

Penquis District Coordinating Council
MINUTES
April 30, 2010

In attendance: Jessica Fogg (MECDC); Penny Townsend (RSU 19); Brenda Moody (LHO Glenburn/American Red Cross); Dale Hamilton (CHCS); Paul F. Ducharme (DDPC); Jamie Comstock (Bangor Health and Community Services); Theresa Knowles (HAN); Robin Carr-Slavenwhite (PHNP); Shawn Yardley (Bangor Health and Community Services); Greg DuMonthier (State Drinking Water Program); Robin Winslow (Sebasticook Family Doctors); Karen Hawkes (Healthy SV); Lisa Dunning (EAAA); David Proffitt (Acadia); Catherine Kurr (Spruce Run); Marcia Young (Westgate – LHO Charleston); Linda McGee (PHNP); Robin Mayo (Piscataquis Public Health Council)

Item	Discussion	Action
Welcome	Dale Hamilton welcomed everyone and introductions were made around the table.	
State Coordinating Council (SCC) Update	<p>Robin Mayo reported on the latest from the State Coordinating Council. Robin provided documentation about the SCC because she has had a number of questions about the SCC. This information included the make up of the council, the purpose and district update information which is reported to the SCC on a quarterly basis.</p> <p>Robin has three questions that are part of the reporting requirements. They want to know in district or multi-district collaborations – if any are going on; if any have improved because of this group being formed. Robin asked for comments.</p> <p>Greg DuMonthier said that a lot of people who were not aware that there is a State Drinking Water Program that regulates public water supplies now know that this program exists.</p> <p>Jamie said that the H1N1 efforts this year were helped by this structured process and all the partnership.</p> <p>Shawn mentioned the multi-district grant that was received for capacity building. Jamie agreed and was asked to explain what this entailed. Jamie explained that the Central and Penquis Districts</p>	

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>applied for and received a grant from the Maine Center for Disease Control to increase capacity building within those two districts using technology. They have been able to create a shared web environment – which is still being worked on – so that files, documents, training materials and presentations can be shared. A lot of time is spent asking each other for different materials. With this environment the material can be loaded there and is available to everyone. All of the HMPs in the two districts were assessed for their technology and money from the grant was used to purchase hardware to get everyone up to the same level. They have been working on integrating Web 2.0 tools such as Skype into their day-to-day work so that they are more efficient in their work. That is how the younger generation works, so it is really important to know how to use those types of things and use them effectively in order to engage that generation.</p> <p>Robin said the next question is: Issues or topics to be addressed by the State Coordinating Council. Are there any issues that the DCC would like to see brought to the SCC?</p> <p>Robin asked the LHOs in attendance how the training was working. Brenda Moody explained that this is all very new to her, she is half way through the book, she works for the Red Cross Disaster Services. The information that she has received has been helpful for her to let her know what she needs to look at in her community. She is also working with the Economic Development Committee and it has been helpful for her – a lot of new information.</p> <p>Shawn said one of the things going forward is the development of effective relationships around funding opportunities that will be coming down from the federal level. He has found Dora and Trish's answers at the meeting very inadequate. He has no doubt that MeCDC will put resources together to see where their opportunities are in relation to funding coming from the federal</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>government. He does not have the same confidence that they will be able to do that on our behalf, because they do not know what is going on as much at the local level – what assets and opportunities might be there. Shawn said the recent award of ARRA funds did not leave him with the confidence that that is happening. They either have to step up and partner with us in a meaningful way and not just think we are going to sit back and see what they get and what trickles down to us.</p> <p>Dale said that Shawn makes a great point. It seems like one of the issues is we have these districts, but it is set up now – rather than using the districts and having an identified need, having some method to prioritize where resources should go and being able to know where there is a gap and trying to weight that. Then make decisions about dollars. It's not done that way, there is no prioritization about needs and directing it. The grant they were working on is a great example. If that had been looked at about where the greatest need was and where there was a resource gap, it probably would have been differently. Unless that prioritization happens in some way, and the SCC would seem to be a good place for that discussion to happen about how do you prioritize. We are promoting competition where ultimately it doesn't address needs, it's just who – in somebody's opinion – develops the best proposal.</p> <p>Shawn said part of fundamental priority of the work of the public health work group – as the next step -- was to work with our federal delegation – working with them to encourage the federal government to grade the money rather than it come down in silos. They did some of that at the state level with OSA money and education money and things like that, but they haven't taken the next step. Now more than ever it is time to do that.</p> <p>Brenda added, most of the districts have some very qualified people. When Civil Defense</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>stopped the communities worked together and really prepared. With H1N1, everything came together fast, effectively right on target. You have people on committees at the top level that are looking to do what they think the people on the lower level don't know. They are all ready there – they are above it. It would almost be better for some here to be the coordinator on the State level instead of other people coming together and trying to access the needs. Most towns know their needs and know where they are at and just need help getting what they need. From what she hears from Dr. Mills, it appears she is not aware of just how different and diverse every area is and the people in that area do know their needs and they can't compare them to the needs in southern Maine or northern Maine or over in the mountains. They are all different and that has to be looked at and come from down here up to there instead of from there down.</p> <p>Theresa asked if needs assessments have been done for each of the districts. At the state level do they know that if we get this sort of funding from the government that this is the area of the state, this is the area of the state that really needs this funding. Is there any sort of sense at the state level where we need to be shifting certain types – for example, money to support diabetics should go to this area because they have a huge population of diabetics.</p> <p>Jessica said that various departments keep information on populations and the different health indicators. Each of the districts have been working on the MAPP process and that is a strategic plan around the ten Essential Public Health Services. The Health Maine Partnerships have been engaged in that process. Some of that assessment will be done during the second part of this meeting. They have also completed a Local Public Health System assessment wherein they did a self-assessment of the district's public health system, looking at the 10 Essential Public Health Services, the model standards for each and that</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>information is available for the new people that would like to see that information. They looked at how they rated themselves and where they might have weaknesses and needs and part of where we are moving is to develop a district health improvement plan in which we have identified some gaps in areas that we may have need in. From there is does not know about potential funding – Shawn has talked about healthcare reform – we know that there will be dollars somewhere at some point for somethings. The information is not completely cataloged in one uniform area, but there is definitely activity in certain areas. In terms of an official needs assessments, Jessica said that she does not know the answer to that.</p> <p>Jamie added, a few years ago there was some colorectal cancer awareness money that was given to HMPs to do work – not around to getting more people screened – it was to increase people’s awareness that they typically had assess to this benefit. There was a mismatch of benefits available and the people taking advantage of that benefit. The HMPs were involved in an exercise with Maine CDC to look at rates of colorectal cancer in each of the districts. Some counties were higher than others, but they weren’t able to determine why the rates were higher. If it was because more people were being screened then it was because the colorectal cancer was identified as a greater rate, or if, in lower areas people weren’t getting screened and it wasn’t identified. In the end they decided to distribute the money equally between the eight public health districts and the HMPs. There is some effect to do that, but there isn’t an agreement on how to move forward once a greater need is identified somewhere.</p> <p>Robin Carr-Slauenwhite said that one area she can think of is leading-poisoning prevention – some funding was distributed throughout the state; however, there were two high density areas – the City of Bangor and Portland/Lewiston – they</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>used the data to determine high-density areas, so more funding went into those areas. This is not consistent.</p> <p>Jessica said that Theresa’s area received funds for a needs assessment and Jessica didn’t know if Theresa was involved in that assessment. Theresa said that she was peripherally involved. They are working with Penobscot Valley Hospital, Millinocket Regional Hospital and Katadin Valley Health Center to do a needs assessment of northern Penobscot County. When the assessment is complete, they will try to shift their uses based on the needs of the communities so that they are not duplicating services and are not leaving large gaps in services for patients.</p> <p>Penny said that in the school setting they are seeing more outbreak of disease because of a lack of immunization. There have been more cases of chicken pox and other diseases. They are always trying to push working with healthcare centers on getting their vaccine rates up. That might be something that can be discussed.</p> <p>Jessica said that this came up at a meeting she attended the day before and she knows that Maine Immunization Program does try to get the message out and work with their partners in the community to get – especially preventable diseases that can be eradicated through vaccination. They do try to work with their partners to do that.</p> <p>Penny said she worked with the Immunization Coalition on the bill that just passed. They are looking to change the requirement that the children have two varicella instead of one to be able to get into school. Now they are trying to pinpoint which one should be required and the exceptions and that whole process. As part of this, they are starting to look at doing more flu shot clinics in the schools on an annual basis and they are starting to move in that direction – there has been a lot of discussion -- negative</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>discussion – so if the State Coordinating Council could help school partner with someone – they partnered with Seabasticook Family Doctors and it worked extremely well – some schools did not have a partner and were left on their own. It is a shame that some of those schools were left on their own. Penny said that they reached a lot of children through flu clinics that would have not received a flu shot if it wasn't for the clinics.</p> <p>Shawn said this speaks to the fact that one model does not fit for the whole State and there needs to be some flexibility in order for the community to decide how best to do it – rather than a template that says all schools should do it. Penny said that maybe providing assistance to those schools that have a hard time and that couldn't find a good partnership maybe those resources could be used for that.</p> <p>Robin said that from Mayo Regional Hospital's perspective – they partnered with several of the schools in their area, but she doesn't know how that would happen in another year, because this was pandemic type situation for the flu shots. She doesn't know if that partnership could continue.</p> <p>Penny said they will continue to look for other sources of grant money for this to continue in her area. Seabasticook Family Doctors have not seen a single case of flu this year in their pediatric population and attribute it to the flu clinics that were held. The statistics of why it is worth the time and energy are there.</p> <p>Shawn said this speaks to the debrief that was done – the data showed that in Washington and Piscataquis Counties there was one homeless person in those two counties. Someone could look at that and determine that there isn't a homeless problem in Washington and Piscataquis Counties so we will put the resources somewhere else. That approach makes a spiral that leads everything to Portland, because they have the most homeless. They have the most homeless</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>because they have the most services. Policy discussions are made on data that doesn't tell the whole story. It is not a good approach and Shawn thinks that is the role that the SCC and DCC could play, if anyone is listening to either of those groups.</p> <p>Dale asked for more information on the needs assessment grant. Theresa explained that the grant is through the office Rural Development. There are a number of grants on their website and this is one that fitted their needs. She explained that not only is it a needs assessment, but more importantly it is a collaborative grant because she are talking about the silo thing (we get a grant and we work on what we are doing in our facility and not really impacting the way other people are affecting their patient population or what they are trying to achieve). Theresa said from her prospective this is more of a collaborative grant – trying to see what services are available, where they are available, are there services that aren't being provided that are needed – to make sure how to better serve the populations without duplicating services. The needs are around all healthcare – transportation, day to day social needs, healthcare needs, services they may not be able to get in the area and have to travel long distances to get, involved focus groups.</p> <p>Dale said that one reason he asks is that his pet peeve is how many times needs assessments are done and many different places and also bring all the stakeholders together to look at it. From the State's perspective the focus has been on integrated care and primary care and behavior health services and if you are looking at those kinds of needs, that is glaringly not a part of what you are talking about.</p> <p>Dale thinks that one of the things the DCC and SCC need to do is to determine whether needs assessments are being duplicated, how are those being related – when one is being done, how do we bring it back to something else. If all we do is</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>assess needs, we get in the pattern of measuring – saying we need this, we need that – but we don't get to the place of taking those needs and figuring out how to fill those gaps. This is a great forum to be able to bring back what the assessments have found and for this group to be able to push the state for more resources in the needed areas and look for funds to help support these things. It is connecting some of those processes that are not well connected.</p> <p>Jessica added that she likes what Dale said. She referred to EPHS #7 and said that needs assessments in various areas may identify needs that are similar in the areas and they would be able to connect things together.</p> <p>Theresa said that when there is a needs assessment done in Penobscot County, if focuses on the Bangor area and some of the needs assessments that are more healthcare related didn't show transportation as an issue at all. There is a lot of public transportation in Bangor. In Lincoln, there is no taxi, no bus, no means of public transportation. Lynx requires a two-day notice in order for them to be used. If people who are sick need to get to the doctors and have to wait two days and those two days are huge issues. This is why they figured they needed to go further north because most needs assessments are focused in the more populated area of Penobscot County, which is not a true representation of other areas of the county.</p> <p>She doesn't know how long this process is going to take, but the plan is to meet with all of the stakeholders in Lincoln and identify how can we come together to meet the needs of our patients. That is the plan.</p> <p>Dale said that he wasn't targeting Theresa and her needs assessment, but since the subject came up he feels that this is something that does need to be dealt with – is was not meant at a criticism of their assessment.</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>Jessica added that there is a level of local work that will still need to be done. Health Maine Partnerships are local and they do a lot of local work and this will continue regardless of the DCC process. Jessica said that she thinks it is great that there are a number of assessments being done and a place to start identifying and sharing needs. Then some of the bigger issues can be filtered up to the SCC level.</p> <p>Robin said that she appreciates the feedback she is getting, the last question is:</p> <p>Other district issues external to the DCC that impact public health. Some of which was covered in the last conversation.</p> <p>Shawn said that we have to recognize the inherent competitive environment that the current economics and history creates. The idea that we are all looking to survive and most of us survive, in some fashion, from one funding cycle to the next whether that is government dollars or grant dollars.</p> <p>He is hosting a grant summit in June for our twelve-town public health district and in doing that we found out that there is a similar effort under way with some funds that are happening across Health Maine Partners. Part of the process is to actually hire someone or designate someone to do some research at the federal level on grants. Dora and Trish said they are going to hire someone to do that. Looking at all the resources that are being marshaled to try to do something – one of the pieces of the facilitated discussion will be – acknowledgement and agreement that there will be times when we compete and times when we will collaborate and there will be times when someone is the lead – there are times when we do that now based on relationships. Shawn said that he knows he has good relationships with the City of Portland, but he knows at times we are competitors for the same money. How do we</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>when we can agree to come together and support all of Maine. We have to do that locally. We have to challenge the SCC -- for those that haven't been there, the SCC doesn't get to this level of discussion at all. The SCC is too busy doing the formatting and have the time to look at H1N1 updates, responding to State Healthcare Plan needs and stuff that doesn't get at some of these things. He is hoping that they will get at it sometime, but have not done it yet. Having those agreements would be helpful. There is a lot of competition at the SCC level.</p> <p>District Health Improvement Update:</p> <p>Jessica reported that on May 4, the Executive Steering Committee and District Health Improvement Committee will undertake a process to get started with the State Health Plan. Dr. Meredith Tipton will be joining us at that meeting to help organize the discussion – the idea being to frame something up to share with the district partners and get some feedback before the June DCC meeting and hopefully present that draft plan at the June meeting, get some sign off on it or start making changes. Really looking at what are the various organizations doing in our area. What is the evidence-based practices that are happening. We need to look at the assets that we have.</p> <p>The meeting then progressed to the Forces of Change Assessment.</p>	
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.