Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
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Statewide Coordinating Council for Public Health

Meeting Minutes for June 14, 2012, 11:00 am to 3:00 pm
Augusta Armory, 2nd floor, 179 Western Avenue, Augusta, ME

In attendance:

Members

Shawn Yardley, Dr. Sheila Pinette, Sharon Leahy-Lind, Andrew Coburn, Jim Davis, Stephen Fox, Joanne Joy, Tom Lizotte, Martha Webster (for Melanie Loyzim), Robin Mayo, Geoffrey Miller, Lorrie Potvin, Connie Putnam, Megan Rochelo, Clarissa Webber, Jerry Whalen

Stakeholders

Jessa Barnard, Nancy Beardsley, Jamie Comstock, Leticia Huttman, Susan Kring, Rebecca Mar (for Kevin Lewis), Kate Perkins, Kristine Perkins, Valerie Ricker, Becca Smith, Cheryl Swingman-Bagley

Interested Parties

Jamie Paul, Christine Zukas, Joe Mando, Jessica Fogg, Al May, Charles Dwyer, Paula Thompson, Becca Matusovich, Caroline Zimmerman, Lisa Sockabasin, Jennifer McCormick, Katie Woodbury (Note taker)

SCC meeting convenes. Shawn Yardley brought the meeting to order at 11:00 AM, followed by introductions of meeting attendees.

Review minutes & **evaluation results**. Dr. Sheila Pinette reviewed the minutes from the March 22, 2012 meeting. Minutes accepted as written.

Dr. Pinette also reviewed with participants the evaluation results from the March meeting.

Discussion: Moving the Public Health Infrastructure forward

Dr. Pinette read the SFY13 budget narrative from the statute for attendees.

Budget Language part G - "Not withstanding any provisions of law and implementing the reduction in funds for a Healthy Maine funding for the FHM Bureau of Health Program Community School Grants account the DHHS may not reduce the number of Healthy Maine Partnership Coalitions established under the Maine Revised Statutes including 1 Tribal and 26 geographic comprehensive community health coalitions that are approved for funding in FY12 & FY 13 as of May 1, 2012 and are in compliance with the terms of their contact as provided in this section. As the Department determines that fewer Healthy Maine Partnerships are required the Department must seek and receive approval of a majority of the members of the Statewide Coordinating Council for public health for a reduction in the number of coalitions.

The following statement also read by Dr. Pinette is related to the Fund for Healthy Maine cuts mandated by the legislature, and information on how these budget reductions will effect Healthy Maine Partnership funding. Dr. Pinette noted that this funding structure was approved less than 24 hours before this meeting.

<u>Community and School Grants and Statewide Coordination 095307: Funding Reduced from $7,536,860 to $4,771,915</u>

- *Maine CDC will contract with 9 "Lead HMPs" (8 geographic, 1 Tribal)*
- *The Lead HMPs will be required to subcontract with the remaining 18 "Supporting HMPs."*
- *Lead HMPs will receive approximately $281,000. This is a combination of Component A and Component B funds.*
- *Supporting HMPs will receive base funding of $120,000 from this 07 Account*
- *The formula for Office of Substance Abuse funding will not change. Funds will likely go out through the same structure of Lead HMPs to continue the work around substance abuse prevention.*
- *We encourage Lead and Supporting HMPs to apply for additional resources through public and private opportunities.*
- *This restructuring accomplishes the following:*
    - *supports an infrastructure with limited resources that is more accountable, streamlined, reduces administrative overhead and duplication of work.*
    - *reduces the administrative burden for the Maine CDC and Division of Contracted Services by reducing the number of contracts from 27 to 9.*
    - *with reduced resources, we will continue to work to ensure that the work of the HMPs has a significant focus on populations that are at risk.*
- *Lead HMPs were selected based on their performance in these areas:*
    - *collaborative partnership with Maine CDC,*
    - *compliance with contract expectations,*
    - *ongoing support and promotion of new/developing public health infrastructure,*
    - *efficient use of public resources.*
- *School based health coordinators will not be funded. Lead HMP contracts will have an expectation that the HMPs reach out to schools in their district.*
- *KIT (Knowledge Information Technology) reporting system will remain intact since this is the reporting system used by the HMPs.*

<u>Public Health Infrastructure 095308</u>
The 9 Lead HMPs receive this funding and it is included in the $281,000 noted above..

- *This provides a base of funding to each of these 9 Lead HMPs and without duplicating this administration in the Supporting HMPs*
- *It provides resources to allow these 9 Lead HMPs to play a leadership role in identifying local priorities and challenges of public health significance and developing strategies to address those local issues.*
- *Work is expected to align with Maine CDC's mission and goals in collaboration with the Maine CDC.*

- *Completion of the health assessment and community health improvement plan which inform the district health improvement plans and the State Health Improvement Plan.*

Next Steps

- *Maine CDC will take part in Consultation with the Tribes*
- *Maine CDC will reach out to the Lead HMPs to negotiate contracts and work closely with them on the transition.*

Proposed DCC By Laws-Guidance and Operating Principles
Shawn Yardley explained the process for reviewing this document and next steps in moving forward. A few weeks before the next meeting, a final draft document will go out that will have incorporated all the feedback from the districts. This will give people one last chance to review the document.

RFP – Robert Wood Johnson Foundation – Kate Perkins MCD – (Please refer to handout).
RWJS will provide two-year grants of up to $125,000 to 18 teams of public health officials, policymakers and other stakeholders that are exploring, implementing and/or improving cross-jurisdictional sharing arrangements between two or more public health agencies.

- Webinar on June 26th
- Letter of intent due at the end of August (29th).
- Kate would be happy to convene a group to explore this with SCC members/stakeholders
- If anyone is interested please contact Kate Perkins at MCD

SCC Subgroup Updates & Report

- Planning & Coordination: Health Needs Assessments*(Jerry Whalen)* gave brief history about this committee and its focus. Please refer to handout for more information (OneMaine Academic CHNA Alignment meeting).

- Health Disparities *(Leticia Huttman) Looking for co chair,* Clarissa Webber volunteered to be the co chair.

- State Public Health System Assessment **(** *Joanne Joy & Steve Fox)*
  -Leadership Revisited & Confirmed
  -Understanding of Charge-Roles & Responsibilities
  -Moving forward & Next Steps

The State Health Assessment (SHA)& State Health Improvement Plan (SHIP)Updates
Sharon Leahy-Lind provided the following overview for participants:

State Health Assessment

- All but 19 of the 167 SHA indicators have been analyzed. 51 are completed and data has been checked.
- Initially working toward a data analysis completion date of 6/30, but will be postponing the 6/25 work group call until sometime in July.

- Plans underway to produce electronic versions of all data, a summary sheet of all indicators, and selected graphs and charts.
- The SHA work group has provided input for the criteria to select data-based priorities. These indicators, along with the summary sheet and background information, will be presented in more detail. All the information will be passed on to those working on the State health Improvement Plan, and the SHA data will be presented or disseminated as part of the SHIP District forums (Refer to SHIP Timeline).

In July, the work group will look at the summary table and confirm the priorities.

- Finalize the process on the District Level and the State Level
- Identify data sources for the SHIP process

State Health Improvement Plan

The Maine CDC internal SHIP core planning group has come up with a preliminary plan to begin this work on the District Level during Fall District Coordinating Council (DCC) meetings.

- To date, two meetings are tentatively scheduled, one in Penquis district on October 30th and in Central District October 23rd. During the last 2 weeks of October and first 2 weeks in November Maine CDC staff would attend these meetings with the priorities from the SHA, along with all other data sources, have a process on the District level for the SHA rollout, then revisit and prioritize for the District Public Health Improvement Plan (DPHIP), and perhaps SHIP. Plans still need to be defined on how Tribal Public Health would like to be included.

- September/October all the SHA will be available on the District Level.

- The SHIP process will be discerned and finalized.

- October/December will have the process moving along to align the dissemination of information and compile the outcomes from the meetings.

- January/March deciding the framework for the written plan is drafted and writing is underway.

- March- May – back out to the Districts and the SCC with the draft plan. Gather all the feedback and then roll out the final version of the Plan June, 2013.

CTG Updates

Statewide Update (Shawn Yardley) –

- All 9 districts have a representative to the SCC now
- Maine's CTG Plan was submitted to USCDC and has been approved as of April 24th
- CTG Action Institute was attended by 60 people
- Maine was selected to participate in National CTG Cost Study – our work is getting a lot of attention in Washington
- Three informal site visits have been scheduled w/all Districts

- Two CTG work groups are going to be proposed, Health Equity and Evaluation Workgroup
- State group may need help in business representation

Evaluations

People were reminded to please fill out the evaluation forms in their packets

Adjourn at 1:50 PM

Next meeting: September 20, 2012, 11:00 a.m. -3:00 p.m., Augusta Armory