

**Statewide Coordinating
Council for Public Health
(SCC)**

**Member Orientation Packet
March 2025**

Welcome

Maine CDC welcomes you to the Statewide Coordinating Council for Public Health, known as the SCC. We appreciate the time and expertise you will provide to improve the public health system in Maine.

This member orientation packet is to prepare you for participating in our quarterly meetings and to provide enough background as a platform for learning about the work of the SCC.

Statutory Language: MRS 22:152: S412

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.

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.

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What is the SCC?

The SCC was established as an extension of the Public Health Work Group that was established through the State Health Plan that met in 2005-2007 to assure all the stakeholders in public health worked together to develop a more effective and efficient public health system in Maine that would achieve our goal of making Maine the healthiest state.

The Public Health Work Group considered the public health system to be a complex mix of organizations: Governor's Office, Maine Department of Health and Human Services, State Public Health Agency (Maine CDC), municipal health departments (Bangor and Portland), community health coalitions (contracted public health funding at local/regional level), local health officers and municipal government, health care systems, institutions of higher public health education (UNE, USM), Public Health District Offices and Units (Maine CDC Staff based in the field), Maine Department of Education, Maine Department of Environmental Protection, emergency management agencies and county government, emergency medical services, and Public Health District Coordinating Councils.

Ideally, the vision for the SCC is to provide expertise and advice 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, Community Health Coalitions, District Coordinating Councils, and other policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.

Member Expectations

- Serve for a three-year term that is renewable.
- Regularly attend SCC meetings, quarterly and appointed committees.
- Demonstrate interest and commitment to public health.
- Share critical information with organization and sector partners from SCC decisions, discussions, and council business.

- Communicate sector/organization information to SCC.
- Agree to a consensus decision making process.
- Support in the functional and operational aspects of the SCC, like full participation at meetings and joining applicable committees.
- Exercise transparency and confidentiality.
- Declare potential conflicts of interest.

Meeting Schedule (2025) (Typically from 9:00 – 11:30 am)

- Thursday March 20, 2025 (Virtual)
- Thursday June 12, 2025 (TBD – Potentially Hybrid)
- Thursday September 18, 2025 (TBD – Potentially Hybrid)
- Thursday December 18, 2025 (Virtual)

Meeting Agenda and Materials

Meeting Agenda and Materials will be posted at the Maine CDC/SCC website the week of the meeting:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/meeting-materials.shtml>

Contacts

James Markiewicz Maine CDC Director Designee james.markiewicz@maine.gov	TBD SCC Chair
Sheila Krouse Maine CDC SCC Administrative Support sheila.krouse@maine.gov	TBD SCC Vice Chair

Appendix A: SCC Membership

Name	Organization	Representing
Betsy Kelly	Southern Maine Health Care	York District
Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
Corrie Brown	Healthy Androscoggin	Western District
Chris Lyman	Mid Coast Hospital	Mid Coast District
Denise Delorie	Mid Maine Substance Use Prevention	Central District
Matt Donahue	United Way	Penquis District
Maria Donahue	Healthy Acadia	Downeast District
Sue Bouchard	Fish River Rural Health	Aroostook District
James Markiewicz	Maine CDC	State Government
Vacant	DHHS Behavioral Health	State Government
Emily Poland	Maine Department of Education	State Government
Vacant	Maine Department of Environmental Protection	State Government
Vacant		Essential Public Health Services
Heather Drake	Shared CHNA	Essential Public Health Services
Vacant		Essential Public Health Services
Susan Kring	Maine Medical Association	Essential Public Health Services
Becky Bell	In Her Presence	Essential Public Health Services
Vacant		Essential Public Health Services
Sue Mackey-Andrews	Helping Hands with Heart	Essential Public Health Services
Joanne LeBrun	Tri County EMS	Essential Public Health Services
Vacant		Essential Public Health Services
Leona Alvarado	Tribal Liaison	Tribal District
Bethany Sanborn	Maine Health	Essential Public Health Services

Appendix B: Maine CDC Districts

In 2008, the Maine Legislature in conjunction with the Maine Department of Health and Human Services (DHHS) approved the establishment of eight public health districts, using population size, geographic areas (county borders), and hospital service areas. In 2011, in collaboration with the five Maine Tribal jurisdictions, a Tribal Health District was established with boundaries determined by Tribal Health Center service areas and tribal jurisdictional boundaries.

Each public health district is led by a district liaison, who is responsible for the delivery of the public health services in that district and coordinates the work of Maine CDC staff under the Public Health Unit. The district liaison also convenes the district coordinating council, a representative, district-wide body formed in partnership with the Maine CDC to engage in collaborative planning and decision-making for the delivery of the ten Essential Public Health Service in that district. The tribal liaison coordinates health initiatives with the five tribal jurisdictions in the state.

Adam Hartwig York District Public Health Liaison Sanford, ME 207-490-4625 adam.hartwig@maine.gov	Kristine Jenkins Cumberland District Public Health Liaison Portland, ME 207-822-2352 kristine.l.jenkins@maine.gov
Lauren Gauthier Western District Public Health Liaison Lewiston, ME 207-441-7036 lauren.gauthier@maine.gov	Paula Thomson Central District Public Health Liaison Augusta, ME 207- 287-2613 paula.thomson@maine.gov
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Appendix C: Essential Public Health Services

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 equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health

Appendix D: SCC Bylaws

See September 19, 2024 Meeting Materials for Approved SCC Bylaws:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/documents/scc-approved-bylaws-2024-09-19.pdf>

Appendix E: Glossary

CDC: United States Center for Disease Control and Prevention: federal public health agency responsible for developing policy and providing funding to states.

CHNA: Shared Community Health Needs Assessment: Maine CDC along with the hospital systems and the Maine Community Action Partnership (MeCAP) coordinate a health assessment and data indicator update every three years.

DCC: District Coordinating Council: a representative, district-wide body formed in partnership with the Maine CDC to engage in collaborative planning and decision-making for the delivery of the ten Essential Public Health Service in that district.

DHHS: Maine Department of Health and Human Services: department in Maine government, working under the Governor and Legislature to administer all health and health/social services for the state.

Maine CDC: Maine Center for Disease Control and Prevention: state public health agency responsible for the health of the Maine population, including disease prevention, public health systems and readiness, environmental health, and disease surveillance (data collection, analysis, and interpretation).

PHAB: Public Health Accreditation Board: Maine CDC goes through an accreditation process every five years that evaluates the agency by meeting the national standards for governmental public health services.

PHWG: Public Health Work Group: established through the State Health Plan that met in 2005-2007 to assure all the stakeholders in public health worked together to develop a more effective and efficient public health system in Maine that would achieve our goal of making Maine the healthiest state.

PHHS BG: Public Health and Health Services Block Grant: a US CDC funding to states that helps support unfunded or underfunded public health needs, including prevention services and outbreak control and supporting a wide range of activities to build, improve, and sustain local public health.

SCC: Statewide Coordinating Council for Public Health: representative statewide body of public health stakeholders for collaborative public health planning and coordination at the state level, acting as an advisor to Maine CDC.

SHIP: State Health Improvement Plan: a multi-year plan that provides guidance for improving the health of the state's population to the Maine CDC and other partners and is the result of a multi-sector collaborative process that aligns priorities and initiatives to improve health and access to health care, while working to eliminate redundancies, reduce disparities, and coordinate efforts.