

Statewide Coordinating Council for Public Health
Meeting Minutes for June 25, 2009 Meeting, 12:30-4:30 pm
Augusta Civic Center, Augusta

In attendance

Members: Justin Barton-Caplin, Marla Davis, Shane Gallagher (for Julie Sullivan), Ginger Jordan-Hillier, Joanne Joy, John Labrie, Dawn Littlefield (for Robert Higgins), Geoff Miller, Dora Mills, Graham Newson, Kathie Norwood, Nancy Rines, David Stockford, Beatrice Szantyr (for Jessica Fogg), Carl Toney, Robert Yandow, Shawn Yardley, Sandra Yarmal

Key Stakeholders: Troy Curtis (YMCA Alliance of Maine), Mark Griswold (Maine CDC Office of Local Public Health), Caity Hager (Maine Primary Care Association), George Hill (Family Planning Association of Maine), Barbara Leonard (Maine Health Access Foundation), Kellie Miller (Maine Medical Association), Angela Westoff (Maine Osteopathic Association), Dennise Whitley (American Heart Association of Maine)

Interested Parties: Heather Davis, Jennifer Gunderman-King, Kala Ladenheim, Christine Lyman, Meredith Tipton

The meeting was called to order at 12:30 by Joanne Joy, Co-Chair.

Membership Committee Update and LD 1363: Mark Griswold discussed the new member structure of the SCC and presented a list of members and key stakeholders. The list will be updated to include representation categories for each member. Staggered terms were assigned for each member based on member preference (or at random, if no preference was stated). At this time, the SCC has no legislative membership, meaning that the SCC has 22 members and not 26. The requirement to have four legislative members was removed from the LD 1363, the public health infrastructure legislation, prior to its passage because legislative members would have needed stipends and travel reimbursement, requiring a “fiscal note” (a statement of financial cost) for the bill. In order for the bill to pass, it needed to be cost-neutral. The bill was passed after this and other small changes were made. Legislators can serve on the SCC as either interested parties or key stakeholders if they wish.

Structure and Operating Principles: Joanne Joy reviewed a draft of SCC Structure and Operating Principles and solicited member input. An updated draft will be created this summer by the Executive for approval at the fall SCC meeting. Changes to be considered include: addressing proxy representation/alternates for DCC members; having a more specific process outlined for voting and “modified consensus;” developing a specific role for the Vice Chair; creating more specific language for dealing with conflict of interest.

Nominations: A form was distributed so that members could nominate candidates for the Executive Committee, Chair and Vice Chair. Nominations were collected during the meeting, and will be accepted by Mark through the beginning of July. All members, including nominees, will be asked to submit a brief bio. Mark will develop a format with the Executive Committee. Elections will occur during the summer, despite the fact that the Structure and Operating Principles have not yet been finalized.

Planning and Communications Committee: Rob Yandow and Mark Griswold presented preliminary plans for development of District Public Health Improvement Plans and linkages to the State Health Plan. The planning timeline and contents were discussed at length. The Committee proposes a phased approach, with Phase 1 focusing on the outcomes of the Local Public Health System Assessments being conducted at the District level in all eight Districts. Going forward, future phases will incorporate MAPP planning at the community level, epidemiologic data, and other diverse public health data sources at the state and district levels. A concern was raised about the timing of reporting data up from the districts for the State Health Plan, since some districts will not be completing their Local Public Health System Assessments until November, 2009, and information for the State Health Plan will be required soon thereafter. The Committee will continue work during the summer to define this process.

H1N1 Debrief: Dora Mills provided an update about H1N1, focusing on the 4 major roles of public health: surveillance/Tracking; communication; mitigation and vaccination.

- Surveillance: Infectious Disease Epidemiologists continue to conduct investigations and provide consultation to health care providers. One challenge has been that partners have wanted detailed information and data about cases, often without clear justification for needing this information. Maine CDC releases data and information on a need to know basis, and has tried to educate partners that outbreak and trend data are more important than patient-level information. At this point, affected populations include youth, pregnant women, summer camps, and the occupants of jails and shelters.
- Mitigation: Respiratory etiquette continues to be crucial, along with isolation of those who are ill and sometimes people that have been exposed.
- Vaccination plans include a focus on vaccinating children. There is currently an initiative to provide school-based seasonal flu vaccinations for children that will begin this fall. After that, the federal government will be providing H1N1 vaccine, likely available in October or November. The H1N1 vaccine will involve two doses, thirty days apart.
- Communication: Maine CDC has maintained a comprehensive H1N1 website, regularly released information through its Health Alert Network, and has provided daily Updates for H1N1 data and activities. There have also been conference calls with key partner groups and regular press availability. There continues to be a need to reach out to vulnerable populations and to better define the role of certain components of the public health infrastructure such as Local Health Officers and DCCs

District Updates: Shawn Yardley lead a discussion of District Updates. Districts referred to District Update Forms created by each DCC, and discussed key issues in their districts (please refer to DCC Updates, posted on the SCC website).

Budget and Legislative Updates: Dora Mills provided an overview of the legislative session. Because of the recession and the inability to legislate about new expenditures, there was a renewed emphasis on policy development. Many important public health initiatives passed, including infrastructure, environmental health and substance abuse. Maine CDC continues development of the Universal Wellness tool and a Toolkit for the uninsured. A pilot of an online health risk assessment will be completed this summer and fall in three districts, with a statewide rollout of the assessment tool planned for December. The Maine CDC Division of Chronic Disease is developing the tools in collaboration with the 28 Healthy Maine Partnerships.

The meeting adjourned at 4:30.

Upcoming SCC Meetings:

September 24, 2009, 12:30 to 4:30 PM

December 10, 2009, 12:30 to 4:30 PM

Locations to be announced.