



Membership Handbook

Revised 03/19/2015



The Cumberland District Public Health Coordinating Council

(CDPHC or Cumberland DCC) is a representative, district-wide body authorized by the Maine Center for Disease Control and Prevention (Maine CDC) 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.

CDPHC Vision:

The communities in the Cumberland District are among the healthiest in the state.

CDPHC Mission:

To promote the health of all our communities by providing information, coordination, collaboration, and advocacy.

Our responsibilities:

- Coordinate public health activities in the District
- 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:

- Obesity
- Tobacco
- Sexual Health
- Flu Vaccination
- Health Equity
- Public Health Preparedness
- Healthy Homes
- Substance Abuse and Mental Health

To get involved . . . or for more information

Contacts:

Shane Gallagher, CDPHC staff

STG@portlandmaine.gov / 874-8966

Or Zoe Miller, CDPHC Membership Chair

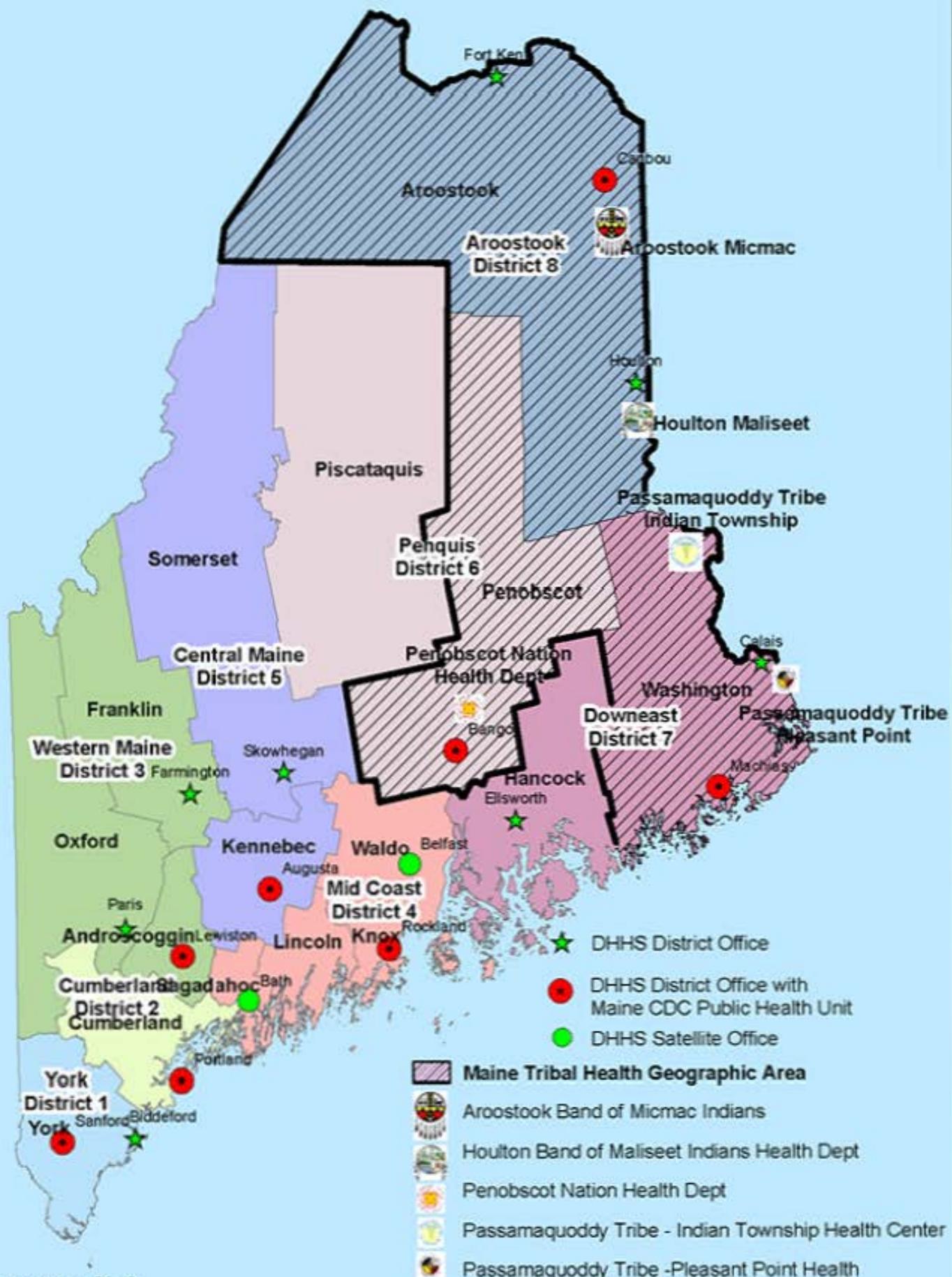
Zoe.miller@opportunityalliance.org /553-5939

Maine CDC Cumberland District Public Health Liaison, currently vacant

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

**All are welcome to attend CDPHC meetings:
Always the 3rd Friday of January, March, May, July, September, November
10:00 am-12:00 pm (contact Shane for location)**

Maine Department of Health & Human Services District Offices and Maine Tribal Health Geographic Area



Updated November 2012

Map created by the Office of Public Health Emergency Preparedness

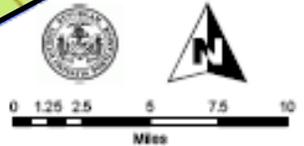
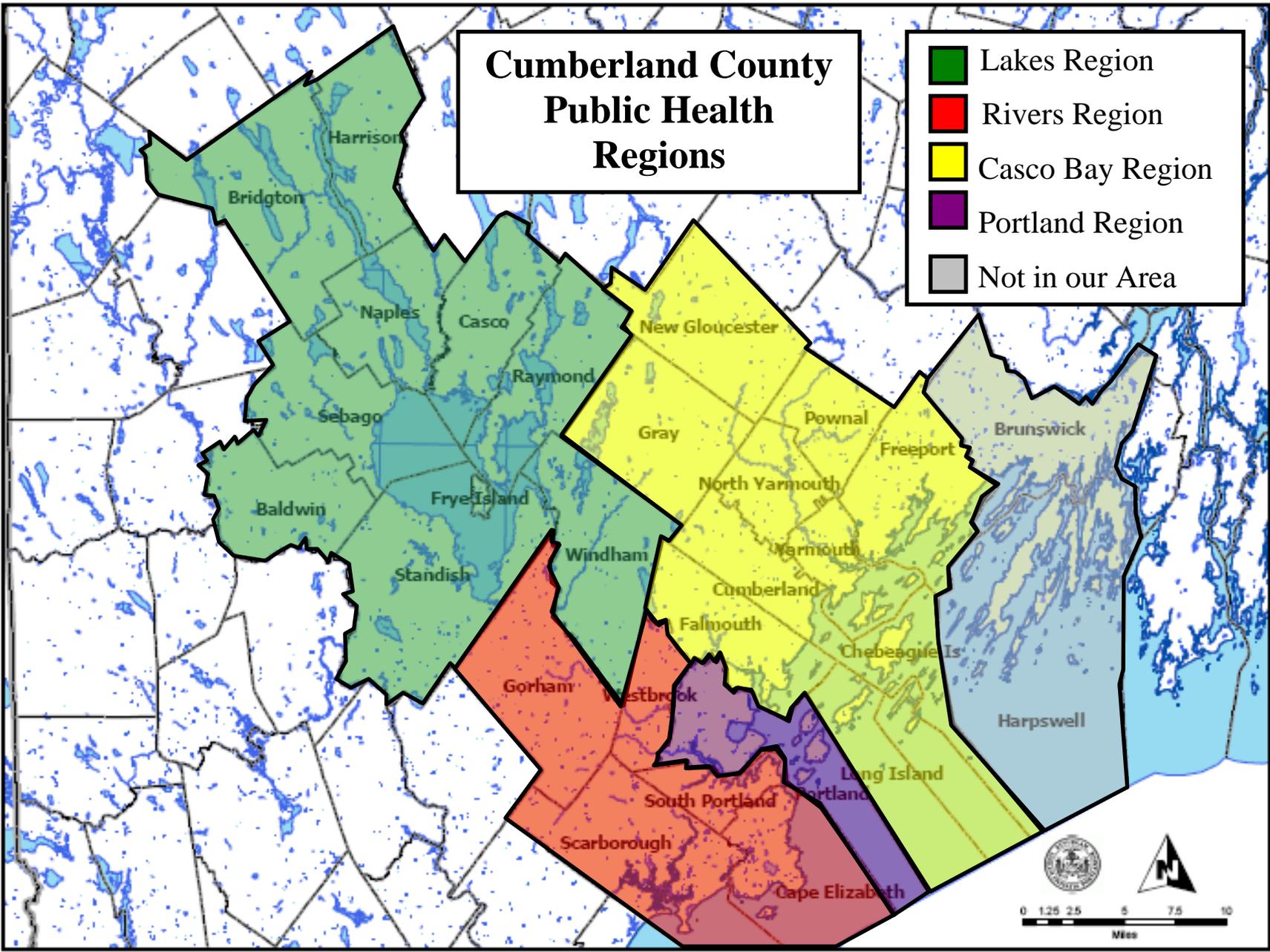
The Essential Public Health Services

In Plain English

1 Monitor health status to identify health problems	What's going on in our state? Do we know how healthy we are?
2 Diagnose and investigate health problems and health hazards	Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?
3 Inform, educate, and empower people about health issues	How well do we keep all people and segments of our state informed about health issues so they can make healthy choices?
4 Mobilize partnerships to identify and solve health problems	How well do we really get people and organizations engaged in health issues?
5 Develop policies and plans that support individual and statewide health efforts	What policies promote health in our state? How effective are we in planning and in setting health policies?
6 Enforce laws and regulations that protect health and ensure safety	When we enforce health regulations are we up-to-date, technically competent, fair and effective?
7 Link people to needed health services and assure the provision of health care when otherwise unavailable	Are people receiving the health services they need?
8 Assure competent public and personal health care workforce	Do we have a competent public health staff? How can we be sure that our staff stays current?
9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Are we doing any good? Are we doing things right? Are we doing the right things?
10 Research for new insights and innovative solutions to health problems	Are we discovering and using new ways to get the job done?

Cumberland County Public Health Regions

- Lakes Region
- Rivers Region
- Casco Bay Region
- Portland Region
- Not in our Area



**Cumberland District Coordinating Council
2013-14 District Public Health Improvement Plan Priorities**



Priority Area	To get involved contact:	Current Strategies and Focus Areas
Flu Vaccination	Becca Matusovich Cathy Patnaude	1. School clinics 2. Adult public flu clinics 3. Coordinated communications, joint campaign to promote 2-1-1 and flu clinics
Health Equity	Toho Soma Shane Gallagher Becca Matusovich	1. Health on the Move 2. Greater Portland Refugee & Immigrant Healthcare Collaborative 3. Lakes Region Access to Care 4. Disparities data
Healthy Homes	Alex Hughes	1. Initiative to educate families of children aged 0 to 5 2. Create district Healthy Homes Resource Inventory
Obesity/ Nutrition/ Physical Activity	Kristen Dow Karen O'Rourke Shane Gallagher	1. Create an overall plan covering the long-term vision for work relating to physical activity, nutrition, and active community environments.
Public Health Preparedness	Becca Matusovich Caity Hager Ron Jones	1. Medical Reserve Corps 2. Cities Readiness Initiative 3. Communications plan to ensure language access for public health emergency communications 4. Public health Hazard Vulnerability Analysis
STDs/ Reproductive Health	Alex Hughes Bridget Nevers Rauscher	1. Joint campaign to promote STD testing 2. Provider education related to testing recommendations and increasing access to treatment 3. Targeted effort in Rivers Region
Substance Abuse/ Mental Health	Elizabeth Trice Mark Grover	1. Re-establish workgroup 2. Agree upon strategies and focus areas
Tobacco	Claire Schroeder Fred Wolff	1. Share resources and information 2. Engage broader network of partners, coordinating publicity and public messaging 3. Focus on hard-to-reach populations

What Does Being a DPHIP Priority Mean?

Council Commitment:

- ✓ Contribute core leadership and backbone support
- ✓ Engage in priority work
- ✓ Monitor progress

Workgroup Commitment:

- ✓ Plan
- ✓ Implement
- ✓ Report

Cumberland District Public Health Council					3/19/2015		
	First Name	Last Name	Email	Phone	Organization	Sector Represented	Officers/Executive Committee
1	Neal	Allen	nallen@gpcog.org	207-774-9891	Greater Portland Council Of Governments	Municipal Government	
2	Leslie	Clark	lbrancato@portlandchc.org	207-874-2141 ext 5028	Portland Community Health Center	Health Care Providers	
3	Hannah	Brintlinger	hannah.brintlinger@maine.edu	906-361-0830	USM Muskie School	Institutions of Higher Education	
4	Jim	Budway	budway@cumberlandcounty.org	207-892-6785	Cumberland County EMA	Emergency Preparedness and Emergency Medical Services	
5	Jim	Cloutier	cloutier@cumberlandcounty.org	871-8380	Cumberland County Commissioners	County Government	
6	Eric	Covey	Eric.Covey@ppnne.org		Planned Parenthood of Northern New England	Family Planning Organizations	
7	Crystal	Cushman	crystal.cushman@maine.edu		USM Muskie School	Institutions of Higher Education	
8	Faye	Daley	fayedaley93@gmail.com	207-647-2074	Bridgton/Harrison	Local Health Officer	
9	Deb	Deatrick	deatrd@mainehealth.org	207-661-7505	MaineHealth	Health Systems	
10	Kristen	Dow	KJD@portlandmaine.gov	207-541-6954	Portland Public Health/Healthy Portland	Municipal Government/Community Based Organization	Representative to SCC
11	Dennis	Fitzgibbons	dfitzgibbons@alphaonenow.org	207-767-2189	Alpha One	Disability Organization	
12	Steve	Fox	sfox@southportland.org	207-779-3311	South Portland	Local Health Officer	
13	Robin	Hetzler	rhetzler@mcdph.org	207-622-7566 ext 220	MCD Public Health	Community Based Organization	
14	Colleen	Hilton	hiltonc@vnahomehealth.org	207-780-8624	VNA Home Health Care/Mercy Health System	Health Care Providers/ Home Health Providers	Vice Chair
15	Paul	Hunt	phunt@pwd.org	207-774-5961 x3306	Portland Water District	Water District	
16	Ian	Imbert	iimbert@une.edu		University of New England Student	Institutions of Higher Education	
17	Anne	Lang	ACT@portlandmaine.gov	207-541-6957	Healthy Casco Bay	Community Based Organization	
18	Becca	Matusovich	becca.matusovich@maine.gov	797-3424	Maine CDC	District Public Health Liaison	District Liaison
19	Zoe	Miller	Zoe.Miller@opportunityalliance.org	207-553-5939	Opportunity Alliance/Healthy Lakes	CAP Agency/Community Based Organization	Membership Committee Chair
20	Paul	Niehoff	pniehoff@gpcog.org	207-774-9891	PACTS	Other At-Large Members	
21	Karen	O'Rourke	korourke3@une.edu	207-221-4620	University of New England	Institutions of Higher Education	
22	Cathy	Patnaude	PatnaudeC@vnahomehealth.org	207-780-8624 x8842	VNA Home Health & Hospice	Home Health Providers	
23	Lucie	Rioux	lrioux@propeople.org	207-553-5839	Opportunity Alliance/Healthy Rivers	CAP Agency/Community Based Organization	
24	Bethany	Sanborn	BMS@portlandmaine.gov	207-874-8634	Portland Public Health	Municipal Government	Secretary
25	Naomi	Schucker	ANDERN@mmc.org	207-661-7554	MaineHealth	Hospital Network, Community Health	Treasurer
26	Erica	Schmitz	eschmitz@mcd.org	207-622-7566 x204	Medical Care Development	Community Based Organization	
27	Amanda	Sears	asears@preventharm.org	207-699-5797	Environmental Health Strategy Center	Environmental Health Organization	
28	Toho	Soma	tsoma@portlandmaine.gov	207-756-8054	City of Portland Public Health Division	Other At-Large Members	Chair
29	Ashley	Soule	ashleigh.diefendorf@gmail.com	207-662-1110	Maine Quality Counts	Other At-Large Members	
30	Peter	Stuckey	pstuckey114@yahoo.com	207-773-3345	Maine State Legislature	Other At-Large Members	
31	Ted	Trainer	etrainer@smaaa.org	207-396-6577	Southern Maine Area Agency on Aging	Area Agencies on Aging	
32	Lisa	Wishart	lwishart@crossroadsme.org	207-773-9931	Crossroads	Mental Health/Substance Abuse	
33	Carol	Zechman	zechmc@mainehealth.org	207-662-7960	CarePartners	Other At-Large Members	Advocacy Committee Chair
34							
35							
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40							

List of Current and Past Members

Access Health
Alpha One
Bridgton Hospital
Brunswick Fire Department
CarePartners
Catholic Charities of Maine
Chebeague Island
City of Portland
City of Portland, Fire Department
City of Portland, Public Health Division
City of Westbrook
City of Westbrook, Local Health Officer
City of Westbrook, Schools
Community Counseling Center
Community Dental
Crossroads
Cumberland County Commissioners
Cumberland County, EMA
Cumberland County, Violence Intervention Project
Cumberland County Jail
Cumberland Soil & Water Conservation District
End Hunger Now
Environmental Health Strategy Center
Family Crisis Services
Frannie Peabody Center
Greater Portland Council of Governments
Healthy Casco Bay
Healthy Lakes
Healthy Portland
Healthy Rivers
Home Health Visiting Nurses
HWT, Inc.
Maine Center for Disease Control & Prevention
Maine Center for Disease Control & Prevention,
Office of Local Public Health
Maine Center for Disease Control & Prevention,
Public Health Nursing
Maine Center for Disease Control & Prevention,
Public Health Systems
MaineHealth
Maine Medical Center
Maine Medical Center, Cancer Institute
Maine Medical Center, Neuroscience Institute
Maine Quality Counts
Maine State Legislature, District 42
Medical Care Development
Medical Care Development, Public Health
Mercy Hospital
Midcoast Hospital
Northern New England Poison Center
Opportunity Alliance
Peoples Regional Opportunity Program
Planned Parenthood of Northern New England
Portland Area Comprehensive Transportation
System
Portland Community Health Center
Portland Public Library
Portland Water District
St. Joseph's College
South Portland Fire Department
South Portland Housing Authority
Southern Maine Area Agency on Aging
Southern Maine Regional Resource Center
Tipton Enterprises, Inc.
Town of Bridgton
Town of Cape Elizabeth
Town of Cumberland
Town of Falmouth
Town of Freeport
Town of Freeport, Fire Department
Town of Gorham
Town of Harpswell
Town of Harrison
Town of North Yarmouth
Town of Sebago
Town of Standish
Town of Yarmouth
United Way of Greater Portland
University of New England
University of Southern Maine, Cooperative Extension
University of Southern Maine, Muskie School of
Public Service
VNA Home Health and Hospice
Woodfords Family Services



Key Points from By-laws

- ❖ **Legislative Purpose** – 1) Help ready and maintain the state public health system at the district level for public health accreditation. 2) Ensure public health services and resources are provided in the most efficient, effective and evidence-based manner at the district level. 3) Assist Maine CDC in planning for the delivery of essential public health services in the most efficient, effective and evidence-based manner.
- ❖ **Council Role** – Provide overarching guidance and setting policy regarding activities that support the purpose and mission. In addition, elects Council officers, approve work plan and District Public Health Improvement Plan, votes on the adoption/changes to by-laws, approves creation of ad-hoc and standing committees, and provide advice/feedback to Maine CDC and State Coordinating Council.
- ❖ **Officers** – There are five Council Officers: Chair, Vice Chair, Representative to the State Coordinating Council, Treasurer, and Secretary.
- ❖ **Quorum and Voting** – Quorum consists of a simple majority of voting members or eleven voting members, whichever is smaller. Each member has one vote, once quorum is established. Voting may occur electronically.
- ❖ **Non-partisan Activities** – Council is non-partisan. 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: 1) significantly impair the individual’s objectivity. 2) Create an unfair competitive advantage for any person or organization. 3) Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.

The full by-laws can be found at <XXX>



Membership Responsibilities

(By-laws reference: Article II. Section 8, page 4)

Members shall regularly attend meetings of the Council and meetings of the Executive Committee or committees to which they are appointed. As the sector representative to the Council, to the extent possible each Council member shall routinely communication 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.



Cumberland District Coordinating Council for Public Health

BY-LAWS

09/16/2014

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; and
- (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.
- (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 by-laws 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 Dept., Public Health Division
Cumberland County Board of Commissioners
Cumberland County Emergency Management Agency
Mercy Health System of Maine
Maine Medical Center/Maine Health
Maine Center for Disease Control and Prevention
Healthy Cumberland County

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 sectors:

1. Maine Center for Disease Control and Prevention
2. county governments
3. municipal governments
4. tribal governments/health departments (Down East, Penquis and Aroostook)
5. city health departments
6. local health officers
7. hospitals
8. health systems
9. emergency management agencies
10. emergency medical services
11. Healthy Maine Partnerships
12. school districts
13. institutions of higher education
14. physicians and other health care providers
15. clinics and community health centers
16. voluntary health organizations
17. family planning organizations
18. area agencies on aging
19. mental health services
20. substance abuse services
21. organizations seeking to improve environmental health
22. other community-based organizations

Optional

1. Water District
2. home health providers
3. health professions training
4. CAP agency
5. immigrant/refugee organization
6. disability services
7. health policy services
8. other

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. 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 6. Selection of Members

A Membership Committee shall 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 annual meeting by a simple majority vote. The Council may vote on vacancies that occur between annual meetings based on a proposal from the Membership Committee.

Section 7. 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 8. Council Member Responsibilities:

Members shall regularly attend meetings of the Council and meetings of the Executive Committee or committees to which they are appointed. 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, 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. The chair of the Healthy Cumberland standing committee may designate another member of the committee to serve in their place on the

Executive Committee. The designee must be a member of the Council and in good standing.

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 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.

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

Section 6. Executive Committee Terms

Council Officer terms 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 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 rest 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. Standing Committees

Standing Committees and work groups may be established by the Council or its Executive Committee. Standing committees shall be recorded in the Council By-Laws. The current standing committees are the following:

- Advocacy
- Communications
- Finance & Fundraising
- Health Data
- Healthy Cumberland
- Membership

Section 4. 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. The Committee Chair of the Healthy Cumberland Committee may designate another member of the committee to serve in their place on the Executive Committee. The designee must be a member of the Council and in good standing.

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. Fiscal Calendar

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 sent to the Council membership and interested parties, and posted on the State Coordinating Council for Public Health website.

ARTICLE XI. By-Law 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 by-laws. 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 by-laws, the Council may request a recommendation from the Executive Committee. Votes to approve by-law amendments follow the guidelines set forth in Article IV., Section 6 (Quorum), and Section 7 (Voting).

Any bylaw amendments will be submitted to the State Coordinating Council for Public Health within sixty (60) days after Council approval.

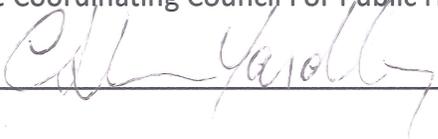
Adopted this 16th day of September, 2014

Signed this 16th day of September, 2014

Council Chair, acting on behalf of
Cumberland District Public Health Council:



State Coordinating Council Chair, acting on behalf of
State Coordinating Council For Public Health:



Director, Maine Center for Disease Control and Prevention, acting on behalf of the
Maine Center for Disease Control and Prevention:


_____ 9-29-14

Glossary of Acronyms

CDPHC – Cumberland District Public Health Council
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
DCC – District Coordinating Council
DPHIP – District Public Health Improvement Plan
EC – Executive Committee
EPHS – Essential Public Health Services
HEWG – Health Equity Work Group
HMP – Healthy Maine Partnerships
MAPP – Mobilizing for Action through Planning and Partnerships
SCC – State Coordinating Council
SHA – State Health Assessment
SHIP – State Health Improvement Plan