

# Statewide Coordinating Council for Public Health

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# Maine Statutes

## **Title 22: HEALTH AND WELFARE**

### **Subtitle 2: HEALTH**

#### **Part 2: STATE AND LOCAL HEALTH AGENCIES**

#### **Chapter 152: PUBLIC HEALTH INFRASTRUCTURE**

#### **§412. Coordination of public health infrastructure components**

**6. Statewide Coordinating Council for Public Health.** The Statewide Coordinating Council for Public Health, 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.

<https://www.mainelegislature.org/legis/statutes/22/title22sec412.html#:~:text=The%20Statewide%20Coordinating%20Council%20for%20Public%20Health%2C%20established%20under%20Title,public%20health%20planning%20and%20coordination.>

# Purpose and Support

A. The Statewide Coordinating Council for Public Health shall:

(1) Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;

(4) 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;

(5) Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and

(6) Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any tribe.

The Maine Center for Disease Control and Prevention shall provide staff support to the Statewide Coordinating Council for Public Health as resources permit. Other agencies of State Government as necessary and appropriate shall provide additional staff support or assistance to the Statewide Coordinating Council for Public Health as resources permit.

# Membership

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

(1) Each district coordinating council for public health, including the tribal district coordinating council, shall appoint one member.

(2) The Director of the Maine Center for Disease Control and Prevention or the director's designee shall serve as a member.

(3) The commissioner shall appoint an expert in behavioral health from the department to serve as a member.

(4) The Commissioner of Education shall appoint a health expert from the Department of Education to serve as a member.

(5) The Commissioner of Environmental Protection shall appoint an environmental health expert from the Department of Environmental Protection to serve as a member.

# Membership

(6) The Director of the Maine Center for Disease Control and Prevention, in collaboration with the cochairs of the Statewide Coordinating Council for Public Health, shall convene a membership committee.

After evaluation of the appointments to the Statewide Coordinating Council for Public Health, the membership committee shall appoint no more than 10 additional members and ensure that the total membership has at least one member who is a recognized content expert in each of the essential public health services and has representation from populations in the State facing health disparities.

# Membership

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

County governments, municipal governments, tribal governments, tribal health departments or health clinics, 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 use disorder services, organizations seeking to improve environmental health and other community-based organizations.

# Membership, Meeting, and Reporting

C. 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.

D. Members of the Statewide Coordinating Council for Public Health shall elect annually a chair and cochair. The chair is the presiding member of the Statewide Coordinating Council for Public Health.

E. The Statewide Coordinating Council for Public Health shall meet at least quarterly, must be staffed by the department as resources permit and shall develop a governance structure, including determining criteria for what constitutes a member in good standing.

F. The Statewide Coordinating Council for Public Health 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 system and on districtwide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services.

# Ten Essential Public Health Services

(Revised 2020)

- 1. Assess and monitor population health status, factors that influence health, and community needs and asset.**
- 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.**



# SCC Language in PHWG Report 12/2007

- ❖ A Statewide Coordinating Council (SCC) will build on the work of the PHWG to implement a statewide public health infrastructure that streamlines administration, strengthens local community capacity, and assures a more coordinated system for delivery of essential public health services.
- ❖ The SCC will be the representative body for review and guidance to the Maine CDC on strategic state level policies related to the aligned system of Local Health Officers, Comprehensive Community Health Coalitions, District Coordinating Councils, and on other policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.
- ❖ The Statewide Coordinating Council will be appointed and convened by the Maine CDC and Governors Office of Health Policy and Finance and will include a member from each District Coordinating Council.
- ❖ The SCC will meet at least quarterly and will report annually on the status of Maine's public health infrastructure to the Governors Advisory Council on Health Systems Development and the Legislature's Health and Human Services Committee.

# SCC Established

- ❖ 2009: twenty-two voting member seats established for the council, based on eight district council representatives, one Maine CDC Director, one representative each from DHHS Office of Substance Abuse, Department of Education, Department of Environmental Protection, one chair of SCC, one university representative, one hospital representative, one practicing physician, one representative of Area Agency on Aging, one county commissioner, two city public health directors, one cultural health organization, and one tribal district representative.
- ❖ January 2011 Reports Summarize Current SCC Accomplishments:
  - ❖ Planning and Advisory Structures
  - ❖ Maine CDC Staffing Reorganization
  - ❖ Healthy Maine Partnerships
  - ❖ Successful Response to Influenza Pandemic
  - ❖ New Public Health Funding
  - ❖ Local Health Officers
  - ❖ Population Health Indicators: Successes in teen and adult smoking rates, adult and teen obesity rates stabilized, and screening rates for chronic disease have increased.

# SCC Mission, Vision, and Bylaws

- ❖ Vision and Mission
  - ❖ Current 'Mission':
    - ❖ The Statewide Coordinating Council for Public Health, 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.
- ❖ Bylaws
  - ❖ Model SCC Bylaws started in 2014 and reviewed in 2016.
  - ❖ Need to be reviewed annually.

# SCC Initiatives as Advisory Board

## 2012

- Enactment of LD1363, “An Act to Establish and Promote Statewide Collaboration and Coordination in Public Health Activities and to Enact a Universal Wellness Initiative.”
- Maine CDC Accreditation Process Starts
- District Performance Reports Started as a report card to legislature.
- SCC Workgroups Formed: Health Disparities and Health Equity, Planning and Coordination, and Statewide Public Health System Assessment Planning

## 2013

- Accreditation has led to planning of state health assessment, district health assessment, district public health improvement plan, and a Maine CDC Strategic Plan.
- Shared Health Needs Assessment Planning Process Starts.
- Community Transformation Project Funding to districts.

# SCC Initiatives as Advisory Board

## 2014

- Accreditation Statement filed with Public Health Accreditation Board.
- Ongoing work under the Partnership for Success Grants for prevention of substance use (alcohol, prescription drugs, and marijuana) for ages 12 – 25.

## 2015-2016

- Maine CDC receives national accreditation
- State Health Improvement Plan reviewed and approved
- Shared Health Needs Assessment and Planning Process (SHNAPP)
- Accountable Care Communities: Public Health collaborating with Health Care systems.

# SCC Initiatives as Advisory Board

## **2017-2018**

- Maine Health Decline: from being the 8<sup>th</sup> healthiest state in 2007 to the 23<sup>rd</sup> healthiest state in 2017.
- Overdose deaths, rise in smoking rates, rise in children considering suicide, lower vaccination rates, and increased rate of adults with multiple chronic diseases.
- Staffing at Maine CDC decreasing
- SCC less collaborating and coordinating, some advisory.

## **2019-2020**

- Advisory for Preventive Health and Health Services Block Grant.
- Discussed updates to the 2017-2020 SHIP: Cancer, Chronic Disease, Healthy Weight, Mental Health, and Substance Abuse and Tobacco.
- State Public Health System Assessment Process starts.

# SCC Initiatives as Advisory Board

## **2020-2022**

- Support for COVID-19 response.
- Open discussion on emerging opportunities for the public health system to consider brought on by COVID-19 response.
- Re-Accreditation process starts.

## **2023**

- 2023 State Improvement Plan
- Maine CDC Investment in District Public Health
- Local Health Officer Training and Support
- Maine Prevention Network

# SCC: 2024 and Beyond

- ❖ How is the SCC meeting the mission and legislation?
- ❖ What changes need to be done?
- ❖ How to improve engagement?



# Thank You

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