

**Statewide Coordinating Council for Public Health**  
Meeting Minutes for March 26, 2008 Meeting, 12:30-4:30 pm  
Augusta Civic Center, Augusta

**In attendance:\***

Andy Coburn, Becca Matusovich, Bob Higgins, Carl Toney, Chris Lyman, Connie Putnam, David Stockford, Dawn Littlefield, Deb Deatrack, Deb Erickson-Irons, Dennise Whitley, Dora Mills, Geoff Miller, Ginger Jordan-Hillier, Heather Davis, Jamie Comstock, Jennifer Gunderman-King, Jessica Fogg, Jessica Loney, Joanne Joy, John Labrie, Julie Sullivan, Justin Barton-Caplin, Kala Ladenheim, Karen O'Rourke, Kathy Norwood, Kellie Miller, Lisa Sockabasin, Mark Griswold, Marla Davis, MaryAnn Amrich, Nancy Rines, Patsy Wiggins, Rob Yandow, Sandy Yarmel, Sharon Leahy-Lind, Shawn Yardley

\*Note: Once SCC reorganization is complete, future minutes will reflect attendance by Members, Key Stakeholders and Interested Parties.

The meeting was called to order at 12:30 by Joanne Joy and Dennise Whitley, Co-Chairs.

1. Accreditation: Dora Mills briefly reviewed outcomes of the morning workshop on both local and state level public health accreditation, which included a presentation from the Public Health Accreditation Board (PHAB) Chair, Paul Halverson, and breakout sessions to provide feedback on draft national accreditation standards. Maine CDC will seek accreditation at some point after 2011. Some preparation for accreditation has begun, including conducting Local Public Health System Assessments in all districts, which should be completed by the end of 2009.
2. Introductions: Shawn Yardley welcomed new members, described evolution of the group, and asked new members to introduce themselves. New members described their varied perspectives and interests related to public health.
3. Mission: Deb Erickson-Irons reviewed the SCC mission, using the pending public health legislation as a guide. Questions were raised about the specific role of the SCC and projects for the coming year, as well as the SCC's role in advising Maine CDC. It was noted that potential projects include helping the public health system work toward accreditation, overall quality improvement, and planning/integration of community, district and state public health systems. Members expressed an interest in having room for small group discussion and an opportunity for information to be exchanged with district representatives and partners.
4. Membership: Mark Griswold presented SCC membership criteria and the progress of the Membership Committee. Currently, 19 of 26 potential members have been identified. The Membership Committee can select 3 additional members, and 4 legislative members will be appointed. A list of key stakeholders was also shared with the group—these are envisioned as being non-voting participants whose engagement will be encouraged because of their important roles in public health. There was considerable discussion about additional key stakeholders to invite to the table. An expanded list of stakeholders

will be shared with the group at the June meeting. Slides used during the discussion can be accessed here: [SCC Membership](#)

- Actions:
  - The Office of Local Public Health will email a survey monkey to the 19 members identified so far to gauge their areas of expertise and representation. Results of the survey will aid the Membership Committee in finalizing membership.
  - It is anticipated that the membership process will be completed prior to the June meeting.

5. Planning and Communication: Joanne Joy and Mark Griswold lead the group in a review of public health planning efforts occurring at the local, district and state levels. This was followed by small group discussion about the SCC's role in helping to coordinate and integrate these various efforts, and how the SCC should communicate in efforts at the community, district and state levels. Discussion points are summarized in Attachment 1. A link to slides used for the discussion can be accessed here: [Public Health Planning](#)
  - Action: A workgroup was established to develop recommendations for guidance to DCCs in creating District Public Health Improvement Plans. Volunteers include: Shawn Yardley, Tin Barton-Caplin, Rob Yandow, Geoff Miller, Mark Griswold, Deb Deatruck and Chris Lyman. Mark will organize an initial telephone meeting. The committee will provide recommendations prior to the June meeting, and SCC members will have an opportunity to ask questions and provide input at that time.
6. Universal Wellness Initiative: Becca Matusovich discussed development of a health risk assessment tool, which is being developed in relation to the Universal Wellness Initiative included in the public health infrastructure bill. She shared a schematic describing how the tool will be used to link individuals to available resources. The graphic can be accessed here: [Universal Wellness Schematic](#) Following her presentation, three Healthy Maine Partnership directors, Dawn Littlefield from the Sebecooc Valley Healthy Communities Coalition, Jamie Comstock from City of Bangor Health and Wellness, and Deb Erickson-Irons of the Choose to Be Healthy Partnership in York shared how their coalitions would help to implement the assessment and integrate this work into their current HMP activities.
7. Next Steps: The current Executive Committee will continue to meet to plan the June meeting. Rob Yandow volunteered to join the group to discuss next steps for governance.

## **Public health planning and communication between DCCs and the SCC Discussion from the 3/26/2009 SCC meeting**

**Discussion Question 1:** What approaches should we use to align planning efforts at the local, district and state levels?

Responses:

- Create a routine SCC Report that is provided to ACHSD.
- Establish core elements for District Health Improvement Plans that are slightly prescriptive, consistent with the goals of the State Health Plan and that allow for district needs.
- Create a draft timeline that includes different state planning efforts.
- Assure that health report cards do not compare districts to one another in a pejorative way.
- Guidance from SCC on reporting, including differences based on rural vs. urban environments.
- Additional resources and staff are needed for consistency across all districts, including full staffing for Maine CDC District Liaisons
- Look at different sources of data in each district, including hospital community health assessments.
- Be realistic based on resources, and don't duplicate effort.

**Discussion Question 2:** What is the best way to engage in ongoing communication with district partners?

- Explore remote meeting options
- Have standing agenda items – SCC on DCC and DCC on SCC
- Have the SCC work with DCCs to establish 1 – 4 core questions about what DCCs need from the SCC.
- Have greater communication between the SCC and the ACHSD
- Hold a conference call between DCC representatives on the SCC to identify themes and discuss on SCC agenda.
- Provide a quarterly written summary from the districts to share at the SCC. Use a template to produce this.
- Have the SCC EC use the summary to look for themes and trends from District work.
- A mechanism needs to be established for ensuring that DCC issues make it on to the SCC agenda.
- Work to foster alignment among DCCs.
- Have the SCC work to identify core elements needed for DCC work/functioning.
- Use the Maine CDC Office of Local Public Health Website to publicize SCC and district activities.  
Explore other technology for communicating, like Facebook and Moodle.
- Ensure consistent talking points for reports from DCC reps.
- Take SCC on the road to move across state and hold meetings at DCC locations.