



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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 (800) 606-0215

Statewide Coordinating Council for Public Health
Meeting Minutes for December 8th, 11:00 am to 3:00 pm
Augusta Armory, 2nd floor, 179 Western Avenue, Augusta, ME

In attendance:

Members

Carl Toney, Robin Mayo, Shawn Yardley, Tom Lizotte, Megan Rochelo, Clarissa Webber, Jessica Maurer, Jayne Chase for David Stockford, Emilie van Eeghen, Kathy Norwood, Jim Davis, Steve Fox, Joanne Joy, Geoffrey Miller, Lorrie Potvin, Dr. Sheila Pinette,

Stakeholders

Kevin Lewis, Peter Smith, Tim Ford, Nancy Beardsley, Kris Perkins, Jamie Comstock, Christine Zukas

Interested Parties

Valerie Ricker, Leanne DiMaio, Lisa Sockabasin, Morgan Floyd, Becca Matusovich, Al May, Mary Ann Amrich, Deb Wigand, Paula Thomson, Jessica Fogg, Susan Kring, Charles Dwyer, Lisa Miller, Sandra Parker

SCC meeting convenes. Dr. Pinette brought the meeting to order.

Background/Orientation. Shawn Yardley gave an overview of the origin of the public health infrastructure and the evolution of the PHWG to the SCC which officially began its work in the fall of 2009.

Getting to Know Each Other. Dr. Pinette asked each attendee to share a bit about their current role or position and a something about themselves in order that we get to know each other better.

Options for Remote Participation in SCC Meetings. Joanne Joy introduced the subject of exploring options for participation in meetings to avoid the cost of travel. She is willing to collect information on what may be available for capacity among partners to donate to the SCC process for next year, especially as we develop our capacity to do subcommittee work.

Report to HHS. Shawn Yardley reviewed work being done on the report to HHS that is expected to be submitted to the HHS Committee by the end of the year. A copy will be sent to the Committee at the same time as it is being delivered to the Committee

Subcommittee Updates.

Planning and Coordination Subcommittee. Jerry Whelan shared that this subcommittee has discussed the multiple data sets available and whether it can be available in a central place in order to be accessible for assessment and planning work. Collaboration around needs assessments was also a topic of discussion of this group. There has not been agreement of the measures for understanding the performance of our public health system with respect to priority initiatives at the local and state level. It was noted that if we can harmonize the measurement strategy and develop accountability measures, we'd be in a stronger position to represent the structure of public health in the State.

Health Disparities. This subcommittee is interested in providing a resource for statewide efforts for identifying health disparity concerns/issues. The goal is a statewide inventory to connect resources across the State. They are asking the District Liaisons and Tribal Liaisons to report back 3-4 health disparity concerns in the District in order to capture a snapshot of issues in the districts. Send to Carl Toney (ctoney@maine.rr.com) and copy Kathy Norwood. (knorwood@downeasthealth.com) They hope to have a joint meeting with the health disparity ambassadors, review the HM2020 objectives to see how it ties back with health disparity issues and identify how we insure that all populations are being included.

Assessment. This group identified their goal to outline priorities for one year to engage the SCC in the public health assessment. They have reviewed summary reports of the local public health system assessments, reviewed the district priorities, updated on the accreditation process at Maine CDC and updated their charter. They plan to compile data to get picture of their priorities. They hope to engage other stakeholders to us as resources for future work.

Discussion followed regarding the subcommittee work/framework to accomplish the work of the SCC. Question re the feedback loop to SCC to assure work is aligned with the SCC priorities. Some felt difficult in connecting subcommittee members due to schedules. Suggestion of a core group being available for the meetings and others joining as they can. It was hoped that people can clear their morning calendars for the days of the SCC meetings in order to allow them to attend subcommittee meetings. It was recommended that people try to connect by phone in order to bring more people together. There was also a suggestion to allow more time for the subcommittee work and a shorter SCC meeting.

Fund for a Healthy Maine Update. Dr. Pinette gave background and update on the Fund for a Healthy Maine. She noted that the Office of Program Evaluation and Governmental Accountability (OPEGA) report came out in 2009 that reviewed how funds were being spent under the Fund and whether they were in alignment with the original priorities. The Commission was appointed to recommend to the Joint Standing Committee on Health and Human Services how funds should be spent. Focused a lot on primary prevention; wanted to add a 9th criteria—obesity. The Commission will also recommend that every four years there should be a review of the FHM and that the AAG's office review that funds are being spent according to the legislation. No recommendations were made to change how funds are spent. The final report is expected to be out on December 12 or 13, 2011.

There was some discussion regarding the budget proposals recently announced by the Governor. Public hearings will be held starting next week. FHM next Friday will be the hearing. Discussion about how people can advocate/educate legislators about their concerns.

DCC Rep Agenda Items

Drug Abuse (Rx and NonRx). The Healthy Maine Partnerships are involved in a number of trainings and efforts regarding drug and substance use, national drug take back initiatives (3 in last 13 months.) Maine ranked first in collections in New England. Bath salts have been a significant concern in Bangor and across the State. A bath salts poster was developed in Bangor and shared statewide. A forum was held involving interested parties.

The prescription monitoring program through the Office of Substance Abuse is to identify individuals in districts and to promote and advocate provider participation in order to prevent and detect drug diversion. Drug disposal boxes are located in Penquis in some HMP areas. They have consolidated substance abuse prevention efforts in the Penquis District through a substance abuse workgroup

Jerry Whelan discussed (1) the health system drug diversion alerts –successful in Aroostook and Piscataquis Counties. Information is given to providers monthly and they have seen a dramatic change to prescribing patterns. They have reached out to Penobscot as well and it may be implemented statewide. A brochure has been developed and distributed widely to provide information on safe disposal and using 211 for questions about disposal. There is a space to customize the brochures. Additional copies can be obtained from Jerry Whelan. Please e mail him at jwhalen@emh.org with a subject line “**safe disposal brochure.**”

(2) One of EMHS goals is to integrate health system work with public health infrastructure. Clinical and public health activities of his agency were discussed and he provided a copy of a memo outlining the shared goals.

Emilie van Eeghen reviewed the Central district forum held on prescription drug misuse. It included representatives from multiple areas of interest areas. More complete understanding of local issues to create more coordination, collaboration and sharing of resources and preparation for the summit. A lot of education is being done; especially around prescribing practices; health care provider role in the treatment of substance abuse and mental health disorders. There is a lot of interest in stabilizing the prescription monitoring program. They are advocated for changes regarding how to continue safe disposal program and privacy and confidentiality laws that don't allow prescribers and providers to share information that could be useful in limiting the misuse of medications.

ImmPact II. Peter Smith spoke about Maine's immunization registry. He described how this system is moving from a programmatic tool to larger use around the

State. Maine's registry is one of the most functional in the nation. It records individual doses of every child who is in the registry—in essence a portable medical record for immunizations. It manages inventory—vaccines that physicians receive is recorded and usage is recorded. Two major initiatives: (1) Universal immunization program that assesses insurance payors to fund vaccines for all children not eligible for vaccines. All this vaccine will be managed through this program. (2) School-located influenza clinics. When doses are administered in schools the providers can see this information in the registry. The system will also bill for the administration fee for services provided to MaineCare eligibles.

Peter also talked about the Beacon Project in EMHS where they are working to connect electronically parts of the health care system; including immunizations. Information regarding employee flu shots will be included in ImmPact. Another initiative is IHOC (Improving Health Outcomes for Children): metrics of preventive care for children throughout pediatric visits—immunization is one of those measures, lead and hemoglobin. ImmPact is in provider offices to record immunization data; can also record other data, including obesity.

State Integration Task Force Presentation. Cate Chichester presented on the work of the Task Force regarding Behavioral Health and Physical Health Integration. The task force made up of stakeholders representing public health, treatment, community academia consumers and family members. They have been reviewing programs supporting this integration work and identify key elements of success. Recommendations will be made in June. They are working to identify models to advance in Maine and build leadership and shared ownership across the State. They are looking to make a cultural change across organizations in Maine.

Healthy Maine 2020. Nancy Birkhimer briefly reviewed the status of work on HM2020. It is hoped that a draft will be done by the end of December. Maine CDC will be inviting the SCC to review this draft when it is complete and will be providing a method for feedback. Maine CDC hopes to have the document out in final form shortly after the first of the year.

State Health Assessment. Maine CDC is planning for the State Health Assessment. This will present the state population status and will reference some of the results of the State public health systems assessment; it will also inform our State Health Improvement Plan; looking at how to include the district comparison tables. We will be looking for a small group of stakeholders to work through this with us—with broad a perspective or who bring a key sector to the table. Nancy Birkhimer and others will be reaching out to people for nominees.

Community Transformation Grant. Deb Wigand presented information about the 5-year Community Transformation Grant received by Maine CDC. The SCC has agreed to create a subcommittee to provide leadership for this Grant. The grant focuses on evidence-based community preventive health activities to reduce chronic disease and prevent the development of secondary conditions. At least 50 percent of the funding

must be provided to local communities. The focus areas had to include tobacco-free living, active living and health eating and increased use of high impact quality clinical preventive services (high blood pressure and cholesterol.) Maine received \$1.3M for each year of the grant. Strategies will be implemented at the District level, supported by a DCC oversight subcommittee. The SCC will provide oversight and strategic direction using the Leadership Team as a subcommittee of the SCC. State-level management will be performed by Maine CDC staff. Strategies include (1) State-level policy, (2) integrating best practices around active living and healthy eating which will happen at the community level and (3) bridge community care and community resources. The Leadership Team will report back to the SCC on a quarterly basis, at least initially. Electronic updates could also be made available.

Next meeting: March 22, 2012