Cumberland District Public Health Council

Public Health
Prevent. Promote. Protect.

May 16

2014

Annual Report

Introduction

The Cumberland District Public Health Council (Council) continues to work toward its vision of making communities in the Cumberland District among the healthiest in the state. Over the past year, the Council maintained work groups addressing issues such as influenza, public health preparedness, tobacco, and health equity. New workgroups were also formed to focus new priorities. The Council continued its work on the Community Transformation Grant to improve physical activity, nutrition, and active community environments across the district. This annual report contains information on the Council's activities, the Council's fiscal health, committees and workgroups, and all members who were active over the past fiscal year from June 2013 to May 2014.

History

The Council first convened in December 2006 immediately following the statewide Public Health Work Group's decision to create eight public health districts, each with a district coordinating council (DCC). The Council built the initial membership from participants in the Portland Public Health Division's Local Public Health System Assessment in January and February 2005, and the Cumberland County Strategic Planning Committee's Public Health and Human Services Subcommittee in July 2006. In November 2008, the Council restructured with the adoption of official bylaws. In March 2013, the Council voted to accept a series of bylaws amendments designed to make the Council's bylaws consistent with the recommendations of the State Coordinating Council for Public Health. The Council created its first District Public Health Improvement Plan (DPHIP) in 2011, and selected its current DPHIP priorities in May 2013.

Council Officers

At the May 2013 Annual Meeting, the Membership voted on three officer positions. The Membership elected Colleen Hilton as the Council Vice Chair, Deb Deatrick as the Council Treasurer, and Kristen Dow as the Council Representative to the State Coordinating Council. The current officers of the Council are:

Council Chair—Toho Soma (term ending May 2014)
Council Vice Chair—Colleen Hilton (term ending May 2015)
Council Secretary—Julie Sullivan (term ending May 2014)
Council Treasurer—Deb Deatrick (term ending May 2015)
Council Representative to the State Coordinating Council—Kristen Dow (term ending May 2015)
Maine CDC District Liaison—Becca Matusovich

Committees and Workgroups

The Council bylaws established six standing committees: Advocacy Committee, Communications Committee, Finance & Fundraising Committee, Health Data Committee, Healthy Cumberland Committee, and Membership Committee. These committees had varying level of activity over the past year.

One ad-hoc committee operated over the past year, theOversight Sub-committee for the Community Transformation Grant.. In addition, the Executive Committee continued meeting every other month to discuss and administer Council business.

The Council also maintained several work groups that addressed District Public Health Improvement Plan priorities (see below).

Progress on the Cumberland 2013-15 District Public Health Improvement Plan Priorities

With leadership provided by the Maine CDC Cumberland District Liaison as well as many other Council members and district partners, the Council made progress this year on all of the priorities set forth in the 2013-2015 District Public Health Improvement Plan. The following summary provides highlights of the strategies implemented under each of the DPHIP priorities.

- **Flu & Pneumococcal Vaccination**

The Flu workgroup did not formally convene a full workgroup meeting this year; the core leadership met and decided that the best we could do with the current limited capacity was to repeat our best strategies developed for the previous two seasons.

- 11 of the 14 K-12 school districts located entirely in Cumberland County carried out School-located Vaccine Clinics during the fall of 2013.
- Posters to promote flu vaccination and 211 for flu clinic info were reprinted and distributed (both in English and in multi-lingual version [Somali, Arabic, Spanish, French, English]).
- A mailing was sent to primary care providers and pediatric practices across the county including the list of school clinics and the CDPHC flu/211 poster.
- There were fewer public adult flu clinics in general, but flu shots were incorporated into other opportunities such as 3 Health on the Move events in Oct-Nov, and the November 8th Cities Readiness Initiative/Vigilant Guard flu clinic exercise.
- The Medical Reserve Corps (see Public Health Preparedness below) was established and began providing volunteer vaccinators for flu clinics this season.

- **Health Equity**

Although the Cumberland District has a reputation for robust health care infrastructure, concerns about disparities in access to care for vulnerable populations drove the selection of "Health Equity" as one of Cumberland's District Public Health Improvement Plan priorities. The Health Equity and Disparities Workgroup has accomplished much this year. We have continued to meet every other month, with attendance between 8 and 15 people per meeting and 40 people on the email distribution list. There have been three main focuses for this year's activities:

1) Health on the Move

The Council's Health Equity Workgroup developed their "Health on the Move" strategy to address the Council's District Public Health Improvement Plan priorities with underserved populations in Cumberland County. Health on the Move is a mobile health access project that brings health resources into community settings to break down barriers that limit access to preventive health services and screenings.

The primary goal of Health on the Move is to reduce health disparities by bringing health resources to the communities where the target population lives. Health on the Move events are planned by a team including Council members, community-based organizations that know and serve the target population, and members of the community themselves. The team uses tools that draw on emergency preparedness approaches, so that in the process of planning these events we are building the capacity of the district public health system to quickly plan similar events that might be needed to address specific health needs in an emergency situation.

Led by the CDPHC Health Equity Workgroup, with funding support from the Council, Health on the Move was first piloted at six locations between October 2012 and November 2013, serving a total of about 325 adults and teens and involving 100+ staff members from over 40 partnering organizations.

1. Portland Housing Authority's Riverton Park on Friday October 19, 2012
2. Crooked River Community & Adult Education Center, Casco on Monday Dec. 3, 2012
3. MidCoast Hospital's Womens Wellness Day, Brunswick on Sunday May 19, 2013
4. Parkside Neighborhood Annual Block Party, Portland on Saturday July 27, 2013
5. University of New England's Coleman Dental Hygiene Clinic, Portland on Tuesday Oct 15 and Thursday Oct 17, 2013
6. Brickhill/Redbank Village neighborhood, South Portland on Wednesday Nov 20, 2013

The Health Equity Workgroup then decided to take the next 6 months to study the results and lessons learned from the pilot phase. An MPH student from the University of New England worked with the District Liaison and the Health Equity Workgroup to refine the strategy design, and developed a toolkit to help community planning teams organize

Health on the Move events. The District Liaison and Health Equity Workgroup chair wrote a grant proposal based on the refined design for the Maine Community Foundation's People of Color Fund, which if successful will fund 5 Health on the Move events in 2014-15. The next event is being planned for summer 2014, in partnership with Portland Adult Education's ESL program.

2) Access to Care in the Lakes Region

A small workgroup began meeting in 2012 to follow up on the breakout session discussion about access to care in the Lakes Region that began at the Community Health Needs Assessment Forum hosted by MaineHealth in January 2012. A core group of key players met several times and identified some initial issues to explore, and then focused their attention on the December 2012 Health on the Move event in Casco, through which several excellent partnerships were formed and momentum established. With key leadership provided by the Healthy Lakes HMP Director, this foundation led to several key developments in the past year:

- A graduate student intern conducted an in-depth assessment of access challenges in the region during the summer of 2013.
- Healthy Lakes/Opportunity Alliance built on the access assessment to successfully apply for a MeHaf Achieving Better Health in Communities grant to focus on building community engagement around issues related to youth, health, and access to health services/resources in the Lakes Region towns of Bridgton, Sebago, Casco, and Naples.
- A partnership between Healthy Lakes, Cumberland County, and RTP (Regional Transportation Program) drove the creation of a new Lakes Region bus route for public transportation between the Lakes Region and Portland.
- With support from the Maine CDC Rural Health and Primary Care program, a USM MPH student intern working the Maine CDC District Liaison and the Healthy Lakes HMP Director is in the process of conducting an in-depth assessment of access to preventive dental care among children on MaineCare in the Lakes Region towns.

3) The Greater Portland Refugee and Immigrant Healthcare Collaborative

The Greater Portland Refugee & Immigrant Healthcare Collaborative, an informal network of partners in the Greater Portland area who serve refugees, continues to thrive. It is facilitated by Becca Matusovich, Maine CDC Cumberland District Public Health Liaison, with over 60 partners participating in its quarterly meetings and/or workgroups in the past year.

Several grants have come to partners in the Collaborative this year, to fund joint efforts on a range of objectives related to:

- community health worker initiatives in immigrant communities;
- ACA insurance enrollment assistance & outreach;
- ensuring access to care for the uninsured (especially asylum seekers);
- and community engagement/achieving better health in communities.
- The SmilePartners project, which provides preventive dental care and oral health education for newly arriving refugees and immigrants, successfully applied for a second year of funding as well.

The Collaborative's evaluation team is currently completing a social network analysis to understand the relationships between Collaborative members, and the network's strengths and weaknesses. This is part of the evaluation of the Collaborative's use of the "Collective Impact" model to work together and achieve progress on common goals.

- **Public Health Preparedness**

The Council's Public Health Preparedness priority continues to be addressed through several initiatives, including those of other workgroups such as the Flu Workgroup and the Health Equity Workgroup as described above. The most intensive work on the public health preparedness priority area has been the development of the Cumberland County Medical Reserve Corps, with leadership provided by Cumberland County Emergency Management Agency, along with Maine CDC, the City of Portland's Cities Readiness Initiative, the Southern Maine Regional Resource Center, and several other Council members and district partners. After a year of intensive planning and design work, the Medical Reserve Corps was launched in the fall of 2013. Early volunteers began staffing flu clinics in November 2013, and a Regional Sheltering Exercise is planned for May 17, 2014.

Additional Public Health Preparedness efforts this year included:

- the Vigilant Guard exercise in November 2014, including a large scale pod dispensing exercise led by the Cities Readiness Initiative, and a flu clinic focused on ensuring language access for Racial/Ethnic/Language minority communities.
- An Excessive Heat Emergency Plan has been drafted with leadership by the Maine CDC and Cumberland County EMA as well as input from a wider group of Council partners.
- Initiation of a "Community Communications Network" to ensure effective dissemination of emergency messages to underserved populations, through trusted community organizations and community leaders.

- The expansion of the SMRRC's Healthcare Coalition to engage long-term care facilities as well as hospitals and health care providers.

- **Tobacco**

An active Tobacco Workgroup was established in March of 2012 and continues to meet bi-monthly, with the number of active participants increasing this year. Stephanie Pooler of Healthy Portland and Jana Thompson of Healthy Lakes/ Healthy Rivers have taken over as co-chairs this year. The workgroup's agenda remains focused on exchanging knowledge, experience and ideas, and serves as an environment to discuss emerging issues in the tobacco arena. This workgroup continues to meet regularly and anyone interested in contributing to reducing the impact of tobacco in Cumberland County is encouraged to get involved.

- In October, the Workgroup conducted a community event which featured Carol Coles of the Maine CDC, DHHS Partnership For A Tobacco-Free Maine speaking on the topic "Tobacco-related Disparities" with close to 30 healthcare professionals in attendance.
- The March 2014 meeting included an update from CD&M regarding e-cigarettes in the media. The workgroup is now distributing two fact sheets on e-cigarettes, one for public health providers and one for the general public.
- The workgroup has identified a need to provide restaurant/bar owners with accurate e-cigarette information and is using the fact sheets as a guideline for creating this template.

- **Healthy Homes**

The Healthy Homes workgroup has been meeting on a consistent quarterly basis since January 2013. A comprehensive resource inventory on healthy homes resources has been completed. The Healthy Homes Workgroup organized and presented an Eco-Healthy Child Care Webinar in December 2013. This webinar was taught by Margaret Cushing and focused on the basics of an Eco Healthy Child Care and how to obtain a certification. Contact hours were offered for participation. There were 42 different lines called into the webinar with at least 1 provider on each. Many lines had more than one provider sitting in on the webinar. Another webinar is in the planning stages for Local Health Officers in June, to focus on mold and secondhand smoke in rental housing.

- **Sexual Health/STDs**

This workgroup formed in January 2013. Initial steps included a review of existing data and readiness assessment (with the help of a UNE MPH practicum project). Activities in the past year have included:

- a collaborative effort to expand the reach of the Get Yourself Tested (GYT) campaign to promote STD testing for STD Awareness month.

- Partnership on th eSouth Portland Health on the Move event – STD workgroup members led development of teen health area of the Nov 20th event and prepared/staffed the STD/sexual health station which engaged 21 teens.
- Implemented a survey for health teachers in the Rivers Region school districts

The good news is that gonorrhea case reports have declined. For 2013, the number of reported cases was 246 statewide and 65 in Cumberland County). These numbers are lower than the 117 and 456 reported cases in 2012 in Cumberland County and Maine, respectively. Statewide, most (65%) of reported cases continue to occur among people under age 30, and this population will be the focus of the workgroup's next strategy, a targeted initiative to promote STD testing with this age group, with the help of a USM MPH student who will be doing a field experience project with the workgroup this summer.

- **Mental Health and Substance Abuse**

The Mental Health and Substance Abuse workgroup initially convened in July 2013 with twenty-seven MH/SA professionals responding to an invitation from Comm. Grover. The group established a six-month work plan with deliverables and subtask leaders, and created an electronic collaboration infrastructure through a Google groups.

The group designed and printed two versions of an information card to advertise the availability of 211, the "warmline" for peer support and consultation, and the crisis line. A total of 7,500 rack cards and 5,000 business cards were produced, a few dozen card racks were purchased, and has begun distribution. Workgroup members helped with designing the cards and working with the printer, as well as distribution strategies. The Council provided approximately $2,000 in funds for the project, which was spent on the project materials as planned.

- **Obesity**

The Obesity Workgroup began meeting in March 2014 to review the charge of the committee and identify priority activities for 2014. Prior to the meeting, a scan of current obesity prevention activities was completed.

The committee selected two priorities for the current year. Our first is to send a letter to the Sea Dogs requesting that soda not be used as a prize for children who participate in the race against Slugger. The second is to make all schools in Cumberland County free of sugar sweetened beverages ads on their scoreboards. The Maine Beverage Association has agreed to partner with the Work Group on this activity and will switch out any SSB signage with a water product. We hope to have visited all schools by the end of the school year.

Community Transformation Grant

The Community Transformation Grants are Federal grants authorized under the Affordable Care Act of 2010. The Maine Center for Disease Control and Prevention received a $1.3 million Community Transformation Grant in September 2011. The majority of the Community Transformation Grant funds were distributed to the eight geographic public health districts and the tribal district.

On February 20, 2014, the Maine Center for Disease Control and Prevention notified all grantees of federal funding cuts that would take effect at the end of the Federal fiscal year (September 30, 2014). CTG work will continue through the end of the grant year. This equates to a loss of $180,000 dollars over the next two years.

The grant requires a committee to oversee the work of the grant in each district. The Oversight Sub-committee consists of the all of the Executive Committee of the Council plus additional individuals interested in the work. The Oversight- Sub-committee met on August 26, 2013 and February 24, 2014. At the August meeting, the Oversight Sub-committee agreed to move from a quarterly meeting schedule to meeting twice a year, based on a decreasing need for the Oversight Sub-committee to directly manage and supervise the CTG work. Over the past year, the Oversight Sub-committee approved the Year 3 work plans, approved the revisions made to the Year 3 work plans (based on feedback from the Maine CDC), and approved the Year 3 CTG budget. In addition, a draft contingency plan was discussed at the February meeting.

Shane Gallagher continues to serve as the Community Transformation Grant Coordinator. The Coordinator is primarily responsible for communication among the district, local level work and the state level work, the maintenance of the wiki page, grant management, and maintenance of the performance monitoring data.

Two work groups continue to serve as advisory bodies for the grant objectives. The first work group focused on the physical activity and nutrition objectives, and the second work group focused on the active community environment objectives.

As of May 01, 2014, the Early Childhood Education (ECE) implementation staff have recruited and enrolled 66 childcare sites, which is 178% of the work plan goal of 35 sites for Year 3, and 94% of the Community Transformation Implementation Plan (CTIP) Annual objective of 70 sites. Twenty four of the enrolled sites completed their baseline and post assessment in Year 2, which is 34% of the CTIP goal of 70 sites. To date, 57 additional baseline assessments have been completed, which is 81% of the CTIP goal of 70 sites. Taken with the progress already recorded, assuming all sites make changes , and additional recruitment efforts occurring the District is on track to complete the CTIP target of 70 sites.

School nutrition implementation staff have recruited 4 schools, which is 50% of the work plan goal of 8 sites in Year 3, and 29% of the CTIP Annual Objective of 14 sites. It is important to note that school nutrition goals from Year 2 were exceeded thus the lower recruitment in Year 3.

Physical Activity implementation staff have recruited and enrolled 8 schools, which is 100% of the work plan goal of 8 sites in Year 3, and 57% of the CTIP annual Objective of 14 sites.

Active Community Environment (ACE) implementation staff worked closely with several communities. Currently there are 5 communities (Gorham, North Yarmouth, Portland, Westbrook, and Windham) working to become ACE teams and 4 (Freeport, Scarborough, South Portland and Yarmouth) completed the necessary steps to become ACE teams. The CTIP Annual Objective target is 4 sites and has been successfully completed.

County Health Rankings

The collaborative efforts of the member organizations of the Council continue to pay off. The results of these efforts are reflected in the County Health Rankings & Roadmaps. Cumberland County continues to rank very well amongst Maine's 16 counties—second for health outcomes (how healthy a county is) and first for health factors (what influences the health of a county). The 2014 County Health Rankings & Roadmaps can be found in Appendix A.

Financial Report

The Council received funding from several organizations, as well as the Community Transformation Grant. The main expense of the Council remained salary for staff support. Cumberland County normally contributes $15,000 per fiscal year to the Council; however, an accounting error occurred which led to the County's contribution for FY13 to be recorded in FY14. A detailed report can be found in Appendix B.

Meeting Locations

Over the past year, the Council held meetings in various locations. Meeting locations included MaineHealth (Portland), Mid Coast Hospital (Brunswick), Portland Public Library, Portland Water District, the South Portland Community Center, and VNA Home Health & Hopsice (South Portland).

Membership

The Council's membership represented a variety of organizations and diverse regions of the Cumberland Public Health District. Members from the past year are listed below.

Neal Allen— Greater Portland Council of Governments

Leslie Brancato—Portland Community Health Center

Jim Budway—Cumberland County Emergency Management Agency

Eric Covey—Planned Parenthood of Northern New England

Faye Daley—Bridgton/Harrison Local Health Officer

Deb Deatrick—MaineHealth/Maine Medical Center

Kristen Dow—City of Portland Public Health Division, Healthy Portland HMP

Dennis Fitzgibbons—AlphaOne

Stephen Fox—South Portland Local Health Officer

Mark Grover—Cumberland County Commissioner, District 3

Megan Hannan—Planned Parenthood of Northern New England

Colleen Hilton—Mercy Health System of Maine/VNA Home Health and Hospice

Liz Horton—Westbrook Local Health Officer

Paul Hunt—Portland Water District

Valerie Landry—Mercy Health System of Maine

Anne Lang—City of Portland Public Health Division, Healthy Casco Bay

Jessica Loney—Midcoast Hospital

Becca Matusovich—Maine CDC Cumberland District DHHS Office

Zoe Miller—Opportunity Alliance, Healthy Lakes

Paul Niehoff— Portland Area Comprehensive Transportation System

Karen O'Rourke—University of New England Center for Community and Public Health

Cathy Patnaude—VNA Home Health & Hospice

Linda Putnam—Portland Public Library

Emily Rines—United Way of Greater Portland

Lucie Rioux—Opportunity Alliance, Healthy Rivers

Erica Schmitz—Medical Care Development

Amanda Sears—Environmental Health Strategy Center

Pamela Smith—Bridgton Hospital

Toho Soma—City of Portland Public Health Division

Ashley Soule—Maine Quality Counts

Peter Stuckey—Maine State Legislature, District 114 (part of Portland)

Julie Sullivan—City of Portland Public Health Division

Ted Trainer—Southern Maine Area Agency on Aging

Lisa Wishart—Crossroads

Carol Zechman—CarePartners, MaineHealth

Next Steps

Looking forward there is much work for the Council in the coming year. Some examples of the Council's current work include:

- Continuing work on DPHIP priorities, and broader engagement of Council members in the various workgroups' strategies.
- Complete work on the Community Transformation Grant.
- Continue to strengthen the Membership Subcommittee in order to ensure an active membership that represents the full breadth of public health partners in the district.
- Establish a process for advocacy activity to support health-promoting policy at the local, county, and state levels.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2014 *Rankings*

Maine

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by
Robert Wood Johnson Foundation

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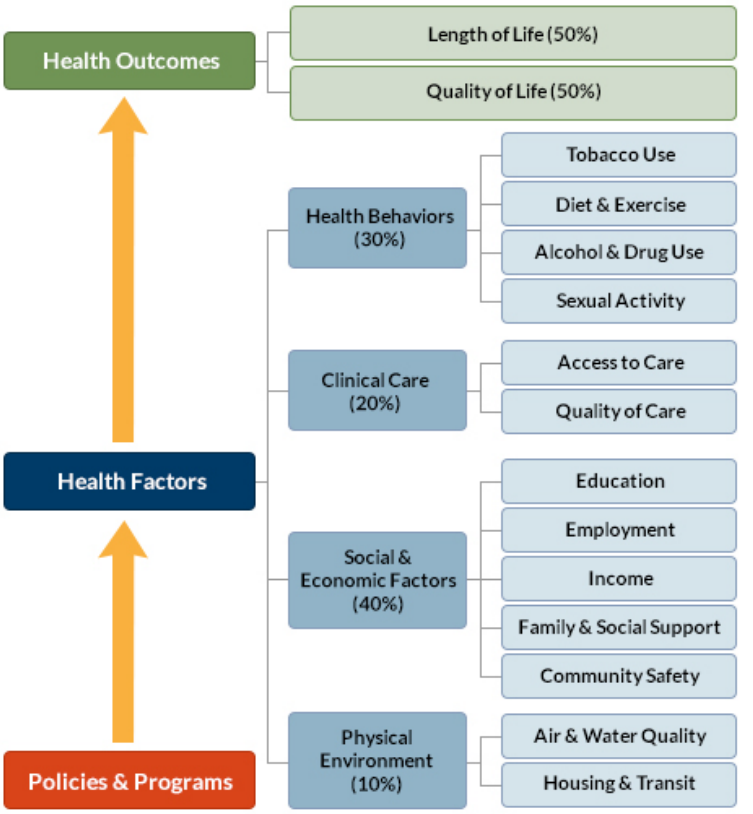
INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

WHAT ARE THE *COUNTY HEALTH RANKINGS*?

The *County Health Rankings* measure the health of nearly every county in the nation. Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states. They have been used to garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



HOW ARE PEOPLE USING THE *RANKINGS*?

- Highlighting community success
- Identifying root causes of poor health
- Supporting policy change
- Engaging communities in health improvement

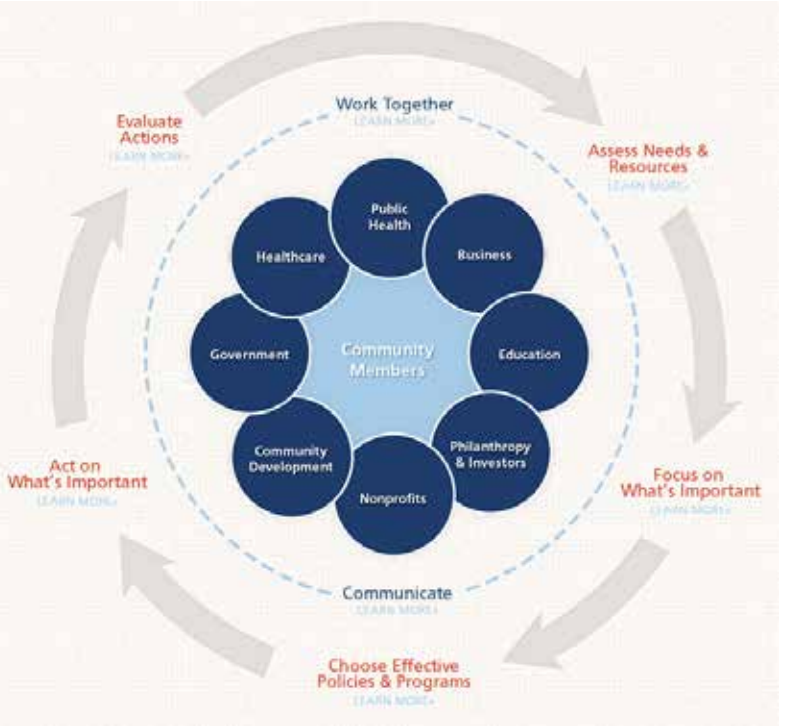
For more information, visit countyhealthrankings.org

WHAT ARE THE *ROADMAPS TO HEALTH*?

The *Roadmaps to Health* help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities determine what they can do and what they can learn from others.

What You Can Do

The *Roadmaps to Health* Action Center provides step-by-step guides, tools, and webinars to help groups working to improve the health of their communities. Community Coaches also provide customized consultation to local communities that have demonstrated a willingness to address factors that we know influence health, such as education, income, and community safety.



The Action Center also features *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health.

Learning From Others

Honoring the efforts of communities working at the forefront of health improvement, the Robert Wood Johnson Foundation annually awards the *RWJF Culture of Health Prize* to outstanding communities that are working toward better health. The *Prize* recognizes communities with strong and diverse partnerships that are coming together with a shared vision and commitment to address multiple factors that affect health and make lasting changes that create a culture of health for all. Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past prize winners.

At countyhealthrankings.org, we also feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. For example, you can learn from the successes and challenges of the 30 *Roadmaps to Health* Community Grantees. These grantees are working to create positive policy or systems changes that address social and economic factors that influence how healthy people are and how long they live, such as education and community safety. You might also want to contact your local affiliate of United Way Worldwide, the National Business Coalition on Health, or the National Association of Counties - their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities.

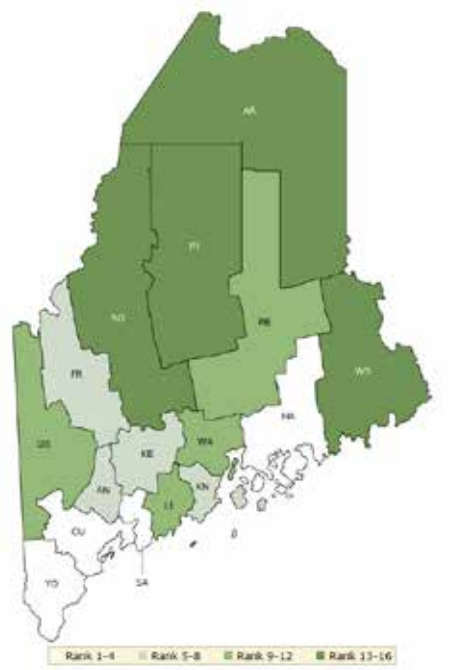
How can you get involved?

In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

The green map below shows the distribution of Maine's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH OUTCOMES RANKS

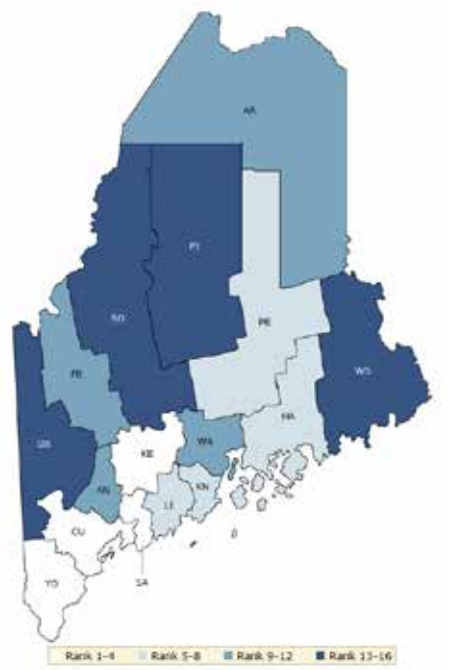


County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	7	Hancock	1	Oxford	10	Somerset	15
Aroostook	13	Kennebec	5	Penobscot	11	Waldo	12
Cumberland	3	Knox	6	Piscataquis	16	Washington	14
Franklin	8	Lincoln	9	Sagadahoc	2	York	4

The blue map displays Maine's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH FACTORS RANKS



County	Rank	County	Rank	County	Rank	County	Rank
Androscoggin	9	Hancock	6	Oxford	13	Somerset	15
Aroostook	11	Kennebec	4	Penobscot	8	Waldo	10
Cumberland	1	Knox	5	Piscataquis	14	Washington	16
Franklin	12	Lincoln	7	Sagadahoc	2	York	3

Summary Health Outcomes & Health Factors Rankings

Counties receive two ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Hancock	1	Cumberland
2	Sagadahoc	2	Sagadahoc
3	Cumberland	3	York
4	York	4	Kennebec
5	Kennebec	5	Knox
6	Knox	6	Hancock
7	Androscoggin	7	Lincoln
8	Franklin	8	Penobscot
9	Lincoln	9	Androscoggin
10	Oxford	10	Waldo
11	Penobscot	11	Aroostook
12	Waldo	12	Franklin
13	Aroostook	13	Oxford
14	Washington	14	Piscataquis
15	Somerset	15	Somerset
16	Piscataquis	16	Washington

2014 *County Health Rankings*: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics	2008-2010
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics	2005-2011
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010-2011
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2011
	Teen births	National Center for Health Statistics	2005-2011
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2011
	Primary care physicians	HRSA Area Resource File	2011
	Dentists	HRSA Area Resource File	2012
	Mental health providers	CMS, National Provider Identification	2013
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2011
	Diabetic screening	Medicare/Dartmouth Institute	2011
	Mammography screening	Medicare/Dartmouth Institute	2011
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented with National Center for Education Statistics	2010-2011
	Some college	American Community Survey	2008-2012
Employment	Unemployment	Bureau of Labor Statistics	2012
Income	Children in poverty	Small Area Income and Poverty Estimates	2012
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2008-2012
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2009-2011
	Injury deaths	CDC WONDER	2006-2010
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution - particulate matter [1]	CDC WONDER	2011
	Drinking water violations	Safe Drinking Water Information System	FY 2012-2013
Housing and Transit	Severe housing problems	HUD, Comprehensive Housing Affordability Strategy	2006-2010
	Driving alone to work	American Community Survey	2008-2012
	Long commute – driving alone	American Community Survey	2008-2012

[1] Not available for AK and HI.

CREDITS

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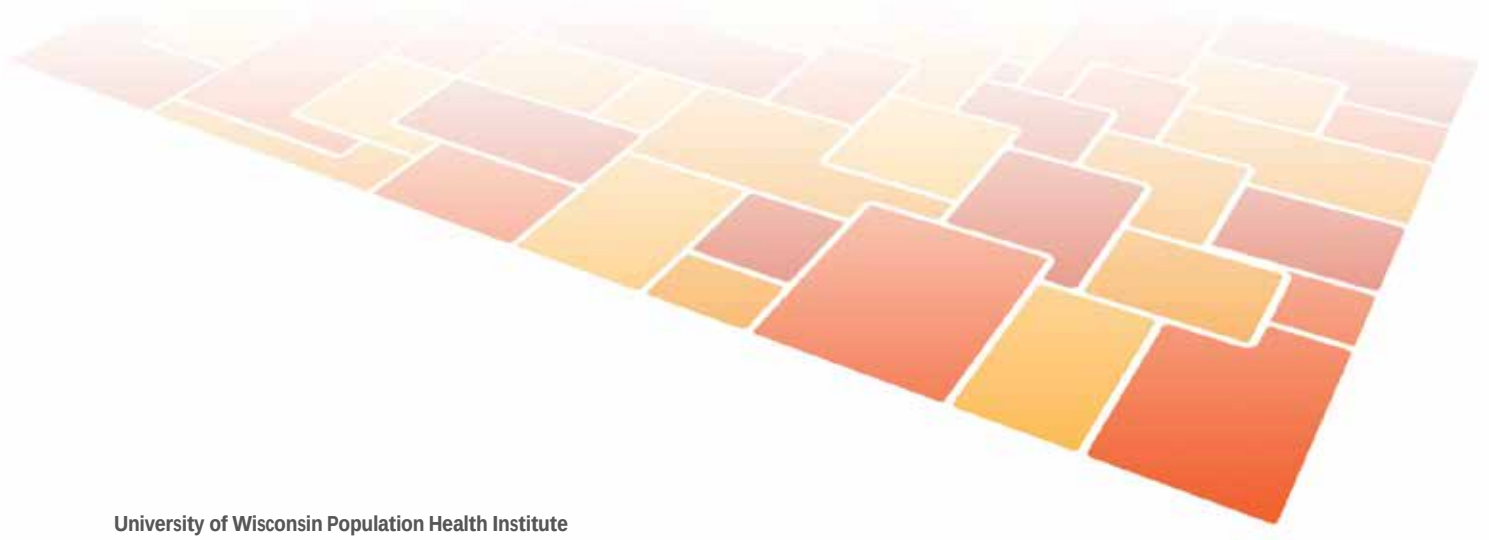
County Health Rankings & Roadmaps

Building a Culture of Health, County by County

countyhealthrankings.org



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FY 14 YTD Fiscal Report

Prepared: 05/09/2014

Cumberland District Public Health Council

Public Health
Prevent. Promote. Protect.

FY 14 YTD Revenue		
Carry Over FY 13	$	39,334.02
Cumberland County*	$	30,000.00
MaineHealth/CarePartners	$	4,000.00
Healthy Portland/Healthy Casco Bay	$	5,000.00
Mercy/VNA Home Health	$	5,000.00
total	$	83,334.02

FY 14 YTD Expenses		
Salary	$	30,453.74
Health on the Move		
T-shirts	$	730.00
Interpretation, Outreach, Translation	$	525.00
Total Health on the Move	$	1,255.00
Mileage	$	321.58
Printing	$	109.67
DPHIP: MH/SA Resources	$	1,947.25
Supply/Training		
APHA Membership Renew-Shane	$	200.00
APHA Hotel	$	367.50
APHA Per Diem Meal	$	160.00
Greyhound Ticket-APHA -Shane	$	32.50
Journal Subscription-Renew-Shane	$	127.00
WikiSpace, temp renew	$	20.00
Meal Reimbursement	$	10.57
CHES Annual Renewal	$	55.00
Office Supplies	$	167.79
Total Supply/All Other	$	1,140.36

Total Expenditures YTD FY 14	$	35,227.60
Net Revenue	$	48,106.42