



Cumberland District Public Health Council
Full Council Meeting
September 20, 2013
10:00 a.m. — 12:00 p.m.
Portland Public Library, Rines Auditorium
5 Monument Square, Portland

Present: Jim Budway, Deb Deatrick, Kristen Dow, Mark Grover, Colleen Hilton, Anne Lang, Jessica Loney, Becca Matusovich, Zoe Miller, Paul Niehoff, Karen O’Rourke, Cathy Patnaude, Linda Putnam, Pamela Smith, Julie Sullivan, Ted Trainer ; Shane Gallagher ; Nadeen Daniels, Jake Grindle, Malia Haddock, Caity Hager, Alexandra Hughes, Ron Jones, Kim Meehan-Brown, Leigh Ann Miller, Bridget Rauscher, Caroline Teschke

Absent: Neal Allen, Leslie Brancato, Faye Daley, Dennis Fitzgibbons, Steve Fox, Liz Horton, Paul Hunt, Valerie Landry, Emily Rines, Lucie Rioux, Erica Schmitz, Amanda Sears, Toho Soma, Ashley Soule, Peter Stuckey, Carol Zechman.

Topic	Discussion	Actions
Business and Announcements: Financial Report	Deb Deatrick and Shane Gallagher reviewed the financial report of FY 2013 and FY 2014 year-to-date (see Appendix A). Colleen Hilton also updated the Council on the change to Shane Gallagher’s position, which did come with a small allocation increase.	Vote to Approve the Financial Report. Motion: Deb Deatrick Motion Second: Julie Sullivan Yea: 16 Nay: 0 Result: Approved—Unanimously
Mental Health/Substance Abuse Work Group Funding Request	Commissioner Mark Grover presented a draft brochure handout (see Appendix B) from the work group and requested \$2000	Vote to approve \$2000 in funding for MH/SA Work Group. Motion: Mark Grover

Topic	Discussion	Actions
<p data-bbox="285 448 470 477">Vigilant Guard</p> <p data-bbox="285 683 478 712">Malia Haddock</p> <p data-bbox="285 878 743 943">District Public Health Improvement Plan Priority Reports</p>	<p data-bbox="772 293 1268 399">in Council funds to cover printing. The Council discussed the information contained on the draft handout.</p> <p data-bbox="772 448 1314 634">Caity Hager and Jim Budway informed the Council regarding the upcoming preparedness exercise scheduled for November and provided a handout with detailed information (see Appendix C).</p> <p data-bbox="772 683 1276 789">Malia Haddock informed the Council about her role as the Regional Mobility Coordinator at CarePartners.</p> <p data-bbox="772 878 1314 1097">Reports for the Healthy Equity, Public Health Preparedness, and Sexual Health priority work groups were included in the packet (see Appendix D, E, and F). Council members were asked to review the information.</p>	<p data-bbox="1354 293 1776 399">Motion Second: Julie Sullivan Yea: 16 Nay: 0 Result: Approved—Unanimously</p> <p data-bbox="1354 448 1608 477">No action required.</p> <p data-bbox="1354 683 1902 789">Anyone interested in more information can contact Malia at mhaddock@mmc.org or 207-590-1851.</p> <p data-bbox="1354 878 1608 907">No action required.</p>
<p data-bbox="191 1109 428 1138">Membership Slate</p>	<p data-bbox="772 1109 1255 1214">Shane Gallagher presented the membership slate to the Council (see Appendix G).</p>	<p data-bbox="1354 1109 1814 1295">Vote to approve membership slate. Motion: Colleen Hilton Motion Second: Mark Grover Yea: 16 Nay: 0 Result: Approved—Unanimously</p>
<p data-bbox="191 1304 394 1333">Flu Work Group</p>	<p data-bbox="772 1304 1314 1375">Becca Matusovich provided the Council with updates on the work of the Flu Work</p>	<p data-bbox="1354 1304 1885 1375">Anyone interested in joining the flu work group, copies of the flu post, or further</p>

Topic	Discussion	Actions
	<p>Group (see Appendix H). Cathy Patnaude from VNA Home Health & Hospice provided flu shots for members who wanted them during the meeting.</p> <p>Becca handed out copies of the flu clinic poster (see Appendix I).</p> <p>Becca also reviewed the idea of setting flu vaccination goals within individual organizations similar to the goals that hospitals set. An informational handout was reviewed (see Appendix J).</p>	<p>discussing organizational flu vaccination goals can contact Becca Matusovich at Becca.Matusovich@maine.gov .</p>
Sexual Health Work Group Presentation	<p>Kim Meehan-Brown and Bridget Rauscher presented STD data from the Sexual Health Work Group (see Appendix K).</p>	<p>Anyone interested in joining the Sexual Health Work Group can contact Alex Hughes (AFK@portlandmaine.gov). The next meeting will be on Monday October 28, 2013 from 11:00 AM — 12:30 PM in Room 303 in City Hall, Portland.</p>
Affordable Care Act Rollout Presentation	<p>Julie Sullivan provided information from Mayor Brennan’s Health Care Committee (see Appendix L).</p> <p>Jake Grindle from Western Maine Community Action presented information regarding the October 1st roll out of the Health Insurance Exchanges (see Appendix M).</p>	<p>No action required.</p> <p>No action Required.</p>

Next Meeting: Full Council—November 15, 2013, from 10:00 AM — 12:00 PM, at location TBD. Executive Committee—October 28, 2013, from 1:00 PM — 3:00 PM, at City Hall, Room 24, 389 Congress Street, Portland.

FY 13/14 Fiscal Report



FY 13 Revenue	
Cumberland County*	\$ 48,307.00
Carry Over FY 12	\$ 15,038.00
Healthy Maine Partnerships	\$ 8,000.00
Mercy/VNA	\$ 5,000.00
MaineHealth/CarePartners	\$ 4,000.00
total	\$ 80,345.00

FY 14 YTD Revenue	
Carry Over FY 13	\$ 52,849.38

FY 13 Expenses	
Salary	\$ 23,272.83
Health on the Move	
T-shirts	\$ 765.00
Material Translations	\$ 200.00
Printing	\$ 180.87
Food	\$ 144.94
Hannaford Giftcards	\$ 75.00
Supplies	\$ 58.88
total	\$ 1,424.69
Mileage	\$ 130.58
Printing	
Business Cards	\$ 50.00
Photocopies	\$ 6.20
total	\$ 56.20
Supply/Training	
GoTo Meeting 1 yr Subscription	\$ 948.00
MPHA Org. Membership	\$ 500.00
Shane CHES Exam Fee	\$ 330.00
Shane APHA Memberhsip	\$ 260.00
WIKISpace 1 yr Subscription	\$ 200.00
Shane Computer Monitor	\$ 134.25
Journal Subscription	\$ 120.00
Shane CHES Materials	\$ 119.07
total	\$ 2,611.32

FY 14 YTD Expenses	
Salary	\$ 6,156.00
Health on the Move	
T-shirts	\$ 365.00
Translation	\$ 105.00
Total Health on the Move	\$ 470.00
Mileage	\$ 47.69
Printing	\$ 29.63
Supply/Training	
WikiSpace, temp renew	\$ 10.00
Office Supplies	\$ 8.28
Total Supply/All Other	\$ 18.28

Total Expenditures YTD FY 14 \$ 6,721.60

Net Revenue \$ 46,127.78

Total Expenditures FY 13 \$ 27,495.62

Carry Over for FY 14 \$ 52,849.38

*You talk.
We listen.*

Together things can be better.

1-866-771-9276

24/7 throughout Maine

Talk to a trained mental health support specialist with personal experience. Private and confidential.

WARM LINE

All numbers are 24/7 throughout Maine

2-1-1

Information and referrals to community resources for friends, family, or yourself.

INFO LINE

1-866-771-9276

Talk to a trained support specialist with personal experience. Private and confidential.

WARM LINE

1-888-568-1112

Intervention and assistance with a mental health crisis. Trained mobile staff can come to you.

CRISIS LINE

9-1-1

Or go to the nearest emergency room for immediate medical care in a safe environment.

EMERGENCY

Support
Encouragement
Recovery

*For You
For Your Loved Ones*

Created in collaboration with the Cumberland District Public Health Council

Vigilant Guard 14 Full Scale Exercise

Information for CDPHC 9/20/13

Background

Vigilant Guard 2014 (VG14) is a National-level exercise program sponsored by US Northern Command in conjunction with the National Guard Bureau. VG14 provides an opportunity for each participating State National Guard unit and Joint Task Forces to work with and assist local first responders. VG14 participation includes the Maine County and local emergency management agencies, Fire, Police, EMS, HazMat and Special Teams, Hospitals, Regional Resource Centers, as well as International, State, County and local organizations to test and validate their emergency response plans. The VG14 exercise mission is to identify any response or resource gaps and to improve capabilities, communications and operational relationships.

Throughout the State, emergency preparedness partners will exercise their emergency plans in multiple scenarios including a major winter storm, bioterrorism, mass casualty incident, structure collapse of a sports arena, hazardous materials incidents, and loss of electrical power and communication infrastructure. While all participating agencies will consider the winter storm, most agencies are participating in one or two other scenarios.

Public Health

The Maine Cities Readiness Initiative (CRI) is participating as part of a full activation of Maine's Strategic National Stockpile (SNS) plan to respond to a bioterrorism event. The SNS exercise component will encompass all aspects of the plan to include: requesting SNS assets from the US CDC, through the distribution process, and to exercising dispensing plans at Points of Dispensing (PODs) throughout the State.



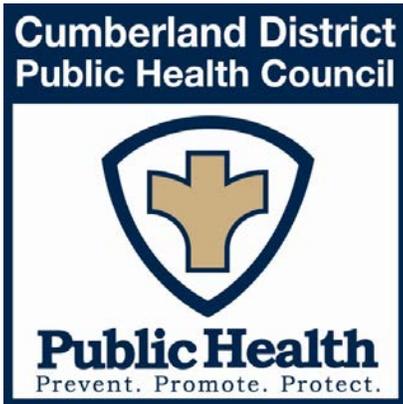
In Cumberland County, CRI will exercise a POD by offering a free flu immunization clinic on Friday November 8th tentatively planned for Merrill Auditorium in Portland (unless the Expo becomes available). Portland Public Health and Cumberland County Medical Reserve Corps volunteers will staff the POD, which will exercise an immunization POD model and include a focus on interpretation for non-English speaking residents. CRI will also be operating a POD in Topsham to exercise pill dispensing, which will be staffed mostly by UNE College of Pharmacy students.

Please spread the word about a free flu clinic in Portland on November 8th from 10am-2pm.
2-1-1 will have the location as soon as it is confirmed

Emergency Management

Cumberland County EMA is coordinating the multiple local agencies participating in Vigilant Guard 14. The structure collapse scenario in Brunswick will offer local, State and Federal responders the opportunity to work on an actual rubble pile with players serving as victims. HazMat teams from Brunswick, Portland and South Portland as well as other Maine and New England teams will practice search and rescue and extrication of victims. Cumberland County EMA will activate their Emergency Operation Center for several days to maintain situational awareness and to support and coordinate the resource needs of the departments and agencies responding to various venues throughout the county.





**District Public Health Improvement Priority
Health Equity and Disparities Work Group
September 20, 2013**

Instructions: Please provide bullet points summarizing activities or outcomes over the past 12 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- The Health Equity and Disparities Workgroup has accomplished much over the past year. We have met every other month, with attendance between 8 and 15 people per meeting and 40 people on the email distribution list.

Facilitating Factors of Success:

- The biggest contributor to success is the dedication displayed on the part of participants to reduce health disparities. Whether this means helping to organize a Health on the Move event, recruiting students to volunteer, or just contributing their perspective to discussions, the level of passion for this topic is high.
- Another facilitating factor is the creation of a subgroup, the Greater Portland Refugee and Immigrant Health Collaborative, which has addressed issues more at the service provider level, secured a grant to provide oral health screenings for newly arrived refugees, and created a Wiki to disseminate resources and other information pertinent to those working with refugees and immigrants in the health and social service sectors.

Barriers/Issues Encountered:

- The lack of local, or even state data, broken down by race, ethnicity, and immigration status has made it difficult to thoroughly identify the health issues that are most pressing for minority communities, and their magnitude.

Plans to Overcome Barriers/Issues Encountered:

- Rely on anecdotal evidence for now. Continue to advocate for strengthening data collection systems in order to allow for more disparities analysis.

Outcomes – Anticipated or Unanticipated:

- 4 Health on the Move events were conducted in 3 different Healthy Maine Partnership regions (Portland (Riverton and Parkside neighborhoods), Lakes, and Casco Bay/Midcoast). Attendance varied by event but feedback was generally positive. A wide variety of Council member organizations and other district partners helped organize stations for the events. Many college students in the health professions had an opportunity to get involved and learn more about public health and health disparities.
- As mentioned earlier, the creation of a Wiki for resources and information pertinent to refugee and immigrant health and social services has been beneficial, and after presenting at the 2012 MPHA Annual Meeting, we were offered pro bono evaluation support from Partnerships for Health, a local health evaluation agency.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- Continued backbone support from Shane and Becca is very much appreciated.
- Additional Health on the Move events are being planned for fall of 2013. Any Council members who might have support to offer please email Becca.
- Please help promote the Health on the Move event Oct 15 & 17 at UNE's Coleman Dental Hygiene Clinic – this event targets older adults. We would especially like assistance with organizing transportation from subsidized senior & disabled housing locations in and around Portland.



**District Public Health Improvement Priority
Public Health Preparedness Work Group
[9/20/2013]**

Instructions: Please provide bullet points summarizing activities or outcomes over the past XX months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- HEAT: Based on the identification of heat emergencies as a high priority in the Southern Maine Public Health Hazard Vulnerability Analysis, we have begun working on a district plan for an Excessive Heat Emergency – meeting held July 31, follow-up steps and draft plan in progress.
- MRC: The Cumberland County Medical Reserve Corps (MRC) has begun recruitment efforts with a series of recruitment/informational meetings in Southern Maine. More dates, locations and times are planned.
- CRI: The Maine Cities Readiness Initiative (CRI) is planning a Full Scale Exercise on Nov. 8th in Portland (and Topsham). A free flu clinic will be held from 10am-2pm to test Point of Dispensing (POD) plans for a vaccine model, tentatively scheduled to be held at Merrill Auditorium.

Facilitating Factors of Success:

- HEAT: Partnership with Maine CDC Environmental and Occupational Health program to pilot-test district-level planning for heat emergencies, including financial support (from federal Climate Change grant) for a consultant to facilitate the process and draft the plan with tools for implementation.
- MRC: The Active involvement of the Cumberland County MRC Core planning group has greatly facilitated to process to date. The Core planning group continues to meet regularly and provide assistance and guidance.
- CRI: Partnerships with the MRC and internally at Portland Public Health have helped with plans to staff Points of Dispensing. A newly formed relationship between UNE College of Pharmacy and CRI will help with staffing needs in Topsham and was a result of an MRC meeting.

Barriers/Issues Encountered:

- MRC: The greatest barrier to recruitment at this time is the age of the information contained in the Maine Responds database. The individuals in the database have, to varying degrees, provided the information necessary to contact them, verify their professional credentials and conduct the requisite background checks.
- CRI: The ideal POD location for the Portland peninsula /downtown is not available for a firm exercise date. While it would be available in the case of an extreme emergency, this issue has highlighted a need to consider adding more POD locations that can be easily accessed for more routine events.

Plans to Overcome Barriers/Issues Encountered:

- MRC: Continue to reach out to the Maine Responds registrants, gauge their interest in the Medical Reserve Corps and encourage them to complete/update their personal profiles in Maine Responds, It

is hoped the MeCDC will purge the MR site of registrants who have been inactive for greater than three years or have not updated their profiles to allow for the credentialing and back ground checks to occur more quickly.

- CRI: We are planning for a backup site (Merrill Auditorium) for Nov. 8 and will be mitigating challenges with that site (parking). After this exercise, CRI will be conducting an analysis of POD sites and determining where to develop new sites. There is a need for sites in Cumberland County outside of the Portland / South Portland area.

Outcomes – Anticipated or Unanticipated:

- CRI: Goal is to provide flu vaccine to 300 people in Portland on November 8th to exercise our POD plan.
- MRC: Goal is to have recruits trained in time to provide volunteer vaccinators for fall flu clinics.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- HEAT: We are looking for local partners who have existing protocols for heat emergencies (i.e. to protect the health of specific populations served by the organization) that we can use as models, will be coming back to the Council at a future meeting to encourage partners to examine models and consider adopting protocols for a heat emergency. Please email Becca if your organization has such protocols.
- MRC: As more recruitment meetings are publicized, please share the announcements with any networks you may have who may be potential MRC members (for both clinical and non-clinical volunteer roles).
- CRI: Need help publicizing the Nov. 8th flu clinic / POD once details are finalized.



Instructions: Please provide bullet points summarizing activities or outcomes over the past 9 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- Workgroup formed in January 2013, since then a readiness assessment has been completed, and a campaign was initiated for April which was STD Awareness month.

Facilitating Factors of Success:

- A data driven start to the group which motivated a need to collaborate more effectively.

Barriers/Issues Encountered:

- A decrease in workgroup member participation. May be partly due to an improvement in data associated with STD occurrences in Cumberland District.

Plans to Overcome Barriers/Issues Encountered:

- Workgroup is currently focusing on this, looking at strategies to move forward and who should be at the table. Our core group of participants including MCDC, City of Portland, India Street, Healthy Rivers and Planned Parenthood are all stable workgroup members.

Outcomes – Anticipated or Unanticipated:

- An intern worked to drill down the surveillance data, collect qualitative data from providers, do a basic lit review to prepare recommendations of evidence-based strategies, and assess readiness
- The group worked in collaboration with India Street Pubic Health Services and Planned Parenthood Northern New England to expand the reach of the Get Yourself Tested (GYT) campaign which Planned Parenthood was already undertaking as part of STD Awareness Month for April.
- Workgroup members started dwindling, and existing members realized a need for more directive around what our priority strategies should be.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- Workgroup participation is needed, strategies to address need in Cumberland District will start to be discussed again. We would like to see other organizations at the table for this.



Slate

September 20, 2013

10:00 AM — 12:00 PM

Portland Public Library, Rines Auditorium
5 Monument Square, Portland

New Members

- ❖ **Eric Covey-Planned Parenthood of Northern New England**
 - ❖ **Ashley Soule-At large Member**
 - ❖ **Lisa Wishart-Crossroads**
-



**District Public Health Improvement Priority
Flu & pneumococcal Vaccination Work Group
[9/20/2013]**

Instructions: Please provide bullet points summarizing activities or outcomes over the past XX months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- Most school districts in Cumberland County have confirmed plans for School-located Vaccine Clinics
- Mailing to primary care providers across the county with the list of school clinics is ready to go
- Posters to promote flu vaccination and 211 for flu clinic info have been reprinted (available in English and in multi-lingual version)
- There will be fewer public adult flu clinics in general, but attention is being paid to incorporating flu shots into other opportunities such as Health on the Move events and Vigilant Guard exercise (see PH Preparedness update)

Facilitating Factors of Success:

- Strong partnerships and commitment of key leaders to keep collaborating on this priority: VNA Home Health Hospice, MaineHealth, Maine CDC, Portland Public Health, CHANS
- Experience of past years to build on those strategies that have been most successful

Barriers/Issues Encountered:

- Lack of funding/reimbursement, along with unpredictable demand, continues to limit the ability of non-profit organizations like VNAs and public health departments to host public flu clinics
- We have been exploring options for promoting pneumococcal vaccination at public flu clinics, but the major barrier is the upfront cost of the vaccine which makes it very difficult to make it equally available to people who lack insurance (\$60-120 per dose)

Plans to Overcome Barriers/Issues Encountered:

- Hoping to tap into the Medical Reserve Corps as it gets off the ground this fall for volunteer vaccinators to reduce the costs of staffing flu clinics
- Flu clinic partners stand ready to increase access through walk-in hours & public clinics if there is a sudden surge in demand

Outcomes – Anticipated or Unanticipated:

- 10 of 14 school districts in Cumberland County have confirmed plans for School-located Vaccine Clinics this year (1 more possible but unconfirmed), plus 9 private schools

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- **Please help us hang the posters up around the county – especially in places where people who might lack access to preventive care or health insurance will be likely to see them.**
- **Please fill out the “goal sheet” handed out at Sept 20 meeting (if you miss the meeting email Becca to fill one out).**

This year, let's **STICK IT** to the flu.

Have you gotten
your flu shot yet?
It PROTECTS
you and those
around you.



Bankole,
Westbrook



Naomi and Nora,
Gorham



Adam,
South Portland



Nelida and Shawnee,
Windham



Tom,
Cape Elizabeth



Just dial 2-1-1 or visit
www.211maine.org
to find a free or low-cost
flu clinic near you.



Name _____

Organization _____

Email address: _____

Goal for flu vaccination rate among your staff/employees/ volunteers? _____

Goal for flu vaccination rate among your clientele/ customers/patients? _____

What steps will you take to achieve this goal?

What steps will you take to achieve this goal?

State-level cumulative influenza vaccination coverage estimates* for the 2011–12 season, United States, (†) May 2012

Clear Selection Print Menu Save as Image

Filter States

State

- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana

U.S. or HHS Region

- United States
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10

Vaccination Coverage for Selected Area(s)

Groups	State/Region	n	% (‡)	CI (§)	Diff	Compared to U.S.		
						-50.0	0.0	50.0
▼ All Persons								
≥6 mos	Maine	10,667	45.7 (±1.6)		3.9			█
▼ Children								
6 mos–17 yrs	Maine	1,557	58.6 (±4.7)		7.1			█
6 mos–4 yrs	Maine	377	73.2 (±8.2)		5.6			█
5–12 yrs	Maine	657	60.9 (±6.2)		6.7			█
13–17 yrs	Maine	523	44.2 (±8.8)		10.5			█
▼ Adults								
≥18 yrs	Maine	9,110	42.5 (±1.6)		3.7			█
18–64 yrs	Maine	6,200	36.3 (±1.8)		3.2			█
18–64 yrs at high risk ()	Maine	1,327	50.6 (±4.7)		5.4			█
18–49 yrs	Maine	3,006	31.0 (±2.5)		2.4			█
18–49 yrs at high risk ()	Maine	520	41.3 (±7.1)		4.5			█
50–64 yrs	Maine	3,194	46.0 (±2.5)		3.3			█
≥65 yrs	Maine	2,910	66.8 (±2.5)		1.9			█
▼ Race/ethnicity, persons ≥6 mos								
White only, non-Hispanic	Maine	9,989	46.0 (±1.6)		2.9			█
Black only, non-Hispanic	Maine	71	36.7 (±10.7)^		-2.3			█
Hispanic	Maine	119	45.8 (±14.1)^		6.5			█

- +

Footnotes

* From Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS). Coverage estimates are for persons interviewed September 2011 through June 2012 who reported being vaccinated August 2011 through May 2012. See the final online report for further data analysis description.

† Excludes U.S. territories.

‡ Month of vaccination was imputed for respondents with missing month of vaccination data. Percentages are weighted to the non-institutionalized, U.S. civilian population.

§ 95% confidence interval half-width.

|| Selected high-risk conditions. Includes people with asthma, diabetes or heart disease.

¶ Includes Asians, American Indians and Alaska Natives, Native Hawaiian or other Pacific Islander, multiracial, and other races.

◇ Estimates not reliable because sample size is <30.

Cumberland District STD Workgroup

Bridget Rauscher

Kim Meehan-Brown

City of Portland, Public Health Division

April 2013

The group worked in collaboration with India Street Public Health Services and Planned Parenthood Northern New England to expand the reach of the Get Yourself Tested (GYT) campaign which Planned Parenthood was already undertaking as part of STD Awareness Month for April.

June 2012

Healthy Lakes and Healthy Rivers complete Community Health Improvement Plans with Sexual Health as an identified priority area for the regions.

January 2013

First meeting of STD workgroup in Cumberland District. Consisted of a brief background on the issue and a data presentation.

November 2012

In a presentation of district level data from the State Health Improvement Plan to CDPHC, there was much discussion around Cumberland's rates on a number of things in the infectious disease section, and in particular, STD rates were quite a bit higher than state average rates.

At the same time, a similar workgroup was forming as a response to the data in Androscoggin County as their rates of gonorrhea were significantly higher than state rates as well.

January – February 2013

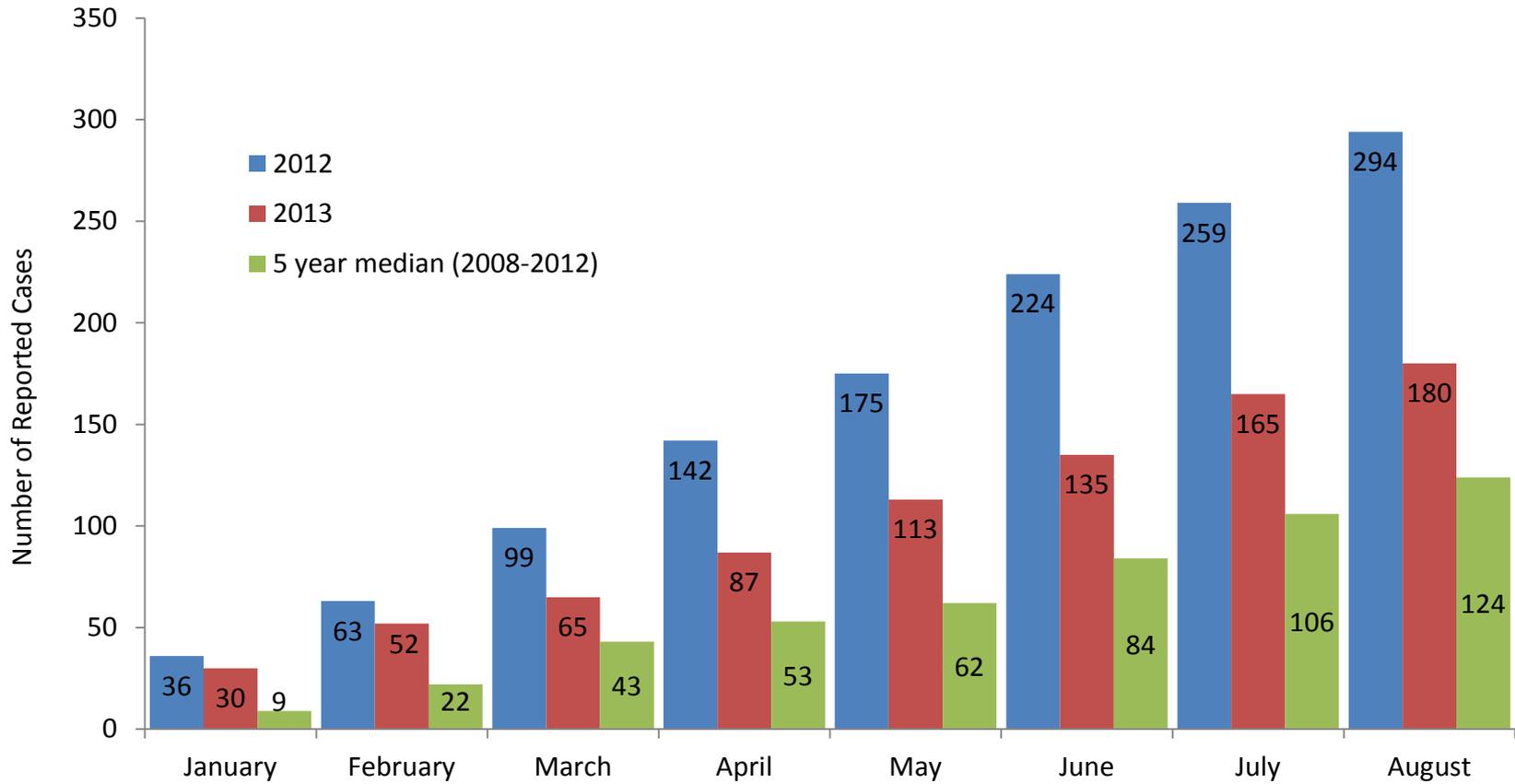
An intern worked to:
Drill down the surveillance data, collect qualitative data from providers, do a basic lit review to prepare recommendations of evidence-based strategies, and assess readiness

June 2013

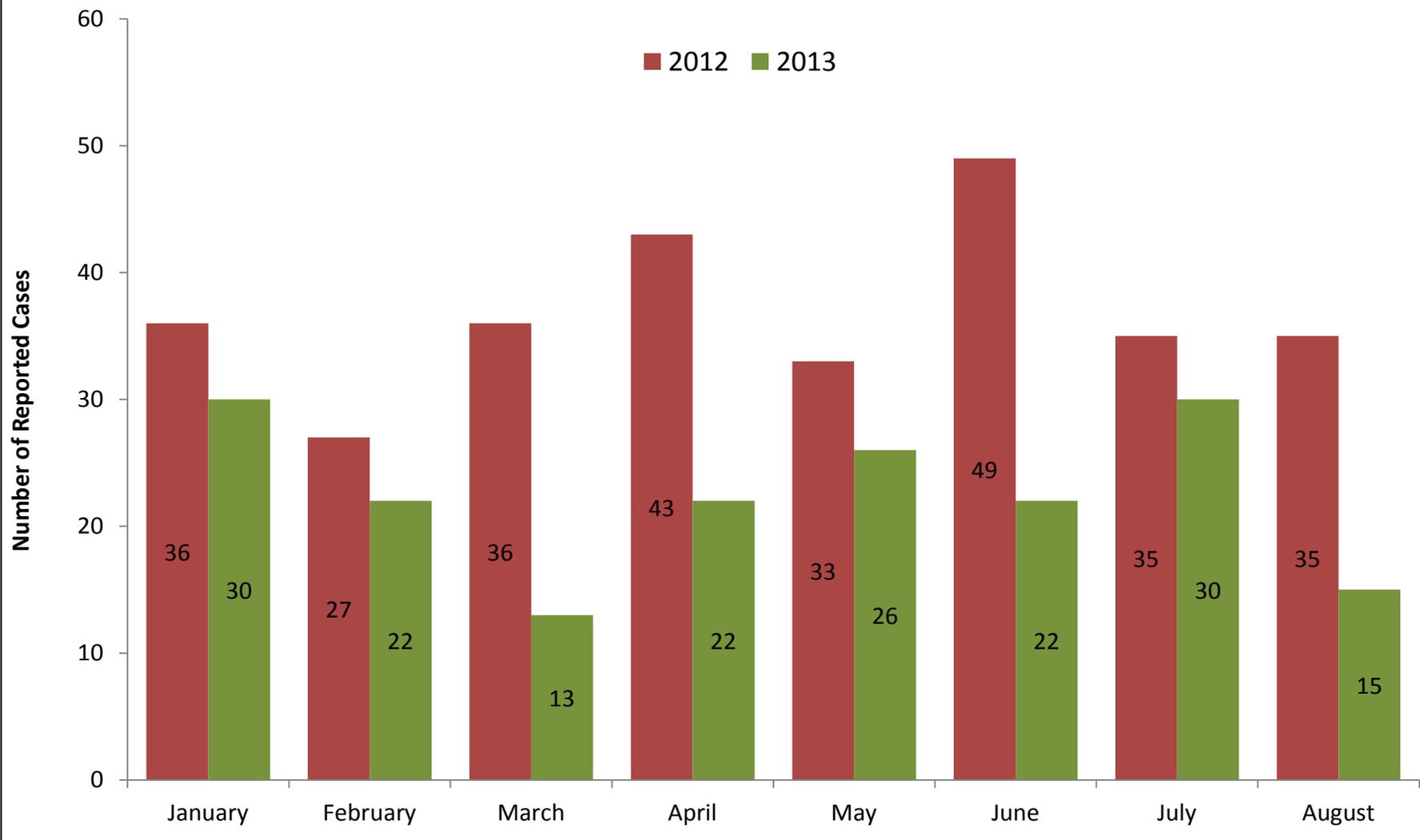
Workgroup members started dwindling, and existing members realized a need for more directive around what our priority strategies were.

Data Update

Maine Gonorrhea Cases

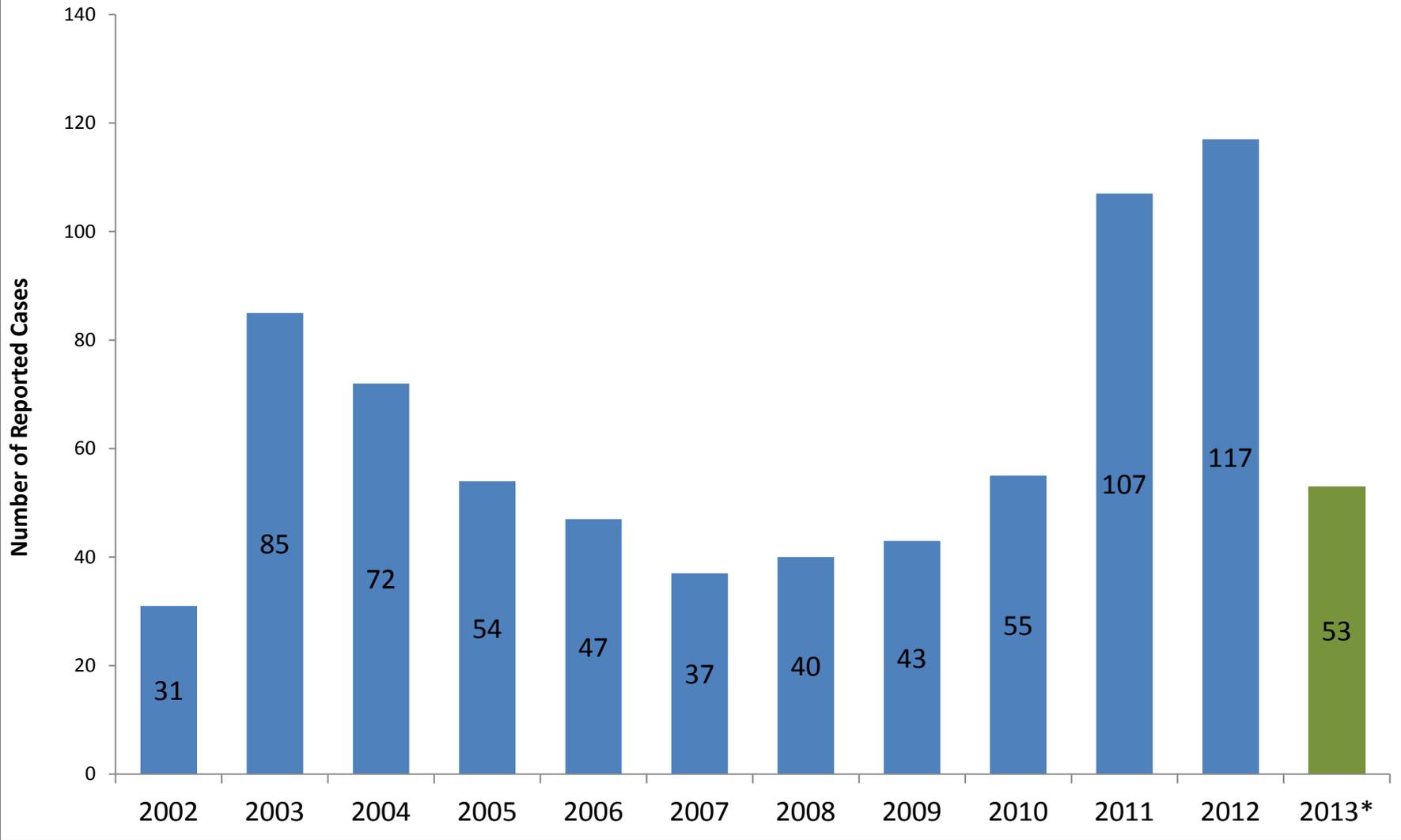


Maine Gonorrhea Cases, by Month



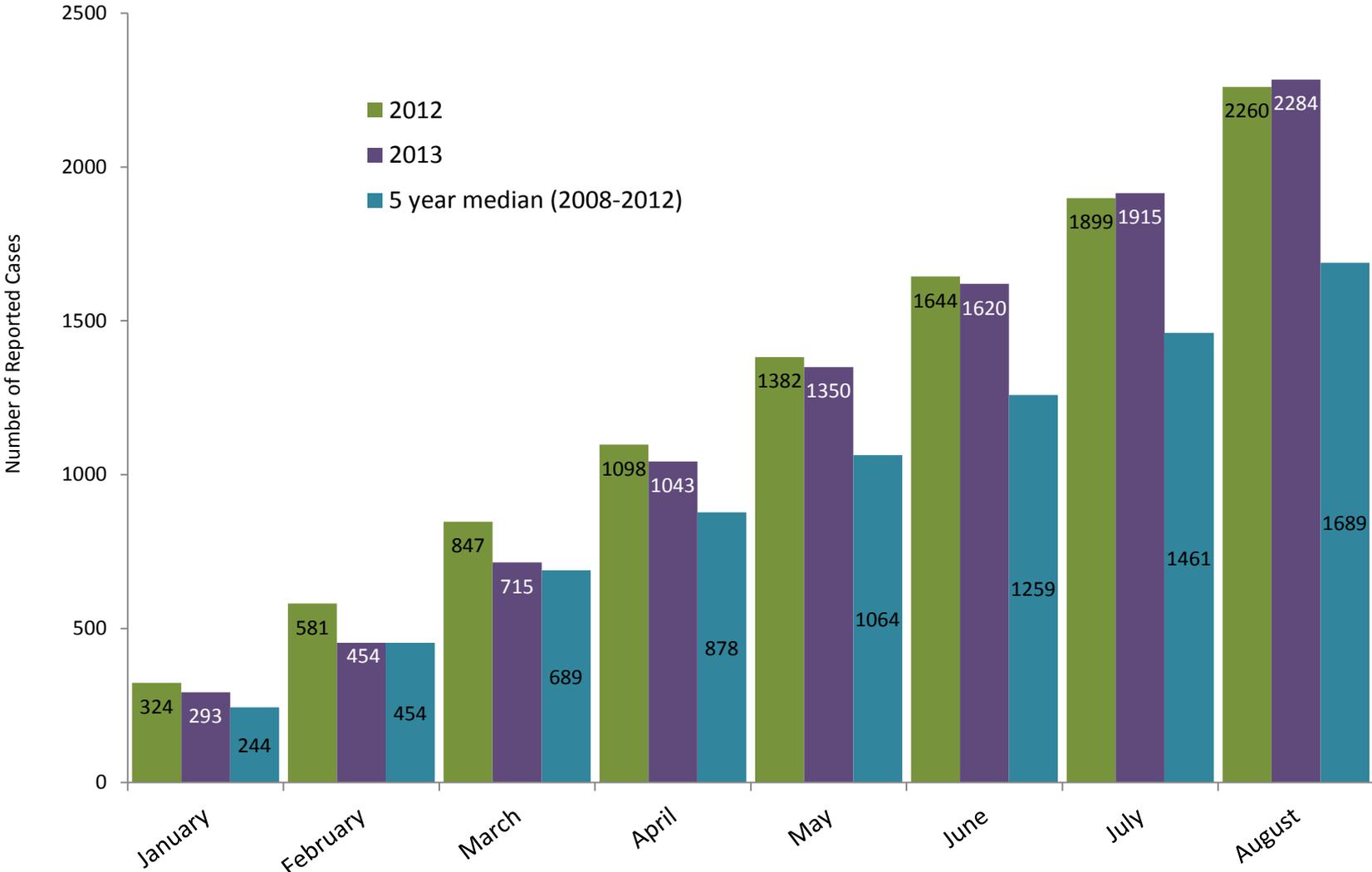
Cumberland County Gonorrhea Cases

2002-2013*



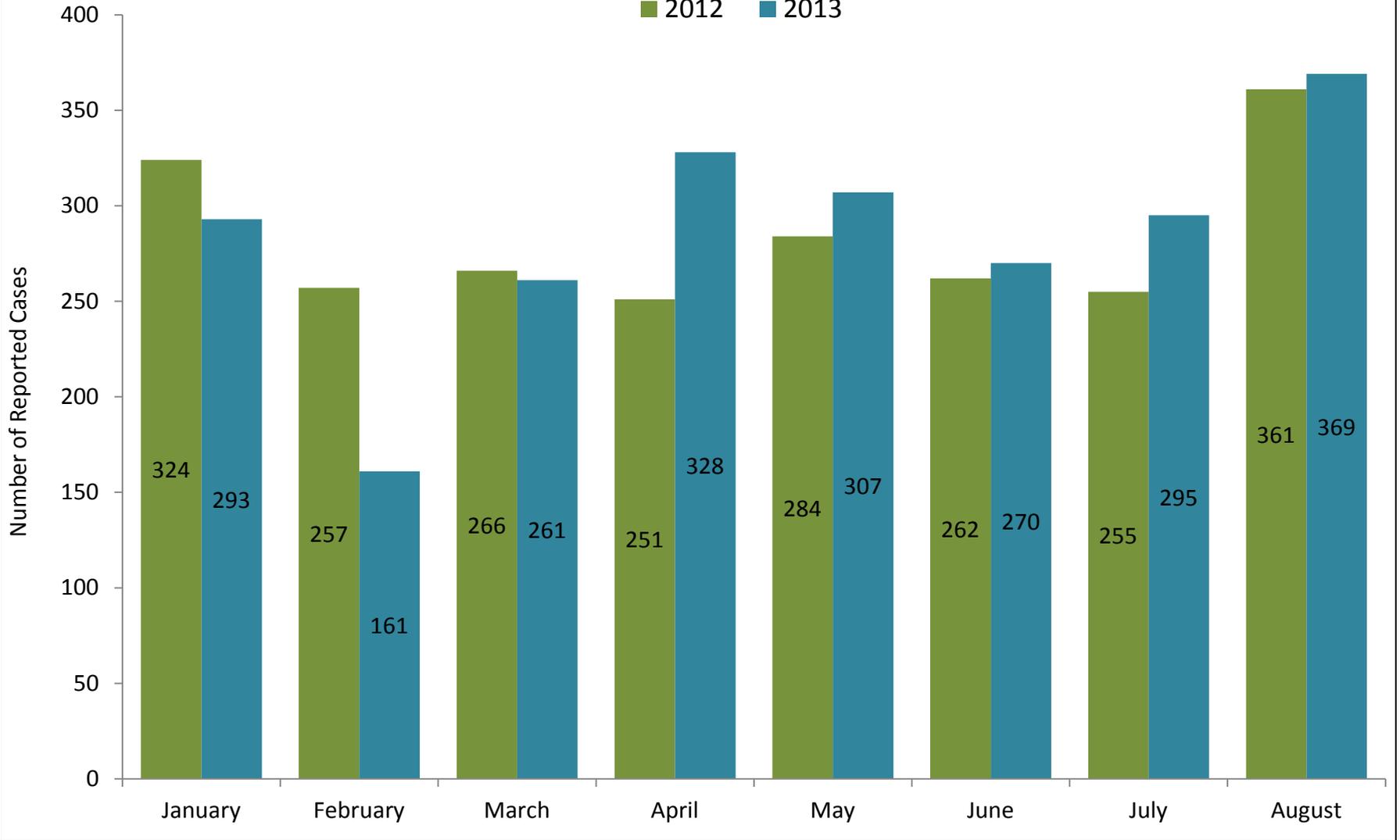
*Data through August 31, 2013

Maine Chlamydia Cases



Maine Chlamydia Cases, by Month

■ 2012 ■ 2013



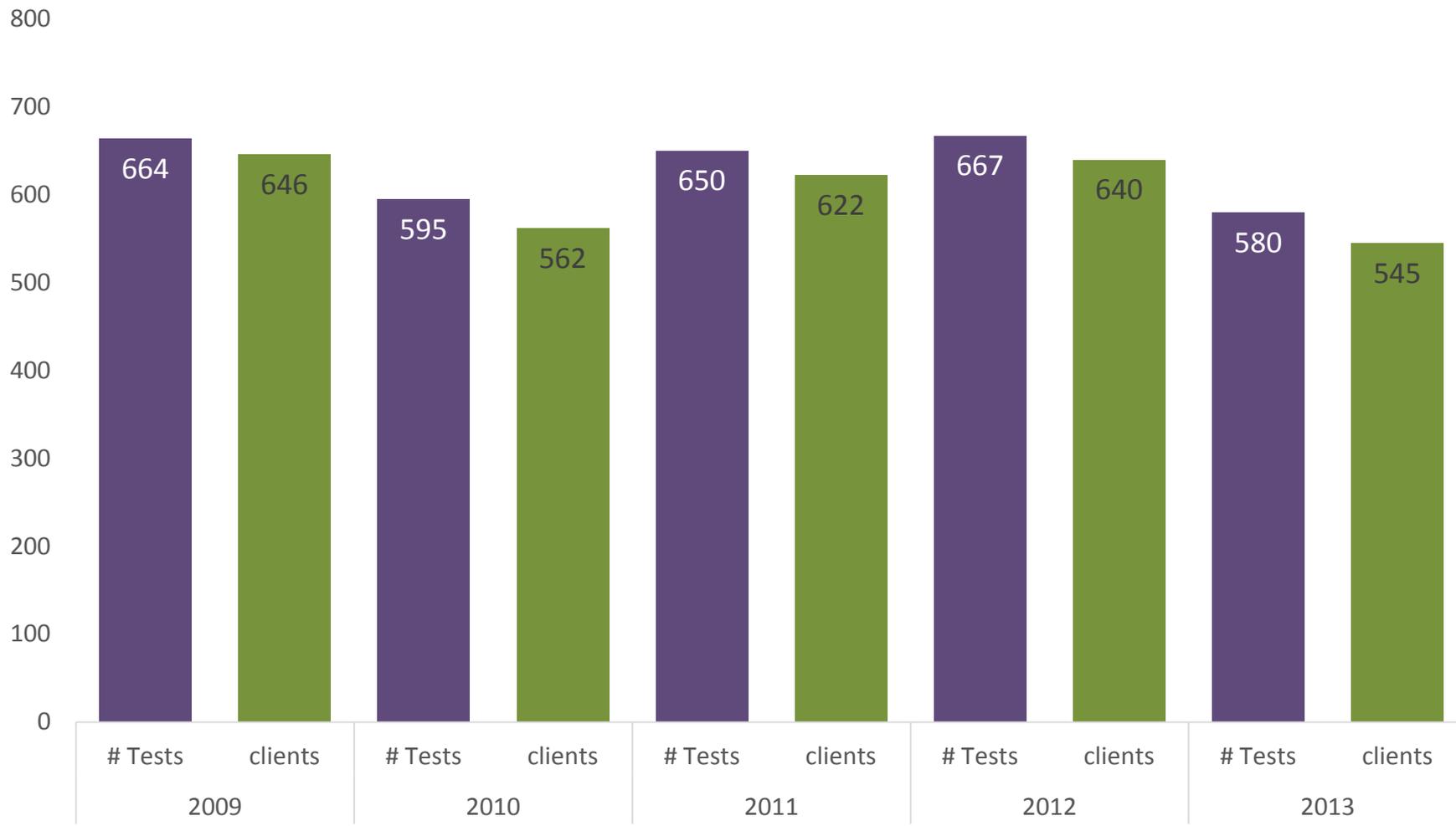
Cumberland County Chlamydia Cases

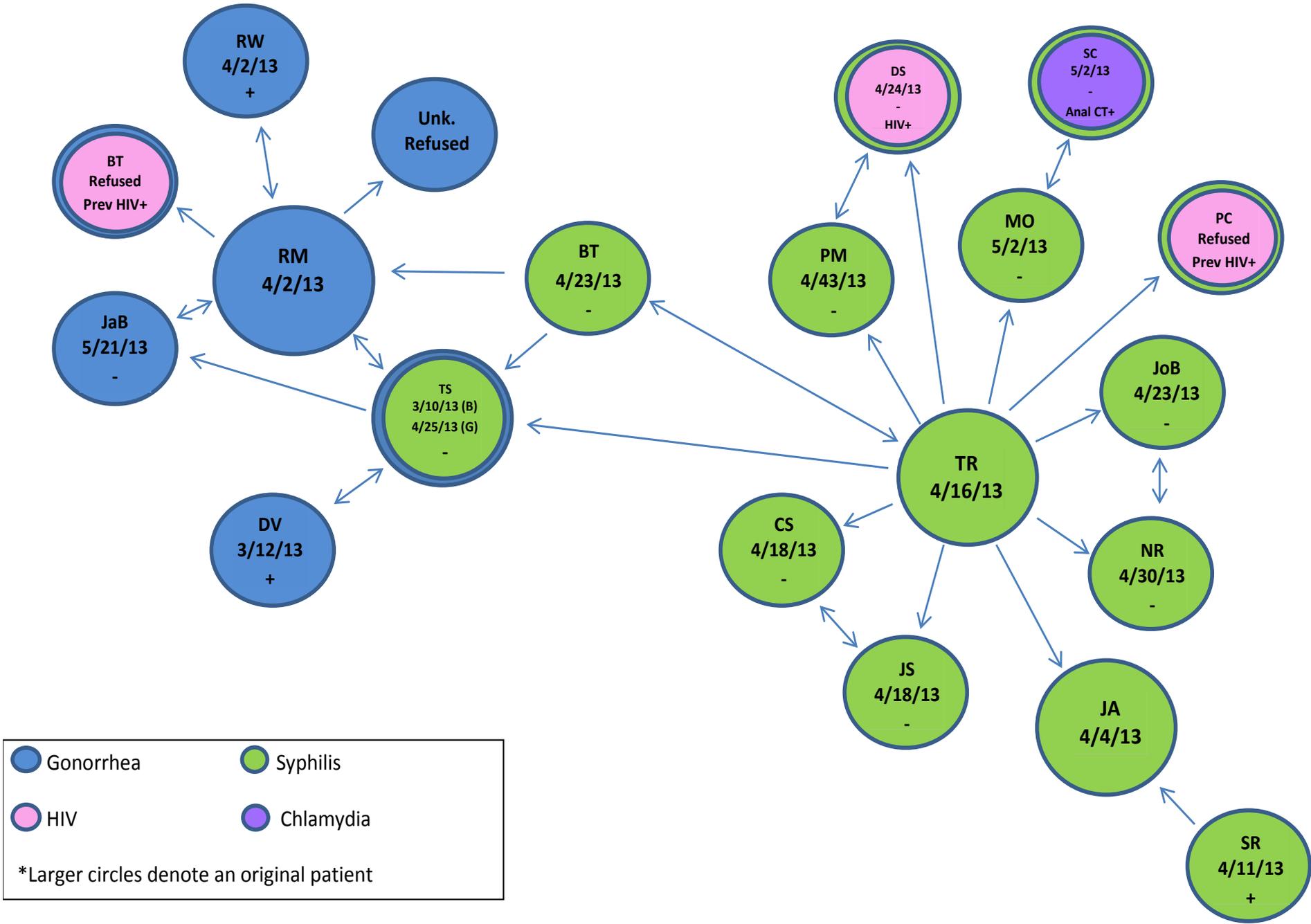
2002-2013*



*Data through August 31, 2013

**Chlamydia and Gonorrhea Screening
January 1-June 30
2009-2013
India St. Public Health Center**





Goals:

- Increase access to and utilization of STD testing
- Increase appropriate treatment and reduce barriers to treatment
- Increase use of effective prevention strategies

Acronyms:

DIS = Disease Intervention Specialist
 PCP = Primary Care Provider
 GYT = Get Yourself Tested
 EPT = Expedited Partner Therapy

	Existing efforts/strategies	Challenges/needs	Potential district strategies
Surveillance	State STD program conducts surveillance, India St. clinic & DIS workers analyze local data & patterns	Small numbers (outside of Portland) and other data interpretation challenges	Review district data and drill deeper when possible to identify trends and patterns
Access to STD Testing & Treatment	India St. clinic walk-in STD clinics Planned Parenthood	Limited funding/reimbursement for STD services, ACA may assume people will have access through primary care	Collaborative efforts to identify and reduce barriers to accessing services
Case investigation & Partner services	DIS workers follow up on all cases, contact all identifiable partners and encourage testing/treatment	Limited resources, budget cuts resulting in shrinking DIS staffing; siloed requirements for HIV and other STDs	Advocate for DIS services
Outreach & promotion of testing & linkages to services	Limited resources allow for some outreach/promotion by both India St. clinic and Planned Parenthood, but not sufficient	Need broader promotion of STD testing & treatment options amongst populations who lack insurance and who don't want to or can't access testing/treatment through a PCP	Collaborative advertising campaign (i.e. GYT posters) to encourage testing and promote free/low-cost testing options
Provider education about treatment recommendations	State STD program mailings, DIS workers communication and	Expedited Partner Therapy (EPT) – new guidelines haven't been widely promoted yet, state rules pending	Collaborative effort to promote EPT
Prevention	School-based STD education (health curriculum), college prevention/education campaigns, free condom distribution	Prevention efforts are more limited outside of Portland, risk reduction strategies tend to be controversial	Forum for Rivers Region health teachers to gather and share curriculum ideas

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Mayor's Health Care Committee: Leveraging Local Resources to Maximize the Value of the ACA for Portland's Vulnerable Populations

The City of Portland has a long-standing commitment to ensuring access to health care for those who most need it, as evidenced by the Health Care for the Homeless program, five School-Based Health Centers, STD/HIV clinic, Ryan White Positive Health Care program, Portland Community Free Clinic, immunizations, community health outreach workers and other initiatives. In addition, the Portland Community Health Center (PCHC), Mercy Hospital, Maine Medical Center, and MaineHealth's CarePartners program all provide extensive low-cost or free care to those who qualify. However, despite these commitments and resources, we know that too many Portlanders still go without needed health care.

To that end, Portland Mayor Michael Brennan convened a broad range of health care leaders to work together to leverage local resources to maximize the value of the Affordable Care Act (ACA) for Portland residents, especially vulnerable populations.

With the ACA's implementation fast approaching, the Committee has identified six areas of focus to ensure that Portlanders can access these new resources and utilize the health care system in a manner most beneficial to their health.

1. **Benchmark how many Portlanders are currently un- or underinsured.** Based on the 2010 Behavioral Risk Factor Surveillance System, approximately 10% lack any kind of health coverage. We know that this is a conservative number, given the limitations of the survey and the relatively high number of new residents or asylum-seeking people in this community. *In order to design comprehensive approaches for outreach and enrollment, the Committee needs to have more accurate approximations of the numbers of un- and underinsured.*
2. **Promote the merit of joint application(s) for navigator/assistor/etc.** Because the State chose not to create its own health care exchange, we are only eligible for federal funding for "navigators," and not the other levels of assistance. CarePartners has applied for this funding, with the support of the City health department and PCHC. In addition, Health Care for the Homeless and PCHC are applying for grants specifically for Federally Qualified Health Centers to provide enrollment support. *The Committee should continue to monitor various funding opportunities to support enrollment, outreach, and system navigation.*
3. **Identify the populations who will remain un- or underinsured and determine how best to meet their needs.** Although the ACA implementation will provide coverage for

many currently un- or underinsured people, we know that certain groups will not benefit. *The Committee needs to know who these groups are so that other interventions can be designed to bring these disenfranchised populations into ongoing, preventive health care.*

4. **Develop and implement a marketing strategy.** Perhaps one of the most tangible efforts to come from the Committee's work will be to implement a marketing strategy to ensure that it is relatively clear and easy for those who are becoming eligible to enroll in health care coverage. We also need to reach out to relevant agencies which can be points of referral to enrollment support. *The Committee plans to partner with marketing experts in the community to design and implementing such a marketing strategy.*
5. **Support those who are newly insured to navigate the system effectively.** There are numerous approaches to support patients in moving through the health care system, and the *Committee needs to evaluate how to leverage local capacity and expertise among patient navigators, care managers, case managers, community care teams, patient-centered medical homes and others.*
6. **Leverage the work of the City health department and the hospitals for community assessment and planning.** Part of the ACA requires hospitals to conduct regular community health needs assessments. Health departments and Federally Qualified Health Centers have long been required to do so, and it makes sense to bring public health and health care together around community planning. *The Committee should determine how best to do so.*

Navigators in Maine

Connecting Mainers to New Options

Maine's Navigators: Community Action Agencies

- **Eight Organizations forming a statewide network of outreach and assistance:**
 - Aroostook County Action Program 1-800-432-7881
 - Kennebec Valley Community Action 1-800-542-8227
 - Midcoast Maine Community Action 1-800-221-2221
 - Opportunity Alliance (Cumberland County) 1-877-429-6884
 - Waldo Community Action Partners (207) 338-6809
 - Washington-Hancock Community Agency (207) 664-2424
 - Western Maine Community Action 1-800-645-9636
 - York County Community Action Corp. 1-800-965-5762

Health Navigators

- Maintain expertise and conduct public outreach and education
- Distribute fair, accurate, impartial information on options
- Facilitate enrollment in QHP's
- Make Referrals to appropriate programs and agencies
- Provide information and services in a manner that is culturally and linguistically appropriate and accessible to people with disabilities



Staffing

- **One lead navigator at each agency**
- **32 total certified navigator support staff**
- **Goal of 48 volunteers statewide**



Strategies

- **“In-Reach”**
- **Grassroots Outreach and Education**
- **Enrollment Assistance**
 - **Group enrollment events**
 - **One-on-one assistance**
 - **Accessible Hours**



Partners

- **2-1-1 Maine**
- **Consumers for Affordable Health Care**
- **CMS**
- **Maine People's Resource Center**
- **WIC**
- **MeHAF**
- **FQHC's**
- **You?**



How Can You Support the Navigator Program?

- Sign up to be a volunteer navigator with your local community action agency
- Contact your local navigator about scheduling a public outreach event
- Know who your nearest navigators are and refer people who need assistance
- Remember to tell people they can call 2-1-1 or visit www.enroll207.com to find their nearest navigator

QUESTIONS?

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