



AGENDA

Council Meeting

July 19, 2013

10:00 AM — 12:00 PM

Mid Coast Hospital
123 Medical Center Drive, Brunswick
Conference Room 1-2

- ❖ **CJS update** (5 minutes)
Julie Sullivan
 - ❖ **Mayor's Healthcare Committee update** (5 minutes)
Julie Sullivan
 - ❖ **Community Benefit** (5 minutes)
Julie Sullivan
 - ❖ **State Coordinating Council for Public Health report out** (10 minutes)
Kristen Dow
 - ❖ **Flu Work Group update and Recognition Awards** (25 minutes)
Becca Matusovich
 - ❖ **May Council Meeting electronic vote report out** (5 minutes)
Shane Gallagher
 - ❖ **PH Preparedness: Medical Reserve Corp kick off and heat emergency planning** (20 minutes)
Jim Budway, Becca Matusovich
 - ❖ **"Skin-in-the-game" Matrix** (30 minutes)
Becca Matusovich
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Next Meeting: Full Council—September 20, 2013 at location TBD. Executive Committee— August 26, 2013 at City Hall Room 24, 389 Congress Street, Portland.



Cumberland District Public Health Council
Full Council Meeting
July 19, 2013
10:00 a.m. — 12:00 p.m.
Mid Coast Hospital, Conference Room 1-2
123 Medical Center Drive, Brunswick

Present: Jim Budway, Kristen Dow, Colleen Hilton, Valerie Landry, Anne Lang, Jessica Loney, Becca Matusovich, Linda Putnam, Toho Soma, Julie Sullivan ; Kate Colby, Eric Covey, Anne Graham, Caity Hager, Alex Hughes, Ron Jones, Vicki Koehler, Amelia Lundkvist, Chris McLaughlin

Absent: Neal Allen, Leslie Brancato, Faye Daley, Deb Deatrck, Dennis Fitzgibbons, Steve Fox, Mark Grover, Liz Horton, Paul Hunt, Zoe Miller, Paul Niehoff, Karen O'Rourke, Cathy Patnaude, Emily Rines, Lucie Rioux, Erica Schmitz, Amanda Sears, Pamela Smith, Ashley Soule, Peter Stuckey, Ted Trainer, Carol Zechman ; Shane Gallagher

Topic	Discussion	Actions
Cross Jurisdictional Sharing Grant update	<p>Julie Sullivan updated the Council on the progress of the Cross Jurisdictional Sharing Grant. The grant is a two year learning community grant with the goal of examining how public health services in Cumberland County might look if they were provided in a different way.</p> <p>Four discussion groups will be held in the near future (7/25, 8/1, 8/22, and 8/29). Each meeting will be held in a</p>	<p>No actions required.</p> <p>Look for invitations by email and attend if possible.</p>

Topic	Discussion	Actions
	<p>different Healthy Maine Partnership region of Cumberland County. The meetings will be facilitated by Brenda Joly from the Muskie School of Public Service at the University of Southern Maine.</p>	
<p>Mayor’s Healthcare Committee update</p>	<p>Portland Mayor Michael Brennan convened a group to collaborate around implementing the Affordable Care Act (ACA).</p> <p>The group set out to collect data around the uninsured and underinsured, but data collection has been challenging.</p> <p>Other efforts moving forward are exploring relationships with marketing firms to market enrollment, supporting those who are newly eligible for Medicaid.</p>	<p>No action required.</p>
<p>Community Benefit</p>	<p>The Council discussed the community benefit requirements for hospitals to explore meaningful relationships between public health, healthcare, and hospitals.</p> <p>The Council discussed how the One</p>	<p>A question was asked about the MaineCare State Innovation Models grant. Information about this grant is available at http://www.maine.gov/dhhs/oms/sim/index.shtml.</p>

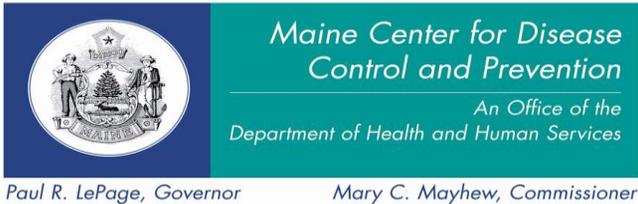
Topic	Discussion	Actions
	<p>Maine Health assessment might be built upon. The Council would be a good forum for future discussion which are more pressing for member institutions as the Affordable Care Act is continually implemented.</p>	
<p>State Coordinating Council for Public Health report out</p>	<p>Kristen Dow reported to the Council on the most recent meeting of the State Coordinating Council for Public Health. The meeting focused on the State Health Improvement Plan (SHIP) and aligning hospital needs assessments with State and local needs assessments.</p>	<p>No action required.</p>
<p>Flu Work Group update and Recognition Awards</p>	<p>Mid Coast and Bridgton Hospitals received recognition awards for their high achievements regarding employee flu vaccination rates. Each hospital had at least 91% of their staff receive vaccinations. Vaccination data can be found in Appendix A.</p> <p>Becca Matusovich reviewed the strategies of the Flu Work Group for the upcoming flu season. The three main strategies include focusing on supporting school flu shot clinics, broad based communications (multi-</p>	<p>No actions required.</p> <p>Assistance disseminating the flu posters will be request of Council Members this Fall.</p>

Topic	Discussion	Actions
	<p>lingual posters, 2-1-1, other low cost/high reach methods), and ensuring access to adult flu clinics. Printable PDFs of the flu posters can be found in Appendices B & C.</p> <p>The Council discussed possible methods of marketing the clinics including on the Metro bus line, partnering with sports teams and the civic center, and the new Lakes region RTP bus route.</p>	<p>Colleen Hilton will look into advertising opportunities.</p>
<p>May Council Meeting electronic vote report out</p>	<p>Toho Soma quickly summarized the results of the electronic vote from the May Council meeting. All items were approved.</p> <p>In addition, Mark Grover submitted a report out from the Mental Health Work Group. The report can be found in Appendix D.</p>	<p>No action required.</p>
<p>Public Health Preparedness: Medical Reserve Corps kick off and heat emergency planning</p>	<p>Ron Jones presented an update on the status of the Medical Reserve Corps in Cumberland District.</p> <p>The four core missions of the MRC are:</p> <ol style="list-style-type: none"> 1. Functional Assistance Services Team (FAST) which supports 	<p>The August 20, 2013 kickoff meeting of the MRC is open to any and all. (Portland Public Library Rines Auditorium, 6:00 — 8:00 pm). Several other kickoff meetings will take place at different times/locations to allow for a variety of schedules.</p>

Topic	Discussion	Actions
	<p>individuals with functional needs in general assistance shelters.</p> <ol style="list-style-type: none"> 2. Routine Seasonal immunization. 3. Support of strategic national stock pile points of dispensing (PODs). 4. Alternative Care Sites support. <p>Over 600 people have expressed interest in the Cumberland County MRC.</p> <p>There will be a kick off meeting on Tuesday, August 20, 2013. The meeting will be from 6 pm to 8 pm in Rines Auditorium of the Portland Public Library.</p> <p>An excessive heat assessment and planning process is being worked on for the District Public Health Improvement Plan preparedness priority. Slides for this topic can be found in Appendix E. A survey was distributed in the meeting packet and can be found in Appendix F.</p>	<p>Becca will send a survey monkey to the whole Council list. Please fill out the survey. A planning meeting will take place July 31 for those interested in direct involvement.</p>

Topic	Discussion	Actions
<p>“Skin-in-the-game” Matrix</p>	<p>Becca Matusovich reviewed the “Skin-in-the-Game” Matrix. The matrix maps out members of the Council and participation in District Public Health Plan priorities. The matrix can also assist with internal coordination at the organizational level and identify gaps.</p> <p>At a future meeting, the Council will be asked for input about how to recognize those individuals and organizations that are involved.</p> <p>The Matrix can be found in Appendix G.</p>	<p>No action required.</p>

Next Meeting: Full Council—September 20, 2013 at Rines Auditorium, Portland Public Library located at 5 Monument Square, Portland. Executive Committee—August 26, 2013 at City Hall Room 24, 389 Congress Street, Portland.



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Immunization Program
Tel. (207) 287-3746
Fax (207) 287-8127

INFLUENZA VACCINATION COVERAGE AMONG HEALTH CARE WORKERS IN MAINE HOSPITALS

2010-2011 Influenza Season

- Reporting period : September 1, 2010 – March 31, 2011
- Percentages are based on data reported to Maine CDC by health care facilities and calculated as (number of employees vaccinated as of the date of report) /the number of employees at risk
- Employees at risk: all persons having direct patient care or contact with patients at high risk for flu or its complications [e.g., those with high-risk medical conditions and/or 65+ years old].
- Hospitals were de-identified and nine facilities did not report usable data for 2010-2011.

2011-2012 Influenza Season

- Reporting Period: September 1, 2011- March 31, 2012
- Percentages are based on data reported to Maine CDC by healthcare facilities and are calculated as: (number of paid employees vaccinated at the facility plus number of paid employees vaccinated elsewhere) /total number of paid employees
- Paid employees: includes all persons, both full and part-time who receive a direct paycheck from the reporting facility whether or not such individual provide direct patient care
- Hospitals were de-identified and one facility did not report usable data for 2011-2012.

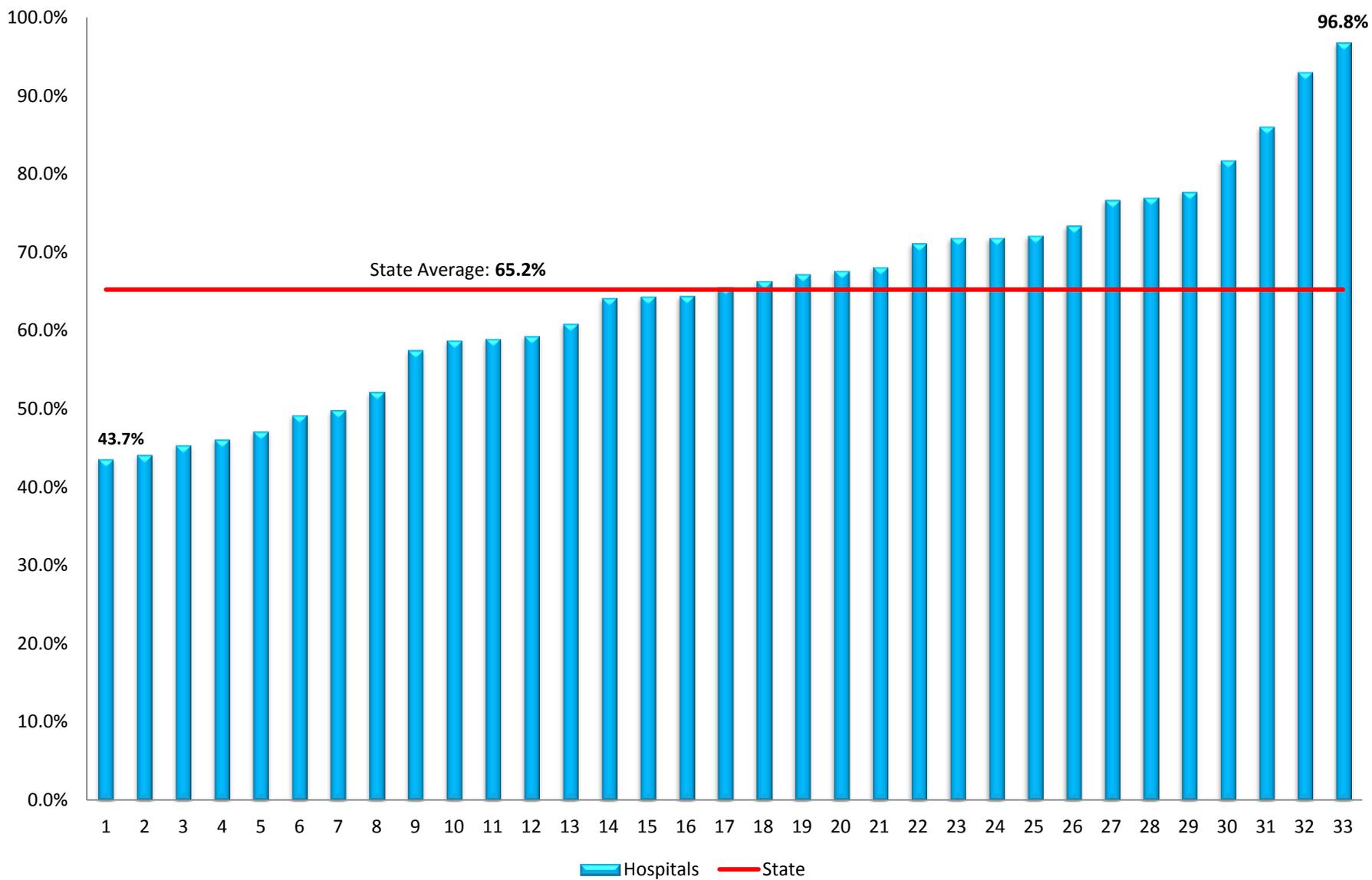
2012-2013 Influenza Season

- Reporting Period: September 1, 2012 – March 31, 2013
- Percentages are based on data reported to Maine CDC by healthcare facilities and are calculated as: (number of paid employees vaccinated at the facility plus number of paid employees vaccinated elsewhere) /total number of paid employees
- Paid employees: includes all persons, both full and part-time who receive a direct paycheck from the reporting facility whether or not such individual provide direct patient care
- Data was adjusted for medical contraindications. [Medical contraindications was not included in previous surveys]
- Hospitals were identified and all facilities reported usable data in 2012-2013.

NOTE: The numbers representing the de-identified hospitals in 2010-2011 and 2011-2012 graphs do not correspond to each other neither does it correspond to the identified hospitals in the 2012-2013 graph.

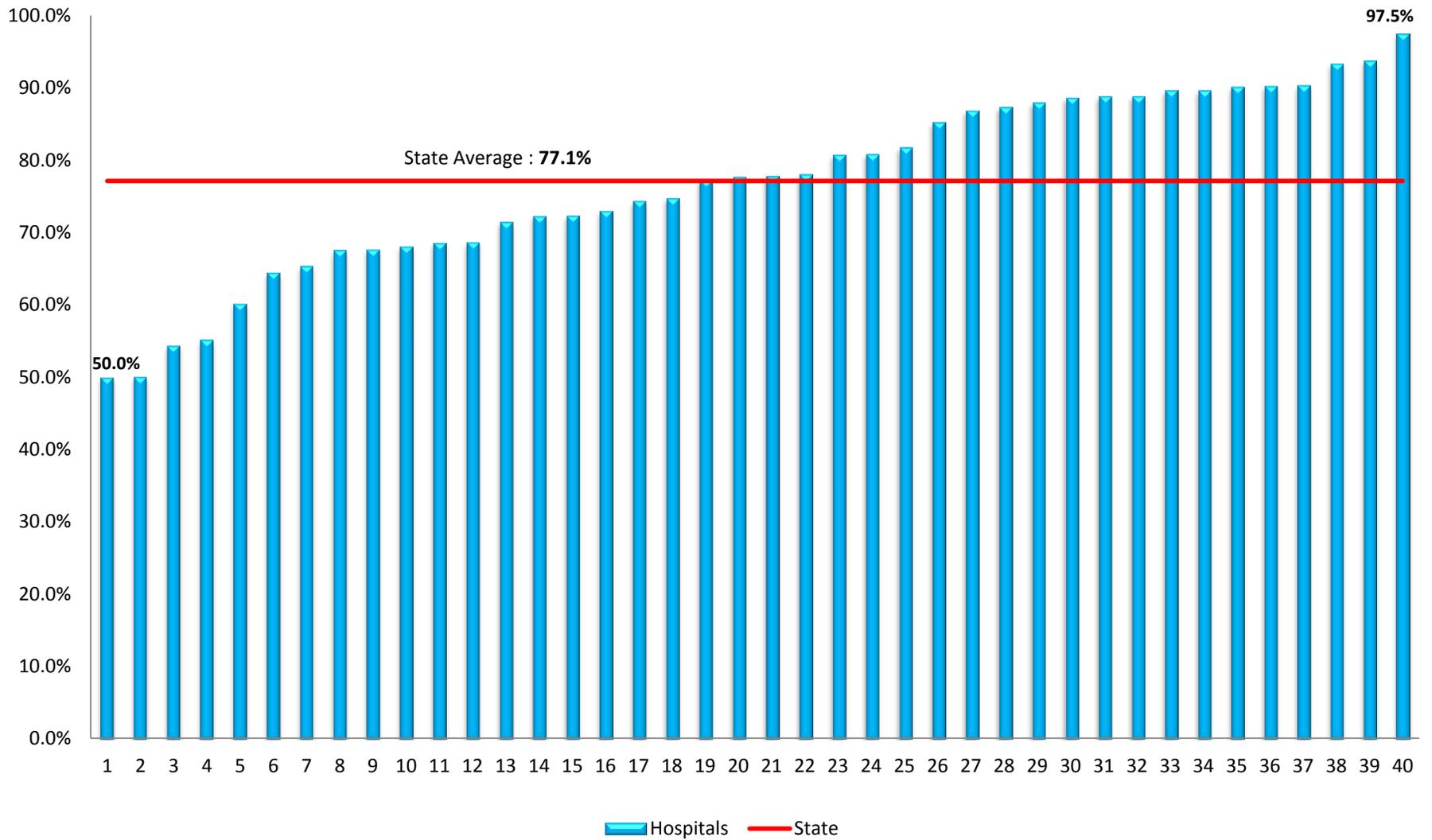
2010-2011 Influenza Season

Percentage of Paid Employees Vaccinated Against Influenza During 2011-2012 Season, by Facility



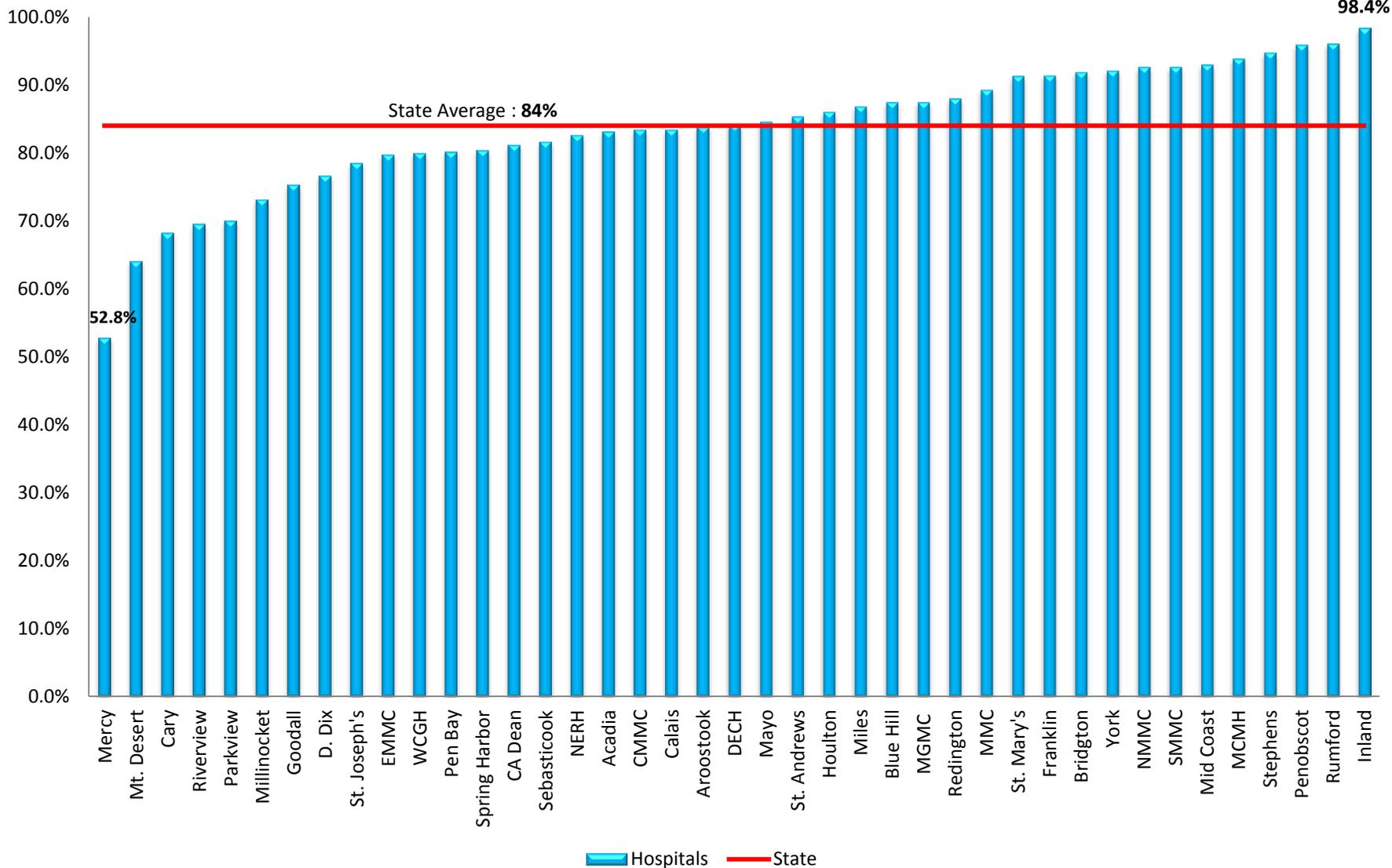
2011-2012 Influenza Season

Percentage of Paid Employees Vaccinated Against Influenza During 2011-2012 Season, by Facility



2012-2013 Influenza Season

Percentage of Paid Employees Vaccinated Against Influenza During 2012-2013 Season, by Facility



This year, let's **STICK IT** to the flu.

Have you gotten
your flu shot yet?
It PROTECTS
you and those
around you.



Bankole,
Westbrook



Naomi and Nora,
Gorham



Adam,
South Portland



Nelida and Shawnee,
Windham



Tom,
Cape Elizabeth



Just dial 2-1-1 or visit
www.211maine.org
to find a free or low-cost
flu clinic near you.



Have you gotten your flu shot yet? It protects you and those around you.

¿Aún no se ha vacunado contra la gripe? La vacuna lo protege a Ud. y a los que lo rodean.

Avez-vous déjà pris le vaccin contre la grippe? Il vous protège ainsi que votre entourage.

Weli ma'aadan qaadan talaalka hargabka? Wuxuu daafacayaa adiga iyo dadka ku dhow oo dhan.

هل حصلت على لقاح الانفلونزا؟ لأنه يحميك ومن حولك



Call 2-1-1 to ask where you can get a flu shot.

Llame al 2-1-1 para averiguar dónde puede vacunarse contra la gripe.

Composer le 2-1-1 et demander où vous faire vacciner contre la grippe.

Wac 2-1-1 saad u ogaatid goobaha aad ka heli kartid talaalka.

أتصل بالرقم ٢١١ لمعرفة الاماكن التي يتوفر بها لقاح الانفلونزا.



Meeting Report

Cumberland District Public Health Council: Mental Health and Substance Abuse Workgroup

Date: Tuesday, July 9, 2013; 5:30 – 7:00 pm

Location: Feeney Conference Room, Cumberland County Courthouse, Portland, Maine

Reported by: Elizabeth Trice and Mark D. Grover

We had a strong attendance of 27 leaders in mental health and substance abuse fields in the region, a constructive discussion, and a decision to move forward with a six-month project.

Highlights from the meeting:

The group is officially a work group of the Cumberland District Public Health Council. The CDPHC is a place where larger coordination and analysis in public health is done, all are encouraged to learn more at <http://cdphc.portlandmaine.gov/>

Commissioner Grover proposed a six-month campaign to create a card to promote existing hotlines. He expressed his gratitude to the large number of professionals who have answered his request for participation. He thanked Cumberland County for providing a meeting location and food.

A number of participants agreed to be responsible for the delivery of the project tasks.

Keep an eye out for an invitation to join an electronic discussion, either via an email system or a bulletin board.

That forum can be used by others who wish to invite conversation around larger issues which were raised such as: Coordination of continuum of care, Referral and access to services for vulnerable population (Youth, immigrants, LGBT, people without insurance), lack of system funding, jails/shelters as service of last resort.

Project Plan:

- Duration: Six Months
- Focus: Increase awareness of available resources to people in early stages of MH/SA concerns
- Summary: Simple county-wide publicity campaign: “Do You Just Need to Talk?”
- Measurable goal: Increase call volume to 2-1-1, 866-771-WARM, 774-HELP or statewide number, and other gatekeepers.
- Methods:
 - Small project within current group resources.
 - One volunteer to take responsibility for delivering each task. However, entire group is requested and encouraged to participate in all tasks and provide resources.
 - All discussion, decision-making and feedback via electronic means.
 - Reconvene in six months to evaluate success and to choose next small project.
- This is intended as a bootstrap project to get the workgroup going. Further projects will enable to group to continue indefinitely as long as there is interest.

Tasks and Roles:

Project Management – Cmmr. Grover will act as cheerleader and facilitator during the initial six-month project.

Communication mechanism for the group – Liz Trice will research and create something that allows for both broad announcements to large group and also discussion for smaller subgroups.

Card design – Tina Clark will take lead to produce a camera-ready PDF file for both 4x9” and 2x3½” formats. Some initial thoughts: Front side to list the statewide 211/warm/hot lines. Back side to use the hook “Do You Just Need to Talk?”. Are you seeing this in a loved one? Are you worried about someone? What to do. . . How does a community respond?

Financing – Cmmr. Grover will seek funding from CDPHC and coordinate requests to other workgroup participants.

Printing – Lois Reckitt will work with Dale Rand

Distribution – Medical offices, schools, fire stations, churches, colleges, when people are exiting jail. Lisa Wishart from Crossroads working with Crisis Services will lead.

Public Relations: Stephanie Hanner will write a press release when distribution begins, and be the media contact.

Evaluation: Pat McKenzie will collect data on call volume, comparing December 2013 to December 2012, etc.

Timeline: September 9: camera-ready design complete and agreed upon by the group, begin printing, distribution. Preparation work by each task leader can be accomplished in parallel.

Follow-on Project: A volunteer is still needed to create a set of additional project plans of similar scope and within the group’s resources. The entire group would then choose one from among the plans, accept assignments, and launch the next six-month project.

Additional Discussion Notes:

- All workgroup members are encouraged to participate and contribute to any of the project tasks.
- OA has developed card “pyramid” and branding that covers continuum of warm line/ hotline
- Family crisis has hotline
- There is a statewide hotline that funnels to the correct line, which works well.
- Police have a gray card that they are required to give out in DV cases, which works well.
- After a recent PSA, calls to one line increased 35%; Manager at channel 6 may be interested
- Crisis service is best when you have a single number, single branding, any door can get people to the right place
- During the project, there will be ongoing electronic discussions for choosing the next six-month project to continue to address the large number of problem areas that concern the group.

The meeting ended at 7:00 PM after a group consensus vote to adopt the initial six-month project plan as discussed.

List of Meeting Participants:

1. Charlie Bernacchio USM Counselor Education Program
2. Heather Bigger – Community Counseling, Portland Defending Childhood
3. Liz Blackwell-Moore – Communities Promoting Health
4. Beth Blakeman-Pohl- Casco Bay CAN
5. Mike Blanchard, Amistad INC SAMSA grant
6. John Bradley – Preble Street
7. Tina Clark, Tri-County Mental Health Services
8. Paul Coleman – DHHS SAM Cumberland and York County
9. Peter Crichton- Cumberland County
10. Steve Dahle, Community Corrections
11. Mark Grover, Cumberland County
12. Stephanie Hanner- Sweetser
13. Rebecca Howes, Day One
14. Scott Hutcherson- Community Counseling Center
15. Ronni Katz- City of Portland Public Health Substance Abuse Prevention
16. Cathy Kidman – Executive Director NAMI Maine
17. Carolee Lindsey – Catholic Charities, Cumberland County Drug Court, St. Francis Outpatient and IOP, Androscoggin Drug Court.
18. Steven McDermott- Volunteers of America
19. Pat McKenzie- Opportunity Alliance
20. Mary Jean Mork, Maine Health/Maine Mental Health Partners
21. Darlene Panzino – Maine Health Maine Mental Health- clinic director morrison place
22. Debra Poulin, Community Counseling- Access
23. Lois Galgay Reckitt- Family Crisis, offices in Bridgton, Brunswick, Long Creek
24. Chanda Sinclair – Portland Public Health
25. Liz Trice, Cumberland County
26. Karen Wentworth- Family Crisis
27. Lisa Wishart- Crossroads

It should be noted that invitations were sent to about seventy professionals in the field, and a number were interested but unable to attend the meeting. They will be invited to participate in the electronic discussion.

Cumberland district preparedness for excessive heat emergencies

Becca Matusovich
Maine CDC
Cumberland District Public Health Liaison

July 10, 2013

Imagine this scenario

- NWS issues an Excessive Heat Warning, predicting the next 3-4 days with a heat index of 105 (i.e. temp of 98 with 40% relative humidity)
- Nighttime temperatures expected to remain well above 70 degrees.
- Using fans is ineffective when the heat index is above the mid-90s.

Concerns

Serious health impacts of excessive heat exposure:

- Heat exhaustion (weakness, dizziness, fainting, nausea, vomiting)
- Heat stroke (altered mental state, throbbing headache, confusion, nausea, dizziness, rapid pulse, high body temperature 106 degrees+, can be fatal if untreated)
- Heat related symptoms can include difficulty breathing, dehydration, and exacerbation of chronic conditions

The National Weather Service estimates that over the course of the last decade, annual heat fatalities averaged approximately the same number (115 per year) as fatalities attributable to hurricanes.

Populations at increased risk

- Seniors (65+)
- Infants and young children
- Pregnant women
- People with mental illness or substance abuse disorder
- People with chronic conditions (heart disease, diabetes, obesity, high blood pressure, asthma)
- People with mobility restrictions
- People engaged in rigorous outdoor work or exercise
- People living in poverty or socially isolated
- People who are homeless
- People with language barriers who may lack access to current information

If this scenario occurred next week...

1. Are there specific actions you would be likely to take under these circumstances (in your professional role)?
2. Do you have formal plans or protocols in place for a heat emergency of this nature?
3. Are there steps you think your organization would be the logical entity to implement, but for which you are not prepared?
4. What information would you wish you had available to you under these circumstances?
5. What other local partners would you expect to be taking action in this scenario (and what action would they be taking)? (Do you know if they have formal plans in place to take this action or is this an assumption?)
6. Who else should we ask these questions beyond the people normally at these meetings?

Next steps

- Survey (based on above questions) to collect broad input from you and others with potential key roles in a heat emergency
 - You will receive a link to an online survey, please respond by 7/26
<http://www.surveymonkey.com/s/NCQPLLB>
 - Or if you prefer paper, fill it out today?
- We are reviewing other heat response plans for good models
- Small group meeting to develop a district/county level plan and strategies for a heat emergency (July 31)
 - Action strategies, i.e. how will we make sure people can access cooling centers, alternative care sites or other triage for heat related illnesses?
 - Communications strategies, i.e. how will we make sure people have the information they need to protect themselves and others from the health impacts of excessive heat?
- *If you are interested in being part of this meeting, please let respond to the survey (or let Becca Matusovich or Jim Budway know)*

Survey: Preparedness for Heat Emergencies – Cumberland district

July 2013

Name: _____

Title/Role: _____

Organization: _____

Email: _____

If you want to be invited to join the planning meeting to develop a Cumberland district plan/strategies for heat emergencies, please check this box:

Imagine the following heat emergency scenario is unfolding:

- NWS issues an Excessive Heat Warning, predicting the next 3-4 days with a heat index of 105 (i.e. temp of 98 with 40% relative humidity)
- Nighttime temperatures are expected to remain well above 70 degrees.
- Using fans is ineffective when the heat index is above the mid-90s.

1. Are there specific actions you/your organization would be prepared for and likely to take under these circumstances?

2. Do you have formal plans or protocols in place for a heat emergency of this nature?

3. Are there steps you think your organization would be the logical entity to implement, but which would require planning/preparation that has not been done at this point?

4. What information would you wish you had available to you under these circumstances?

5. What other local partners would you expect would be taking action in this scenario, and what action would they be taking? (Do you know if they have plans in place to take this action or is this an assumption on your part?)

6. Any other comments/questions/suggestions? (use back if needed)

