

**Public Health Statewide Coordinating Council**  
**Executive Committee Meeting**  
**Tuesday, June 10, 2008**  
**Maine CDC Offices**  
**2:00 – 4:00 pm**

**Draft Minutes**

Members Present: Joanne Joy, Shawn Yardley

By phone: Dennise Whitley, Deb Erickson-Irons, Daryl Boucher, Dora Mills

Guest: Mark Griswold

1. Rebranding HMP/CCHCs: Rebranding was discussed at the May HMP/CCHC Leadership Council Meeting, with general consensus that the term “HMP” would be used publicly to discuss the work of the coalitions, and that “CCHC” would remain primarily an internal descriptor for the core infrastructure work of the coalitions. SCC EC members pointed out that it will be important to make clear that the HMP brand now encompasses broader functions than traditional, categorical, HMP functions. Becca Matusovich has drafted language describing the change.
  - Action steps: As Becca to present rebranding language at the June SCC meeting; Maine CD to work with media people (CD&M) to create clear, consistent language.
  
2. Unnatural Causes: The group discussed how to educate the SCC about this important documentary and provide the group an opportunity to promote both the film and broader discussions about health disparities in Maine. Lisa Sockabasin and MCPH have worked to publicize the film and organize screenings in Maine. It was suggested that Lisa present it at the June SCC meeting, and perhaps show the film’s trailer to the group. Other suggestions: circulate copies of the DVD to SCC members; have SCC host or co-host screenings and discussions locally with DCCs, HMPs, MCPH and/or other relevant organizations; incorporate broader discussion of health disparities in Maine into screenings that include the 8 disparate groups identified in Healthy Maine 2010. As part of the SCC discussion, we could report recommendations of the recent Maine CDC LGBTI Health Summit, and progress on the Veterans Health Status Assessment.
  - Action steps: Ask Lisa Sockabasin to discuss the film at the June DCC meeting and lead discussion about SCC involvement in Maine screenings. Ask Charles Dwyer to present LGBTI Summit recommendations. Ask Dora to present about the Veterans Assessment.
  
3. SCC Membership review: The SCC EC needs to make membership recommendations for discussion at the June SCC meeting, with membership categories finalized at the fall SCC meeting. Membership should be based on the new charge to the SCC, which differs from what the PHWG was charged with in the past. Joanne will remind members of this new charge. The April SCC EC minutes

were reviewed to examine past PHWG membership affiliations by category. It was suggested that the following categories be added, modified or change number of participants in a category, to be discussed.: Maine Network of Healthy Communities; 1 member; non-Network coalitions; 1 member, community social service agencies – primary affiliation; large hospitals and small hospitals each have one representative; worksite wellness and Regional Resource Centers added; Veterans Administration discussion; Communities for Children and Youth be the designated seat. Other items for discussion include: Should there be a membership cap of 40? How do we ensure appropriate representation from Districts and local communities? Should we limit membership from some statewide organizations? Should we allow current voting members to remain on the group, or ask organizations to nominate candidates? How do we ensure broad geographic representation? DCCs should be asked to nominate members by mid-October, since many will have meetings in September. It was agreed that members should be asked to represent up to two membership categories as possible to reduce membership size. One potential concern is that if the group becomes too large and unwieldy, members will not adequately understand the infrastructure at the local level, which could make accreditation more difficult. We should consider the number of coalition representatives—it is envisioned that the HMP/CCHC Leadership Council will provide a more appropriate avenue for coalition-related discussion and decision-making. It was suggested that a small-group discussion format, with a report back from groups, would be an appropriate method for addressing this topic on 6/26. A small committee may need to meet outside the SCC to finalize recommendations for the fall.

- Action steps: Mark will make a slide for Joanne to present that outlines the new charge to the SCC; Dora and Mark will develop a presentation and a revised membership grid based on the above discussion and recommendations; Dennise Whitley and Shawn Yardley will present and lead a membership discussion on 6/26.
4. Ensuring geographic representation: It was observed that high fuel prices will increasingly impact the ability of members to travel to Augusta for SCC meetings. People shouldn't be forced to attend meetings in person. Joanne has been investigating use of University of Maine video equipment to meet. UMA has expressed willingness to periodically serve as a videoconferencing host site, along with 3 other UMaine sites. Dennise expressed that the EC should make a firm recommendation to use such a system.
    - Action step: Mark and OLPH will investigate videoconferencing options and update progress on 6/26.
  5. Codifying SCC in legislation: It may be prudent to codify the SCC in state statute to ensure that both the group and the broader public health infrastructure remain intact, even after a change in state administration. If we want to go forward with legislation, it should be done this fall so that statute can be developed for consideration during the next legislative session.
    - Action step: Add as a question for discussion on 6/26.

6. Workforce development: The SCC should examine the Ten Essential Public Health Services and the National Public Health Performance Standards to address public health workforce development. We need to address workforce development if we are going to address PH infrastructure and move forward with plans for accreditation. SCC is an appropriate forum for this discussion, particularly because we have UNE, AHEC, USM, and MCPH at the table, along with many other stakeholders. NPHPS could be useful for framing the discussion--we can distribute them on the 26<sup>th</sup> and have small group discussion about moving forward, including creation of a workforce development workgroup. It was suggested that SCC members will also need basic information about accreditation. Dora created a one-page summary last summer for the PHWG which could be updated and distributed for review. The SCC should determine the components of a workgroup and the workgroup's charge. Dora could develop a proposal in advance and email to SCC EC for review [to the whole SCC or just the SCC EC? Not clear here]. The workgroup could create a workforce assessment that updates one that was completed a couple years ago. This work overlaps well with the competencies work.
  - Action step: Dora will email the documents that she was referencing to the EC members ASAP, and provide at the SCC meeting. Dora and Daryl will create a presentation and discussion format and will co-present on 6/26 including a guidance for an interactive input format
7. Competencies: Joanne and Chris Lyman have been working with 11 coalition members on competency definitions and metrics, and are about half-way through the definitions. They have been focusing on competencies among coalition staff and also coalition members and boards, realizing that capacity for coalitions is spread beyond funded staff. They are trying to be sensitive about the structural difference between large and small coalitions. There will be two more meetings at least before the afternoon of 6/26
  - Action step: Joanne and Chis will present progress on 6/26 and elicit feedback.
8. Meeting frequency: The SCC EC recommends quarterly meetings on the third Thursday of every third month. Dates will be presented on 6/26. It was suggested that there be a full, face-to-face meeting in January, so that newly-nominated SCC members can meet one another in person. Other meetings will occur using remote access (see item 4).

Notes: Mark Griswold