



**Public Health**  
Prevent. Promote. Protect.

## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

<b>District: Down East</b>	<b>Date: September 23, 2010</b>
<p><b>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting (please attach agendas):</b> The last Down East DCC meeting was held in May and the update from that meeting was provided for the June SCC meeting.</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>• 2010 – 2011 Seasonal Flu Campaign: email sent to all school nurses in district introducing field epidemiologist and public health resource nurse and provided links for flu clinic information.</li> <li>• District Liaison has met with HMPs on the status of their MAPP process and discussed timeline for completion.</li> <li>• Local Health Officer training is being offered at seven sites and dates in the district (July – November 2010)</li> <li>• Meetings with Emergency Management as a result of Hurricane Earl and development of roles and protocols for working in Emergency Operations Center.</li> </ul>	
<p><b>Status of Local Public Health System Assessment:</b></p> <ul style="list-style-type: none"> <li>• Steering Committee formed six work teams as a result of the prioritization of the LPHSA. The six work teams—Health Services Gaps, Health Indicators, Health Promotion, Resource Development, Communications, and Workforce Development grew out of the four priorities that we selected: EPHS #7 Link People to Personal Health Care; #3 Inform and Educate; #9 Evaluation; and #8 Workforce Development.</li> </ul>	
<p><b>Organizations represented at meeting(s):</b></p> <ul style="list-style-type: none"> <li>• This information was provided in last update to SCC.</li> <li>• Participation on the Health Services Gaps team has included five of six federally qualified health centers, five of five hospitals, health and social care providers, two legislators, and has had content experts from organizations working in oral health, mental health, and community health assessment provide presentations. The Health Indicators team has had HMP and academic representation as well as two epidemiologists. The Health Promotion team has had HMP, higher education, tobacco coordinator, health center and private provider. The Resource Development team has had three district wide health/social services organizations. Both the Communication and Workforce Development teams have not met consistently as of yet and are building their team membership.</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>• The development of a housing quality task force with representatives of the University of Maine Machias and Washington Hancock Community Agency to develop a means to quantify housing that needs roof repair (mold and asthma), energy efficiency (proper insulation), and other environmental conditions leading to poor health outcomes.</li> <li>• Discussions with Eastern Agency on Aging and the Friendship Cottage on how to work with small towns or groups of towns and develop local volunteer services for seniors who are still at home.</li> </ul>	
<p><b>Issues or topics to be addressed by SCC:</b></p> <ul style="list-style-type: none"> <li>○ ????</li> </ul>	
<p><b>Other district issues (external to the DCC) that impact public health</b></p> <ul style="list-style-type: none"> <li>• Transportation and Road Quality</li> <li>• Unemployment and the Economy</li> </ul>	

<sup>1</sup>Sec. 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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### Downeast District Public Health Improvement Plan

**Jan 2010 DCC Meeting:** Prioritized LPHSA through various processes  
EPHS #7: Link People to Personal Health  
EPHS #3: Inform and Educate  
EPHS #9: Evaluation  
EPHS #8: Workforce Development

**Feb 2010 Steering Committee Meeting:** Reviewed District Draft Work Plan and formed Work Teams that met the four priority areas:  
Health Services Gaps                      Health Indicators  
Health Promotion                          Resource Development  
Communications                              Workforce Development

**February – May 2010:** Co-chairs and District Liaison developed Work Team Purpose and Objectives; created process on how work teams will meet, recruit members, develop approach for proposing action steps.

**April 2010:** District Forum: Discussion on how to bring in the Call to Action.

**May 2010 DCC Meeting:** Work Teams met to review and edit Purpose and Objectives; chose team leader and came up with timeline of meetings for summer; given guideline for developing deliverable by September DCC meeting based on these points:

- Identify what is already happening in the district with respect to the team's area of focus (an asset inventory).
- Identify the key gaps that are not being addressed that could be addressed at the district / two county level; also identify key opportunities.
- Determine the one or two most important action steps or priority recommendations that could be undertaken in the district in the next year to move toward accomplishing the team's purpose.

**June – September 2010:** Work Team met either face to face or on conference calls, using guidelines. As teams met and discussed, themes and potential strategies and action steps started to arise.



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**July – September 2010:** Co-chairs and Steering Committee had parallel discussions on how to bring the work of the teams into the DPHIP; District Liaison started to develop different approaches for writing strategies and action steps that link to Population Health Indicators.

**August-September 2010:** Approach and writing of strategies and actions steps finalized to be based on the work of the six work teams, with links then developed to the LPHSA and Call to Action.

**September 30 2010 DCC Meeting:** Overview of DPHIP process will be presented to DCC, leading into each work team presenting their purpose and the action steps they formed. Work teams will meet face to face to develop planning for year one.

**October 2010:** Co-chairs, Steering Committee, and District Liaison will work on drafts of DPHIP, with electronic review by full DCC. Steering Committee will meet at end of October to finalize DPHIP.

**November 2010:** Full DCC will review final draft of DPHIP; work teams will move forward on action plans.

