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

Template updated 03/2012

District: Central	Date: June 14, 2012

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district's website at: http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml At the April 24 DCC meeting, Norm Anderson and Rebecca Lincoln from Maine CDC Environmental Health discussed the Health Impacts of Climate Change in the Central District. We provided input on the draft DCC bylaws for the SCC, and formed a new Community Transformation Grant (CTG) Oversight Committee.

Ongoing or upcoming projects or priority issues: Community Transformation Grant workplan and deliverables; 2011 District Public Health Improvement Plan implementation (see below); July DCC meeting

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 and will develop a work plan.
- Develop EPHS #3 Workgroup work plan and work commitments – the Workgroup has developed a work plan for quarterly coordinated district messages, and completed the first three messages.
- Develop & implement medication management messaging campaign encouraging patient engagement in their own care – we've received a small grant to adapt materials and implement a medication list/management campaign in the district, and will reconvene stakeholders this summer.
- Use Central District Public Health Unit Updates and DCC website to communicate important information to DCC, LHOs, & partners – ongoing task with updates going out weekly as needed.
- Conduct 1-2 LHO certification & training programs in 2011 – done; another being developed
- Establish & implement DCC Vaccination Work Group & communication network – ongoing
- Provide Input for State Health Plan & HealthyMaine 2020 – working on scheduling in October

Successes achieved

- EPHS #3 Workgroup developed/delivered third coordinated messaging campaign, 'Medication Take Back Day'.

Barriers encountered

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

Progress with Community Transformation Grant: *Activities planned for completion during the quarter & whether activities were able to be completed on schedule*

- Developed workplan, budget, and staffing plan
- Hired CTG Program Director
- Participated in State CTG Action Institute and CTG calls

Successes achieved

- Submitted CTG workplan and staffing plan, hired staff, formed new Oversight Committee

Barriers encountered

- Volunteers from multiple sectors for CTG Oversight Committee

Structural and Operational changes, including updates in membership. American Red Cross member.

In-district or multi-district collaborations: Oral Health Workgroup Screening Day, Substance Abuse Workgroup sharing the MaineGeneral Compassionate Limits Prescription Program (CLIPP) with medical care systems to promote consistency, Prescription Monitoring Program collaboration, Rural Health Network Directory and web tool, arsenic study with the University of Maine Cooperative Extension and

Columbia University.
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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22 M.R.S.§412 (2011).

A. A district coordinating council for public health shall:

(1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and

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

A-1. The tribal district coordinating council shall:

(1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and

(2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic