

Statewide Coordinating Council for Public Health

(March 2018)

Seat 01 – York District

Betsy Kelly (Exp. 6/24/18)

Partners for Healthier Communities
Southern Maine Health Care
25 June Street
Sanford, ME 04073
490-7853
blkelly@smhc.org

Seat 02 – Cumberland District

Courtney Kennedy (Exp. 9/29/20)

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

Caer Hallundbaek, EdD (Exp. 6/24/19)

University of Maine at Orono-Hutchinson Center
PO Box 218
Lincolntonville Center, Maine 04850
230-9929
caer.hallundbake@maine.edu

Seat 05 – Central District

Joanne Joy – (Exp. 6/24/19)

Healthy Communities of the Capital Area
11 Mechanic Street
Gardiner, Maine 04345
588-5350
j.joy@hccame.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

Maria Donahue (Exp. 6/24/18)

Healthy Acadia

maria@healthyacadia.org

Seat 08 – Aroostook District

Rachel E. Albert, Ph.D., 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

(March 2018)

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

Kalie Hess (Exp. 9/24/20)

Maine Primary Care Association
73 Winthrop Street
Augusta, Maine 04330
Email: khess@mepca.org

Seat 15 – 10 EPHS

Doug Michael (Exp. 9/24/20)

Chief Community Health and Grants Officer
Eastern Maine Health Systems
43 Whiting Hill Road, Suite 200
Brewer, Maine 04412
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. 9/24/20)

Penquis
262 Harlow Street
Bangor, Maine 04401
270-2778 (C) 937-3500x3640 (O)
mcallaway@penquis.org

Seat 18 – 10 EPHS

Erika Ziller (Exp. 9/24/20)

Maine Rural Health Research Center
PO Box 9300
Portland, Maine 04104
780-4614
Erika.ziller@maine.edu

Seat 19 – 10 EPHS

Heather Shattuck-Heidorn, Ph.D. (Exp. 6/24/18)

Catholic Charities Maine
307 Congress Street
Portland, Maine 04101
207-805-4010
hshattuckheidorn@ccmaine.org

Seat 20 – 10 EPHS

Joanne LeBrun (Exp. 9/24/20)

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

Seat 21 – 10 EPHS

Abdulkerim Said (Exp. 9/24/20)

New Mainers Public Health Initiative
PO Box 541
Lewiston, ME 04240
asaid@nmphi.org

Seat 22 – Tribal District

Kristi Ricker (Exp. 9/24/20)

88 Bell Road
Littleton, Maine 04730
kricke.rn@gmail.com

Seat 23 – 10 EPHS

Carol Zechman (1/9/2019)

MaineHealth
241 Oxford Street
Portland, Maine 04101
662-7960
zechmc@mainehealth.org

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
MARCH 15, 2018
AGENDA

(This is a Voting Meeting)

10:00 – 12:00 Council Meeting

12:00-1:00 – Working Lunch (please feel free to bring your lunch)

Call-in Information: Call number: 877-455-0244; Passcode: 578 374 0016

- 10:00** **Welcome-** *Patty Hamilton and Kristi Ricker - Co-Chairs*
- ✓ Introductions -*All*
 - ✓ Review of Agenda and December 2017 Minutes – *Chair/All*
 - ✓ Closing the Loop; December Items and Steering Committee Issues – *Patty Hamilton*
- 10:15** **New Member Orientation** – *Patty Hamilton*
- 10:45** **SCC Advisory Capacity to the PHHSBG – Overview of Statute / Role** – *Nancy Birkhimer*
- 11:00** **Adverse Childhood Experiences (ACES) – Implications for the SHIP and Innovation** *Sue Mackey Andrews Solutions Consulting; Paula Thomson, DHHS*
- 12:00** **Break**
- 12:15** **Public Health and Health Services Block Grant Update** – *Nancy Birkhimer*
****Voting Action Required****
- 12:45** **District Reports - All**
- 1:00** **Next Steps, Evaluation** – *All/Chairs*

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.

**Statewide Coordinating Council for Public Health
Meeting Minutes of December 21, 2017
Bangor Savings Bank - 10:00 a.m. – 1:00 p.m.**

Voting Member Attendance:

Seat	Roll Call	Name	Organization	Representing
1	Present (part of meeting)	Betsy Kelley	Partners for Healthier Communities	York District
2	Present	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	Present (part of meeting)	Erin Guay	Healthy Androscoggin	Western District
4	Vacant			Midcoast District
5	Planned absent	Joanne Joy	Healthy Capital Area	Central District
6	Present	Patty Hamilton	Bangor Public Health	Penquis District
7	Planned absent	Helen Burlock	Community Health & Counseling	Downeast District
8	Attending by phone (part of meeting)	Rachel Albert	University of Maine Fort Kent	Aroostook District
9	Present	Christopher Pezzullo	Maine CDC	State Government
10	Absent	Michael Parks	DHHS, Office of Substance Abuse & Mental Health Services	Department of Health & Human Services
11	Present	Emily Poland	Maine Department of Education	Department of Education
12	Present	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	Present	Kenney Miller	Maine Health Equity Alliance	Essential Public Health Services
14	Vacant			Essential Public Health Services
15	Present	Doug Michael	Eastern Maine Health Systems	Essential Public Health Services
16	Present	Peter Michaud	Maine Medical Association	Essential Public Health Services
17	Attending by phone (part of meeting)	Meg Callaway	Charlotte White Center	Essential Public Health Services
18	Vacant			Essential Public Health Services
19	Vacant			Essential Public Health Services
20	Present	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	Attending by phone	Abdulkerim Said	New Mainers	Essential Public Health Services
22	Present	Kristi Ricker	Maine CDC	Wabanaki Public Health District
23	Vacant	Vacant		Essential Public Health Services

Total Council Makeup 23

Present: 12 **Attending by Phone:** 3 **Planned absent:** 2 **Absent:** 1 **Vacant Seat:** 5 **Expired Seats** 5

Total Attendance of Seated Members Today: 9

Current Official Count of Seated Members = 13; Quorum = a Simple Majority
Total Seated Voting Members Attending: 9; = Quorum 7 = Quorum Achieved

Interested Parties and Stakeholders Attending

<p>In Attendance:</p> <ul style="list-style-type: none"> Kate Marone, Midcoast District Coordinating Council for Public Health Anne Graham, American Cancer Society Reid Plimpton, MCDC and presenting Kalie Hess Malloray Shaunnessey Ed Molio 	<p>Attendance by phone:</p> <ul style="list-style-type: none"> Rachel Albert Meg Callaway Abdul Said Maria Donahue, Healthy Acadia
---	--

	<p>MCDC District Liaisons: Kristine Jenkins, Cumberland District Drexell White, Mid Coast</p>
<p>Staff from the Maine CDC: Nancy Birkhimer (presenter), Reid Plimpton (presenter), Kim Haggan (presenter), James Markiewicz, Al May, Stacey Boucher, Adam Hartwig, Andy Finch</p>	

Agenda	Item	Next
Review of agenda	No changes	
Review of Minutes/Previous meeting	<ul style="list-style-type: none"> • At the previous meeting, changes in mental health EMS service delivery were mentioned; how will the SCC respond? • Bruce Bates, DO, Director of the Maine CDC, gave a brief welcome/thanks and introduction. 	<ul style="list-style-type: none"> ✓ Item tabled for addition to a future agenda.
SCC Committee Membership	<ul style="list-style-type: none"> • As of 12/1, nine SCC seats required action <ul style="list-style-type: none"> ○ One District representative seat is vacant ○ Four other SCC seats are currently vacant ○ Five seat appointments have expired • The five seat-holders of expired terms have accepted the invitation to serve another term; <ul style="list-style-type: none"> ○ The Membership Committee met on 12/13 and accepted nominees to vacant seats as well as re-appointments as a slate. ○ An electronic vote was initiated on 12/20. ○ Voting concluded the same day with unanimous approval of the slate by eligible voting Committee members (those Committee members whose names appeared on the slate abstained). • The Midcoast District Coordinating Council will appoint/elect their representative at their next meeting. 	<ul style="list-style-type: none"> • Dr. Bates will send an official welcome letter to the returning Council members. • The Chair will send an official welcome letter to the District 4 representative, when named. • The SCC Committee Clerk will update the roster of membership and distribute it to members and post to the website.
Review of website	Peggie Lawrence gave an overview of the SCC website.	<ul style="list-style-type: none"> • Kristi Ricker will provide an updated District map • Peggie will continue to update the site with SCC reports and meeting materials.
Review of DRVS website	<p>Kim Haggan, State Registrar and Director of the Office of Data, Research and Vital Records, gave an overview of the DRVS Data Dashboard.</p> <ul style="list-style-type: none"> • Data, Research & Vital Statistics (DRVS) exists to collect and provide vital data on births, deaths, marriage and divorce, cancer registry services, and electronic data solutions. • Created by statute, is in possession of all vital records from 1892 forward. 	<ul style="list-style-type: none"> • The DRVS Data Dashboard presentation posted to the SCC website.

Agenda	Item	Next
	<ul style="list-style-type: none"> • Annually records around 13,000 deaths, 12,500 births, 10,000 marriages and adoptions. • Provides services to around 10,000 walk-in clients and 500 mail requests. • Has six full time employees. • Produces population estimates and administers health surveys including the Pregnancy Risk Assessment Monitoring System (PRAMS) by phone and online, and the Behavioral Risk Factor Survey (BRFS) by phone. <p>The DRVS Data Dashboard has been developed as a means to make the DRVS data accessible to the public.</p> <p>The DRVS Data Dashboard can be found here: http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/index.shtml</p>	
<p>Maine Integrated Youth Health Survey</p>	<p>Reid Plimpton, Project Coordinator for the Maine Integrated Youth Health Survey Project, gave an overview of the MIYHS, demonstrating the website and highlighting some of the recently released 2017 data.</p> <ul style="list-style-type: none"> • After an audit of national health surveys of youth used to determine health risks, Maine developed a survey that would minimize educational interruption and maximize data collection. <ul style="list-style-type: none"> ○ Kindergarten and 3rd grade surveys are actually parent surveys. ○ Maine is one of only a few states that survey at the 5th and 6th grade level. ○ The middle and high school level survey is open to all schools. <p>Q. Are there plans to broaden the MIYHS with the transgender/LBG population? A. Yes,</p> <p>Q. In 2009, the integration presented a risk that connectivity between multiple source surveys and national data would be lost. Have we encountered those barriers? A. We've assured that we can submit data to the YRBS so we've had a comparison and we've maintained that connectivity.</p> <p>Q. As the surveys evolve, is there a process for updating questions and terminology in the source survey and integrated? Are we doing CPI?</p>	<ul style="list-style-type: none"> • The MIYHS presentation is posted to the SCC website.

Agenda	Item	Next
	<p>A. MIHYS is a periodic cycle of 2 years – each spring, there’s a revision process and comprehension checks. Updates are done every other year.</p> <p>Q. Is there a household income question on the survey? A. No, but there is an indicator in a parent survey.</p> <p>Q. Food insecurity questions on the middle and high school questions? A. Surveys inherently have space constraints. Personal safety and homelessness questions are prioritized.</p> <p>Q. Does DOE have housing stability data? A. Yes, and homeless-ness liaisons. DOE can assist MCDC with that data.</p>	
District Reports	District Reports are attached.	
SHIP	<p>See the SHIP presentation, attached.</p> <p>The Council was asked if the SHIP “obesity” priority should be re-labeled as “healthy weight”, to reflect a focus on health rather than disease, and the notion that overweight is not the only weight disorder.</p> <p>Q. What would an expansion of the term mean in terms of resources and scope? A. All the strategies already there have statements about promotion, support. Strategies apply across the weight spectrum.</p>	<ul style="list-style-type: none"> Nancy Birkhimer will prepare the question for vote and conduct an email vote of the SCC members.
DRAFT SHIP	Nancy has asked for input on the SHIP, specifically multi-district, non DHHS funded strategies that contribute to SHIP priorities.	<ul style="list-style-type: none"> Members will email to Nancy Birkhimer a contact person to communicate with when confirming community partners. An email vote will be conducted to accept or not accept the draft SHIP
Block Grant	See the Block Grant presentation, posted to the SCC website.	
Health Report Card	This is one of three reports the SCC generates annually. It is due in June and a draft will be available to the SCC before it is submitted.	
Secretary of State’s Report	This is the second of three reports the SCC generates annually. This is an administrative report to the Bureau of Corporations, Elections and Commissions, which tracks Committee statutory requirements and administrative costs. It is filed by the committee clerk, is due in January, and is published in March.	

Agenda	Item	Next
HHS Committee Report	<p>This is the third of three reports the SCC generates annually, and is considered the “SCC annual report”. It is a statutorily-mandated report to the Joint Standing Legislative Committee on Health and Human Services and is due in January. A draft is included in this packet for review.</p> <p>A show-of-hands agreement was made to add Maine’s rank from America’s Health Rankings to this report</p>	<p>Comments and suggestions welcome by email; a vote will be conducted electronically to approve the report.</p>
Report to the Advisory Council on Health Systems Development	<p>This was a legislatively mandated report the SCC was obligated to do about 10 years ago; the Advisory Council is now defunct and this report is no longer produced.</p>	
Adjourn	<p>Next meeting: March 15, 2018, 10am – 12:00, location Maine State Library, Capitol Complex</p>	

Title 22: HEALTH AND WELFARE

Subtitle 2: HEALTH

Part 2: STATE AND LOCAL HEALTH AGENCIES

Chapter 152: PUBLIC HEALTH INFRASTRUCTURE

§412. Coordination of public health infrastructure components

1. Local health officers. Local health officers shall provide a link between the Maine Center for Disease Control and Prevention and every municipality. Duties of local health officers are set out in section 454-A.

[2009, c. 355, §5 (NEW) .]

2. Healthy Maine Partnerships. Healthy Maine Partnerships is established to provide appropriate essential public health services at the local level, including coordinated community-based public health promotion, active community engagement in local, district and state public health priorities and standardized community-based health assessment, that inform and link to districtwide and statewide public health system activities.

Healthy Maine Partnerships must include interested community members; leaders of formal and informal civic groups; leaders of youth, parent and older adult groups; leaders of hospitals, health centers, mental health and substance abuse providers; emergency responders; local government officials; leaders in early childhood development and education; leaders of school administrative units and colleges and universities; community, social service and other nonprofit agency leaders; leaders of issue-specific networks, coalitions and associations; business leaders; leaders of faith-based groups; and law enforcement representatives. Where a service area of Healthy Maine Partnerships includes a tribal health department or health clinic, Healthy Maine Partnerships shall seek a membership or consultative relationship with leaders and members of Indian tribes or designees of health departments or health clinics of Indian tribes.

The department and other appropriate state agencies shall provide funds as available to coalitions in Healthy Maine Partnerships that meet measurable criteria as set by the department for comprehensive community health coalitions. As funds are available, a minimum of one tribal comprehensive community health coalition must be provided funding as a member of a Healthy Maine Partnerships coalition. The tribal district is eligible for the same funding opportunities offered to any other district. The tribal district or a tribe is eligible to partner with any coalition in Healthy Maine Partnerships for collaborative funding opportunities that are approved by the tribal district coordinating council or a tribal health director.

[2011, c. 306, §2 (AMD) .]

3. District public health units. District public health units shall help to improve the efficiency of the administration and coordination of state public health programs and policies and communications at the district and local levels and shall ensure that state policy reflects the different needs of each district. Tribal public health programs and services delivered by the tribal district or a tribal health department or health clinic must help improve the efficiency of the administration and coordination of publicly and privately funded public health programs and policies and communications at local, district, state and federal levels.

[2011, c. 306, §2 (AMD) .]

4. District coordinating councils for public health. The Maine Center for Disease Control and Prevention, in consultation with Healthy Maine Partnerships, shall maintain a district coordinating council for public health in each of the 9 districts as resources permit. If the district jurisdiction includes tribal lands

and tribal members, and is not the tribal district, the district coordinating council for public health may not represent the tribe or tribes but shall consider Indian health status and pursue a consultative relationship with the tribe or tribes. Tribal representatives may choose to participate in the district coordinating council for public health as members or function in a consultative relationship. The tribal district shall have a tribal district coordinating council.

A district coordinating council for public health, after consulting with the Maine Center for Disease Control and Prevention, shall develop membership and governance structures that are subject to approval by the Statewide Coordinating Council for Public Health except that approval of the Statewide Coordinating Council for Public Health is not required for the membership and governance structures of the tribal district coordinating council.

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. [2011, c. 90, Pt. J, §7 (AMD).]

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. [2011, c. 306, §2 (NEW).]

B. The Maine Center for Disease Control and Prevention, in consultation with Healthy Maine Partnerships, shall ensure the invitation of persons to participate on a district coordinating council for public health and shall strive to include persons who represent the Maine Center for Disease Control and Prevention, county governments, municipal governments, Indian tribes and their tribal health departments or health clinics, city health departments, local health officers, hospitals, health systems, emergency management agencies, emergency medical services, Healthy Maine Partnerships, school districts, institutions of higher education, physicians and other health care providers, clinics and community health centers, voluntary health organizations, family planning organizations, area agencies on aging, mental health services, substance abuse services, organizations seeking to improve environmental health and other community-based organizations. [2011, c. 306, §2 (AMD).]

C. In districts, other than the tribal district, that contain tribal members, population health assessments and health improvement plans and strategies developed by municipal health departments, Healthy Maine Partnerships and district coordinating councils for public health must consider Indian health issues and disparities. Data used for these assessments must be sound and at the most local level available. Assessments must include any quantitative or qualitative data the tribes agree to share. Tribal health assessments and tribal health improvement plans and strategies may focus exclusively on tribal members but may be conducted only at any tribe's discretion. [2011, c. 306, §2 (NEW).]

D. Population and personal health programs, interventions and services that formally include or focus on tribal members must be developed in close consultation with tribes and must be culturally competent in design and implementation. In addition, tribes must be consulted prior to their inclusion in any grant applications. [2011, c. 306, §2 (NEW).]

[2011, c. 306, §2 (AMD) .]

5. Municipal and tribal health departments. Municipal health departments or tribal health departments or health clinics may enter into data-sharing agreements with the department for the exchange of public health data determined by the department to be necessary for protection of the public health. A

data-sharing agreement under this subsection must protect the confidentiality and security of individually identifiable health information as required by state and federal law.

[2011, c. 306, §2 (AMD) .]

5-A. Tribal district. The tribal district shall deliver components of essential public health services through the tribal district's public health liaisons, who are tribal employees, and report to the tribes, the department's office of minority health and any other sources of funding. Responses to federal and state requests for applications may be issued by one tribe, 2 or more tribes collectively or the tribal district as the recipient of funds. The directors of the tribal health departments or health clinics serve as the tribal district coordinating council for public health in an advisory role to the tribal district. The council may establish subcommittees to work on specific projects approved by the council.

[2011, c. 306, §2 (NEW) .]

6. Statewide Coordinating Council for Public Health. 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.

A. 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;

(4) 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;

(5) Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and

(6) 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.

The Maine Center for Disease Control and Prevention shall provide staff support to the Statewide Coordinating Council for Public Health as resources permit. Other agencies of State Government as necessary and appropriate shall provide additional staff support or assistance to the Statewide Coordinating Council for Public Health as resources permit. [2011, c. 306, §2 (AMD).]

B. 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 Director of the Maine Center for Disease Control and Prevention or the director's designee shall serve as a member.

(3) The 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.

(6) The Director of the Maine Center for Disease Control and Prevention, in collaboration with the cochairs of the Statewide Coordinating Council for Public Health, shall convene a membership committee. After evaluation of the appointments to the Statewide Coordinating Council for Public Health, the membership committee shall appoint no more than 10 additional members and ensure that the total membership has at least one member who is a recognized content expert in each of the essential public health services and has representation from populations in the State facing health disparities. The membership committee shall also strive to ensure diverse representation on the Statewide Coordinating

Council for Public Health from county governments, municipal governments, tribal governments, tribal health departments or health clinics, city health departments, local health officers, hospitals, health systems, emergency management agencies, emergency medical services, Healthy Maine Partnerships, school districts, institutions of higher education, physicians and other health care providers, clinics and community health centers, voluntary health organizations, family planning organizations, area agencies on aging, mental health services, substance abuse services, organizations seeking to improve environmental health and other community-based organizations. [2011, c. 306, §2 (AMD).]

C. The term of office of each member is 3 years. All vacancies must be filled for the balance of the unexpired term in the same manner as the original appointment. [2009, c. 355, §5 (NEW).]

D. Members of the Statewide Coordinating Council for Public Health shall elect annually a chair and cochair. The chair is the presiding member of the Statewide Coordinating Council for Public Health. [2009, c. 355, §5 (NEW).]

E. The Statewide Coordinating Council for Public Health shall meet at least quarterly, must be staffed by the department as resources permit and shall develop a governance structure, including determining criteria for what constitutes a member in good standing. [2009, c. 355, §5 (NEW).]

F. The Statewide Coordinating Council for Public Health shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the Governor's office on progress made toward achieving and maintaining accreditation of the state public health system and on districtwide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services. [2011, c. 90, Pt. J, §9 (RPR).]

[2011, c. 306, §2 (AMD) .]

SECTION HISTORY

2009, c. 355, §5 (NEW). 2011, c. 90, Pt. J, §§7-9 (AMD). 2011, c. 306, §2 (AMD).

1 **State Coordinating Council for Public Health Governance Structure**
2 **State Coordinating Council for Public Health**
3 **December 2017**

4
5 **Article I. Legislative Purpose and Mission**
6

7 The State Coordinating Council for Public Health, established under Title 22, section 12004-G,
8 subsection 14-G, is a representative statewide body of public health stakeholders for
9 collaborative public health planning and coordination.

10
11 The State Coordinating Council for Public Health shall:

12
13 (1) Participate as appropriate to help ensure the state public health system is ready and
14 maintained for accreditation;

15 (2) Assist the Maine Center for Disease Control and Prevention in planning for the
16 essential public health services and resources to be provided in each district and across
17 the State in the most efficient, effective and evidence-based manner possible;

18 (3) Receive reports from the tribal district coordinating council for public health
19 regarding readiness for tribal public health systems for accreditation if offered; and

20 (4) Participate as appropriate and as resources permit to help support tribal public
21 health systems to prepare for and maintain accreditation if assistance is requested from
22 any tribe.

23 **Article II. Role and Structure of the Council**
24

25 **Section 1. Council Role**
26

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

29
30 a. Review and comment on reports from entities within and outside the public health
31 infrastructure including the State Health Improvement Plan, and assist in identifying
32 districtwide and statewide streamlining and other strategies leading to improved
33 efficiencies and effectiveness in the delivery of essential public health services
34 throughout the public health infrastructure.

35
36 b. Develop reports and summaries for the purposes of fulfilling their role annually and
37 as determined necessary.

38
39 **Section 2. Council Size**
40

41 The Council is comprised of twenty-three (23) members.
42
43

44 **Section 3. Council Members**

45

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

47

48 (1) Each district coordinating council for public health, including the tribal district
49 coordinating council, shall appoint one member.

50 (2) The Director of the Maine Center for Disease Control and Prevention or designee
51 shall serve as a co-chair.

52 (3) The DHHS Commissioner shall appoint an expert in behavioral health from the
53 Department to serve as a member.

54 (4) The Commissioner of Education shall appoint a health expert from the Department
55 of Education to serve as a member.

56 (5) The Commissioner of Environmental Protection shall appoint an environmental health
57 expert from the Department of Environmental Protection to serve as a member.

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

60

61 a. county governments

62 b. municipal governments

63 c. tribal governments/health departments

64 d. city health departments

65 e. local health officers

66 f. hospitals

67 g. health systems

68 h. emergency management agencies

69 i. emergency medical services

70 j. comprehensive community health coalitions

71 k. school districts

72 l. institutions of higher education

73 m. physicians and other health care providers

74 n. clinics and community health centers

75 o. voluntary health organizations

76 p. family planning organizations

77 q. area agencies on aging

78 r. mental health services

79 s. substance use prevention, treatment, and recovery services

80 t. organizations seeking to improve environmental health

81 u. other community-based organizations

82

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

84
85 The Director of the Maine Center for Disease Control and Prevention, in collaboration with the
86 other co-chairs of the Statewide Coordinating Council for Public Health shall convene a
87 membership committee.

88
89 After evaluation of the appointments to the Statewide Coordinating Council for Public Health,
90 the membership committee shall appoint no more than 10 additional members and ensure that
91 the total membership has at least one member who is a recognized content expert in each of
92 the essential public health services and has representation from populations in the state facing
93 health disparities.

94
95 The membership committee shall also strive to ensure diverse representation on the Statewide
96 Coordinating Council for Public Health from county governments, municipal governments, tribal
97 governments, tribal health departments or health clinics, city health departments, local health
98 officers, hospitals, health systems, emergency management agencies, emergency medical
99 services, community health coalitions, school districts, institutions of higher education,
100 physicians and other health care providers, clinics and community health centers, voluntary
101 health organizations, family planning organizations, area agencies on aging, mental health
102 services, substance abuse services, organizations seeking to improve environmental health and
103 other community-based organizations.

104
105 **Section 5. Council Terms**

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

110
111 A Council member may resign from the Council by written notice to the Steering Committee.

112
113 **Section 6. Council Meetings and Operations**

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

118
119 (1) The Council shall

- 120
121 a. Elect two co-chairs to serve on the Steering Committee
- 122
123 b. Operate under an agreed upon system of operation such as Robert's Rules of Order
- 124
125 c. Review and approve through majority vote all reports and summaries submitted to
126 Maine CDC in fulfillment of the legislated charge

127
128 (2) Time and Place of Meetings

129
The Statewide Coordinating Council for Public Health shall meet at least quarterly, and
will be staffed by the Department as resources permit. Maine CDC will set place of
meetings.

130 (3) Agenda

131
132 The Steering Committee shall prepare an agenda of items requiring Council action, and
133 add items of business as may be requested by Council members.
134

135 (4) Notice

136
137 Council members shall be sent electronic mail notice of the time and date of the
138 meetings at least three business days before a regular Council meeting. In the event of
139 an emergency, the Steering Committee may call a meeting and shall give as much
140 notice as possible.
141

142 (5) Rules of Order

143
144 Robert's Rules of Order shall govern regular Council meetings unless the Council adopts
145 other rules of order.
146

147 (6) Council Meeting Minutes

148
149 The Maine Center for Disease Control and Prevention is responsible for minutes and
150 Council records as resources permit. Minutes recording attendance, all motions and
151 subsequent action including the number of yea, nay, or abstentions shall be recorded.
152

153 (7) Voting

154
155 Formal Council actions are limited to the legislatively established responsibilities of the
156 Council defined in Article II, Section 1 of this document. Council actions must be subject
157 to vote by the Council when a quorum is present. Once a quorum is established, each
158 Council member shall have one vote.
159

160 Electronic voting on a specific issue may be conducted with prior agreement of the
161 Council.
162

163 (8) Council Member Responsibilities

164
165 Members shall demonstrate an interest in and commitment to public health; have the
166 capacity for district-level decision-making, and the ability to share critical information
167 with their sector/district peers.
168

169 Members shall regularly attend meetings of the Council, and meetings of committees to
170 which they are appointed.
171

172 Membership in good standing requires minimal annual attendance at 75% of full SCC
173 meetings and meetings to which they are appointed.
174

175 As representatives to the Council, each Council member shall routinely communicate
176 decisions, discussions, and business of the Council to the member's sector/district, and
177 likewise communicate sector/district information back to the Council.
178

179 As the Council has membership drawn from across the public health infrastructure, it is
180 anticipated that at times some members may find themselves in a position where there
181 exists the potential for a conflict of interest or the appearance thereof as defined in
182 Article VI.

183
184 Council members are expected to maintain vigilance for this event, and to recuse
185 themselves from any voting or actions that present a conflict of interest. Failure to do
186 so may be grounds for dismissal from the Council.

187
188 (9) Operations Calendar

189
190 The operations calendar of the Council is the calendar year.

191
192 **Article III. Steering Committee**

193
194 **Section 1. Steering Committee Responsibilities**

195
196 The Steering Committee will provide leadership through convening regularly scheduled Council
197 meetings, facilitation of meetings, agenda setting for the Council meetings, and identifying ad-
198 hoc committees as needed. The Steering Committee members and staff appointed by Maine
199 Center for Disease Control and Prevention shall ensure that accurate records are maintained of
200 Council actions, adequate notice is sent regarding Council meetings, and maintain records of
201 active membership for purposes of establishing quorum. Steering Committee members shall
202 regularly attend meetings of the Council and meetings of the Steering Committee.

203
204 The Maine Center for Disease Control and Prevention shall be responsible for Council
205 communications.

206
207 **Section 2. Steering Committee Members**

208
209 The Steering Committee is composed of five members, including one chair, one co-chair, two
210 elected members at large and the CDC director or designee. Nominations will be taken from
211 the floor for non-state, co-chair positions.

212
213 **Section 3. Steering Committee Terms**

214
215 Elected members serve two-year terms and may serve up to a maximum of three, two-year
216 terms. However, their total SCC membership term cannot exceed terms outlined in Article II,
217 Section 5.

218
219 **Section 4. Steering Committee Meetings**

220
221 The Steering Committee shall meet on a regular schedule that it deems necessary and
222 appropriate in order to fulfill its responsibilities as set forth in the Bylaws. Notice of all regular
223 Steering Committee meetings shall be communicated via electronic mail at least five days prior
224 to the meeting.

225
226 Special or emergency meetings of the Steering Committee may be called as needed. Notice of
227 special or emergency meetings shall be sent via electronic mail with as much notice as possible.

228 **Article IV. Committees/Workgroups**

229

230 **Section 1. Creation of Committees**

231

232 The Steering Committee shall have the power to create standing and ad-hoc committees and
233 workgroups. The Steering Committee shall appoint and charge each committee with its
234 responsibilities and shall appoint the committee chair.

235

236 **Section 2. Committee Membership**

237

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

241

242 **Section 3. Committee Operations**

243

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

249

250 **Section 4. Committee Chairs**

251

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

255

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 or organizational financial or other interest
266 which prevents or appears to prevent an impartial action or decision on the part of a Council
267 member. 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 shall lead

277 the rest of the members in deciding how the member with the conflict or potential conflict may
278 participate in discussions or voting.

279
280 **ARTICLE VII . Governance Structure Review**

281
282 The Steering Committee shall review the Governance Structure every two years.

283
284 **ARTICLE VIII. Reporting**

285
286 The Maine Center for Disease Control and Prevention shall prepare and draft an annual report
287 on behalf of the State Coordinating Council to the joint standing committee of the Legislature
288 having jurisdiction over health and human services matters and the Governor's office on
289 progress made toward achieving and maintaining accreditation of the state public health system
290 and on districtwide and statewide streamlining and other strategies leading to improved
291 efficiencies and effectiveness in the delivery of essential public health services.

292
293
294 Adopted March 2018.

295
296
297 =====

298
299
300 State Coordinating Council Co-Chair, acting on behalf of
301 State Coordinating Council for Public Health:

302
303 Signed,
304 _____
305 Patty Hamilton, Co-Chair

306
307 =====

308
309
310 State Coordinating Council Co-Chair, acting on behalf of
311 State Coordinating Council for Public Health:

312
313 Signed,
314 _____
315 Kristi Ricker, Co-Chair

316
317 =====

318
319 Director, Maine Center for Disease Control and Prevention, acting on behalf of the Maine Center
320 for Disease Control and Prevention:

321
322 Signed,
323 _____
324 Bruce Bates, DO, Director

Preventive Health and Health Services Block Grant Statutory language:

(d) State Advisory Committee

(1) In general

For purposes of subsection (c)(2), an [advisory committee](#) is in accordance with this subsection if such committee is known as the [State](#) Preventive Health Advisory Committee (in this subsection referred to as the “Committee”) and the Committee meets the conditions described in the subsequent paragraphs of this subsection.

(2) **Duties** A condition under paragraph (1) for a [State](#) is that the duties of the Committee are—

(A) to hold public hearings on the [State](#) plan required in subsection (a)(2); and

(B) to make recommendations pursuant to subsection (b)(1) regarding the [development](#) and implementation of such plan, including recommendations on—

(i) the conduct of assessments of the public health;

(ii) which of the activities authorized in [section 300w–3 of this title](#) should be carried out in the State;

(iii) the [allocation](#) of payments made to the [State](#) under [section 300w–2 of this title](#);

(iv) the coordination of activities carried out under such plan with relevant [programs](#) of other entities; and

(v) the collection and reporting of data in accordance with [section 300w–5\(a\) of this title](#).

From US CDC guidance:

- Statutory information identifies the advisory committee’s member representation, documents the dates and minutes of the Public Hearing and Advisory Committee meetings, and collects various signed certification forms. Copies of the minutes and signed certification forms must be attached in BGMIS in order to submit the work plan/application to CDC.
- Advisory Committee Member Representation: The advisory committee member representation section requires grantee to indicate the committee members’ affiliation with a particular constituency, organization, or perspective.
- ***Advisory Committee Meetings Grantees must hold a minimum of two advisory committee meetings each fiscal year, one of which must be prior to work plan/application submission.*** All past meetings need to have minutes attached. Grantees are required to indicate the date of the meeting and attach the meeting’s minutes.

Plain language:

The PHHSBG Advisory Committee makes recommendations on:

1. the “conduct of health assessments,”
2. the development of the PHHS BG work plan
3. the use of PHHS BG funds
4. coordination of PHHS BG activities with other related activities, and
5. collection and reporting of data on these activities.

While, the statutory language indicates that the Advisory Committee also holds the public hearing, in our past experience, Maine CDC has held the public hearing, informing the advisory committee of the hearing. Over the past two years, we have held the public hearing during a work session of the SCC.

In their most recent feedback, the US CDC has directed us to ensure the Advisory Committee holds a vote to approve the use of the funds and the work plan and that this is documented in minutes of the Advisory Committee.

Preventive Health and Health Services Block Grant Update



Paul R. LePage, Governor

*Maine Center for
Disease Control and Prevention*

*An Office of the
Department of Health and Human Services*

Ricker Hamilton, Commissioner

F2017 – Spending began October 1, 2017

Program Area	original	revised
Community Based Prevention	30%	30%
Epidemiology	30%	33%
Prenatal Substance Use	7%	5%
Accreditation	29%	28%
Sexual Assault Prevention	2%	2%
Administration	2%	2%

Proposed Changes:

- Reduced expenditures in :
 - Infectious disease epidemiology due to availability of other grant funds and delays in OIT approvals and costs.
 - Lead testing registry costs (other funds were available).

Proposed Changes:

- Increases funding for :
 - USM epidemiology, for the 3 month extension of that contract.
 - BRFSS (small increase)
- These are changes in the timing of expenditures, which will give more flexibility for F2018 Funding

NEED VOTE

Status for FY2019:

- No allocation announcement.
 - This usually is not issued until the final Federal budget is passed.
 - We anticipate a request for a 30 day turnaround.
 - Therefore, we may request approval for a finalized budget via e-mail.
 - We will also be holding a public hearing soon.

NEED VOTE

F2018 – Spending to begin October 1, 2018

Program Area	F2017	F2018
Community Based Prevention	30%	37%
Epidemiology	33%	30%
Prenatal Substance Use	5%	5%
Accreditation	28%	25%
Sexual Assault Prevention	2%	2%
Administration	2%	2%

Questions?

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



Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Developmental screening increases by ten-fold

Public Health Problem:

“Luc” was administered the Survey of Well-being of Young Children (SWYC) by a social worker during his 18-month well-child checkup (WCC) in a Maine pediatric practice. The family had previously been in the family shelter and mom was very frustrated with her ability to care for him. She felt like his tantrums were disrupting the whole family; as a sole caregiver, she felt burnt out and exhausted. On the SWYC, there were signs of an expressive and receptive language delay. Mom also expressed concerns about her ability to respond to her child’s behaviors; she was hesitant to take him out in public and felt isolated.

Luc was referred to Child Developmental Services (CDS) in the Maine Department of Education, but they were unable to reach the family. Because of the Developmental Screening Integration Program, information releases allowed the pediatric practice to work with CDS to put services in place for Luc and his family. In partnership with the service coordinator for CDS, the pediatric social worker met regularly with mom to support her mental health.

Unfortunately, not all children receive the screening or referrals that Luc did. In 2011, only 3% of one-year-olds on MaineCare were screened. Screening rates for two-year-olds, and infants under 1 year were even lower.¹ And of those screened not all were successfully connected to services.

Early screening for developmental delays and autism spectrum disorder allows for interventions when they are the most effective.² This screening and intervention can prevent long-term special education costs for some children, link parents to supports early and improve the management of developmental delays and autism spectrum disorders. In Maine, medical practices, home visiting programs, Head Start and public health nursing all provide opportunities for screening.³ Initial and periodic screening is particularly important for low-income children, which are at greater risk for developmental delays.⁴

Taking Action:

To increase screening rates, Maine Quality Counts (MQC) led partners in the Developmental Systems Integration (DSI) initiative. Providers of early childhood health and education services coordinated efforts to improve screening and referrals. These partners included Head Start, other child care providers, the Maine Department of Education, Maine CDC Public Health Nursing, primary care providers, Maine Family Home Visiting and United Way.

MQC developed recommendations for screening tools based on partners’ feedback and evidence-based practices. Using PHHS BG funds, MQC offered providers training, technical assistance and awareness tools to share with parents. Providers adopted protocols to integrate screening and referrals into WCCs and improved communication between providers.

Impact:

At his 24 month WCC, Luc had made significant progress in speech and mom felt better equipped to handle challenging behaviors at home. By September 30, 2016, developmental screening rates for children increased to 25%, 30% and 21% for children under one year of age, one year olds, and two year olds, respectively.⁵

Though there has been significant progress made, there is a continued need for additional provider education and outreach. In 2016, “promoting readiness to learn and succeed” was selected as one of seven priorities for the Maternal and Child Health Block Grant ⁶, and work with MQC on developmental screening is continuing with that funding.

Footnotes

- (1) Developmental Screening Integration quarterly report, Maine Quality Counts, submitted to Maine CDC, August 8, 2017.
- (2) Child development: Developmental Monitoring and Screening, US Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>, accessed January 31, 2018.
- (3) Developmental Systems Integration Presentation for PHHS BG Compliance Visit, Maine Quality Counts, April 26, 2017.
- (4) School Readiness Matters: Research Confirms and Citations, the Campaign for Grade-Level Reading, http://gradelevelreading.net/wp-content/uploads/2014/06/School-Readiness-Matters-Research-Confirms-and-Citations-r2_KC.pdf, accessed January 31, 2018
- (5) Developmental Screening Integration quarterly report, Maine Quality Counts, submitted to Maine CDC, August 8, 2017.
- (6) Maternal and Child Health Services Title V Block Grant, Maine FY 2017 application, submitted July 15, 2016.

Quote:

“DSI provides medical practices and community partners with tools and technical assistance to effectively and consistently provide developmental screening. Through DSI comes the accountability and collaboration that motivates health practices to develop regular workflows for developmental screenings. Furthermore, DSI builds cross sector relationships that build shared agendas and quality improvement projects and ultimately, improve coordination of services for families.”

– Gita Rao, MD, pediatrician, Greater Portland Health



Public Health
Prevent. Promote. Protect.
Template updated 03/2012

Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Aroostook District	Date: March 9, 2018
<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"> ➤ Facilitated transportation planning discussion with Northern Maine Development Commission ➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> • Next DCC Meeting: May 2, 2018 • Next Shared Community Health Needs Assessment (CHNA) Community Engagement planning meeting: April 4, 2018 • Next Access to Care committee Meeting: April 26, 2018 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Continued work on Standard Operating Procedures ➤ Definition of next steps to further improve DCC functionality and Member benefit 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ➤ Recovery Aroostook, Aroostook Mental Health Center, and Cary Medical Center collaborated with other community partners to open a Recovery Center in the former Catholic Charities building in Caribou. AMHC will also be providing professional support to a similar center scheduled to begin operations later this year in Houlton. 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> ➤ Steering Committee newly (re) elected: Dr. Rachel Albert, Chair (UMFK); Joy Barresi Saucier, Vice Chair (Aroostook Agency on Aging); Laura Turner (TAMC); Vicki Moody (Houlton Regional Hospital); Leah Buck (NMCC); Carol Bell; Greg Disy (AMHC); Susan Bouchard (FRRH) ➤ Tammy Gagnon, Executive Director, Aroostook Regional Transportation System (ARTS) will assume the seat vacated by D. Donovan upon his retirement ➤ The DCC steering committee will be revisiting the structure/membership of the 3 ad hoc subcommittees originally convened to determine DPHIP priority area objectives and activities 	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> ➤ Continued work on behavioral health integration project with Access to Health Committee 	
<p>Other topics of interest for SCC members: None to report this quarter</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: March 15, 2018
<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 At the February 27 DCC meeting we heard updates from our SCC Representative, DCC workgroups, district Field Epidemiologist, and meeting attendees. LeeAnna Lavoie, Director of Prevention Services, and Nicole Poulin, Office Coordinator, from MaineGeneral Health, and Jim Wood, Transportation Development Director from KVCAP, presented on District-Wide Prevention Messaging displayed on monitors on the Kennebec Explorer buses; and discussed with the group how to add additional messages and create a district library of messages for us all to use in different settings. Then Elizabeth Barron, President and CEO of the United Way of Mid-Maine, and Danielle Denis from Somerset Public Health highlighted current ACEs/Resiliency Initiatives, and explained the DCC effort to do a Central District environmental scan of ACEs and Resiliency-Focused Work to Improve Public Health. Participants added their work to the inventory, volunteered to help, and identified next steps.</p>	
<p>Ongoing or upcoming projects or priority issues: refining strategies and workgroup charges to reflect loss of funding for DPHIP implementation; coordination with hospital Implementation Strategies and the coming new round of Shared CHNA; District-Wide Prevention Messaging to priority populations, MGMC/District Oral Health Implementation Grant Community Health Worker (CHW) expansion to whole district and increasing/sustaining resources for community health workers; transportation services and volunteer efforts; recruiting/maintaining sector membership; coordinating with recipients of the Maine Prevention Services contracts; vulnerable populations HAN; ongoing sustainability of successful initiatives</p>	
<p>Progress with District Public Health Improvement Plan (DPHIP): <i>Activities planned for completion during the quarter and whether activities are able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ 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 ▶ The Adverse Childhood Experiences (ACEs) Workgroup was asked to re-convene and assist with district Drug-Free Communities (DFC) grantees’ school and community efforts to build resiliency ▶ DCC Leadership has been reviewing workgroup charges and possible partnering alternatives to determine how to proceed with the elimination of funding <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ District Oral Health Grant increased to expand Community Health Worker services to cover the whole district – 37 children connected to dental appointments this quarter with outreach to/referrals from district pediatric practices, school nurses, Maine Families, KVCAP, WIC, and the Children’s Center ▶ ACEs Workgroup began environmental scan of community and school efforts in the district ▶ District-Wide Prevention Messaging Workgroup expanded and identifying spring message loops ▶ <i>Let’s Go</i> contractors and DCC partners met to discuss district needs <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Volunteers for DCC initiatives are reporting that they are increasingly being asked to serve beyond the scope of their funding sources ▶ The Substance Use/Mental Health Workgroup has identified creating recovery supports as a priority yet does not have resources or grassroots engagement to advance the priority 	

Structural and Operational changes, including updates in membership: adding Alternate Membership to DCC Bylaws; updating Committee/Workgroup charges; 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; District-Wide Prevention Messaging/PICH Communications Sustainability, MaineGeneral HRSA application; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition; UWMM and Drug-Free Communities Grant recipients collaboration on ACEs/resiliency

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

3/15/18

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: Cumberland

Date: 3/15/2018

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:

At the January 19th full Council meeting in Portland, 30 members and interested parties participated. The topic of the meeting was lead exposure prevention and water safety. Speakers included:

Andy Smith, *Maine State Toxicologist and Program Manager, Maine CDC's Environmental and Occupational Health Programs*

Karlene Hafemann, *City of Portland Lead Prevention Program*

Michael Koza, *Portland Water District*

Sophia Scott, *Source Water Protection Coordinator for Maine CDC's Drinking Water Program*

Kristen Dow's tenure as Council Chair concluded in January, at the meeting we thanked Kristen for her leadership and engagement, during periods of great change and challenge. At the Council meeting, Zoe Miller was elected to serve as the new Chair. Zoe works with the Greater Portland Coalition of Governments, has been a Council member for many years, chairing the Membership Committee and most recently serving as Vice-Chair.

As Chair, Zoe is hoping to identify cross-cutting issues that could create efficiencies in interventions for the Council.

An Executive Committee meeting took place on February 26th. The strategic planning approach was discussed, as well as the election of a new Vice-Chair.

The next full Council meeting is March 16th in Portland. Representatives from MaineHealth and Rinck Advertising will present on the prevention services work they are implementing together with local partners. The Council will also begin a strategic planning activity outlined by the Council Chair. A preliminary survey is being sent to membership and a discussion will take place at the March 16th Council meeting.

Ongoing or upcoming projects or priority issues:

The DL continues to provide functional technical support to the CDPHC and EC. A Council Coordinator, Emilee Winn, has been hired to provide part-time administrative and logistical support to Cumberland and York DLs respectively in their work with the Councils.

A key Council project is the strategic planning activity to chart the course of CDPHC after the district public health funding cuts. The questions that will frame the conversation include:

1. What do you see as outstanding public health issues that are not currently being addressed in Cumberland County? In other words, what do you think is falling through the cracks?
2. What do you see as timely opportunities for partnerships and/or coordination that you

Statewide Coordinating Council for Public Health District Coordinating Council Update



would like to see the CDPHC lead or be part of?

3. What do you think are the most important public health issues for the CDPHC to work on in the next year?

4. Aside from its bimonthly Council meetings, how do you think the CDPHC can engage the public health community in the Cumberland District?

Progress with District Public Health Improvement Plan:

CDPHC will continue to review the DPHIP, while pursuing the strategic planning process, and then adjusting the Council's district public health priorities accordingly.

Council administrative support is compiling resources for oral health in the district, as an outcome of the Oral Health DPHIP working group conversation. This will be reviewed by working group members, and entered into an Eco-Map that will be housed on the Council's new Maine CDC web page, and maintained by the Council Coordinator. This could serve as a pilot for possible additional working group resource snapshots.

Structural and Operational changes, including updates in membership:

The executive Committee plans to update the by-laws to include a permanent position on the Executive Committee for the Fiscal Agent of the Council, which is currently the City of Portland. That seat to be held at present by former Chair, Kristen Dow.

The Executive Committee will also be reviewing the by-laws in order to re-fine rules around members who represent an organization, and then leave their position, but wish to remain active in the Council.

The District Liaison and Council administrative support are preparing an inventory of current membership, in order to assess any gaps in representation by key sectors or community partners.

A new Vice-Chair will be elected by the March 16th full Council meeting.

Statewide Coordinating Council for Public Health District Coordinating Council Update



In-district or multi-district collaborations:

The Cumberland DL is participating in the Community Engagement Advisory Group for the Maine SCHNA, and is represented on the MeSCHNA forum planning committee.

Other topics of interest for SCC members:

N/A

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**



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East

Date: March 15, 2018

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. SCC meeting materials and general information can be found at <http://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml> .

District Public Health Council Meetings

January 26, 2018 at Mano en Mano Office in Milbridge with twenty-one participants (fifteen in person and six by telephone/Adobe Connect).

The agenda action items:

- Food Insecurity Impacting our Seniors: presentation by Eastern Area Agency on Aging led to a discussion on solutions to current and potential challenges and gaps
- Public Health Resource Mapping on Cardiovascular Health priority and Cancer priority
- Executive Committee Slate and Approval; Maine Shared Community Health Needs Assessment Process Initial Discussion

March 16, 2018 at Mano en Mano Office in Milbridge: Proposed presentation and discussion on moving forward on initiatives from Partnership for Improving Community Health (PICH) work by Eastern Maine Healthcare System.

2018 Meetings: 1/26, 3/16, 5/18, 7/20, 9/21 and 11/16

Executive Committee Meetings

February 23, 2018 by conference call

- Request for new representative to SCC; discuss SCC objectives and organization; Maria Donahue, our current alternate, will serve the remaining time on Helen Burlock's term. We are asking current Executive Committee members to consider being an alternate.
- Hanley Undergraduate Intern: this summer we will host our third Hanley Undergraduate Intern, this time working on our cancer projects.
- We are transitioning over to Gov.Delivery for district communication.
- We have a new council coordinator, Maura Lockwood, who we are sharing with Aroostook and the Tribal Districts.

Progress with District Public Health Improvement Plan:

- Conduct Eco-Mapping of current public health work being done in the four priorities. Cardiovascular health, cancer, and drug/alcohol use.

Downeast District

1

March 5, 2018

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;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Ongoing or upcoming district projects or priority issues:

- Cancer
 - Increase breast cancer screening rates in Washington County
 - Increase radon awareness and testing across district
- Drug and Alcohol Use
 - Community Prevention Pilot in Fishing Workplace (project on hold for summer)
- Mental Health
 - Increase training opportunities in behavioral health for early childhood providers and school staff

Structural and Operational changes, including updates in membership:

- Form Emergency Preparedness Committee
 - In 2018, coordinate regional and community site emergency plan exercises
 - In 2018, develop emergency communication networks

In-district or multi-district collaborations:

- Aging Related Committees at community and county level (Thriving in Place, Aging Task Force, Housing and Transportation, and Wraparound Services)
- Drug/Alcohol Use: Downeast Substance Treatment Network and Washington County Substance Use Response Collaborative
- Food Security Networks (both counties)
- National Diabetes Prevention Program Lifestyle Coaching Program
- Stanford Chronic Disease Self-Management and Chronic Pain Self-Management Programs

Maine Community Health Needs Assessment (Maine CHNA):

- Community Engagement Committees formed and met.
- Initial blackout dates along with potential forum dates submitted.

Questions/Comments for SCC:

Key points to share from Downeast Public Health Council Meetings:

How do our district priorities relate to our neighboring district's? Is there an opportunity for multiple districts to utilize resources to meet objectives of priorities?

Downeast District

2

March 5, 2018

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;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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: Midcoast	Date: March 15, 2018
<p>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</p> <p>The Midcoast Public Health Council (MPHC) Steering Committee met on January 16, 2018:</p> <ul style="list-style-type: none"> - Representatives of the Steering Committee, Shared Community Health Needs Assessment (CHNA) hospital leads, and MaineHealth liaison kicked off the Shared CHNA planning process. The group made plans for the upcoming community forums based on observations and best practices from the 2016 forums. <p>The MPHC met on February 13, 2018:</p> <ul style="list-style-type: none"> - Reid Plimpton, Maine Integrated Youth Health Survey (MIYHS) Coordinator from Maine CDC presented, and led a discussion about, Midcoast and statewide MIYHS data. - District Public Health Improvement Plan (DPHIP) Priority Oversight Committees conducted breakout sessions to discuss progress on DPHIP strategies. - Annual elections for Committee membership and leadership were held. 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> - The Council Coordinator and District Liaison continue work on Council governance, membership, communications plan, and policies/procedures. 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> - DPHIP Oversight committees continue work on strategies. The Elevated Lead Levels committee is focusing on clinical and non-clinical approaches to screening rate improvement. The Obesity committee is working to make sure people are hearing about and are interested in free or low-cost physical activity. The Mental Health committee is convening a panel to explore adult and youth isolation. 	

Structural and operational changes, including updates in membership:

- We welcomed three new members (Rachael McCormick, Caer Hallundbaek, and Susan Dupler) to the Council and re-elected three current members (Pinny Beebe-Center, Cathy Cole, and Melissa Fochesato)
- Pinny Beebe-Center, Cathy Cole, and Marianne Pinkham were re-elected to our Steering Committee
- Cathy Cole was elected to serve as chair for one year, replacing Pinny Beebe-Center
- Kate Marone was elected to serve as vice chair for two years, replacing Melissa Fochesato.
- Phoebe Downer joined the Midcoast Public Health Council as its new Council Coordinator. She is a 2017 graduate of Oberlin College with a Bachelor of Arts degree in Neuroscience and a minor in History. As one of four new Council Coordinators, Phoebe will provide support to the Midcoast and Penquis Councils.

In-district or multi-district collaborations:

- Waldo Community Action Partners, the MaineCare transportation brokerage, and Maine Department of Transportation public transportation provider in the Midcoast District are convening Civic Transportation Work Groups in the District. The work groups will focus on the advancement and improvement of public transportation in the Midcoast.



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



District: Penquis	Date: March 15, 2018
<p>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</p> <ul style="list-style-type: none"> - The March 9 DCC meeting was canceled due to weather and the agenda is being moved to June 8 meeting. There will be a presentation of Penobscot and Piscataquis County MYIHS data, a completed eco-mapping project on the district’s obesity priority, and from the District Youth Group. 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> - There is a Hepatitis B Workgroup in Penobscot County because Penobscot has the highest rate of Hepatitis B in the over-40 population in the state. That population was not vaccinated during childhood vaccines. Partners include: Maine CDC MIP, Field Epidemiologist, District Liaison, City of Bangor, Maine Health Equity Alliance, Acadia Hospital, and VNA. The group is increasing access to the vaccine in IV drug users, a high-risk population, through clinics at Acadia Hospital. Planning is underway to add a vaccination clinic at the Maine Health Equity Alliance needle exchange program. We will also increase messaging at those locations with educational material. - City of Bangor, PCHC, EMHS, St. Joe’s, Miller Pharmacy, Bangor Health and Community Services, and Maine CDC held an influenza planning meeting for the Bangor Basketball Tournament. Messaging was created, hand sanitizer was available at the venue, and a press conference was held. - The Penquis DCC Shared CHNA Community Engagement Committee met on February 5. The Committee established preferred dates for the Community Engagement Forums in Penobscot and Piscataquis Counties and submitted them to the vendor for approval. The next meeting will take place in late spring/early summer. 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> - The Penquis DCC has an MPH Candidate that is working on an eco-mapping project focusing on food security and food access which came out of the Obesity focus area of the DPHIP. She is mapping 4 geographic areas in our region along with the services available there. - The eco-mapping project will be presented at the June DCC meeting. The council coordinator will be taking the materials and templates from the obesity work and applying it to the DPHIP focus areas of substance abuse and behavioral health. - The DCC will use the maps to assess gaps, resources, and promising practices. 	

Structural and operational changes, including updates in membership:

-New Council Coordinator hired: Phoebe Downer, supporting both Midcoast and Penquis DCCs

In-district or multi-district collaborations:

- United Way Community Planning
- EPA Planning Grant-Healthy People, Healthy Communities
- Prevention Service Grant-Maine CDC
- Community Health Leadership Board, Greater Bangor
- Thriving in Place (MeHAF Grant Initiative), Millinocket, Old Town, Orono, Veazie, Dover-Foxcroft
- Healthy Communities (MeHAF Grant Initiative), Dover-Foxcroft, Bangor
- Save-a-Life Coalition in the greater Lincoln Region
- Substance abuse HRSA Planning Grant-Health Access Network (Lincoln)

Other topics of interest for SCC members:

- Hepatitis B
- Influenza

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

District: Western

March 15, 2018

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:

January 12, 2018 DCC Meeting - The focus was on SNAP Education and 5-2-1-0 work that is happening throughout the district:

Healthy Androscoggin – Provided video for the group to watch as an introduction:

https://www.youtube.com/watch?v=I_YMQpzcmj0&feature=youtu.be

SNAP Education:

Healthy Androscoggin has started a pilot program call the Hunger Vital Signs Program, this program provides a hunger screening through a doctor's office that allows food referrals to be made.

Healthy Androscoggin is also participating on Maine Calling Public Radio with Jennifer Ricks on 1/26/18 at 1pm.

Healthy Oxford Hills has provided SNAP Education outreach and connection to schools and is currently in 44 classrooms throughout 7 schools. The Angus Grey Elementary School is working with a gardening program to implement more fresh fruits and vegetables in more local mom and pop convenience stores.

They are currently working with Dollar General to try to get them on board. The National Convenience Store Association was brought up as a potential resource, as well as, possible letter of support from the DCC.

Healthy Community Coalition of Greater Franklin County reported that the MIHYS dashboard was just updated and that they will soon be hiring a new staff person to fill a SNAP Ed position.

5-2-1-0:

Healthy Oxford Hills – Sarah Carter has been doing outreach to childcare sites, schools and healthcare facilities to promote 5-2-1-0. The Oxford County Wellness Collaborative has a MEHAF funded pilot to focus on building social-emotional learning with Community Concepts. OCWC is crafting a toolkit to focus on tools that may help providers learn about ACEs. It was suggested that the regional person who licenses daycare facilities may be of assistance.

Healthy Community Coalition of Greater Franklin County – no updates at this time

Healthy Androscoggin – Erin explained that HA is utilizing the new Geozone system that Let's Go has put in place and will be seeing how this process works. Healthy Androscoggin has also been doing a Story Walk throughout town in Lewiston. They are trying to keep the walks in a public area due to vandalism.

February 09, 2018 DCC Meeting - Presentation: UNE Substance Use Prevention Services by Doreen Fournier

Prevention Services Update (Substance Use):

Healthy Androscoggin (HA) – In October HA worked with Lewiston PD to collect 2,587 pounds of medication; they went into nursing homes to collect medications. One of the challenges HA shared was that Lewiston PD does not have space to store medications – there is currently no medication drop box there.

HA has worked with the following partners to include marijuana in their no smoking policies:

- **Auburn Housing Authority**
- **St. Mary’s Hospital (also no smoking on sidewalk or street)**
- **Mechanic Falls Recreation Department**

Working on Prime for Life Classes with Safe Voices, Veterans Program, and YMCA

Bates student created an app about safe storage of medications that HA has been using; Bates owns the app.

HA has also written for a new opiate prevention grant.

Healthy Oxford Hills (HOH) - Working on Prime for Life Classes; One Book, One Community, at 5-6 grade reading level, hope to get this out next year. HOH has applied for a grant through Stephens Memorial Hospital to keep this program sustainable.

Working with Western Maine Addiction & Recovery to provide coach trainings become an independent 501-3C.

Healthy Community Coalition of Greater Franklin County (HCC) – They are working in Franklin County and Northern Oxford County. They sent 26 kids from Rumford and Farmington areas to Bangor to learn skills to develop presentations around the MIHYS data for local communities. They have been asked to also take pictures to help “tell the story” around this data. There is an LGBTQ group at MBHS and Prime for Life classes are working with adult education programs in Mt. Blue and Spruce Mountain adult learning centers.

March 09, 2018 DCC Meeting -Presentation by Kristen McAuley, Maine Health, Tobacco Prevention Services

Ongoing or upcoming projects or priority issues:

DCC cancelled Legislative breakfast for March 9, 2018 DCC meeting due to low response rate from legislators. This will be rescheduled in the future. Held regular DCC meeting.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

Ongoing discussions have been difficult to lack of funding.

Structural and Operational changes, including updates in membership:

In-district or multi-district collaborations:

Other topics of interest for SCC members:

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: York District

Date: 03/15/2018

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.

The council just concluded its first full council meeting of 2018. The council's topics was "Domestic Violence as a Matter of Public Health" Presentation. Panel represents 3 community resources to share their prospective and overviews: Julia Davidson, Caring Unlimited. Kelli Fox, UNE School of Social Work. Robert MacKenzie, Chief of Police, Kennebunk.

- Julia discussed what domestic violence (DV) is, tactics aggressors may use, reasons why it is a public health issues, research, and statistics. Shared what Caring Unlimited offers – 24hr hotline, shelters/housing, education/support, legal advocacy, etc.
- Kelli represents UNE as a professor for the School of Social Work. Discusses interpersonal violence and the separation of DV from being an issue of mental illness and/or substance use. Helping students understand trauma and psychotherapy. Discussed that as of 2020, all MSW must have interpersonal violence training.
- Robert shared the changes in the Kennebunk PD policy, statistics, examples, how DV impacts our community and the dept., factors to consider when dealing with DV (finances, children, social). Issues with resources: substance use, school shootings, traffic complaints, finances/officers. Gave suggestions for change; co-occurring disorders.

Ongoing or upcoming projects or priority issues:

The York District Shared CHNA planning and engagement group will utilize the council structure and some members, as we plan for and undertake activities. We have selected to hold two forums on the same day. September 2018. An event will be held in Saco and Wells more information to follow.

Progress with District Public Health Improvement Plan:

Substance Misuse:

- Held a meeting with 211 to talk about promoting it as a resource and encouraging organizations to update their information as services change.
- Looking at materials to promote proper disposal of needles.
- Held working group for Drug Free Community grantees and recipients of Manie Prevention Services funding to talk about workplans and goals for 2018 to try an align efforts.

Physical Nutrition and Obesity:

- A workgroup is scheduled to meet.

Oral Health:

- Working with UNE and schools to try and align services.

Structural and Operational changes, including updates in membership:

Emilee Winn has been hired as the York and Cumberland District Coordinator.

In-district or multi-district collaborations:

Statewide Coordinating Council for Public Health District Coordinating Council Update

Other topics of interest for SCC members:

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