
- j. comprehensive community health coalitions
- k. school districts
- l. institutions of higher education
- m. physicians and other health care providers
- n. clinics and community health centers
- o. voluntary health organizations
- p. family planning organizations
- q. area agencies on aging
- r. mental health services
- s. substance use prevention, treatment, and recovery services
- t. organizations seeking to improve environmental health
- u. other community-based organizations

84 **Section 4. Selection of Council Members**

85
86 The Chief Operating Officer of the Maine Center for Disease Control and Prevention, in
87 collaboration with the other co-chairs of the Statewide Coordinating Council for Public Health
88 shall convene a membership committee. After evaluation of the appointments to the Statewide
89 Coordinating Council for Public Health, the membership committee shall appoint no more than
90 10 additional members and ensure that the total membership has at least one member who is a
91 recognized content expert in each of the essential public health services and has representation
92 from populations in the State facing health disparities. The membership committee shall also
93 strive to ensure diverse representation on the Statewide Coordinating Council for Public Health
94 from county governments, municipal governments, tribal governments, tribal health
95 departments or health clinics, city health departments, local health officers, hospitals, health
96 systems, emergency management agencies, emergency medical services, comprehensive
97 community coalitions, school districts, institutions of higher education, physicians and other
98 health care providers, clinics and community health centers, voluntary health organizations,
99 family planning organizations, area agencies on aging, mental health services, substance abuse
100 services, organizations seeking to improve environmental health and other community-based
101 organizations.

102
103 **Section 5. Council Terms**

104
105 The term of office of each member is three (3) years. A non-state agency member may serve
106 up to two terms. All vacancies must be filled for the balance of the unexpired term in the
107 same manner as the original appointment.

108
109 A Council member may resign from the Council by written notice to the Steering Committee.

110
111
112 **Section 6. Council Meetings and Operations**

113
114 A simple majority of the current Council membership shall constitute a quorum. In the absence
115 of a quorum, a Council meeting may continue discussion; however, no formal actions shall be
116 taken, except a vote to adjourn the meeting to a subsequent date.

117
118 (1) The council shall:

- 119 | a. Elect ~~two~~ a chair, a co-chairs and two members at large to serve on the
120 Steering Committee.
- 121 b. Review and approve through majority vote all reports and summaries submitted
122 by Maine CDC in fulfillment of the legislated charge.

123 (2) Time and Place of Meetings

124 The Statewide Coordinating Council for Public Health shall meet at least quarterly, and
125 will be staffed by the Department as resources permit. Maine CDC will set place of
126 meetings.

127 (3) Notice and Agenda

128 The agenda will include time and date of meetings and shall serve as notice to be sent
129 at least 5 days before a regular Council meeting. The Steering Committee shall

130 prepare an agenda of items requiring Council action, and add items of business as may
131 be requested by Council members. In the event of an emergency, the Steering
132 Committee may call a meeting and shall give as much notice as possible.
133

134 (4) Meeting Materials

135 Council members shall be sent meeting materials electronically at least three business
136 days before a regular Council meeting. Meeting materials will be posted on the Maine
137 CDC website at least three days in advance for access by interested parties.
138

139 (6) Council Meeting Minutes

140 The Maine Center for Disease Control and Prevention is responsible for minutes and
141 Council records as resources permit. Minutes recording attendance, all motions and
142 subsequent action including the number of yeas, nays, or abstentions shall be recorded.

143 (7) Voting

144 Formal Council actions are limited to the legislatively established responsibilities of the
145 Council defined in Article II, Section 1 of this document. Council actions must be subject
146 to vote by the Council when a quorum is present. Once a quorum is established, each
147 Council member shall have one vote. For voting purposes, a majority is defined as fifty
148 percent plus one of an established quorum.
149

150 Electronic voting on a specific issue may be conducted with prior notice to the Council.
151

152 (8) Council Member Responsibilities

153 Members shall demonstrate an interest in and commitment to public health; have the
154 capacity for district-level decision-making, and the ability to share critical information
155 with their sector/district peers.
156

157 Members shall regularly attend meetings of the Council, and meetings of committees to
158 which they are appointed.
159

160 Membership in good standing requires minimal annual attendance at 75% of full SCC
161 meetings and meetings in which they are appointed.
162

163 As representatives to the Council, each Council member shall routinely communicate
164 decisions, discussions, and business of the Council to the member's sector/district, and
165 likewise communicate sector/district information back to the Council.
166

167 As the Council has membership drawn from across the public health infrastructure, it is
168 anticipated that at times some members may find themselves in a position where there
169 exists the potential for a conflict of interest or the appearance thereof as defined in
170 Article VI. Council members are expected to maintain vigilance for this event, and to
171 recuse themselves from any voting or actions that present a conflict of interest. Failure
172 to do so shall be grounds for dismissal from the Council.
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174 (9) Operations Calendar

175 The operations calendar of the Council is the calendar year.
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(10) Meeting Facilitation
The Chair is responsible for calling and facilitating all meetings of the Council. In the
Chair's absence the Co-Chair assumes responsibility.

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Article III. Steering Committee

Section 1. Steering Committee Responsibilities

The Steering Committee will provide leadership through convening regularly scheduled Council meetings. They will facilitate and set agendas for Council meetings and identify ad-hoc committees as needed. The Steering Committee members and staff appointed by Maine Center for Disease Control and Prevention shall ensure accurate records of Council actions and membership are maintained and ensure adequate notice is sent regarding Council meetings. Steering Committee members shall regularly attend the Council and Steering Committee meetings.

The Maine Center for Disease Control and Prevention shall be responsible for Council communications.

Section 2. Steering Committee Members

The Steering Committee is comprised of a chair, a 3 co-chairs, two elected members at large and the Chief Operating Officer of Maine Center for Disease Control and Prevention, or designee and two members at large, for a total of 5. One elected co-chairmember must be one of the appointed District Coordinating Council representatives.

Nominations can be taken from the floor for non-state co-chair positions.

Section 3. Steering Committee Terms

Elected members ~~co-chairs~~ serve ~~staggered~~ two-year terms and may serve up to a maximum of three two-year terms. However, their total SCC membership term cannot exceed terms outlined in Article II, Section 5.

Section 4. Steering Committee Meetings

The Steering Committee shall meet at least quarterly in order to fulfill its responsibilities as set forth in this document. Notice of all regular Steering Committee meetings shall be communicated via electronic mail at least five days prior to the meeting.

Special or emergency meetings of the Steering Committee may be called as needed and electronic notification will be sent with as much notice as possible.

The Chair is responsible for calling and facilitating all Steering Committee meetings.

225 **Article IV. Committees/Workgroups**

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227 **Section 1. Creation of Committees**

228
229 The Steering Committee shall have the power to create standing and ad-hoc committees and
230 workgroups. The Steering Committee shall appoint and charge each committee with its
231 responsibilities and shall appoint the committee chair.

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235 **Section 2. Committee Membership**

236
237 Membership on a committee or workgroup, with the exception of the Steering Committee, is not
238 limited to (voting) members of the Council. The Steering Committee and other committees may
239 call on non-Council members as advisors to provide information and guidance.

240
241 **Section 3. Committee Operations**

242
243 Committee chairs shall bring proposed activities to the Council for discussion and approval. The
244 Council may accept recommendations of committees/workgroups as part of a consent agenda;
245 however, if any Council member finds that he/she has a significant issue with a
246 committee/workgroup recommendation, he/she shall say so at the Council meeting and bring it
247 for further discussion and separate vote at the Council level.

248
249 **Section 4. Committee Chairs**

250
251 The Committee chair shall be responsible for scheduling meetings, assigning specific tasks
252 within the mandate of the committee, and reporting to the Steering Committee and the Council
253 concerning the work of the committee.

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256 **ARTICLE V. Non-Partisan Activities**

257
258 The Council shall be non-partisan. No part of the activities of the Council shall consist of the
259 publication or distribution of materials or statements with the purposes of attempting to
260 influence or intervene in any political campaign on behalf of or in opposition to any candidate
261 for public office.

262
263 **ARTICLE VI. Conflict of Interest**

264
265 A conflict of interest is defined as any personal, organizational, financial or other interest which
266 prevents or appears to prevent an impartial action or decision on the part of a Council member.
267 A conflict occurs when a financial or other interest could:

- 268
269 a. Significantly impair the individual's objectivity.
270 b. Create an unfair competitive advantage for any person or organization.

271 c. Provide a direct or indirect fiduciary interest of financial gain for that individual or
272 organization.
273

274 Should a matter before the Council present a known, or a potential conflict of interest, Council
275 members are required to disclose such potential conflict to the Steering Committee at the
276 earliest point possible. Once a conflict or potential conflict is disclosed, the steering committee
277 shall lead the rest of the members in deciding how the member with the conflict or potential
278 conflict may participate in discussions or voting.
279

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281

282 **ARTICLE VII. Governance Structure Review**

283
284 The Steering Committee shall review the Governance Structure every two years.
285

286 **ARTICLE VIII. Reporting**

287
288 The Maine Center for Disease Control and Prevention shall prepare and draft an annual report
289 on behalf of the Statewide Coordinating Council to the joint standing committee of the
290 Legislature having jurisdiction over health and human services matters and the Governor's
291 office on progress made toward achieving and maintaining accreditation of the state public
292 health system and on districtwide and statewide streamlining and other strategies leading to
293 improved efficiencies and effectiveness in the delivery of essential public health services.
294

295
296 Adopted this ____ day of _____, 20__.

297
298 Signed this ____ day of _____, 20__.

299
300 Statewide Coordinating Council Co- Chair, acting on behalf of
301 State Coordinating Council for Public Health:

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305 Statewide Coordinating Council Co- Chair, acting on behalf of
306 State Coordinating Council for Public Health:

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312 Chief Operating Officer, Maine Center for Disease Control and Prevention, acting on behalf of
313 the Maine Center for Disease Control and Prevention

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Statewide Coordinating Council for Public Health

(June 2017)

Seat 01 – York District

Betsy Kelly (Exp. 6/24/18)

Partners for Healthier Communities
Goodall Hospital
25 June Street
Sanford, ME 04073
608-8369
bkelly@goodallhospital.org

Seat 02 – Cumberland District

Courtney Kennedy (Exp. 9/24/17)

Nutrition and Education Manager
Good Shepherd Food Bank
3121 Hotel Road | PO Box 1807
Auburn, Maine 04211
577-4847
ckennedy@gsfb.org

Seat 03 – Western District

Erin Guay (Exp. 9/24/19)

Executive Director
Healthy Androscoggin
300 Main Street
Lewiston, Maine 04240
795-5990
guayer@cmhc.org

Seat 04 – Midcoast District

Joy Anne Osterhout (Exp. 6/24/19)

Regional Director
Community Health & Wellness
Pen Bay Medical Center, Rockland
Waldo County General Hospital, Belfast
921-3962 | 930-6745
josterhout@penbayhealthcare.org

Seat 05 – Central District

Joanne Joy – (Exp. 6/24/19)

Healthy Communities of the Capital Area
36 Brunswick Avenue
Gardiner, Maine 04345
588-5011
j.joy@healthycommunitiesme.org

Seat 06 – Penquis District

Patty Hamilton (Exp. 6/24/19)

Bangor Health and Community Services
103 Texas Avenue
Bangor, Maine 04401
992-4550
patty.hamilton@bangormaine.gov

Seat 07 – Downeast District

Helen Burlock (Exp. 6/24/18)

Community Health and Counseling Services
40 Cedar Street
Bangor, ME 04401
947-0366
hburlock@chcs-me.org

Seat 08 – Aroostook District

Rachel E. Albert, PhD, RN (Exp. 9/24/18)

Professor of Nursing and Allied Health
University of Maine at Fort Kent
23 University Drive
Fort Kent, Maine 04743
Phone: 207-834-7803
realbert@maine.edu

Seat 09 – Maine CDC – State Government

Christopher Pezzullo, D.O.

State Health Officer, DHHS
Maine CDC
286 Water Street, 11 SHS
Augusta, ME 04333
287-3270
christopher.pezzullo@maine.gov

Seat 10 – Behavioral Health – State Gov't

Michael Parks (Exp. 6/24/18)

Associate Director – Treatment and Recovery
Office of Substance Abuse & Mental Health Services
41 Anthony Avenue, 11 SHS
Augusta, ME 04333
287-5820
michael.parks@maine.gov

Statewide Coordinating Council for Public Health

(June 2017)

Seat 11 – Education

Emily Poland (Exp. 9/24/18)

School Nurse Consultant
Maine Department of Education
23 State House Station
Augusta, ME 04333
624-6688
emily.poland@maine.gov

Seat 12 – Environmental Protection

Kerri Malinowski (Exp. 9/22/19)

Maine Department of Environmental Protection
28 Tyson Drive, Ray Building
Augusta, ME 0433e
215-1894
kerri.malinowski@maine.gov

Seat 13 – 10 EPHS

Kenney Miller (Exp. 6/24/18)

Maine AIDS Education and Training Center
The Health Equity Alliance
295 Water Street, Suite 105
Augusta, Maine 04330
Email: kenney@mainehealthequity.org

Seat 14 – 10 EPHS

Vacant (Exp. 9/24/17)

Seat 15 – 10 EPHS

Doug Michael (Exp. 9/24/17)

Chief Community Health and Grants Officer
Eastern Maine Health Systems
973-6602
dmichael@emhs.org

Seat 16 – 10 EPHS

Peter Michaud (Exp. 9/24/18)

Maine Medical Association
PO Box 190
Manchester, ME 04351
622-3374 x 211
pmichaud@mainemed.com

Seat 17 – 10 EPHS

Meg Callaway (Exp. 9/24/17)

Senior Services Coordinator
Charlotte White Center
38 Penn Plaza
Bangor, ME 04401
947-1410
meg.callaway@charlottewhite.org

Seat 18 – 10 EPHS

Jennifer Gunderman-King (Exp. 9/24/17)

Westbrook College of Health Professionals
Linnell Hall, Room 234
716 Stevens Avenue
Portland, ME 04103
221-4671
jgundermanking@une.edu

Seat 19 – 10 EPHS

Vacant (Exp. 6/24/18)

Seat 20 – 10 EPHS

Joanne LeBrun (Exp. 9/24/17)

Tri-County EMS
300 Main Street
Lewiston, ME 04240
795-2880
lebrunj@cmhc.org

Seat 21 – 10 EPHS

Abdulkerim Said (Exp. 9/24/17)

New Mainers
604 Lodge Court
Auburn, ME 04240
abdulsaid@nmphi.org

Seat 22 – Tribal District

Kristi Ricker (Exp. 9/24/17)

88 Bell Road, Suite 2
Littleton, ME 04730
krickr.wph@gmail.com

Seat 23 – 10 EPHS

Vacant as of 6/2/2017 (1/9/2019)