

Membership Handbook

Revised 01/2024

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Cumberland District Public Health Council (CDPHC or Cumberland DCC)

is a representative, district-wide body authorized by the Maine Center for Disease Control and Prevention (MCDC) to engage in collaborative planning and decision-making for the 10 Essential Public Health Services at the district level. The CDPHC serves to mobilize working partnerships, in order to combine efforts and resources within the district, to produce results that no one community, organization, or sector could achieve effectively or efficiently alone.

<p>CDPHC Vision:</p> <p>The communities in Cumberland PH District are among the healthiest in the state.</p>	<p>CDPHC Mission:</p> <p>To promote the health of all our communities by providing information, coordination, collaboration, and advocacy.</p>
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Our responsibilities:

- Coordinate public health activities in Cumberland District (covering all of Cumberland County)
- Identify District Public Health Improvement Plan priorities and strategies to address them
- Bring needed health services to our communities
- Address health disparities to meet the specific public health needs of our District
- Convene traditional and non-traditional public health partners

Current District Public Health Improvement Plan Priorities:

Sexual Health | ACES/Poverty | Youth Mental Health

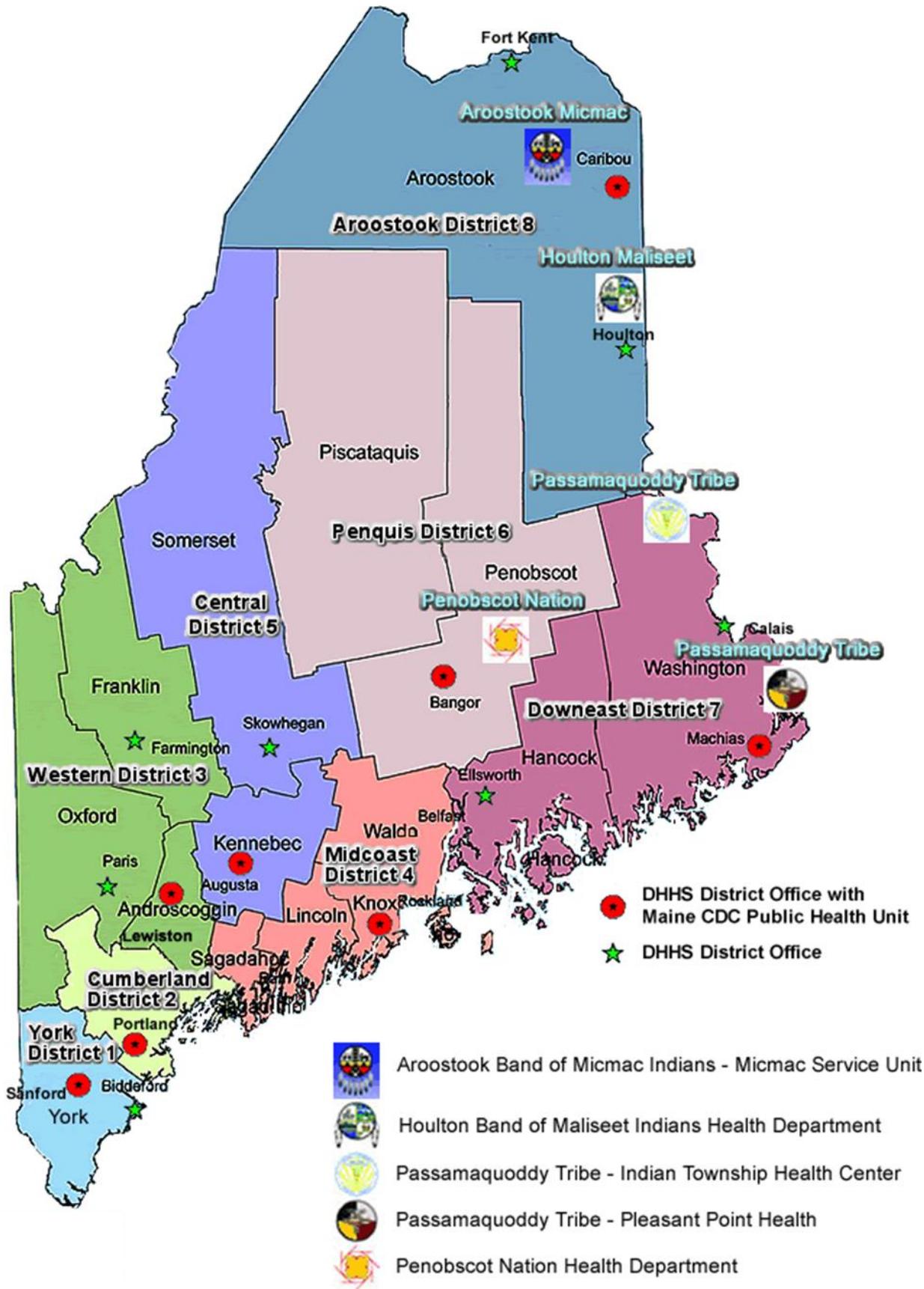
*Cross-cutting focus on how these impact immigrant communities

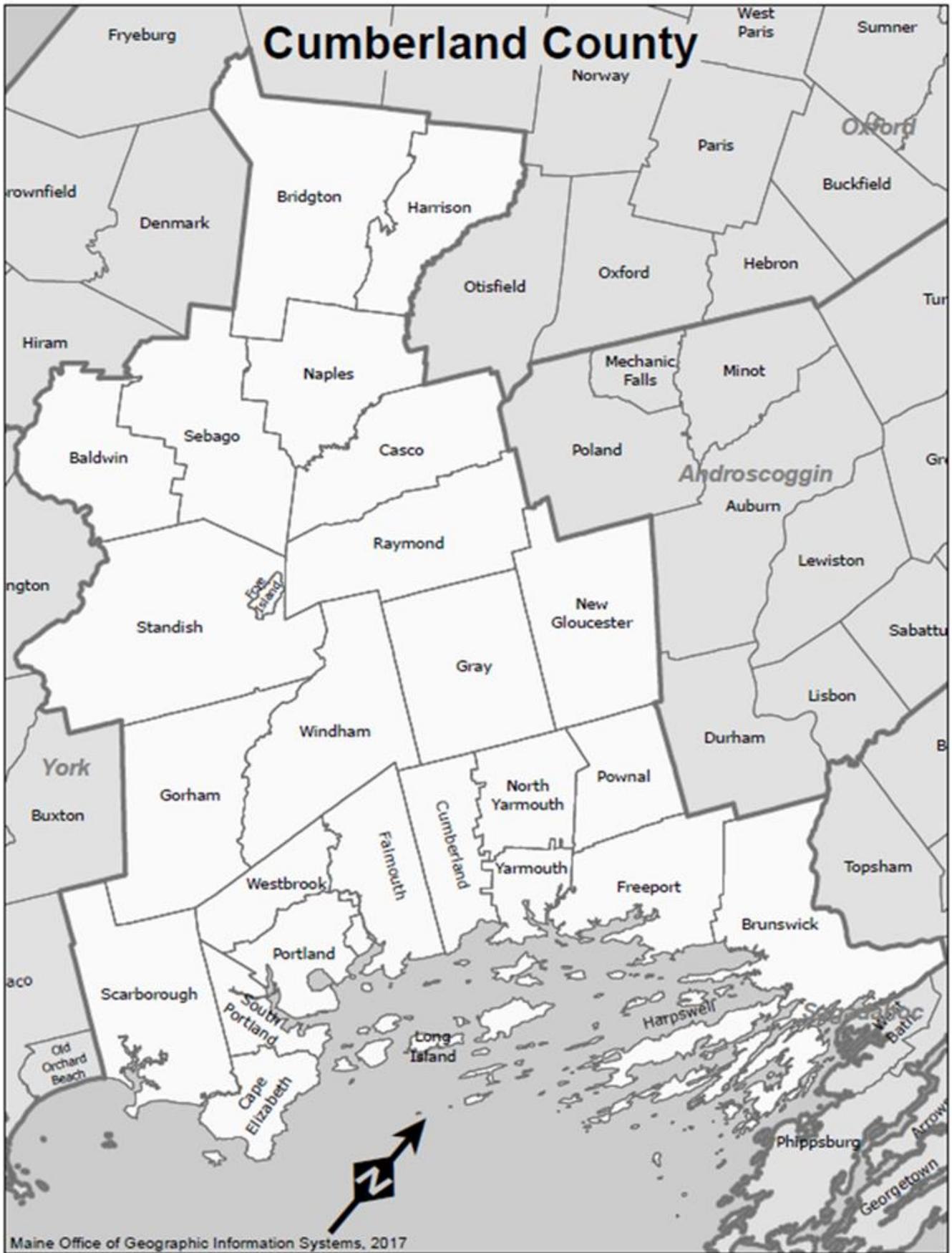
To get involved-- or for more information:

Kristine Jenkins, Maine CDC, Cumberland District Public Health Liaison
kristine.l.jenkins@maine.gov /207-485-0541

Website: <http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district2/council-main.shtml>

**All interested parties are welcome to attend CDPHC meetings:
 Always the 3rd Friday of January, March, May, July, September, and November
 10:00 am – 12:00 pm**

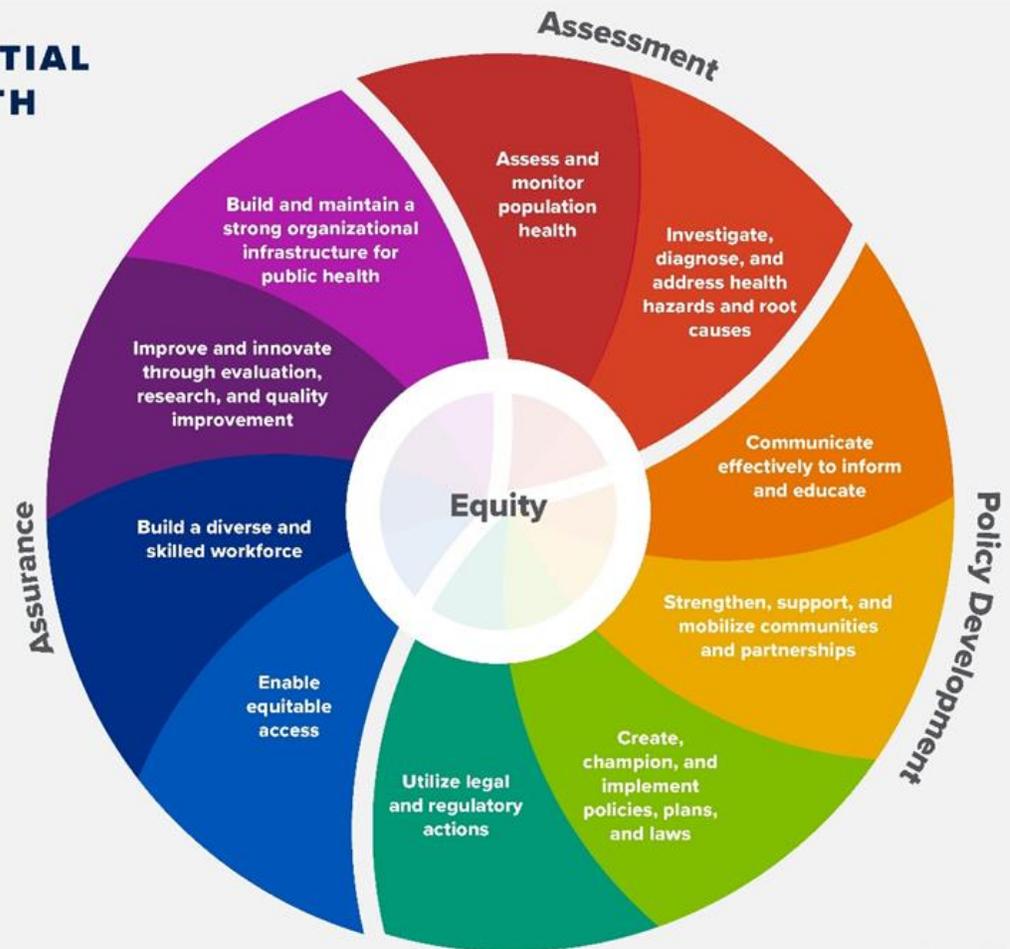




THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

1. **Assess and monitor** population health status, factors that influence health, and community needs and assets
2. **Investigate, diagnose, and address** health problems and hazards affecting the population
3. **Communicate effectively** to inform and educate people about health, factors that influence it, and how to improve it
4. **Strengthen, support, and mobilize** communities and partnerships to improve health
5. **Create, champion, and implement** policies, plans, and laws that impact health
6. **Utilize legal and regulatory actions** designed to improve and protect the public's health
7. **Assure an effective system that enables equitable access** to the individual services and care needed to be healthy
8. **Build and support** a diverse and skilled public health workforce
9. **Improve and innovate** public health functions through ongoing evaluation, research, and continuous quality improvement
10. **Build and maintain** a strong organizational infrastructure for public health



Cumberland District Public Health Council 2017-19 District Public Health Improvement Plan Priorities

Council Priorities 2017-2019
Sexual Health
ACES/Poverty
Youth Mental Health
*Cross-Cutting Focus on Immigrant Communities

CDPHC Resources and Documents:

Bylaws, meeting notes, and other documents can be found at:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district2/council-main.shtml>

Select Council Documents:

- *CDPHC Statement on Health Risks Posed to Un-housed Persons (2023)*
- *Cumberland District Local Public Health Systems Assessment (2022)*
- *CDPHC Statement on Racial Disparities and Covid-19 (2020)*
- *CDPHC Youth Mental Health White Paper (2019)*



Bylaw Basics:

Updated - 5/31/2018

- Council Roles and Composition –
 - Ideally, the Council is comprised of at least twenty-five (25) but not more than forty (40) voting members. The Council is responsible for providing overarching guidance and setting policy regarding activities that support the purpose and mission. In addition, the Council:
 - Elects Council Officers;
 - Approves the work plan and District Public Health Improvement Plan;
 - Votes on adoption of or changes to bylaws as needed;
 - Approves creation of ad hoc and standing committees; and
 - Provides advice and feedback to Maine Center for Disease Control and Prevention and Statewide Coordinating Council.
- Member Roles –
 - There are five Council Officers: Chair, Vice Chair, Representative to the State Coordinating Council, Treasurer, and Secretary.
 - Members shall regularly attend meetings and/or committees as appointed. If unable to attend, members shall coordinate an alternate.
 - The Executive Committee will provide leadership for the Council, provide continuity and make decisions on Council activities (e.g. establish agendas), appoint committee chairs, and investigate complaints regarding activities of the Council or its members during their role on the Council.
- Council Terms –
 - The term of office of each member is three (3) years. A member may serve an unlimited number of terms.
 - A Council member may resign from the Council by written notice to the Executive Committee.
 - A Council member may be removed at the discretion of a two-thirds (2/3) of the Council members.
 - Council members absent three (3) or more consecutive meetings may be asked to resign.
- Non-Partisan Activities –
 - Council is nonpartisan. No activities of the Council shall consist of publication or distribution of materials or states with the purposes of attempting influence or intervene in any political campaign on behalf of or in opposition to any candidate for public office.
- 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 a Council member or member of any Council committee. A conflict occurs when a financial or other interest could:
 - Significantly impair the individual's objectivity
 - Create an unfair competitive advantage for any person or organization
 - Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.



Membership Responsibilities

(Bylaws reference: Article II. Section 9, page 4)

Members shall regularly attend meetings of the Council and meetings of the Executive Committee or committees to which they are appointed. If unable to attend full DCC meetings, members will be represented by their alternate, if applicable. As the sector representative to the Council, to the extent possible each Council member shall routinely communicate decisions, discussions and business of the Council to the member's sector/geography, and likewise communicate sector/geography information back to the Council.

Council members absent three (3) or more consecutive meetings may be asked to resign.

The Executive Committee, in certain circumstances, on a case-by-case basis, may waive this requirement. In order to be considered, members shall send written notification—in advance, when possible—to the Executive Committee for consideration. The Executive Committee shall consider the member's circumstance and respond within two weeks of receiving written notification with a decision.

Current Members (January 2024):

Peggy Akers, *Northern Light Home Care & Hospice*

Cathy Bean, *Northern Light Home Care & Hospice*

Kim Beaudoin, *MaineHealth Access to Care*

Liz Blackwell-Moore, *Cumberland County Public Health*

Anna Bullett, *WIC Program*

Cross Cultural Community Center

Emma Donnelly, *Florence House*

Janet Dosseva, *Westbrook Partners for Prevention*

Ellen Freedman, *MaineHealth MESCHNA*

Rachel Gallo, *USM Data Innovation Project*

Barbara Ginley, *MaineHealth*

Kirsten Goodrich, *Portland Public Health, Tobacco*

Kate Herrick, *MaineHealth Access to Care*

Amanda Hutchins, *Portland Public Health, HEAL*

Kristine Jenkins, *Maine CDC*

Courtney Kennedy, *Good Shepherd Food Bank*

Katie Kerr, *Northern Light/Mercy Hospital*

Eisha Khan, *MaineHealth SDOH*

Mike Koza, *Portland Water District*

Victoria Morales, *Quality Housing Coalition*

Laura Morris, *Be the Influence*

Cathy Pinkham, *LHO Harrison*

Leanne Pomeroy, *Preble Street, Rapid Re-Housing*

Bridget Rauscher, *Portland Public Health*

Hannah Ruhl, *Public Health Consultant*

Naomi Schucker, *MaineHealth*

Rachel Talbot-Ross, *Legislator*

Ann Tucker, *Greater Portland Health*

Helen Twombly, *LHO Sebago*

Alfredo Vergara, *Portland Public Health*

Andrew Volkars, *Preble Street*



Cumberland District Public Health Council

Complete Bylaws

Updated 5-31-2018

ARTICLE I. Legislative Purpose, Name, Mission, and Vision

Section 1. Legislative Purpose

The District Coordinating Council for Public Health, established under Title 22 MRS §412, is a representative district body of public health stakeholders for collaborative public health planning and coordination.

The 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) Ensure that the essential public health services and resources are provided in each district in the most efficient, effective, and evidence-based manner possible; and
- (3) 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.

Section 2. Name

The name of the organization shall be the Cumberland District Public Health Council (the "Council").

Section 3. Mission

The Council's mission is to promote the health of all our communities by providing information, coordination, collaboration, and advocacy.

Section 4. Vision

The Council's vision is that communities in the Cumberland District are among the healthiest in the state.

ARTICLE II. Role and Structure of the Council

Section 1. Council Role

The Council is responsible for providing overarching guidance and setting policy regarding activities that support the purpose and mission. In addition, the Council:

- a. elects Council Officers
- b. approves the work plan and District Public Health Improvement Plan
- c. votes on adoption of or changes to bylaws as needed
- d. approves creation of ad hoc and standing committees

- e. Provides advice and feedback to Maine Center for Disease Control and Prevention and Statewide Coordinating Council

Section 2. Council Size

Ideally, the Council is comprised of at least twenty-five (25) but not more than forty (40) voting members.

Section 3. Founding members

The following organizations are founding members of the Council and as such will be considered permanent members, with one member each on the Council on an ongoing basis:

City of Portland, Health and Human Services Department, Public Health Division
Cumberland County Board of Commissioners
Cumberland County Emergency Management Agency
Maine Center for Disease Control and Prevention
MaineHealth
Mercy Hospital
The Opportunity Alliance

Section 4. Regular members

Membership in the Council is sector-based, with an assurance of geographic representation. With the exception of the members listed in Article II, Section 3, and optional members listed below, Council membership shall be drawn from but not limited to the following entities:

1. Maine Center for Disease Control and Prevention
2. county governments
3. municipal governments
4. city health departments
5. local health officers
6. hospitals
7. health systems
8. emergency management agencies
9. emergency medical services
10. community based health organizations
11. schools
12. institutions of higher education
13. physicians and other health care providers
14. clinics and community health centers
15. voluntary health organizations
16. family planning organizations
17. area agencies on aging
18. mental health services
19. substance use prevention and services
20. environmental health
21. Water District
22. home health
23. health professions training
24. CAP agency
25. immigrant/refugee health

- 26. disability interests
- 27. health policy
- 28. other community serving organizations and content experts

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

Section 5: Alternate Members

Each council member shall have an alternate to serve with full voting privileges to ensure that the Council is able to reach quorum if the primary Council member is unable to attend meetings, participate in voting, or otherwise carry out their membership responsibilities.

Section 6. Interested Parties and Stakeholders

Stakeholders and interested parties are encouraged to attend and participate in all Council meetings, but do not have voting privileges.

Section 7. Selection of Members

A Membership selection process will be established with the responsibility of developing nominees for regular membership of the Council. Nominees should be geographically representative of Cumberland County.

Nominees shall be approved at the first meeting of each year by a simple majority vote. The Council may vote on vacancies that occur between annual meetings based on a proposal from the Executive Committee.

Section 8. Council Terms

The term of office of each member is three (3) years. A member may serve an unlimited number of terms. All vacancies must be filled for the balance of the unexpired term in the same manner as the original appointment.

A Council member may resign from the Council by written notice to the Executive Committee.

A Council member may be removed at the discretion of a two-thirds (2/3) of the Council members.

Section 9. Council Member Responsibilities:

Members shall regularly attend meetings of the Council and meetings of the Executive Committee or committees to which they are appointed. If unable to attend full DCC meetings, members will be represented by their alternate, if applicable. As the sector representative to the Council, to the extent possible each Council member shall routinely communicate decisions, discussions and business of the Council to the member's sector/geography, and likewise communicate sector/geography information back to the Council.

Council members absent three (3) or more consecutive meetings may be asked to resign.

The Executive Committee, in certain circumstances, on a case-by-case basis, may waive this requirement. In order to be considered, members shall send written notification—in advance, when possible—to the Executive Committee for consideration. The Executive Committee shall consider the member's circumstance and respond within two weeks of receiving written notification with a decision.

ARTICLE III. Executive Committee

Section 1. Executive Committee Role

The Executive Committee will provide leadership for the Council, provide continuity and make decisions on Council activities (e.g. establish agendas), appoint committee chairs, and investigate complaints regarding activities of the Council or its members in the course of their role on the Council.

Section 2. Executive Committee Members

The Executive Committee is composed of officers elected to this body from the full Council, chairs of all standing committees, and the Maine Center for Disease Control and Prevention District Liaison.

Section 3. Officers

At a minimum, the Council shall elect a Chair, Vice Chair, and Representative to the State Coordinating Council for Public Health. Additional officer positions may be created at the discretion of the Council. The Executive Committee, through the Chair, will convene regularly schedule Council meetings.

The Chair shall preside at Council meetings. The Chair shall provide leadership in preparing agendas for Council meetings and provide guidance and support to appointed committees. The Chair shall also designate another member of the Executive Committee or serve as the Alternate Representative to the State Coordinating Council for Public Health.

The Vice Chair shall convene regularly scheduled Council meetings and preside at Council meetings in the absence, or at the request, of the Chair. The Vice Chair shall also chair special ad hoc committees as designated by the Chair.

The Representative to the State Coordinating Council shall ensure the District is represented at the State Coordinating Council, report to the State Coordinating Council on District matters, and report back to the Executive Committee and Council on State Coordinating Council proceedings. The Chair, or his or her designee, shall serve as the Alternate Representative to the State Coordinating Council and carry out these duties if the State Coordinating Council Representative is unable to do so.

In addition, the Council will elect two additional officers, a Treasurer and Secretary.

The Treasurer shall issue a finance report to the Council at each regular meeting, and shall work with the Council's fiscal agent to remain abreast of financial activities.

The Secretary shall ensure that accurate records are maintained of Council actions, adequate notice is sent regarding Council meetings, and maintain records of active membership for purposes of establishing quorum.

Section 4. Executive Committee Size

The size of the Executive Committee is comprised of a minimum of five (5) members and described in in Article III, Sections 2 and 3 above.

Section 5. Election of Officers

The Membership process established in Article II, Section 6, shall be responsible for developing a list of nominees for Council officers. Nominees shall be approved at the first council meeting of the year by a simple majority vote. The Council, based on a proposal from the Executive Committee, may vote on vacancies that occur between annual meetings.

Section 6. Executive Committee Terms

Council Officers' term shall be two (2) years and may be renewed by Council vote; however, no Council Officer shall serve more than three (3) consecutive terms, with the exception of the Maine Center for Disease Control and Prevention District Public Health Liaison.

Council terms will be staggered by one and two years. The Council Chair and Secretary shall be the odd terms (1 year). The Vice Chair, Treasurer, and Representative to the State Coordinating Council shall be the even terms (2 years). If in the event an officer is no longer associated with the member organization they represent, the officer shall be removed from the office and the Council, and a new officer shall be elected by the Council.

Section 7. Executive Committee Responsibilities

Executive Committee Members will regularly attend meetings of the Council and meetings of the Executive Committee.

In cooperation with the Council Chair, the Maine Center for Disease Control and Prevention District Public Health Liaison shall be responsible for Council internal communications. Any public comment shall be coordinated with the Executive Committee with respect for the potential conflicts.

Section 8. Executive Committee Meetings

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

Special or emergency meeting of the Executive Committee may be called as needed by the Executive Committee leadership. Notice of special or emergency meeting shall be sent via electronic mail with as much notice as possible.

ARTICLE IV. Council Meetings

Section 1. Time and Place of Meetings

The Council will meet, at a minimum, quarterly. The Executive Committee shall determine meeting times and locations of all Council meetings.

Section 2. Agenda

The Chair or his/her designee shall prepare an agenda of items requiring Council action, and shall add items of business as may be requested by Council members and/or the Executive Committee.

Section 3. Notice

Council members shall be sent electronic mail notice of the time and date of the meetings at least twenty (20) business days before a regular Council meeting. In the event of an emergency, the Executive Committee may call a meeting with a simple majority vote of the Executive Board and shall give as much notice as possible.

Section 4. Rules of Order

Robert's Rules of Order shall govern regular Council meetings unless the Council adopts other rules of order. Council meetings are open to all interested parties.

Section 5. Council Meeting Minutes

The responsibility of Council minutes rests with the Executive Committee. Minutes recording all motions and subsequent action including the number of yeas, nays or abstentions shall be recorded. Minutes of all meetings shall be maintained by the Secretary or his/her designee and made available on the Council website.

Section 6. Quorum

A quorum of the Council shall consist of a simple majority of the voting membership or eleven voting members, whichever is smaller. In the absence of a quorum, a Council meeting may continue discussion; however, no formal actions shall be taken, except a vote to adjourn the meeting to a subsequent date.

Section 7. Voting

Each Council member shall have one vote, once quorum is established. As the district-wide representative body for collaborative planning and decision-making for public health, the Council will seek consensus through well-structured and staged processes. If a consensus decision cannot be reached, all business conducted with a simple majority vote of the quorum shall stand as official action of the Council. By formal agreement of the Council, voting may be conducted electronically.

ARTICLE V. Committees

Section 1. Creation of Committees

The Council or its Executive Committee shall have the power to create standing and ad hoc committees and work groups. Committees created by the Executive Committee between Council meetings shall be voted upon at the next scheduled meeting of the Council. The Council Chair, in coordination with the Executive Committee, shall appoint and charge each committee with its responsibilities and shall appoint the chair of the committee.

Section 2. Membership

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

At least one member of the Executive Committee will serve on each of the Council's committees and work groups.

Committee Chairs shall bring proposed activities to the Council for discussion and approval. The Council may accept recommendations of committees/work groups as part of a consent agenda; however, if any Council member finds that he/she has a significant issue with a committee/work group recommendation, he/she shall say so at the Council meeting and bring it for further discussion and separate vote at the Council level.

Section 3. Committee Chairs

The Committee Chair shall be responsible for scheduling meetings, assigning specific tasks within the mandate of the committee, and reporting to the Executive Committee and the Council concerning the work of the committee. Standing Committee Chairs shall be members of the Council.

ARTICLE VI. Non-Partisan Activities

The Council shall be non-partisan. No part of the activities of the Council shall consist of the publication or distribution of materials or statements with the purposes of attempting to influence or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

ARTICLE VII. 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 a Council member or member of any Council committee. A conflict occurs when a financial or other interest could:

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

Should a matter before the Council present a known, or a potential conflict of interest, Council members are required to disclose such potential conflict to the Executive Committee at the earliest point possible. Once a conflict or potential conflict is disclosed, the Chair shall lead the rest of the members in deciding how the member with the conflict or potential conflict may participate in discussions or voting.

ARTICLE VIII. Fiscal Agent

The Council shall designate a fiscal agent or agents as necessary. The Council and fiscal agent shall enter into an agreement that is documented and designates the roles and responsibilities of both organizations.

ARTICLE IX. Operations and Fiscal Calendar

The operations calendar of the Council is the calendar year. The fiscal year of the Council will be July 1 to June 30. The fiscal year of the Council may additionally follow the fiscal calendar designated in any funding program the Council receives.

ARTICLE X. Reporting

The Council will submit quarterly progress reports to the State Coordinating Council for Public Health according to the State Coordinating Council's format. The quarterly reports will be shared with the Council members and

interested parties at full council meetings and via email, and posted on the State Coordinating Council for Public Health website.

ARTICLE XI. Bylaw Amendments

The District Coordinating Council for Public Health bylaw document serves as uniform guidance in all Public Health Districts. To address specific district needs, districts may draft additional addendums in the following areas:

- a. Council mission and vision
- b. Additional membership requirements to:
 - i. have at least one member who is a recognized content expert in each of the essential public health services
 - ii. have representation from populations in the State facing health disparities
- c. Council Standing Committee structure
- d. Policies that help instruct the function of the Council

The Council may amend these bylaws. Before consideration, the amendment must be submitted in writing to the Council and posted on the Council agenda according to the guidelines in Article IV., Section 3 (Notice). Prior to an amendment of the bylaws, the Council may request a recommendation from the Executive Committee. Votes to approve bylaw amendments follow the guidelines set forth in Article IV., Section 6 (Quorum), and Section 7 (Voting).

Any bylaw amendments will be submitted to the Chair of the State Coordinating Council for Public Health and the Director of the Maine Center for Disease Control and Prevention for approval before going to vote at a Council meeting. Any bylaws amendments proposed to the Council by the State Coordinating Council for Public Health must be considered for vote at the next scheduled Council meeting. The Executive Committee will review the Council bylaws every three (3) years. Any revisions will be submitted for consideration using a mechanism established by the State Coordinating Council for Public Health.

Glossary of Acronyms



CDPHC	Cumberland District Public Health Council
CHNA	Community Health Needs Assessment
DCC	District Coordinating Council
DL	District Liaison
DLPH	Division of Local Public Health
DPHIP	District Public Health Improvement Plan
EMA	Emergency Management Agency
EPHS	Essential Public Health Services
MeCDC	Maine Center for Disease Control and Prevention
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
PHE	Public Health Educator
PIO	Public Information Officer
RFP	Request for Proposal
SCC	State Coordinating Council
SHIP	State Health Improvement Plan
SHNAPP	Shared Health Needs Assessment and Planning Process
SOP	Standard Operating Procedure
US CDC	United States Centers for Disease Control and Prevention