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Cumberland District Public Health Council (CDPHC)												
WORKPLAN 11/1/08 - 10/30/09												
GOAL 1: To develop the CDPHC so that all organizations engaged in public health work are represented, and member organizations are able to leverage existing resources and collaborate on new ones by working together and sharing information.												
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Council Development												
1a. Recruiting												
1a1. Fill membership gaps by assigning targeted organizations to current members.	X	X								X	X	X
1a2. Ensure nominating committee has ongoing recruitment process to ensure that Council membership has sector and geographic representation as enumerated in the by-laws.			X				X				X	
1b. Leveraging												
1b1. Collect information from each member organization (via survey and brief presentations at meetings) so that all members are aware of what each brings to the table.	X				X				X			
1b2. Provide structured opportunities via Council meetings for organizations to create ways to maximize resources and strengthen public health service delivery/policy.			X				X				X	
1c. Collaborating												
1c1. Foster collaboration among Council members by researching and disseminating relevant joint funding opportunities.				X				X				X
1c2. Provide structured opportunities for Council members to discuss opportunities and identify those which make sense to pursue.					X		X		X		X	
GOAL 2: To develop regional public health capacity by working with towns throughout the district and county-wide organizations.												
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Regional Public Health Development												
2a. Pilot contracts												
2a1. Draft contract template to include Local Health Officer and Emergency Preparedness services and costs.	X	X	X									

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2a2. Meet with initial interested towns to discuss their needs/expectations and review draft contract.	X												
2a3. Meet regularly with pilot towns to review contracted activities and ensure quality, responsiveness, and fit with needs.					X			X				X	
2b. Work through GPCOG													
2b1. Meet with GPCOG director and Portland City Manager (chair) to determine whether the Metro Region Coalition might take on regional public health as their next issue.	X		X										
2b2. Work with GPCOG leadership to determine process for nominating representatives to the CDPHC.	X	X	X										
2b3. Attend full meetings of GPCOG annually to present health indicator data at the town- and multi-town levels and report on regionalization progress.								X					
2c. Information dissemination													
2c1. Regularly visit all towns to distribute health information to town halls.		X					X					X	
2c2. Work with Community Television Network to produce monthly public health show and distribute to all town/multi-town cable access.	X	X	X	X	X	X	X	X	X	X	X	X	X
2c3. Revamp City Public Health Division and CDPHC web pages to provide more health information more easily.	X	X	X					X					X
GOAL 3: To share lessons learned and contribute to statewide public health development by collaborating with other districts' coordinating councils (DCCs), the Statewide Coordinating Council (SCC) and the MCDC.													
		Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Statewide coordination													
3a. Reach out to other DCCs, such as York's, Androscoggin's and Sagadahoc's, to visit a meeting and/or meet with leadership.				X	X	X							
3b. Ensure CDPHC representation on the SCC by identifying and nominating qualified and willing representatives.	X												X
3c. Continue to work closely with MCDC on DCC development specifically and public health infrastructure development in general, by meeting regularly with the director of the Office of Local Public Health Systems.			X		X		X		X		X		X