

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

Statewide Coordinating Council for Public Health
Meeting Minutes for September 22, 2011, 11:00 am to 3:00 pm
Augusta Armory, 2nd floor, 179 Western Avenue, Augusta, ME

In attendance:

Members

Andy Coburn, Jim Davis, Bethany Fortier (proxy for Megan Rochelo), Stephen Fox, Jacinda Goodwin (proxy for Geoff Miller), Steven Johndro (for Lorrie Potvin, member), Joanne Joy, Joel Kase, Tom Lizotte, Melanie Loyzim, Jessica Maurer, Robin Mayo, Kathie Norwood, Sheila Pinette, Connie Putnam, Nancy Dube (for David Stockford), Julie Sullivan, Carl Toney, Emilie Van Eeghen, Clarissa Webber, Jerry Whalen, Shawn Yardley

Stakeholders

Jessa Barnard, Nancy Beardsley, Rev. Robert Carlson, , Alexander Dragatsi, Leticia Huttman, Susan Kring, Ken Morse (for Jamie Comstock, Sandy Parker, Kate Perkins, Kristine Perkins, Valerie Ricker, Stephen Sears, Peter Smith, Angela Westhoff, Christine Zukas

Interested Parties

MaryAnn Amrich, Nancy Birkhimer, Deb Erickson-Irons, Sharon Leahy-Lind, Christine Lyman, Becca Matusovich, Al May, Becky Smith, Paula Thomson, Dennise Whitley

The meeting was called to order at 11:00am by Joanne Joy, SCC Chair. Joanne noted that a number of new members and stakeholders were present. The group was reminded that State-agency members who have sent an alternate must have provided a written proxy in order for the alternate to vote. Attendees were asked to introduce themselves.

- **Structure and Operating Principles Review and Approval:** Dr. Pinette reviewed the changes to the draft principles document. A final document will be sent to all members.

A number of questions and suggestions were made. Changes recommended include (1) adding reference to the State Health Improvement Plan and (2) replacing “steering committee” with “executive committee.”

A question was raised in regard to the presence of the District Representative Subcommittee in the document. The SCC executive committee was asked to review whether this should be added.

There was a question as to whether a district representative could serve as a chair or vice chair in light of the terms conflicting. It was decided that it is up to the DCCs to be aware of the terms and responsibilities of their representatives and that there would be no change to the language in order to leave open the options for district representatives to hold office.

It was noted that the requirement for the SCC to report to the joint standing committee of the legislature was deleted and there was question as to whether it had been deleted from the statute. This will be researched and reported out at the next meeting.

The changes discussed at this meeting were unanimously accepted. Changes in regard to annual reporting will be brought back to the next meeting of the SCC as well as any changes to language in reference to committees.

- **Chair and Vice Chair Elections.** It was announced that the Nominating subcommittee proposed Shawn Yardley as chair, Julie Sullivan as vice chair. Members voted and by unanimous vote Shawn Yardley was elected Chair and Julie Sullivan was elected vice chair.
- **The Role of the SCC Going Forward: Introducing Three Committees.** Joanne Joy noted that the SCC Executive Committee proposes to create three new subcommittees. Each subcommittee is to prioritize one or two actions that are doable within the next year. Responsibilities for the subcommittees will be shared among the members. Each subcommittee was to identify a chair and co chair, someone to take notes and record membership. Members can choose to fill out a draft charter and begin discussion of priorities. Each subcommittee is to come back with a plan for connecting between now and the next SCC meeting. Priorities should be identified prior to the December 8, 2011 SCC meeting, and an update of priorities will be on the December agenda. Meeting space will be set aside before the start of each SCC meeting starting at 8:30 until 11 so that subcommittees can do face-to-face work if desired. Carl Toney gave an overview of the subcommittee on Populations with Health Disparities. Chris Lyman provided the overview for Statewide Public Health System Assessment and Nancy Birkhimer introduced the Planning and Coordination Subcommittee.
- **Subcommittees Convene: All members, stakeholders and interested parties participate.** Each attendee broke into their selected group and the subcommittees began their work.
- **District-level Advocacy.** The group was asked if the DCCs would reconsider their recommendations for the SCC and DCCs to engage in public advocacy activities. An example of the York DCC's successful collaboration in being public health advocates was provided. It demonstrated how competing interests came together to develop a letter that was sent to their legislators. Those who could not act in this advocacy role were allowed to recuse themselves from that work. It was noted that it should be part of the DCC role to make their opinions known as it relates to public health funding and issues. A recommendation was made that the DCCs look at their guiding principles or bylaws to be sure there is transparency of decisions, etc; especially if the DCCs start taking on funding. It was asked that DCC bylaws/guiding principles be put on the website. There was some discussion regarding whether members are representing their area of expertise/interest in public health or as a requirement of a State contract. It was also recommended that DCCs begin to address the question of advocacy in the absence of a specific issue so as to be prepared when an issue arises.

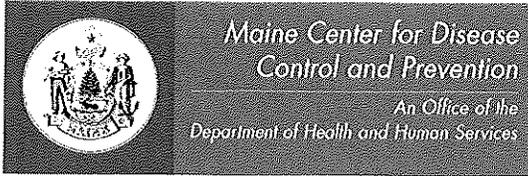
- **District Public Health Units: Developing a Quality Initiative.** Becca Matusovich and Sharon Leahy-Lind gave a short presentation of their quality improvement project regarding the Maine CDC District Public Health Units and then received input and feedback as to how the public health units can be helpful to the SCC.
- **Evaluations, Next Steps.** Members were asked to complete their evaluations. Members and attendees were asked to try to commit to staying for the full meeting. The agendas are developed in a thoughtful manner and not put together in order of importance. Input from all on all agenda items is the desire.

Agenda items for the next meeting include:

Changes to the Structure and Operating Principles

Report out on priority setting and other updates from the three subcommittees which are expected to convene between now and next full meeting

Members were encouraged to connect with any Executive Committee member with other agenda items.



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Statewide Coordinating Council for Public Health Structure and Operating Principles September 22, 2011

Purpose and Mission

The Statewide Coordinating Council for Public Health (SCC), 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.

The Statewide Coordinating Council for Public Health shall:

- Participate as appropriate to help ensure the state public health agency is ready and maintained for accreditation; and
- 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.

Membership

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

- Each District Coordinating Council for Public Health (DCC) shall appoint one member, and may select an alternate member to serve if the primary SCC member is unable to attend.
- The Director of the Maine Center for Disease Control and Prevention or the Director's designee shall serve as a member.
- The Commissioner shall appoint an expert in behavioral health from the Department to serve as a member.
- The Commissioner of Education shall appoint a health expert from the Department of Education to serve as a member.
- The Commissioner of Environmental Protection shall appoint an environmental health expert from the Department of Environmental Protection to serve as a member.
- The Director of the Maine Center for Disease Control and Prevention, in collaboration with the chair and vice chair and past chair of the Statewide Coordinating Council for Public Health, shall convene a membership subcommittee. After evaluation of the appointments to the Statewide Coordinating Council for Public Health, the membership subcommittee shall appoint no more than 10 additional members, for a maximum of 22 voting members, and ensure that the SCC:
 - has at least one member who is a recognized content expert in each of the essential public health services;
 - has representation from populations in the State facing health disparities.

The membership subcommittee shall also strive to ensure diverse representation on the Statewide Coordinating Council for Public Health from:

- county governments;
- municipal governments;
- tribal governments;
- 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.

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. Membership in good standing requires minimal annual attendance at 75% of full SCC meetings (this includes attendance by DCC alternates, if applicable). Any exceptions to the attendance requirement will be reviewed by the Executive Committee on a case-by-case basis. Members should demonstrate an interest in and commitment to public health, have the capacity for State-level decision-making, and the ability to share critical information with their sector peers.

Chair, Vice Chair and Executive Committee

Members of the Statewide Coordinating Council for Public Health shall elect a chair and vice chair during a September Annual Meeting. The chair is the presiding member of the Statewide Coordinating Council for Public Health. The vice chair shall assist the chair as necessary and shall assume the duties of presiding member in absence of the Chair. The term of both the chair and vice chair shall be two years, with a maximum of two terms, with the expectation that the vice chair will step into the role of chair if duly elected.

The chair will continue to serve on the Executive Committee as past chair until a subsequent chair is elected.

An Executive Committee is charged with convening, agendas, meeting facilitation, and overseeing SCC communications. The optimal size of the Executive Committee is seven members, with a minimum of five. Members include the SCC chair, the SCC vice chair, the past SCC chair, the Director of Maine CDC, and at least one SCC member who represents a District Coordinating Council. Executive Committee members will be elected for two year terms, with a maximum of two terms, except for the Maine CDC Director, whose involvement is defined by statute.

Executive Committee members are expected to attend 75% of SCC Executive Committee meetings.

Subcommittees

The SCC shall maintain one standing subcommittee, the District Coordinating Council Representatives Committee. Membership to include the DCC Representatives from all 9 Public Health Districts

From time to time the SCC may create ad hoc subcommittees to respond to specific needs determined by the SCC Executive Committee with input from the SCC Members, Stakeholders and Interested Parties.

Operating Principles

As the Statewide representative body for collaborative planning and decision-making for public health, the SCC will seek 100% consensus through well-structured and staged processes. A quorum for decision-making and for holding an official meeting is 2/3 (15) of the SCC membership. If a consensus decision cannot be reached, a fallback is 90% "super majority" of a quorum. Excepting DCC alternates, proxies will not be allowed except under very special circumstances, requiring prior notification of and a vote by the Executive Committee. DCC alternates have full voting privileges when attending in place of the primary DCC representative to the SCC. Stakeholders and interested parties are welcome to attend and participate in all SCC meetings, but do not have voting privileges. Consensus or supermajority is required to revisit all prior decisions.

SCC members, stakeholders and other interested parties will receive regular SCC communications. Communications will include Internet web postings and email, and use of other communication methods as appropriate. All meetings of the SCC, the Executive Committee, and designated subcommittees are open to participation by stakeholders and interested parties.

The SCC will instruct subcommittees with regard to those stakeholders – at a minimum – who should be included. Subcommittees shall meet at least quarterly and must report to the Executive Committee about their progress at a regularly-scheduled Executive Committee meeting prior to quarterly SCC meetings.

The Statewide Coordinating Council for Public Health shall meet at least quarterly.

Acronyms will not be used during SCC meetings (excluding the acronyms "CDC," "SCC" and "DCC.")

Communication between the SCC and the District Coordinating Councils (DCCs) will occur regularly via DCC representatives to the SCC, as well as through the Office of Local Public Health.

Annual Reporting

In years when a new state health plan/state health improvement plan is being developed, the Statewide Coordinating Council for Public Health shall provide input from its own members and from the DCCs stating goals, objectives and strategies to be considered for inclusion in the state

health plan/state health improvement plan.

The SCC 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 agency and on district-wide and state-wide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services.

The SCC shall also report annually, by December 31, to the Secretary of State, information required by Title 5, §12005-A. The information includes: Clerk of the board, names and addresses of members, date of appointment and expiration, dates and locations of all meetings, attendance at and length of meetings, compensation, expenses related to the meetings or activities of the board, expenses, funding source for expenses, vacancies and activities of the board related to its mission.

The SCC shall also report annually through a report card on health, by June 1, an annual brief report card on health status statewide for each district. The report card must include major diseases, evidence-based health risks and determinants that impact health. This report card is required by PL, Ch 306.

Conflict of Interest

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

1. Significantly impair the individual's objectivity.
2. Create an unfair competitive advantage for any person or organization.
3. Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.

Should a matter before the SCC present a known, or a potential conflict of interest, SCC members are required to disclose such potential conflict to the SCC Executive Committee at the earliest point possible. The member may then participate in discussions regarding the subject, but may not participate in formal decision-making or votes pertaining to the matter.

Annual Review

Because the function and scope of the SCC may evolve over time, this document will be reviewed annually and revised as needed.



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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Tribal	Date: 12/8/11
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</p>	
<p>The Tribal District Coordinating Council/Health Director's last meeting was held on October 20, 2011.</p> <ul style="list-style-type: none">• Community Transformation Grant- need for inventory of work being done in district• Healthy Maine Partnership Director• Waponahki Tribal Health Assessment- Roll out of Waponahki Tribal Health Assessment to Tribal leaders• Flu/Pneumococcal update – awareness• Update on resources	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none">• PMP Promotion Project• CTG• OSA Prevention Advisory Board• Smoke Free Housing• Roll out of Waponahki Tribal Health Assessment Data to Tribal Leaders	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none">• Hiring of HMP Director for Tribal District	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none">• Working with Wabanaki Mental Health to plan an informational/educational summit for Health Care Providers• Collaboration with Maine Rural Partners for Public Health Directory• Health Summit held for Tribal Health Directors with OMH• OSA Prevention Advisory Board, met on 11/18.• Inter-tribal Health Newsletter	
<p>Other topics of interest for SCC members: Involved in Region I Health Equity Council. New Maliseet Health Center nearing completion- relocation of Tribal Public Health to new facility</p>	



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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: York

Date: December 8, 2011

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>

One Executive Committee meeting and one quarterly meeting of the full York District Public Health Council were held since the last SCC meeting. The quarterly York District Public Health Council meeting convened on November 16, 2011 and featured the OneMaine Community Health Assessment Forum. Please see the attached agenda.

The Executive Committee (EC) met on October 6, 2011 to plan for the November 16th event. The November 16, 2011 York District Public Health Council, (YDPHC) meeting was focused OneMaine Community Health Assessment Forum . Council Members elected to devote the entire meeting time of this quarterly session to host this community forum for public health and healthcare professionals in York County. The Community Health Needs Assessment (CHNA) is a collaborative effort designed to provide a "health status" on Maine's population. CHNA is designed to give a county level perspective of the health challenges and assets within the State of Maine. Please join us for this forum to learn more about this assessment and how this work combined with other public, private, and nonprofit health assessments in York District will help to inform our work in improving the health of people in the communities of York County.

Resources for this special presentation were provided by MaineHealth and Southern Maine Medical Center(SMMC), HomeHealth Visiting Nurse of Southern Maine, and the three Healthy Maine Partnerships in the District. Over 60 participants attended this forum, including the CEOs from the three hospital systems in York County: SMMC, York Hospital, and Goodall Hospital.

Ongoing or upcoming projects or priority issues:

- Continued Recruitment of LHO, business and private sector membership
- Mobilize for performing actions related to the Community Transformation Grant Initiative
- Continue to implement DPHIP and align with CTG activities
- Guiding DPHIP Focus Work groups and celebrating successes
- Continuation of our strategic work including the development of the Council's strategic work plan
- Revisiting Council Governance & Structure

Progress with District Public Health Improvement Plan:

- Activities planned for completion during the quarter: All three DPHIP focus areas work groups continue to meet to guide the work outlined in the DPHIP's focus areas work plans. The Obesity Workgroup have meet twice during this quarter.
- Whether activities were able to be completed on schedule
Considering there are no new or additional resources available to do this DPHIP work, work group leaders have kept the momentum going and have judiciously delegated tasks to partners and participating community members. Workgroup leaders have been successful in obtaining resources



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Statewide Coordinating Council for Public Health District Coordinating Council Update

an support from community partners and local business. The District Liaison makes every effort to attend all workgroup sessions to offer guidance and support. At present the Obesity and Immunization Workgroups are on schedule and the Access workgroup is in the process of reconvening.

- **Successes achieved**
Obesity Workgroup compiled and presented the results of a community survey to ascertain what physical activity/nutrition classes are of interest to community members and to identify barriers to participation. The **Access work group** is in the process of expanding membership and scheduling a meeting for this quarter.
- **Barriers encountered-Time & resources**

Structural and Operational changes, including updates in membership.

The Council has elected to promote and provide annual forums for LHO training by soliciting sponsorships donations from private and nonprofit public health partner organizations. Local LHO Council Members, Vicky Edgerly (City of Biddeford) and Karen Cobbett (Town of Shapleigh) provide guidance on developing training opportunities for LHOs in the District and provide both urban and rural perspectives on LHO challenges and training needs.

In-district or multi-district collaborations:

York & Cumberland Districts continue to collaborate on several projects. YDPHC members who also serve as members of the Cumberland District Council provide linkages between district efforts to streamline our work and identify additional opportunities where both DCCs can collaborate. York is working with Aroostook and Penquis Districts on a multidistrict obesity effort. York is serving with the Cumberland District on the GCOG Transportation & Public Health Workgroup, convened by Cumberland County Government and the Healthy Maine Partnerships in the Cumberland District.

Other topics of interest for SCC members:

LHO Training Topics & Venues; Environmental Health; Water Quality; Increased Resources and Support; District Sustainability Planning.



**York District Public Health Council
Executive Committee Meeting**

**October 6, 2011
2:00-4:00 p.m.**

*Hosted by:
York District Public Health, Maine CDC
Sanford DHHS Offices, 890 Main St., Suite 208*

AGENDA

I. Welcome & Introductions

II. Updates

- *Me CDC-CTG, OLPH Positions*
- *HMP*
- *DCC Rep to SCC*
- *Other Members*

III. Strategic Work

- *Review Updated draft objectives and strategies from the Sept 14th meeting*
- *Discuss Goal Areas in relation to DPHIP*
- *Direction & Next Steps*

IV. Develop Agenda for

- *November 16, 2011 Full OneMaine Assessment Presentation*
 - Review Materials from Julie Osgood, MaineHealth*
 - Report on Actions to Date*
 - Update Draft Agenda*
 - Assign Member Roles & Responsibilities*

V. Next Steps

Special Presentation
OneMaine Community Health Needs Assessment

November 16, 2011
3:30-5:00 PM

Hosted by:

**York District Public Health Council, York District's Healthy Maine Partnerships:
Choose to Be Healthy • Partners for Healthier Communities • Coastal Healthy Communities Coalition
Southern Maine Medical Center**

AGENDA

- I. **Welcome-Introductions**
*Maryanna Arsenault, CEO, Home Health Visiting Nurses, Chair
York District Public Health Council*

- II. **Community Health Needs Assessment Overview**
*Julie Osgood, MS, Senior Director of Operations, Clinical Integration
MaineHealth*
 - **Brief Background**
 - **Data Snapshot-York County**

- III. **Significance of Public-Private Partnerships**
*Sharon Leahy-Lind, MPPM, District Public Health Liaison-York
Maine Center for Disease Control & Prevention, DHHS*

- IV. **Breakouts-Work Sessions**
 - **Access to Primary Care**
Deb Erickson-Irons & Betsy Kelly
 - **Immunization**
Maryanna Arsenault & Karen Cobbett
 - **Obesity**
Bethany Fortier & Patty Gulnac

- V. **Report Back & Wrap up**

- VI. **Adjourn**



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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Aroostook District	Date: December 2, 2011		
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</p>			
<p>Historically, Aroostook DCC meetings occur in the week prior to scheduled SCC meetings. However, the revised holiday scheduling of the December 2011 SCC meeting means that the Aroostook DCC has not met since the last District Update was provided. The next regularly scheduled Aroostook DCC meeting is December 13, 2011. Therefore any decisions which might otherwise have been reported upon will be included in the next update.</p>			
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • Continue to research statistics / issues / barriers for disparate populations as identified in the LPHSA in Aroostook County • Amend our Operating Principles to reflect a process for handling fiscal matters presented to the Aroostook DCC • Refine the inventory of Overweight/Obesity projects, initiatives, programs, activities and the partners who provide those services in the Aroostook District • Work with Maine DOT, Northern Maine Development Commission, and Aroostook Regional Transportation Services on a grant application to remove some transportation barriers associated with access to personal health services – r/t populations who do not qualify for MaineCare transportation reimbursement but identify financial hardship. <p>Upcoming Aroostook DCC dates of interest:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> DCC Meeting 12/13/11 9:00-12:00 3/13/12 6/12/12 </td> <td style="width: 50%; vertical-align: top;"> Steering Committee 1/24/11 10:00-11:00 3/06/12 4/17/12 5/29/12 7/10/12 </td> </tr> </table>		DCC Meeting 12/13/11 9:00-12:00 3/13/12 6/12/12	Steering Committee 1/24/11 10:00-11:00 3/06/12 4/17/12 5/29/12 7/10/12
DCC Meeting 12/13/11 9:00-12:00 3/13/12 6/12/12	Steering Committee 1/24/11 10:00-11:00 3/06/12 4/17/12 5/29/12 7/10/12		
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Activities planned for completion during the quarter: <ul style="list-style-type: none"> * Grant application described above due to MDOT by January proceeding according to schedule * Schedule board education r/t public health issues in the coming legislative session * Submission of a healthy weight directory prototype to the Multi-District Overweight/Obesity prevention Committee • Whether activities were able to be completed on schedule <ul style="list-style-type: none"> • Schedule board education r/t Health Equity – Completed 9/2011 • Find a functional method of recording district progress on the DPHIP, readily understandable and useful to stakeholders – Completed and in use • New Freedom Transportation Grant application process proceeding according to schedule. Initial draft complete. Presently working on edits with identified partners. • Recruit additional board members to strengthen sector representation – Ongoing (New Member: Danielle Langley, Healthy Families of Aroostook) 			



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Statewide Coordinating Council for Public Health District Coordinating Council Update

- Successes achieved
 - Increased communication with transportation and economic development partners
 - Increased communication with partners working toward similar goals in sister districts
- Barriers encountered

Structural and Operational changes, including updates in membership.

- * Since the last SCC meeting, the nominating committee approved Danielle Langley, Executive Director of Healthy Families of Aroostook to participate as a voting member. The nominating committee also approved the replacement of Pamela Harpine, PHN (who retired from state service 10/31/11) with Stacy Thibodeau, PHN Supervisor, Aroostook County.
- * Northern Maine Medical Center is unable to send a representative at this time due to continued restructuring. The organization continues to receive all electronic correspondence and meeting materials to remain informed of district business. Participation will be re-evaluated in 3 months.
- * DCC members were solicited to participate on a "Resources" subcommittee, charged with adding finance management/allocation, transparency, and equity process and protocol measures to the existing structure and operating guidelines. Unfortunately, the MPH intern opportunity to assist with this action did not materialize as hoped.
- * The District Steering Committee, as well as the identified fiscal lead for the CTG application in the District, reaffirmed support for Community Transformation objectives (and fund allocation).

In-district or multi-district collaborations:

- The Overweight/Obesity Prevention subcommittees of Aroostook, Penquis, and York Districts are meeting to identify areas of synergy in an effort to produce a more comprehensive product and to ease the burden on each District's respective resources.

Other topics of interest for SCC members:



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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Penquis	Date: 12/08/11
<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 -The next Penquis DCC meeting is scheduled for 12/09/11</p>	
<p>Ongoing or upcoming projects or priority issues: -ongoing phone conference meetings of the obesity, flu & pneumococcal, and substance abuse workgroups between DCC meetings. -Ramping up for Community Transformation Grant activities -Flu vaccination clinics at food pantries sponsored through the Medical Reserve Corps and the Penquis DCC Flu & Pneumococcal Vaccination workgroup</p>	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Activities planned for completion during the quarter Flu and Pneumococcal- At least two flu clinics at food pantry settings free to the public. Medical Reserve Corps to staff clinics. <p>Obesity-Penquis DL and Aroostook DL developing prototype for the multi-district obesity work group to help show how district wide initiatives fit together and can be used at the same time to enhance effectiveness among populations</p> <p>Substance Abuse- Continued work on sustainability of "Take Back" initiative through safe disposal, continued exploration of drug diversion alerts in Penobscot County, & District HMP Prescription Monitoring Program grant. Consolidation of multiple substance abuse workgroups into one the Penquis DCC workgroup.</p> <ul style="list-style-type: none"> • Whether activities were able to be completed on schedule Flu and Pneumococcal-The workgroup has been successful in engaging at least two large food pantries Crossroads and Seeds of Hope in vaccination efforts. Clinics to be completed in December. Obesity-The multi-district workgroup members have drafted an initial version of the obesity tools which will be shared with the DCC workgroup in January. Substance Abuse- The coordinated "Take Back" efforts in Penquis District took place on schedule. The first meeting of the consolidated substance abuse workgroup took place in Oct. <ul style="list-style-type: none"> • Successes achieved Flu and Pneumococcal-Two food pantry, free flu clinics have been scheduled serving 40- 100 families. Working with the Medical Reserve Corps to staff and carry out the clinics is very positive. The City of Bangor has been able to offer the vaccine for free as a public health department. Results are pending clinic completions which are scheduled in Dec. <p>Obesity- moving forward with a multi-district approach to coordinating and disseminating obesity initiatives in the district. Additional member recruited to the multi-district workgroup from the PAN Healthy Weight program.</p>	



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Statewide Coordinating Council for Public Health District Coordinating Council Update

Substance Abuse- Completion of another successful "Take Back" in the Penquis District

- Barriers encountered

Flu and Pneumococcal- many places to seek vaccine in the community. Reaching out to vulnerable populations is more time and resource intensive than a large scale clinic

Obesity-developing a sustainable list of initiatives of programs and keeping it current

Substance Abuse- Disposal of drugs from collection sites is still an issue for sustainability at police departments who collect scheduled drugs year round versus just on Take Back days. Identified need for improved consistent drug disposal within the District as well as State-wide.

Structural and Operational changes, including updates in membership.

-None at this time

In-district or multi-district collaborations:

-Oct. 29 Prescription Take Back Initiative, working with all interested partners at the District level.

-Multi-district obesity workgroup working on a tool to offer to Aroostook, Penquis, and York Districts.

Other topics of interest for SCC members:

-Increase rates of pertussis in Penobscot County



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Statewide Coordinating Council for Public Health District Coordinating Council¹ Update

District: CUMBERLAND

Date: 12/8/11

Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. For DCC agendas and copies of minutes, please see: www.maine.gov/dhhs/boh/olph/lphd/index.shtml

The Council met on Nov 18th at the University of New England Portland campus. Agenda items:

- Maine Public Health Association presentation
- Revision of the State Oral Health Plan
- Community Transformation Grant
- Regionalization
- Financial Report
- SCC update
- Cumberland One Maine Health Community Health Forum/Needs Assessment

Ongoing or upcoming projects or priority issues:

Executive Committee has been working on strengthening the financial base of support for the Council and recruiting sponsorships/contributions from members.

Progress with District Public Health Improvement Plan:

Activities planned for completion during the quarter; Whether activities were able to be completed on schedule; Successes achieved; Barriers encountered

Flu & Pneumococcal Workgroup met monthly through August, now on hiatus until Jan, implementing 3-pronged workplan School Clinics:

- Completed and distributed School Flu Clinics "Issue Brief," worked with graphic designer (thanks to sponsorship from MaineHealth to support costs)
- Presented at the Cumberland County Supts' Association's June meeting
- Worked with Lakes Region school nurse and HomeHealth Visiting Nurses to support school clinics in RSU 61.

Adult clinics:

Primary focus during the summer and fall was on strengthening the clinic infrastructure and developing a sustainable business model for non-profit public flu clinics (how to ensure clinic revenue covers costs while ensuring access for those who can't pay?). UNE grad student helped with specific products (also with targeted priority school district support above)

- Developed "Community Partner Guide" for supporting local flu clinics
- Created mechanism for assessing county-wide coverage and coordinating planning across the 5 clinic providers
- Worked with 211 to develop more user-friendly clinic listings on 211 website
- Adapted York district's Employer toolkit

Also worked with Communications Workgroup on flu poster campaign (see below)

Communications Workgroup also has continued meeting monthly:

- Completed pilot of process/tools for creating a "Coordinated Communications Strategy" using residential mold as the topic (materials include Implementation Guide, LHO "Quick Reference Guide" and tenant/landlord fact sheets)
- Developed Coordinated Communications Strategy #2 on Flu Vaccination, including Implementation Guide, poster, newspaper ads, newsletter "drop-in article," and clinic listings. Designed poster targeting 50-64 year old adults ("Got your Flu Shot Yet?"), worked with MaineHealth on focus group testing, and with graphic designer (sponsorship by MCDC Infectious Disease Epidemiology program). Requested dissemination help from CDPHC members and other district partners. Now monitoring implementation progress, 211 calls, and clinic turnout to assess impact.
- In process: creation of a "Communications Dissemination Network" to identify and develop agreement with all relevant partners in the county who do/could play a role in disseminating public health messages to the public, including those with ability to reach vulnerable populations

Structural and Operational changes, including updates in membership.

Recent creation of Health Equity and Disparities Workgroup

Officers for 2011-12: Colleen Hilton, chair (continuing); Toho Soma, vice chair; Julie Sullivan, secretary (continuing); Deb Deatrack, Treasurer; Steve Fox, SCC rep. (All existing committee chairs continuing with the existing of Membership Committee – currently seeking new chair)

In-district or multi-district collaborations:

Flu Workgroup has been collaborating with parallel workgroups in other districts, through the District Liaisons

Other topics of interest for SCC members:

Medical Reserve Corps being established with leadership by Cumberland County EMA and collaborative effort through a developing Public Health Preparedness committee of the DCC.



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Statewide Coordinating Council for Public Health District Coordinating Council¹ Update



Statewide Coordinating Council for Public Health District Coordinating Council¹ Update

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Template updated 11/20/10

District: Down East	Date: 8 December 2011
<p>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting.</p> <p>DCC Meeting was held at the Maine Sea Coast Mission Edge Center in Cherryfield on October 17 with fifteen participants</p> <ul style="list-style-type: none"> • Helena Peterson of Maine Quality Counts was our speaker for our Downeast Deeper Dive and focused on Access to Care Models, including Patient Centered Medical Home and Community Care Teams. • A tribal health update was provided; an influenza school vaccine update was provided. • The Community Transformation Grant overview was presented and briefly discussed. • Short update on the progress of the DPHIP work teams was provided. • DCC organization was discussed; discussion based on what are the benefits of the DCC to organizations and organizations to the DCC. • SCC update and discussion provided by Kathie Norwood. • Next DCC meeting: December 14 in Cherryfield. 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • Develop DCC benefits one pager to use as recruitment with district organizations. • Calendar for DCC meetings and DCC committees has been established. • Gearing up for Community Transformation Grant and balancing it with the DPHIP objectives. 	
<p>District planning process: District Public Health Improvement Plan</p> <ul style="list-style-type: none"> • Work Team Update <ul style="list-style-type: none"> • Health Indicators Team: Completed a substantial list of indicators and data; looking into how to provide technical assistance on data issues. • Health Gaps Team: Will focus on one age cohort (over 65) and will work through process steps in the DPHIP. • Communication Team: Team has not met; will need to be regenerated with members. • Health Promotion Team: Focused on Lets Go 5-2-1-0, but need to look at leadership and members. • Resource Development Team: Team is adding a couple of experts in the development field to help them create a process for handling district funding opportunities. • Workforce Development Team: Team members attended two meetings this fall—Health Workforce Forum Conference and Growing Your Own. 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • Membership Thoughts: <ul style="list-style-type: none"> ○ DCC reps need to go to CEO or Leadership of district organizations to talk about the DCC, and the benefits to their organization. ○ Develop one pager messaging on the value of the DCC==collaboration, regional goals, funding opportunities. ○ One ask is what are the priorities of the organization and how do they fit within the DCC framework and priorities. ○ Review DCC communication—what should it provide and how frequent. 	



Statewide Coordinating Council for Public Health District Coordinating Council¹ Update

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In-district or multi-district collaborations

- Community Transformation Grant
 - The Planning Committee is starting to work through the timeline and preliminary documents in order to discuss how to implement the steps and complete the Year 1 objectives.
- Aligning Forces for Quality
 - As a follow up to the One Maine Health Assessment meetings, Maine Quality Counts and the Public Health and Clinical Health Care Collaborative in Washington County are hosting an AF4Q Roundtable discussion on December 15 at Machias and Calais.

Issues or topics to be addressed by SCC:

None at this submission.

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



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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central

Date: December 8, 2011

Brief review of decisions and outcomes from Steering 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 October 25 DCC meeting we discussed findings from the October 20 Prescription Drug Misuse Forum and invited members to the first Substance Abuse Workgroup meeting on November 19. The United Way of Mid Maine presented the results of their recent Community Needs Assessment; we discussed how we as DCC members can support this work. We discussed the Community Transformation Grant (CTG) award objectives, voted to accept the grant, and authorized the Steering Committee work out the contract details with regular information provided to the DCC via the district email updates.

Ongoing or upcoming projects or priority issues:

Community Transformation Grant workplan and contract; implementation of 2011 District Public Health Improvement Plan (see below); LHO training, DCC directory; review structure & operating principles.

Progress with District Public Health Improvement Plan: Activities planned for completion during the quarter & whether activities were able to be completed on schedule

- ▶ Develop EPHS #7 Workgroup work plan and work commitments – the Workgroup has met, but a work plan is not developed yet.
- ▶ Develop EPHS #3 Workgroup work plan and work commitments – Workgroup has developed a work plan with quarterly coordinated materials created by the Cumberland County Workgroup has developed a the flu vaccination campaign this fall.
- ▶ Develop & implement medication management and patient engagement in their own care – we've developed a patient engagement plan, including a marketing proposal, and have begun implementation. Encouraging patient engagement on a problem statement and financial resources.
- ▶ Use Central District Public Health Unit information to DCC, LHOs, & partners – Communicate important information out weekly as needed.
- ▶ Conduct 1-2 LHO certification & training – 4 Lead Poisoning Prevention workshops are scheduled in high-risk municipalities in mid-December.
- ▶ Establish & implement DCC Vaccination Work Group & communication network -- ongoing
- ▶ Provide Input for State Health Plan & HealthyMaine 2020 – DCC members were invited to complete MCDC's prevention activities survey on November 20.

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Left Side

Successes achieved

- ▶ First EPHS #3 Workgroup coordinated messaging campaign developed and delivered
- ▶ Accepted CTG funding and designated Lead Fiscal Agent

Barriers encountered

- ▶ Staff and volunteer resources to focus on DPHIP plan implementation and workgroup support

Structural and Operational changes, including updates in membership.

None this quarter. We will need to fill two Steering Committee seats in January 2012.

In-district or multi-district collaborations:

Prescription Drug Misuse Forum on 10/20; National Take-Back Day on 10/29; LHO/Municipal Officials' Lead Poisoning Prevention Workshops (4) in mid-December; collaboration with MRP on DCC directory.

Other topics of interest for SCC members:

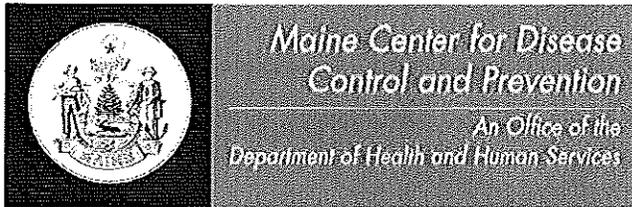
- Steadily building participation in and awareness of the DCC has led to more interest in using the DCC to recruit partners and 'asks' to take on work as a district – a good success, but one that highlights our lack of champions, focus, and resources to complete work identified by the whole DCC in the DPHIP.



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Statewide Coordinating Council for Public Health District Coordinating Council¹ Update

District: Midcoast	Date: 12/8/11
<p>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting. On September 13th the Mid Coast DCC met in Rockland. The agenda included: Updates on the Statewide Coordinating Council, the Midcoast District Health Improvement Plan, and information shared by the DCC Attendees. A presentation given by representatives from each of the four Mid-Coast County Emergency Management Agencies. The EMAs discussed how they work with the community in planning and response with particular focus on reaching the “hard to reach” populations. They identified lessons learned, challenges, and ways to for district partners to collaborate with them.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> - Three Subcommittees met in September and discussed: <ol style="list-style-type: none"> 1. Medication Collection: upcoming medication collection events and needed support. 2. Transportation Task Force: toolkit dissemination and Mobility Management. 3. Communication and Mobilization Group: how the DCC can effectively communicate among each other regarding emerging issues, resources, and immediate needs. The task of this group is to identify 1-2 strategies to address communication and mobilization of the DCC. - Work continues to progress with Maine Rural Partners on the development of a DCC Membership Directory. The Midcoast DCC is a pilot for implementing their Rural Health Network project. - Continuing Collaboration with law enforcement and other partners to coordinate activities for the National Take Back Initiative medication collection. One took place in October, another is scheduled for April. - DCC Steering Committee is working on updating and disseminating a Midcoast District Informational Packet. This packet contains 1-pager description of the components of the local public health infrastructure- LHOs, DCC, Unit, HMPs, District Public Health Improvement Plan. The packet is intended to educate and assist with recruitment efforts. 	
<p>District planning process:</p> <ul style="list-style-type: none"> - MDPHIP was posted on the web. - DL will be providing quarterly updates on progress of strategies. - Future activities include using press/media to inform the community of the work of the local public health system. 	
<p>Structural and Operational changes, including updates in membership. While there is a core of 25-30 members (full and associate members) that attend every DCC, we continuously extend invitations to other public health partners in the district. There is an additional 25-30 people/organizations that attend DCC meetings as they are interested in the topics being discussed.</p>	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> - Midcoast District Medication Collection (in conjunction with National Take Back Initiative) - Midcoast Transportation Task Force - Midcoast County EMA Quarterly Conference calls - Pen Bay Island Initiative - Community Transformation Grant 	
<p>Issues or topics to be addressed by SCC: LHO Training and Certification; District Support and Sustainability.</p>	



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016
Fax: (207) 287-9058; TTY: 1-800-606-0215

Midcoast District Coordinating Council
September 13, 2011 9:30-12:00
Department of Health and Human Services, Rockland
AGENDA

Welcome, Introductions and Review Agenda

Updates

- Statewide Coordinating Council
- Midcoast District Health Improvement Plan
- Your Updates

Midcoast County Emergency Management Agencies- EMAs will discuss how they work with the community in planning and response with particular focus on reaching the “hard to reach” populations. They will identify lessons learnt, challenges, and ways to collaborate.

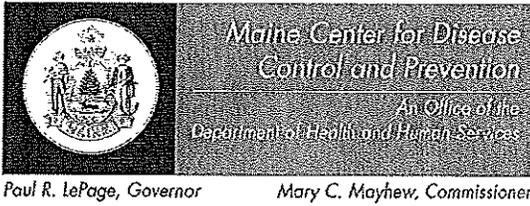
Networking

Midcoast DCC Subcommittee/Task Force Work: Participants will participate in subcommittee/task force that they are most interested in. Subcommittees/Task Forces include:

1. Medication Collection: Discuss upcoming medication collection and needed support.
2. Transportation Task Force: Discuss toolkit dissemination and Mobility Management.
3. Communication and Mobilization Group: This is a new group that will talk about how the DCC can effectively communicate among each other regarding emerging issues, resources, and immediate needs. The task of this group will be to identify 1-2 strategies to address communication and mobilization of the DCC.

Next Steps

Evaluations and Closing



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 Maine Center for Disease Control and Prevention
 286 Water Street
 11 State House Station
 Augusta, Maine 04333-0011
 Tel. (207) 287-8016
 Fax (207) 287-9058; TTY (800) 606-0215

**STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
 QUARTERLY MEETING AGENDA**

December 8, 2011, 11:00-3:00 PM (please feel free to bring your lunch)
 Augusta Armory, 179 Western Avenue Room 200 Second Floor

<p><i>The Statewide Coordinating Council for Publ. representative statewide body of public health</i></p> <p><i>The Statewide Coordinating Council for Publ.</i></p> <ul style="list-style-type: none"> • <i>Participate as appropriate to help ensure</i> • <i>Assist the Maine Center for Disease Control to be provided in each district and across</i> 	<p><i>Right Side 1st</i></p>	<p><i>section 12004-G, subsection 14-G, is a public health planning and coordination.</i></p> <p><i>and maintained for accreditation; the essential public health services and resources in a safe and evidence-based manner possible.</i></p>
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- 11:00 **SCC meeting convenes:** Welcome, review and request for other agenda items (*Dr. Pinette*)
- 11:10 **Background/Orientation:** (*Shawn Yardley*)
- 11:20 **Getting to know each other** (*Dr. Pinette*)
- 11:45 **Options for remote participation in SCC meetings** (*Joanne Joy*)
- 12:00 **Report to HHS** (*Shawn Yardley*)
- 12:15 **Subcommittee Updates** (*Subcommittee Chairs/10 minutes each*)
 - Planning and Coordination Subcommittee: Joel Kase and Jerry Whelan
 - Disparities: Kathie Norwood and Leticia Huttman
 - Assessments: Stephen Fox
- 12:45 **Fund For Health Maine Update** (*Dr. Pinette*)
- 1:00 **DCC Rep agenda items:** (*Dr. Pinette*)
 - Drug Abuse (Rx and non Rx) (*Robin Mayo and Emily van Eeghen/10 minutes each*)
 - ImmPact (Peter Smith – 10 minutes)
- 1:30 **State Integration Task Force presentation and Q & A** (*Catherine Chichester, Executive Director, The Co-Occurring Collaborative Service Maine CCSME*)
- 2:10 **Community Transformation Grant** (*Shawn to introduce the topic; Deb Wigand to give updates*)
- 3:00 **Adjourn**