



Midcoast Public Health Council
Meeting Minutes – February 11, 2020
Knox County Emergency Management Agency, Rockland, Maine
DATED 02-11-2020



Council Members: Cathy Cole – LincolnHealth - Chair; Kate Martin – Healthy Lincoln County (HLC) - Vice Chair; Becky Dinces- Penquis CAP; Susan Dupler- Waldo County General Hospital/Belfast Public Health Nurse; Chris Lyman- Brunswick Public Health Consultant; Rachael McCormick- Penbay/Waldo County General Hospital; Sue Campbell-Out Maine/presenter; Drexell White – Maine CDC; Chris Hall- Town of Bristol; Caer Hallendbuck- PenBay/WCGH; Connie Putnam- Knox County Community Health Coalition; Ben Cooke- The Landing Place; Melissa Scholtz- MECDC PHN

Stakeholders/Guests: Korey Pow- MIYHS/presenter; Whitney St. Clair-PAWS; Shelly Butler- PAWS; Chris Rector- Office of Senator Angus King; Lee Lingelbach- Maine Roads to Quality; Danielle Layton- MYAN; Molly Stone- Knox County Community Health Coalition; Wanda Gamage-Lyman- Knox County Community Health Coalition; Jessica Breithaupt- HLC; Alison Crawford- Waldo County General Hospital/Knox County Health Clinic; Debra ?, Brittany?; Kristy Kinney- Sequel Care of Maine; Katie Tarbox- MCH Inc.; Elizabeth Foley- MCD Inc.; Andrea Saniuk-Gove- Mid Coast Hospital; Jennah Godo- Mid Coast Health/Access Health; Brian Charette- Crisis and Counseling; Brooke Payne- MECDC PHN

Online/On the phone: Ellen Freedman- MaineHealth; Megan Melville- All Clear Emergency

Council Staff: Julie Daigle- Maine CDC

AGENDA	DISCUSSION	ACTION(S)
Welcome/Introductions	Cathy introduced herself and provided reminders that when we take our break, the noise levels need to remain low and people need to congregate away from the wall we share with dispatch.	
Consent Agenda/Council Minutes	Previous Council minutes were approved unanimously.	
Presentation- 2019 MIYHS Data (Korey Pow)	See slides for bulk of discussion; these will be sent out after the meeting. There are four versions of the survey for both high schoolers and middle	- Julie will send out the MIYHS slides to Council

	<p>schoolers; one version of each fulfills the Youth Risk Behavior Surveillance System (YRBSS) data collection requirements.</p> <p>Council member asked who collects the paper survey and how that process works: Students put the surveys in the envelopes themselves. Teachers aren't allowed to walk around or observe the students while they are completing the survey. The students are allowed to opt out or to skip questions.</p> <p>Areas of success- combustible cigarette use, and healthy weight.</p> <p>A lot of the schools that participate are those who have historically participated. Some schools opt out in some years. Would have to analyze the data to find out if there's much changes from survey to survey, in terms of which schools participate.</p> <p>May be able to send an email during the next round of testing to provide some information for local prevention and community health folks to help recruit for participation. This could include sharing results with those who haven't participated in order to show the value of participation. Historically have sent a letter to the Superintendents to thank them for participation and to explain why it's important (among other things, the MIYHS data is consistently used for grant applications) and how it's used; also some analysis to help them present to their districts.</p>	<p>members and other stakeholders.</p>
<p><i>Break</i></p>		
<p>Presentation: OUT Maine (Sue Campbell)</p>	<p>Most of the presentation information is available on the slides, which will be sent out.</p> <p>Have trained over 8000 people in communities on how to create a welcoming and affirming Maine.</p> <p>Note that the term "pansexual" is being used by youth now instead of "bisexual;" this matter because if we use the phrase "bisexual," they may not ID themselves</p>	<p>- Julie will send out the OUT Maine slides</p>

	<p>this way.</p> <p>LGBTQ youth are at the top of high risk categories for youth.</p> <p>OUT Maine is working with the Sidekicks program providers to help provide alternatives to suspension. Compared to the use of combustible cigarettes, this is more difficult for staff and faculty to monitor; it's easier to hide use. Molly Stone with the Knox County Community Health Coalition has put together a training for late March/early May for schools about alternatives.</p> <p>Ben- probably not kids who said these things... Look at statistics from MIYHS data. Have an adult- is huge. If don't have a family- who is that.</p> <p>OUT Maine initiatives- this organization works across the whole state, but here in the Midcoast, they have received funding from MYAN to work with youth to educate, support and empower the youth themselves and their families/communities/adults who work with them.</p> <p>Studies show any school with an LGBTQ alliance- helps reduce bullying and harassment by 50%. Overall, we lack services across the state because of how rural we are. The gender clinic in Portland may be the closest services for a youth who is questioning their gender identity; for many Maine youth, it "might as well be the moon." Local providers- mental health and healthcare- need training and understanding in order to effectively support youth. Many LGBTQ youth are also dealing with high levels of poverty, which creates even bigger barriers.</p> <p>OUT Maine is also working with residential programs to help develop best practice guides- these are summer school program, summer camps, etc. Many youth choose not to participate because feel like they don't fit; this gives them that opportunity. More information about this is on the slides and available by reaching out to OUT Maine.</p> <p>OUT Maine is also working with parents and families- parent group, family events</p>	
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	<p>throughout the year. For some of the families- the youth are elementary or younger; programs for LGBTQ youth are often for older students. Most of the available support for younger children is for the parents; bringing families together to help create communities- the youth feel isolated, and so do the parents. For younger youth is about about gender identity, not sexual orientation. Parents need to know- How do I keep my child safe? How do I work with the school? What resources? Part of the solution is to support schools so they can support families in turn.</p> <p>The need is to build connections and help them build resilience- to build community.</p> <p>The role of clergy is significant; some members are very welcoming, some not so much. In many of rural communities, church is central location for the community. OUT Maine helps churches who want to be welcoming and affirming, to figure how to do that. Clergy attend trainings.</p> <p>Local community health coalitions may be able to help educate communities about where the resources are.</p>	
<p>Administrative Reports</p> <ol style="list-style-type: none"> 1. Annual Elections 2. Weather Cancellation SOP Approval 	<p>The new slate of candidates for council members and the new slate of steering committee members were both approved unanimously. Kate Martin was unanimously voted in for another term as Steering Committee Vice Chair. No additional motions for candidates were proposed for any of these positions.</p> <p>SOP policy- weather cancellation/update- the policy was approved previously. Additional language clarifies that if either/both RSU 13 or the Knox County offices are closed, the Council meeting will be cancelled.</p>	
<p>Local Public Health System Assessment (LPHSA)</p>	<p>LPHSA goals: Setting performance standards, promoting quality, leveraging partnerships, improving system.</p> <p>Focuses on the overall public health system. Because of the great disparities</p>	

between counties, it will be a challenge to come to a consensus, which the tool requires.

The performance standards describe the optimal level of performance, not the minimum.

We are all part of the public health system; this assessment is intended to improve the communication among all of us. LPHSA will help to tell the district story by investigating specific delivery of each essential public health service. This in turn will help to form the foundation of the next DPHIP.

April 14, next full Council meeting, and May 12, SC date: these will both be LPHSA dates. 9 to 4 pm. This will be a very fast paced process- it includes 108 different voting points. That said, the facilitators will make sure everyone has a chance to have their voices heard. Next couple of weeks- finalizing sector map- who we want at the table, and then getting out a STD and a registration form. The registration materials include a pre-meeting survey that will ask- what is happening in your district, who's working on this, what is your org doing? We will compile the data and have it available at the meeting.

These will be full day sessions; ideally people will attend both, but there may be some people who can only attend one or the other, or even a part of one. Food/refreshments will be provided.

It's not about who is in attendance, but the role that their organization plays in the public health system. We will be trying to get full representation from not just a range of sectors, but also all counties/geographic areas. While we are looking for consensus, there is room for disagreement; this is part of what will be recorded as part of the discussion for the final report.

This may be an adjustment for some, particularly coming from the Shared CHNA process, where specific topics/health outcomes were the focus; in this meeting

	<p>we are looking at the system itself.</p> <p>Chris suggested that we look for representatives for minority or ethnically diverse communities; as this is a population that is easily overlooked and often underrepresented.</p>	
Partnering and Collaboration Opportunities	<p>Chris mentioned the upcoming census count in March or April.</p> <p>Drexell talked about efforts through the Maine Council on Aging, who are working to come up with data that is useful to municipal officers, relating to aging. This year they are working on a pilot project, to discover what data municipal officers need to make decisions.</p>	
Wrap Up & Adjourn	Meeting adjourned at 11:13 am.	

Next Steering Committee Meeting: August 11, 2020
Next MPHCC Meeting: June 9, 2019