



Cumberland District Public Health Council
Full Council Meeting
January 17, 2014
10:00 a.m. — 12:00 p.m.
VNA Home Health & Hospice
50 Foden Road, South Portland

Present: Leslie Brancato, Deb Deatruck (via phone), Kristen Dow, Colleen Hilton, Jessica Loney, Becca Matusovich, Zoe Miller, Karen O'Rourke, Linda Putnam, Lucie Rioux, Toho Soma, Lisa Wishart, Carol Zechman ; Shane Gallagher; Jane Coolidge, Nadeen Daniels, Amber Desrosiers, Caity Hager, Anne Hill, Ron Jones, Nicholas Knowland

Absent: Neal Allen, Faye Daley, Dennis Fitzgibbons, Steve Fox, Mark Grover, Megan Hannan, Liz Horton, Paul Hunt, Valerie Landry, Anne Lang, Paul Niehoff, Cathy Patnaude, Emily Rines, Erica Schmitz, Amanda Sears, Pamela Smith, Ashley Soule, Peter Stuckey, Julie Sullivan, Ted Trainer

Topic	Discussion	Actions
Financial Report	<p>Shane Gallagher and Toho Soma presented the financial report for period six (December). The only expenditures for the period were salary and standard printing costs. The report can be found in Appendix A.</p> <p>The Council discussed re-newing the organizational membership to the Maine Public Health Association, which costs \$500 dollars and comes with five individual memberships.</p>	<p>No action required.</p> <p>Shane Gallagher will send out an electronic vote request via email.</p>

Topic	Discussion	Actions
Amber Desrosiers – Tobacco Enforcement Coordinator	Amber Desrosiers introduced herself to the Council. She is the new Tobacco Enforcement Coordinator in the Office of the Attorney General. The Council discussed exploring an a future agenda item coordinated with the Tobacco Workgroup and Amber Desrosiers	<p>Amber provided her contact info and invited anyone with questions/concerns to contact her: Amber Desrosiers Tobacco Enforcement Coordinator Office of the Maine Attorney General Office Phone: 626-8889 E-mail: amber.desrosiers@maine.gov</p> <p>Zoe Miller and Amber Desrosiers will coordinate a conversation with the Tobacco Workgroup to frame an agenda item related to tobacco for a future CDPHC meeting.</p>
District Public Health Improvement Plan Update: Obesity	<p>Karen O’Rourke and Kristen Dow updated the Council on the background and work-to-date of the Obesity Work Group. The work group is currently planning its first official meeting for the end of February 2014.</p> <p>Karen described some of the ideas the work group may be interested in working on and asked for input from the group on possible projects that the group could undertake.</p>	Anyone interested in participating in the work group can contact Karen O’Rourke (KOrourke3@une.edu) or Bethany Sanborn (BMS@portlandmaine.gov).

Topic	Discussion	Actions
Medicaid Expansion update	<p>Carol Zechman updated the Council regarding expanding Medicaid (MaineCare).</p> <p>Carol shared some anecdotal examples of the experiences front line health care workers have experience since the January 1, reduction in MaineCare coverage.</p> <p>The Council also discussed other Affordable Care Act related items. This included the enrollment numbers and statistics, the common misperception that open enrollment ended in December 2013, and Portland Public Health Minority Health Program’s language specific ACA enrollment sessions.</p>	<p>Carol Zechman will forward information to Shane Gallagher for distribution to the Council. Those with other examples should send them to Shane (stg@portlandmaine.gov).</p> <p>Carol Zechman will send Shane Gallagher fliers for the upcoming ACA enrollment sessions. Shane Gallagher will forward the information to the Council email list.</p>
District Public Health Improvement Plan Update: Mental Health and Substance Abuse	<p>Nadeen Daniels and Lisa Wishart distributed the mental health and substance abuse resource materials to Council members. The Council discussed the next steps for the MH/SA work group’s plan which is targeted distribution to rural towns outside of Portland. Targeted locations/organizations include:</p> <ul style="list-style-type: none"> • Doctor’s offices, clinics, therapists, etc. 	<p>Members who distribute the MH/SA materials should email either Nadeen Daniels (daniels@cumberlandcounty.org) or Lisa Wishart (lwishart@crossroadsme.org) to say how many cards were delivered to what organizations/locations.</p>

Topic	Discussion	Actions
	<ul style="list-style-type: none"> • Law enforcement, EMS, and other first responders <p>Council members suggested additional possible groups/locations to place materials including: schools, food pantries, faith based organizations/locations, and universities.</p> <p>Members were encouraged to take extra copies for distribution and asked to report where they distribute items to Nadeen Daniels and Lisa Wishart to avoid duplication of efforts.</p> <p>Some Council members expressed their inability to participate on the MH/SA work group’s google group page. Carol Zechman mentioned a co-worker could send information that might be helpful.</p>	<p>Carol Zechman will ask her for the information Google Groups frequently asked questions and send the information to Shane Gallagher.</p>
Summary Report on Flu	<p>Becca Matusovich updated the Council on the status of the flu season in Maine to date. The Flu Workgroup report can be found in Appendix B.</p> <p>The Council discussed the “match” of the vaccine to the strains of influenza that are</p>	<p>Anyone interested in a flu poster can contact Becca Matusovich (Becca.Matusovich@maine.gov).</p> <p>Anyone interested in more information regarding flu clinics or walk-in hours</p>

Topic	Discussion	Actions
	<p>currently circulating. Despite rampant rumors of the vaccine being a poor match, this year's vaccine is a very good match to the circulating strains.</p> <p>Becca Matusovich still has a few flu posters left. Flu shots are still available through walk-in hours at India St and VNA Home Health Hospice.</p> <p>Eleven of fourteen k-12 school districts in Cumberland County held flu clinics this year. Districts that did not hold school flu clinics this year include Cape Elizabeth, Cumberland/North Yarmouth, and Lakes Region. In addition, we know of nine private schools that held their own flu clinics with assistance from VNA Home Health Hospice.</p>	<p>should call 211 or visit 211maine.org.</p> <p>If anyone is aware of other free public flu vaccination locations/events, please help get them listed in 211 (contact Becca for assistance).</p>
Ad-hoc Discussion	<p>The Council had a surplus of time and discussed several items not on the meeting agenda.</p> <p>Jane Coolidge spoke about emergency communications are still missed by certain pockets of populations and the need to</p>	No action required.

Topic	Discussion	Actions
	<p>address the issue.</p> <p>Jim Budway pointed out the need to develop plans for dealing with vulnerable populations in sheltering scenarios beyond the 24-72 hours period.</p> <p>Ron Miller described the next step for the Medical Reserve Corps, which is a functional needs assessment.</p> <p>Becca Matusovich updated the group on the results of the Health on the Move pilot year and the plans moving forward for an intern to help further develop the model this spring.</p> <p>Finally, feedback regarding the District Public Health Improvement Plan Priorities reporting format at the meetings. Suggestions included sending the reports out prior to the Council meeting to save on printing expenses and shortening the length to one page.</p>	<p>No action required.</p> <p>No action required.</p> <p>An “all-partners” meeting is being scheduled in early February for any partners who have been part of Health on the Move or are interested in being involved in future activities. Contact Becca if you are interested in this meeting.</p> <p>District Public Health Improvement Plan Priority progress reports will be sent out earlier and Shane Gallagher will print a limited number of physical copies for the meeting.</p>

Next Meeting: Full Council—March 21, 2014 from 10:00 AM — 12:00 PM at the Portland Water District, Nixon Conference Room located at 225 Douglass Street, Portland. Executive Committee—February 24, 2014 from 1:00 PM — 3:00 PM at City Hall, Room 303 located at 389 Congress Street, Portland.

FY 14 YTD Fiscal Report



FY 14 YTD Revenue	
Carry Over FY 13	\$ 39,334.02
Cumberland County*	\$ 15,000.00
MaineHealth/CarePartners	\$ 4,000.00
total	\$ 58,334.02

FY 14 YTD Expenses	
Salary	\$ 13,152.40
Health on the Move	
T-shirts	\$ 365.00
Translation	\$ 425.00
Total Health on the Move	\$ 790.00
Mileage	\$ 147.67
Printing	\$ 71.66
Supply/Training	
APHA Membership Renew-Shane	\$ 200.00
Greyhound Ticket-APHA -Shane	\$ 32.50
Journal Subscription-Renew-Shane	\$ 127.00
WikiSpace, temp renew	\$ 20.00
Office Supplies	\$ 151.61
Total Supply/All Other	\$ 531.11

Total Expenditures YTD FY 14 \$ 14,692.84

Net Revenue \$ 43,641.18



**District Public Health Improvement Priority
Flu & pneumococcal Vaccination Work Group
[1/17/2014]**

Instructions: Please provide bullet points summarizing activities or outcomes over the past 4 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- The Flu workgroup did not formally convene a 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 Health on the Move events (3 evening HOTM events in Oct-Nov) and the November 8th Cities Readiness Initiative/Vigilant Guard flu clinic exercise
- In late December/early January, we began to see a rapid rise of influenza cases
 - Good news: the virus strains tested so far have been a very good match for the vaccine (most prevalent = pH1N1). Vaccine is still widely available though clinics are pretty much done (walk-ins are still offered at India St. Clinic and the VNAs – check 211 for listings)

Facilitating Factors of Success:

- Strong partnerships and commitment of key leaders to keep collaborating on this priority: VNA Home Health Hospice, MaineHealth, Maine CDC, Portland Public Health, CHANS
- Experience of past years to build on those strategies that have been most successful
- Launch of the Medical Reserve Corps has already been helpful in providing volunteers for the Nov 8th flu clinic, and will increase capacity for ongoing flu vaccination efforts.

Barriers/Issues Encountered:

- Lack of funding/reimbursement, along with unpredictable demand, continues to limit the ability of both schools and non-profit providers like VNAs and public health departments to host public flu clinics
- Managing school located flu clinics still takes a lot of extra work for school nurses, particularly when their other duties in the first few months of school also require intense attention
- Difficult in schools with large/diverse multilingual populations to manage document translations and organize paperwork to go to the right families in the right languages
- Scheduling is a challenge - there are so many days in the school calendar in the fall with testing and other scheduling conflicts that limit the days when flu clinics can be scheduled
- The backbone support/core leadership for this workgroup is stretched very thin in their daily responsibilities and it is a challenge to bring the workgroup together, especially since resources are



lacking to implement any new ideas that might come up in workgroup discussions. There is a strong desire to do more to promote flu vaccination but current capacity on the part of the vaccination partners to add strategies/activities without additional resources is very limited.

- We have been exploring options for promoting pneumococcal vaccination at public flu clinics, but the upfront cost of the vaccine which makes it very difficult to make it equally available to people who lack insurance (\$60-120 per dose)

Plans to Overcome Barriers/Issues Encountered:

- Planning to tap into the Medical Reserve Corps more for volunteer vaccinators to reduce the costs of staffing flu clinics
- Flu clinic partners stand ready to increase access through expanded walk-in hours & potentially additional public clinics if there is a sudden surge in demand
- Feedback about barriers/challenges for school clinics will be shared with Maine CDC SLVC Coordinator (Ruth Lawson-Stopps)

Outcomes – Anticipated or Unanticipated:

- 11 of 14 school districts plus 9 private schools in Cumberland County completed School-located Vaccine Clinics this year

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- Identifying someone who is not stretched too thin who could commit to a backbone support role for this workgroup would be very helpful.
- Continue to promote the “No Flu 4 You” the CDPHC/211 posters/messages during the surge in influenza – it’s not too late to get vaccinated!

Please provide a description of the “common agenda” that has been developed for this DPHIP priority:

2013-14 workplan strategies:

School Located Vaccine Clinics

- Mailing to primary care providers with list of school clinics planned
- If time, thank you letter to superintendents
- MRC volunteers to help staff clinics

Adult clinics

- Reprint & distribute posters to make sure people know where to find clinic options
- Ensure 211 listing of public clinics & walk-in hours
- MRC volunteers to help staff clinics
- November 8th – Vigilant Guard exercise (need heavy promotion)
- Support/promote any other clinics as requested?

Communications

- Poster in English & translated version with 4 languages
- Partner relationships & readiness to support each other, step up efforts & collaborate if non-routine circumstances occur



Please provide a list of current partners who are “actively engaged” (defined in whatever way makes sense for this workgroup/priority) in the collaborative work on this DPHIP priority. Use an asterisk to mark those who are providing backbone support and core leadership. In future reports, please update this list by striking through (not deleting) any partners who are no longer actively engaged, and adding any new partners.

Currently engaged partners (*backbone support/core leadership):

- *Cathy Patnaude, VNA Home Health Hospice/Mercy
- *Becca Matusovich, Maine CDC
- *Cassie Grantham, MaineHealth
- *Caity Hager, Portland Public Health/Cities Readiness Initiative
- Caroline Teschke, Portland Public Health/India St.
- Avanel Payne/Amy Berube, CHANS/MidCoast Health System
- Tina Veilleux, Portland Public Schools
- Teresa Merrill, Gorham Schools
- Margi Moran, Yarmouth Schools
- Samantha Piro, Portland Public Health School Based Health Centers
- Jim Budway/Ron Jones, Cumberland County Emergency Management Agency
- Mary McElman, Cumberland County Medical Reserve Corps
- Amy Faulkingham, 211 Maine
- Chris Zechman, Pfizer



**District Public Health Improvement Priority
Health Equity and Disparities Work Group
January 17, 2014**

Instructions: Please provide bullet points summarizing activities or outcomes over the past 4 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- The Health Equity and Disparities Workgroup has accomplished much this fall. 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 are several sub-initiatives working on specific focus areas of work within the Health Equity & Disparities priority.
- Two more Health on the Move events were held this fall, wrapping up the pilot phase (see attached summary of pilot results for details). A UNE student will be doing an MPH practicum this spring to develop a toolkit and recommendations for strengthening the Health on the Move strategy.
- The Greater Portland Refugee & Immigrant Healthcare Collaborative continues to thrive. Several new grants have come through this fall as a result of commitment by different Collaborative members to work together on projects with a range of objectives related to: community health worker initiatives in immigrant communities; ACA insurance enrollment assistance & outreach; ensuring access to care for uninsured (especially asylum seekers); and community engagement/achieving better health in communities. The SmilePartners project has also applied for a second year of funding.
- The Lakes Region Access to Care work has also picked up momentum – congratulations to Zoe Miller/Healthy Lakes/Opportunity Alliance on receiving a MeHaf Achieving Better Health in Communities grant to further develop the effort that began over the summer with a student intern who developed an assessment of access and barriers to care in the Lakes Region.
- Andrew Bourret, a UNE MPH Practicum student completed a practicum project to analyze dental claims and emergency room data for dental care and shared his findings with the workgroup over the summer. Oral health and access to dental care remains a theme that runs through the all three of the focus areas above.

Facilitating Factors of Success:

- The biggest contributor to success is the dedication displayed on the part of participants to reduce health disparities. Whether this means helping to organize a Health on the Move event,

recruit students to volunteer, or just contribute their perspective to discussions, the level of passion for this topic remains high.

- Another facilitating factor is the evolution of several subgroups, which have been able to dig into the issues at a deeper level and secure grants to implement solutions to some of the barriers and gaps that have been identified.

Barriers/Issues Encountered:

- The lack of local, or even state data, broken down by various demographic categories (for example race, ethnicity, and immigration status) has made it difficult to thoroughly identify the health issues that are most pressing for minority communities, and their magnitude.

Plans to Overcome Barriers/Issues Encountered:

- Continue to advocate for strengthening data collection systems in order to allow for more disparities analysis.

Outcomes – Anticipated or Unanticipated:

- 6 total Health on the Move events were conducted across all 4 Healthy Maine Partnership regions (Portland (Riverton and Parkside neighborhoods, University of New England Stevens Ave campus), Lakes, Casco Bay/Midcoast, and South Portland/Rivers). Attendance varied by event but feedback was generally positive. A wide variety of Council member organizations and other district partners helped organize stations for the events. Many students had an opportunity to get involved and learn more about public health and health disparities. See the pilot results summary document for more detail on the outcomes of this strategy.
- The partnerships under this priority have been able to leverage additional resources toward the shared work in a way that has been very helpful. In addition to the grants that have been secured, the Greater Portland Refugee & Immigrant Health Care Collaborative is supported by pro bono evaluation support from Partnerships for Health, a local health evaluation agency. Health on the Move events have leveraged resources (both in-kind and financial) from multiple other partners to support the events.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- Continued backbone support from Toho, Shane and Becca is important

Please provide a description of the “common agenda” that has been developed for this DPHIP priority:

Key focus areas/sub-initiatives:

1. Health on the Move
2. Greater Portland Refugee & Immigrant Healthcare Collaborative
3. Lakes Region Access to Care initiative
4. Oral health and access to dental care

Please provide a list of current partners who are “actively engaged” (defined in whatever way makes sense for this workgroup/priority) in the collaborative work on this DPHIP priority. Use an asterisk to mark those who are providing backbone support and core leadership. In future reports, please update this list by striking through (not deleting) any partners who are no longer actively engaged, and adding any new partners.

Backbone support/core leadership across all focus areas:

*Toho Soma, Portland Public Health

*Becca Matusovich, Maine CDC

*Shane Gallagher, Portland Public Health/CDPHC

*Zoe Miller, Healthy Lakes HMP/Opportunity Alliance (Lakes Access focus area)

Currently active Health Equity Workgroup members: (plus backbone support/core leadership above)

Caity Hager, Portland Public Health

Carl Toney, independent consultant

Carol Zechman/Kate Herrick, CarePartners/MaineHealth

Janell Lewis, MaineHealth Learning Resource Center

Dd Swan, Somali Culture & Development Association

Jen Morton/Trisha Mason, University of New England

Jessica Loney, Maine CDC/Medical Care Development

Kira Maas/Laura Gottfried, Portland Community Health Center

Kolawole Bankole, Portland Public Health Minority Health Program

Ted Trainer, Southern Maine Agency on Aging

Zoe Miller, Healthy Lakes/Opportunity Alliance

Alex Hughes, Portland Public Health/Healthy Lakes

Health on the Move partners:

The Health Equity Workgroup serves in the steering role for Health on the Move as a strategy, with a planning group including local partners & community members convened specifically for each event. Over 40 organizations have been a partner in at least one Health on the Move event – for a list of these partners see the attached pilot results summary document.

Healthy Lakes Access to Care initiative:

This initiative is in the process of engaging partners, a list will be provided with the next update.

**Greater Portland Refugee & Immigrant Healthcare Collaborative – currently engaged partners
(summer/fall/winter 2013-14):**

Dr. Sarah Alvarez	Mercy Fore River Family Practice
Dr. Kolawole Bankole	PPH, Minority Health Program
Jennie Louise Barnes	Independent Consultant
Jovin Bayingana	MECDC PH Nursing
Susan Bell	Bowdoin College
Christian Bisimwa	Portland Community Health Center
Deb Breiting	Portland Adult Education
Dr. Shuli Bonham	Healthcare for the Homeless
Kate Colby	MECDC Infectious Disease Epidemiology
Leah Coplon	UNE
Edouardo Cortes	Maine Migrant Health Program
Luanne Crinion	MECDC PH Nursing
Susan Cote	MaineHealth, From the First Tooth
Libby Cummings	Portland Community Health Center
Valerie DeVuyst	Portland Adult Education
Morgan Floyd	MeHaf
Liz Gage	MECDC PH Nursing
Christie Gaydos	Portland Housing Authority
Laura Gottfried	Portland Community Health Center
Mara Gruppi	Maine Medical Center
Jean Hall	MECDC PH Nursing
Kate Herrick/Ana Jacobs	Care Partners, MMC & SmilePartners
Dr. Osman Hersi	Maine State Interpreters, Somali Culture & Development Association
Dolly Hersom	House of Languages
Fatuma Hussein	United Somali Women of Maine
MaryEllen Jaeger	MECDC PH Nursing
Janice Jaffe	Bowdoin College
Dr. Nat James	ME Medical Center
Yvonne Jumper	Portland Public Health India St. Clinic
Apollo Karara	Maine Association for New Americans (MANA)
Jean Michel Kayumba	MECDC
Jessica Loney	ME CDC Office of Health Equity
Malual Mabur	CHOW, City of Portland
Byron Marshall	MECDC PH Nursing
Becca Matusovich	MECDC District Liaison
Molly McMahon	Portland Community Health Center
Lynn McGrath	Opportunity Alliance
Robyn Merrill	ME Equal Justice Partners
Bunny Mills	University of New England, Dental Hygiene
Michelle Mitchell	Partnerships for Health
Jennifer Morton	UNE Nursing, Cross-cultural health initiatives
Colette Ndigyenouba	211 Maine
Jamie Paul	Maine CDC Western District Liaison
Eddie Perkins	Portland Public Health, India St
Regina Philips	City of Portland, Refugee Services

Carly Ramos	MECDC PH Nursing
Meghan Rouselle	MECDC PH Nursing
Jennifer Putnam	Frannie Peabody Center
Abdul Said	Spurwink, Cultural Broker
John Shippee	City of Portland, Family Shelter
Melissa Skahan	VP of Mission, Mercy Health
Toho Soma	Portland Public Health
Susan Stiker	Catholic Charities ME
Sally Sutton	New Mainers Resource Center, Portland Adult Ed
Dd Swan	Somali Culture & Development, MSI
Caroline Teschke	PPH India St. Clinic
Ashley Tetreault	Partnerships for Health
Donna Travaglini	MECDC PH Nursing
Julia Trujillo Luengo	DHHS Office of Multicultural Affairs
Rachel Horton White	Parkside Neighborhood Center, Opportunity Alliance
Tina Veilleux	Portland Public Schools, school nurse
Dalit Wolfe	MECDC TB Prevention & Control
Catherine Yomoah	DHHS Office of Multicultural Affairs
Carol Zechman	CarePartners, Maine Health



CDPHC Health on the Move: Pilot Phase Evaluation Summary 1/10/2014

“Health on the Move” is a collaborative initiative of the Cumberland District Public Health Council (CDPHC), designed to address the Council’s District Public Health Improvement Plan priorities. It 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, local 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, Health on the Move was first piloted at six locations:

1. Portland Housing Authority’s Riverton Park on Friday October 19, 2012 from 4:00-6:00 pm
2. Crooked River Community & Adult Education Center, Casco on Mon Dec. 3, 2012 from 11:00 -2:00 pm
3. MidCoast Hospital’s Womens Wellness Day, Brunswick on Sun May 19, 2013 from 11:00 am-12:30 pm
4. Parkside Neighborhood Annual Block Party, Portland on Sat July 27, 2013 from 2:00-4:00 pm
5. University of New England’s Coleman Dental Hygiene Clinic, Portland on Tuesday Oct 15 and Thursday Oct 17 from 5:30-7:30 pm.
6. Brickhill/Redbank Village neighborhood, South Portland on Wednesday Nov 20th, 6:00-8:00 pm

	Riverton	Casco	MidCoast	Parkside	UNE	Redbank/S.Portland
Coordinators/ planning team	Becca Matusovich Trisha Mason Kolawole Bankole Caity Hager Trevor Nugent, Christie Gaydos (& others from Riverton)	Becca Matusovich Zoe Miller Joanna Moore	Becca Matusovich Jessica Loney MidCoast Women's Wellness Day planning committee	Becca Matusovich Kira Maas Trisha Mason Rachel Horton-White Block Party Planning Committee	Becca Matusovich Trisha Mason Jane Walsh Ted Trainer	Becca Matusovich Liz Blackwell-Moore Lucie Rioux Merrie Allen Bridget O'Connor Bridget Rauscher Alex Hughes Neighborhood residents
Target audience	Riverton Park residents	Lakes Region, low- income community members (esp. participants in Crossroads community meals)	Women in the Brunswick area who might lack access to preventive care (esp child care center employees, food pantry, adult education & other social service clients)	Parkside neighborhood residents	Seniors, especially targeting low-income senior housing complexes in Westbrook & Portland, and special outreach to seniors in the refugee/immigrant community	Redbank Village, Brickhill, Olde English Village neighborhoods
# of participants served (estimated)	Approximately 60 adults	Approximately 21 adults	Approximately 55 adults (18 free outreach partner registrations)	Approximately 100 adults	Approximately approx. 45 adults	Approximately 18 adults Approximately 25 teens + Approx 20 children at children's activities
Student involvement	UNE students assisted with BPs and flu shots, organized childrens activities	UNE students assisted with BPs and flu shots, St. Joseph's College students assisted with physical activity assessments, organized childrens activities	No student involvement	UNE students assisted with BPs and logistical roles	UNE students staffed most stations – dental hygiene, nursing, PA, pharmacy, OT/PT, and social work students all had roles – very strong student roles	UNE students assisted VNA with BPs and flu shots, organized children's activities

	Riverton	Casco	MidCoast	Parkside	UNE	So Portland
Stations	Blood Pressure Cancer Screening Flu Shots Nutrition and Exercise Portland Community Health Center Behavioral Health General health information table Children's activities	Physical activity, Nutrition education, Weight management Blood pressure screening Diabetes risk assessment Flu shots Parenting resources Children's Oral Health Cancer (breast & cervical, colorectal screening) Healthy Homes Referral for primary care and other health services Living Well/Managing Stress Southern Maine Agency on Aging General health information resource table children's activities	Welcome/ General info Referrals for Primary care Heart and Stroke Risk Assessments Breast, Cervical, Colon Cancer screening General Cancer support Asthma and Tobacco Diabetes Nutrition Oral Health Mental Health Family Crisis Services Relaxation Station	Physical activity Nutrition Education Blood Pressure & Diabetes Risk Assessment Oral Health Cancer Referrals for primary care providers Living Well & Managing Stress	Oral health (incl oral cancer, dental hygiene, & tobacco advice) Blood pressure Flu shots Medication reconciliation Diabetes footcare ACA Health insurance Portland Community Health Center So Maine Agency on Aging Alpha One Physical activity/balance risk assessment	Adult area: Flu shots Blood pressure Diabetes risk assessment Depression/mental health Portland Community Health Center ACA Health Insurance (navigators, Anthem, MCHO) Relationship Health Nutrition Tobacco 211 CHOWs/parenting Teen area: MMP Teen Clinic design STDs/sexual health Digital Dating Physical activity

Partners in the first six pilot events:

Access Health
Alpha One
American Cancer Society
Anthem
Bridgton Hospital
CarePartners/MedAccess
Catherine's Cupboard/Cooking Matters
Center for Tobacco Independence/MaineHealth
Community Partnerships Protecting Children (CPPC)
Crosswalk Community Outreach
Cumberland County Government
Family Crisis Services (2)
From The First Tooth/MaineHealth
Hannaford
Healthy Portland (2)
Healthy Smiles for ME (2)
Maine CDC Breast & Cervical Health Program (4)
Maine CDC Diabetes & Cardiovascular Health Program
Maine Colorectal Cancer Control Program (4)
Maine Community Health Options (2)
Maine Families
Maine Medical Partners/MaineHealth
MidCoast Hospital
National Children's Study
Opportunity Alliance (2)
Parkside Neighborhood Center
Pearson Town Farm
Portland Community Health Center (4)
Portland Public Health (4)
Sanofi Pasteur (non-branded inflatable colon)
SmilePartners
Somali Culture & Development Association
South Portland Recreation Department
St. Joseph's College
Southern Maine Agency on Aging (2)
Tri-County Mental Health Services
University of New England (5)
VNA Home Health Hospice/Mercy (4)
Women's Fitness Studio
YMCA
2-1-1 Maine

Evaluation Results:

Overall results for 6 pilot events	
<p>Does Health on the Move increase access to screenings, preventive services, medical homes, and health promotion services?</p> <ul style="list-style-type: none"> ✓ 103 flu shots (4 events) ✓ 125 blood pressure screenings (6 events) ✓ 51 dental screenings (2 events) ✓ 18 BMI measurements (2 events) ✓ 25 signups for cooking/shopping classes (2 events) ✓ Provided health information and referral resources to approx 300 adults and about 25 teens ✓ 64% of partners stated that the events increased access “very much” and 33% “somewhat” 	<p>Can we create Health on the Move events with the limited resources, time, and funding available?</p> <ul style="list-style-type: none"> ✓ Planning teams generally convened and organized the events in 6-8 weeks ✓ The Council sponsored \$2579.69 in direct costs, with at least \$4,000 of direct costs covered by other partners (plus additional in-kind contributions) ✓ About 100 different staff from partner organizations participated in at least one event (some in multiple events) ✓ More than 100 student volunteers assisted with stations and at least 75 more students provided logistical help and organized children’s activities ✓ 41% of partners rated the events “very successful” and 40% rated them “somewhat successful”
<p>Does Health on the Move engage our target audience of vulnerable populations?</p> <ul style="list-style-type: none"> ✓ 54% of partners stated that the events “very much” engaged a target audience of vulnerable populations and 31% stated “somewhat” ✓ 62% of partners reported that the event was worth their time because it helps address health disparities 	<p>Does Health on the Move result in positive new or enhanced partnerships and collaboration among partners?</p> <ul style="list-style-type: none"> ✓ 80% of partners said that participating in the event was worth their time ✓ 73% of partners reported that one of the reasons it was worth their time was because it helps develop partnerships that will be beneficial in the future ✓ 40% of the partners reported that one of the reasons it was worth their time was because it helps address one or more of their organization’s strategic objectives ✓ 85% of partners said they would participate in another Health on the Move event (and another 13% said possibly depending on the circumstances)

Additional Anecdotal Outcomes:

- A mother and her two daughters, both struggling with drug and alcohol addiction, attended Health on the Move. One of the daughters has three children and spends her days in her room, unable to function. Both daughters were screened for depression at Health on the Move and hadn’t realized how serious it was. As a result of attending the event, both will be receiving counseling services. The mother was incredibly relieved that her daughters were open to the event and will be receiving support.
- A retired couple without health insurance with limited resources came to Health on the Move for flu shots and was enthusiastic to leave with a wealth of useful information.
- A seasonal worker and food pantry client that has been experiencing health and mental health issues and lacks insurance was very happy to be able to talk to health professionals and gain health information and resources.

- Several children had missed their school flu clinic and they came to the Health on the Move event to ask if they could get their flu shot, of their own volition and unaccompanied by a parent (we had to send them back to their apartment to come back with parental permission!)
- After staffing a station at Health on the Move, the local mental health agency has begun planning to set up a resource table as an ongoing feature at the food pantry's community meals. This has helped to nurture a trusting relationship with the 80-130 community members who attend those meals on a regular basis.
- After seeing the health resources available in the community, other organizations have begun reaching out to ask whether they can host a Health on the Move event in the future.
- Collaborating on transportation options for the Lakes event helped foster new relationships between local partners which are now expediting transportation access projects that have been on the "wishlist" for a long time

Lessons learned from the first six pilots:

- ❖ Even an event with low attendance can have a powerful impact for the people who attend
- ❖ Part of the value is in the relationships developed between the partners, in addition to the direct services for the participants (the more participants, the less time for partner interaction and vice-versa)
- ❖ Make sure children and young parents are likely to turn out if recruiting partners for children's activities and parenting-related stations
- ❖ Need faculty members involved in planning to ensure effective design and supervision for student roles in stations
- ❖ Having too many students for logistical roles can be problematic because they end up frustrated and dissatisfied if they don't feel they are playing an important role and not learning enough
- ❖ Stations should be primarily focused on screenings and accessing primary care & preventive health services, this focus needs to be advertised so that people understand this is not a typical "health fair" with just educational resources
- ❖ Focus a smaller # of stations on the types of screenings/preventive services that are most desired and hardest to access
- ❖ Attach Health on the Move events to locations/events/settings where people will already be there (and where the host event will be handling the outreach and promotion and can ensure robust attendance) rather than stand-alone Health on the Move events where it will be more difficult to draw participants to the event
- ❖ Consider smaller scale models for rural areas where "captive audience" settings and large audiences are less feasible
 - Explore smaller venues with just a couple of stations at a time going to existing groups/settings in a rotating series, rather than a single day event?
- ❖ It is very challenging to predict the need for interpreters (ASL or foreign language), and it is expensive to ensure sufficient interpreting capacity especially since predicting the right balance of the number of interpreters needed per language is almost impossible. Is there a way to identify a partner with a comprehensive telephone language access line contract who could contribute language line access for HOTM events so that we could contract only for interpreters we are fairly sure we need in person and rely on telephone interpreters for those needs that are harder to predict?
- ❖ We need to frame a role for cultural brokers/Community Health Outreach Workers at HOTM events, to help bridge the community and the providers, and to draw people into the stations and serve as guides for the event.
- ❖ Partners could start building participation in HOTM events into plans and budgets, so that HOTM events don't feel like something extra but rather can be a tool to help all partners meet promised objectives.
- ❖ Interactive stations that have been innovative and worked well: depression (informal conversations with a rocking chair), teen clinic input (MMP), Family Crisis Services – digital dating activity, etc. Could we identify more innovative possibilities like these to encourage more interactive and "different" stations? i.e. students teaching people to use good health apps on their phones, etc.

- ❖ How can we make health more fun and attract people to the stations? Most people in the target audiences we are trying to attract have had negative experiences with health and are tired of bad news about their health, plus they have no reason to trust that we will be able to help them access valuable services since they have had trouble accessing needed healthcare before. So there is a disincentive for them to engage with us because they don't want to be let down again.
- ❖ How can HOTM events be designed to create more positive and upbeat experiences for people around their health and start overcoming people's frustration and fear and instead building their trust/confidence that health resources can actually be helpful to them?
- ❖ Can we join with non-health events (i.e. things people want to go) – so they come to something they want to engage with, and then we make the health stations really integrated and fun so that we attract people to the health stations and it feels like a positive happy event?

**The key is to strike the optimal balance between:
Space = Stations = Partners = Students = Participants = Time**



District Public Health Improvement Priority Public Health Preparedness Work Group [1/17/2014]

Instructions: Please provide bullet points summarizing activities or outcomes over the past 4 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- There is not a single “Public Health Preparedness Workgroup” for this priority. Rather there is a core group of partners (Maine CDC, Cumberland County EMA, Portland Public Health/Cities Readiness Initiative, and Southern Maine Regional Resource Center) who share the leadership on several collaborative initiatives under this priority, with a different partner taking the lead on each initiative (Heat planning = Maine CDC/Becca Matusovich; Medical Reserve Corps = CCEMA/Ron Jones & Jim Budway; CRI=Portland Public Health/Caitly Hager; SMRRC=Paul Weiss/Anne Hill).

- **HEAT:** Based on the identification of heat emergencies as a high priority in the Southern Maine Public Health Hazard Vulnerability Analysis, we have begun working on a district plan for an Excessive Heat Emergency – planning meetings held July 31 and October 30, follow-up steps and draft plan in progress. Next planning meeting scheduled for March 12.

- **MRC:** The Cumberland County MRC has officially launched, including the following progress this fall:
 - Identified an MRC Team Leader - Mary McElman, RN, BSN, and Masters Candidate in Emergency Management
 - Credentialed and completed the background checks on 25 members.
 - Participated in the Vigilant Guard Exercise held November 5-8, 2013. Members of the MRC assisted with staffing of the Point of Dispensing venue held at the Merrill Auditorium (see CRI below).
 - The MRC membership will hold its first meeting on 30 January at Cumberland County EMA. We hope to begin the training process for the Functional Assessment Services Team in early February, with a goal of participating as a FAST in the regional disaster sheltering exercise in Scarborough, in May.

- **CRI:** The Maine Cities Readiness Initiative (CRI) conducted a Full Scale Exercise on Nov. 8th in Portland (and Topsham). A free flu clinic was held at Merrill Auditorium to test Point of Dispensing (POD) plans for a vaccine model, as well as to practice outreach and interpretation strategies for groups who don't speak English.

Facilitating Factors of Success:

- **HEAT:** Partnership with Maine CDC Environmental and Occupational Health program to pilot-test district-level planning for heat emergencies, including financial support (from federal Climate Change grant) for a consultant to facilitate the process and draft the plan with tools for implementation.

- **MRC:** The selection of an MRC team leader has greatly enhanced the reach of the MRC. The Team Leader is participating in exercise planning meetings and continuing the recruitment efforts through

her extensive contacts, both in medicine and emergency management. She is actively pursuing opportunities for the MRC to participate in emergency management/public health. She is taking a very active role in the leadership of the MRC.

- **CRI:** Partnerships with the MRC, UNE College of Pharmacy (at Topsham POD), other district partners, and internally at Portland Public Health helped ensure success of the November exercises.

Barriers/Issues Encountered: -

- **HEAT:** It's hard to prioritize worrying about heat waves in the middle of winter!
- **MRC:** A barrier to enhancing the team's capabilities is the extremely busy schedules of the medical professionals in the target audience. SMRRC and MRC Train on-line training resources, are a valuable asset to help complete the recommended training for the MRC members.
- **CRI:** The ideal POD location for the Portland peninsula /downtown was not available for the exercise. While it would be available in the case of an extreme emergency, this issue has highlighted a need to consider adding more POD locations that can be easily accessed for more routine events, including buildings that are not owned by the City

Plans to Overcome Barriers/Issues Encountered:

- **HEAT:** Planning meeting scheduled for March 12, will have draft of the plan/toolkit developed for review at that meeting with expectations to have final versions ready for distribution by May to be prepared for any potential heat emergencies this summer.
- **MRC:** We will continue to brainstorm with team members to identify possible solutions. We will endeavor to provide as many opportunities in varied venues to make the membership process as accessible as possible.
- **CRI:** will begin working with local EMA directors in Cumberland County in February 2014 to identify additional POD sites.. There is a need for sites in Cumberland County outside of the Portland / South Portland area.

Outcomes – Anticipated or Unanticipated:

- **CRI:** 82 people received flu vaccinations at the Nov. 8th clinic, at least 23 people utilized interpreter services. 17 interpreters were on site.
- **MRC:** 25 MRC volunteers currently on board and credentialed.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- **HEAT:** We are looking for local partners who have existing protocols for heat emergencies (i.e. to protect the health of specific populations served by the organization) that we can use as models, will be coming back to the Council at a future meeting to encourage partners to examine models and consider adopting protocols for a heat emergency. Please email Becca if your organization has such protocols.
- **MRC:** Please continue to publicize the existence of the MRC and share the meeting and training announcements with any networks you may have who may be potential MRC members (we need volunteers for both clinical and non-clinical volunteer roles).
- **CRI:** Need suggestions and connections for locations and partners for "Open" (public) and "Closed" PODs outside of the Portland area.

Please provide a description of the “common agenda” that has been developed for this DPHIP priority:

Focus areas under the Cumberland Public Health Preparedness DPHIP priority:

1. Heat Planning: Based on the needs identified in the southern Maine Hazard Vulnerability Analysis, develop a plan and toolkit to prepare Cumberland District partners for collaborative effort to protect the public’s health during an excessive heat event.
2. Medical Reserve Corps (MRC): Build a trained team of clinical and non-clinical volunteers to assist with four missions (Functional needs/services assessments for regional shelters; Points of Dispensing for Cities Readiness Initiative/Strategic National Stockpile; supporting hospital needs for alternate care sites; staffing seasonal (and emergency) vaccination clinics.
3. Cities Readiness Initiative (CRI): Support the development of sites and staffing plans for Points of Dispensing (POD) sites in order to ensure rapid deployment of PODs in an emergency. (yes)
4. SMRRC: Support and collaborate to strengthen the preparedness efforts of hospitals, health care providers/systems, and long-term care facilities.

Please provide a list of current partners who are “actively engaged” (defined in whatever way makes sense for this workgroup/priority) in the collaborative work on this DPHIP priority. Use an asterisk to mark those who are providing backbone support and core leadership. In future reports, please update this list by striking through (not deleting) any partners who are no longer actively engaged, and adding any new partners.

Backbone support/core leadership across all focus areas:

- *Jim Budway/Ron Jones, Cumberland County EMA
- *Becca Matusovich, Maine CDC
- *Caity Hager, Portland Public Health, CRI
- *Paul Weiss/Anne Hill, Southern Maine Regional Resource Center

Additional actively engaged partners for each of the focus areas are listed below:

Heat Planning:

- *Becca Matusovich, Maine CDC
- *Jim Budway/Ron Jones, Cumberland County EMA
- Dan Lauze/Karen Turgeon, 211 Maine
- Anne Hill, Southern Maine Regional Resource Center
- Terence Walsh, Portland Fire Department
- Paul Rollins, Alpha One
- Ted Trainer, Southern Maine Agency on Aging
- Leigh Ann Howard, VNA Home Health Hospice
- Anne Tricomi, Healthy Casco Bay
- Greg Hamilton, Westbrook Fire Department
- Paul Clark/Eric Lynes, Red Cross
- Norm Anderson, Maine CDC Environmental Health Division
- Jane Coolidge, Maine CDC Public Health Emergency Preparedness

MRC – Core Steering Committee:

*Jim Budway/Ron Jones, Cumberland County EMA
*Mary McElman, MRC Coordinator
Caity Hager, Portland Public Health, CRI
Paul Weiss/Anne Hill, Southern Maine Regional Resource Center
Becca Matusovich, Maine CDC
Devon Niedner/Joe Legee, Maine CDC
Kathleen Wescott, Maine CDC
Paul Rollins, Alpha One
Karen Rea, American Red Cross
Eunice Mommens, MEMA
Karen Stone, Maine Primary Care Association
Cathy Patnaude, VNA Home Health Hospice/Mercy

CRI - Active CRI Advisory Committee Members:

Kolawole Bankole, City of Portland Public Health Division
Jim Budway, Cumberland County EMA
Nancy Crowell, Southern Maine COAD
Josh Frances, Maine Medical Center
Adam Hartwig, Maine CDC
Anne Hill, Southern Maine Regional Resource Center
Mike Labbe, Topsham EMA
Dave Lewis, Sagadahoc County EMA
Joe Legee, Maine CDC
Becca Matusovich, Maine CDC
Ron Jones, Cumberland County EMA
Dabe Francoeur, York County EMA
Leo Rogers, York County EMA
Mike Russell, City of Portland Public Health Division
Eric Sawyer, Maine Medical Center
Steve Smith, Portland Fire Dept.
Julie Sullivan, City of Portland Public Health Division
Ted Trainer, Southern Maine Area Agency on Aging
Terry Walsh, Portland Fire Department
Paul Weiss, Southern Maine Regional Resource Center
And many more dedicated partners that made Vigilant Guard 14 a success



Instructions: Please provide bullet points summarizing activities or outcomes over the past 4 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- Workgroup met several times this fall
- Partnership on South Portland Health on the Move – led development of teen health area of the Nov 20th event and prepared/staffed STD/sexual health station.
- Implemented survey for health teachers in the Rivers Region (interviews being completed now, results to be discussed in early 2014)
- Refined workplan for the winter/spring to reflect workgroup activity during maternity leaves by our two key backbone support/core leaders

Facilitating Factors of Success:

- Backbone support
- Core group of stable workgroup members with content expertise and who work directly in the field

Barriers/Issues Encountered:

- Workgroup is small – capacity is limited by the time available of the half dozen members of the workgroup
- Given limited capacity, it is not easy to identify meaningful strategies that the workgroup can implement.

Plans to Overcome Barriers/Issues Encountered:

- Agreed on specific feasible workgroup activities and responsibilities to keep several strategies moving forward without our key leaders for a few months. (see “strategy chart” attached)

Outcomes – Anticipated or Unanticipated:

- The South Portland Health on the Move event was very successful – approximately 21 teens engaged with the STD/sexual health station.
- Good news! 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. Men who have sex with men continue to be a population of interest.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- Continued assistance with recruitment of additional workgroup members who have a stake and direct role in this priority - we would like to see other organizations at the table to partner on this work.

Please provide a description of the “common agenda” that has been developed for this DPHIP priority:

- See attached “strategy chart”

Please provide a list of current partners who are “actively engaged” (defined in whatever way makes sense for this workgroup/priority) in the collaborative work on this DPHIP priority. Use an asterisk to mark those who are providing backbone support and core leadership. In future reports, please update this list by striking through (not deleting) any partners who are no longer actively engaged, and adding any new partners.

Currently engaged partners (*backbone support/core leadership):

- *Alex Hughes, Healthy Rivers/Portland Public Health
- *Bridget Rauscher, Portland Public Health India St.
- *Leigh Ann Miller and Sarah Bly, Maine CDC STD program
- Becca Matusovich, Maine CDC
- Lucie Rioux, Opportunity Alliance/Healthy Rivers
- Zoe Miller, Opportunity Alliance/Health Lakes
- Eric Covey, Planned Parenthood of NE
- Jennifer Putnam, Frannie Peabody Center

Goals:
 Increase access to and utilization of STD testing
 Increase appropriate treatment and reduce barriers to treatment
 Increase use of effective prevention strategies

Acronyms: DIS = Disease Investigation Specialist
 PCP = Primary Care Provider
 GYT = Get Yourself Tested
 EPT = Expedited Partner Therapy

	Existing efforts/strategies	Challenges/needs	Potential district strategies
Surveillance	State STD program conducts surveillance, India St. clinic & DIS workers analyze local data & patterns	Small numbers (outside of Portland) and other data interpretation challenges	Review district data and drill deeper when possible to identify trends and patterns <i>No current activity</i>
Access to STD Testing & Treatment	India St. clinic walk-in STD clinics Planned Parenthood Frannie Peabody (HIV rapid testing)	Limited funding/reimbursement for STD services, ACA may assume people will have access through primary care	Collaborative efforts to identify and reduce barriers to accessing services <i>Explore “STD testing kit in a bag” strategy - Jennifer P. will research strategy she heard about and bring info back to the next meeting</i>
Case investigation & Partner services	DIS workers follow up on all cases, contact all identifiable partners and encourage testing/treatment	Limited resources, budget cuts resulting in shrinking DIS staffing; siloed requirements for HIV and other STDs	Advocate for DIS services <i>No current activity</i>
Outreach & promotion of testing & linkages to services	Limited resources allow for some outreach/promotion by both India St. clinic and Planned Parenthood, but not sufficient	Need broader promotion of STD testing & treatment options amongst populations who lack insurance and who don’t want to or can’t access testing/treatment through a PCP	Collaborative advertising campaign (i.e. GYT posters) to encourage testing and promote free/low-cost testing options <i>Repeat/expand joint GYT campaign for April STD awareness month Alex will ask Eric/PPNE if they can take lead on this strategy – i.e. Research national campaign and convene workgroup meeting (late January/early February?) to review what we did last year and start planning on campaign. (Shane could play Alex’s role to help with modifying/approving posters if needed before she returns)</i>

<p>Provider education about treatment recommendations</p>	<p>State STD program mailings, DIS workers communication and</p>	<p>Expedited Partner Therapy (EPT) – new guidelines haven’t been widely promoted yet, state rules pending</p>	<p>Collaborative effort to promote EPT <i>No current activity</i></p>
<p>Prevention</p>	<p>School-based STD education (health curriculum), college prevention/education campaigns, free condom distribution</p>	<p>Prevention efforts are more limited outside of Portland, risk reduction strategies tend to be controversial</p>	<p>Forum for Rivers Region health teachers to gather and share curriculum ideas</p> <p><i>Lucie/Nimo working on interviews of health teachers, Lucie will convene a sub-meeting with Nimo, Becca and any other workgroup members interested once the interviews are done to review results and identify key themes and next steps (early January?) (Pull in Jenn/Family Planning Assoc. if looks like we may want to work on anything related to school curriculum?)</i></p> <p><i>Becca/Lucie will stay in touch with Zoe to identify any connection between sexual health/prevention needs and the Lakes Region health access MeHaf initiative</i></p>