



Midcoast Public Health Council
Meeting Minutes – November 10, 2020
Knox County Emergency Management Agency, Rockland, Maine
DRAFT DATED 11-10-2020



Council Members: Cathy Cole (Chair) - LincolnHealth, Penobscot Bay Medical Center and Waldo County General Hospital; Kate Martin (Vice Chair)- Healthy Lincoln County; Susan Dupler- Belfast Public Health Nursing; Drexell White- Maine CDC; Marianne Pinkham- Maine Association for Consumer Sciences Becky Dinces - Penquis CAP; Connie Putnam- Knox County Community Health Coalition; Christine Lyman- MCDC retired, Community Advocate Brunswick; Melissa Fochesato (SCC rep)- Mid Coast Hospital, Access Health Community Health Coalition, Sagadahoc County Board of Health; Katie Tarbox- Making Community Happen, Inc; Kristina Verney- LincolnHealth; Sue Campbell - OUT Maine; Caer Hallundbaek- CHA, Program and Grant Administrator

Stakeholders/Guests: Tom Meuser (presenter)- UNE; Heather Arvidson (presenter) ; Jennifer Mulcahy (organization); Gabby Tilton- LincolnHealth; Claire Berkowitz - Midcoast Maine Community Action; Katy Hiza - MMCA Head Start; Kate Perkins - MCD; Stacey Hall - Waldo County General Hospital; Jane Conrad - volunteer and board member MaineHealth Care at Home; Lorrie Winslow - The Lincoln Home; Ruth Lawson-Stopps - Age Friendly Communities of the Lower Kennebec; Lisa Mele- Knox County Health Clinic; Elizabeth Foley - MCD; Janet Anderson- Islesboro Health Center; Barbara Reinertsen- United Way of Mid Coast Maine, Age-Friendly Communities of the Lower Kennebec, and the Sagadahoc County Board of Health; Brian Charette - Crisis and Counseling Centers; Nate Miller- Spectrum Generations; Chris Rector- office of Senator Angus King; Corbins -?; Leigh Anne Keichline- Restorative Justice Projects; Itanguay - ?; Richard Kahn -?; Ilmi Carter -?; Dorie Henning -?; Allyssa Caron -?; 12073284212; 17032096944

Council Staff: Julie Daigle- Maine CDC

AGENDA	DISCUSSION	ACTION(S)
Welcome/Introductions	New members: Nate Miller- senior program director at Spectrum Generations since August 2020. Prior to SG: worked with Seniors Plus, serving western Maine (was involved with the western Maine DCC). Leigh Anne Keichline- with Restorative Justice projects; Lincoln and	

	<p>Sagadahoc point person. Has an educator background, as a classroom teacher and private tutor, both kids and adults.</p> <p>Laurie Winslow- Lincoln Home in Newcastle.</p> <p>Jane Conrad- community volunteer in the St. George area. Previously worked as an Executive Director; now a board member at Maine Health Care and Home.</p> <p>Ruth Lawson Stopps- Age-Friendly Communities of the Lower Kennebec.</p>	
Consent Agenda/Council Minutes	<p>Minutes were approved unanimously.</p> <p>COVID update- maintain social distancing, wear your mask, wash your hands.</p> <p>Julie will reach out to those whose terms are coming up for renewal, and will assist with putting the call out to fill membership sector gaps.</p> <p>Melissa- can municipalities apply again for the extended municipal grants, or does it mean that the existing ones have simply been extended? Drexell- existing ones have been extended; however, for clarity- the funds aren't grants, they are for reimbursable expenses. The extension means that municipalities can keep submitting their expenses for reimbursement.</p> <p>Drexell will distribute the press release.</p> <p>Christine- Are there any new grants that aren't COVID-related, or other significant happenings?</p> <p>Drexell- MCDC is still working on the BOLD grant (aging-related), but the DLs are focused on COVID response and there may be others he isn't aware of.</p>	<p>Julie will reach out to those whose terms are coming up for renewal, and will assist with putting the call out to fill membership sector gaps.</p>
<p>Presentation: <i>Loneliness and Isolation: Older Adults in Maine- Dr. Thomas Meuser</i></p>	<p>Purpose: Share broader perspectives on loneliness and isolation. Pandemic has shined a light on this issue.</p> <ul style="list-style-type: none"> Legacy Scholar project has been ongoing for two years, university-wide. Started in 2018. Participants are mostly older, over 55, mostly 	<p>https://www.une.edu/legacy-scholars#:~:text=BECOME%20A%20LEGACY%20SCHOLAR,healthy%2C%20meaning%E2%99%A5</p>

	<p>from Maine. Mean age is 72- 27% men. Oldest active participant is 96.</p> <ul style="list-style-type: none"> ○ Based on notion, as we get older, want to give back and need fellowship. ○ Moved online after February, dev a pretty robust online program. Pandemic has provided an opportunity to reach more people. <ul style="list-style-type: none"> ▪ https://www.une.edu/legacy-scholars#:~:text=BECOME%20A%20LEGACY%20SCHOLAR,healthy%2C%20meaning%E2%80%90filled%20aging. <ul style="list-style-type: none"> ● Another activity heightened by the pandemic- getting actively involved with others interested in telehealth at UNE. <ul style="list-style-type: none"> ○ Piloting and testing out a service learning interventions ○ Partnering students with older adults (who are lower income and have chronic health issues) ○ Housing associations which are encouraging this by installing and offering internet services to their residents. ○ Next winter- will be working with a consumer tech association to make this project bigger. Looking to place tablet computers into the hands of 50 older adults. If interested, contact Dr. Meuser. ● Isolation and loneliness are often linked; but they are not the same thing. One is objective and the other is subjective, but you can feel lonely without being isolated and you can be isolated without feeling lonely. Together they have significant public health impacts, including 	<p>80%90filled%20aging.</p>
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	<p>premature death and exacerbation of a host of problems.</p> <ul style="list-style-type: none"> ○ Drivers include retirement, reduced social network, loss of work relationships, diseases that limit mobility and exchange. ○ A number of risk factors- male, being older, above 80, not having a partner or spouse. ○ Resiliency plays a protective role, and this is where we need to examine our assumptions- older adults may have greater resiliency than many younger adults. <ul style="list-style-type: none"> ● Creating social connections can be used as levers to change public health outcomes. Positive impacts on mortality reduction. ● Isolation can be measured as a function of network size, but there's also the element of "fulfilling and quality relationships." Perception matters. Many different measurement metrics. ● UNE's work with the Legacy Scholar program: <ul style="list-style-type: none"> ○ Began at the start of the pandemic; surveyed perceptions of the pandemic. Mostly research occurred in southern and central Maine. Political viewpoints were measured, but haven't run an analysis on this yet. Survey was primarily by phone. Respondent challenged ageist assumptions: I'm depressed, but everyone is depressed. There are resilient older adults and depressed young people. Age-based experience and wisdom may be a protective factor. ○ COVID impacts survey occurred May through September, all online (included more people than just the Legacy Scholars). 207 respondents. More women replied. There was a normal statistical curve to the results, which was uncertain prior to 	
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collecting the data and is a good sign.

- Legacy Scholars themselves: there are 176. Of these, the results from 46 suggests an opportunity. Expected to see an increase in depression and anxiety, but depression actually goes down. Results suggest that for this group, who were surveyed before and after March 2, isolation and loneliness does not lead to an increase in negative mental health factors.

Questions from attendees:

Question: a Minnesota source/sources list isolation as a factor in death. Are we documenting similar things in Maine? Answer: National Academy puts isolation and loneliness as risk factors. In the Legacy Scholar work, capturing a number of isolation and loneliness factors. Unsure if the Maine CDC has more information on this.

Question: are the UNE students who are being paired with older adults from a specific cohort? Answer: They are from the whole student body, both undergraduate and graduate.

- There are studies going on at UNE around telewellness in general, using MSW graduate students paired with undergraduate students. Linking students with older adults who have challenges. The goal is to empower them using motivational interviewing skills to better brain health, physical body health, emotional health. Helping them to become more aware of technological supports and how to benefit from this (not diagnosing or treating, but encouraging and supporting in a more broad sense). Using a long pre- and post- questionnaire. The target is to have 60 participants; have 35 currently.

Question: Many of the attendees here at the Council meeting are working on the community level. What kinds of suggests and recommendations do you

	<p>have for us, things we could be doing to help? Answer: if the target is older adults, recognize and validate the resiliency that comes with age. Make people aware of the statistics around isolation and loneliness, not to scare them, but to help them to understand that it is worth the effort to address it. It's not helpful to say "some isolation and loneliness is normal, just suck it up."</p>	
<p>Presentation: <i>Midcoast Maine and Food Security in the time of COVID-19- Heather Arvidson</i></p>	<p>Presenter works at the Midcoast Hunger Prevention Program in Brunswick and works with the Food Security Coalition in Midcoast Maine, which is funded through United Way.</p> <ul style="list-style-type: none"> • As of Sept 2019, Good Shepherd reports Maine's poverty rate as 13%. • We are 12th in the nation and 1st in New England for food insecurity. 13.6% of Maine's households are considered food insecure. • Maine's seniors are especially vulnerable- about 16% are food insecure. • 1 in 5 children in Maine are food insecure, which puts us at 16th in the nation for childhood food insecurity. • Predication is that food insecurity will rise about 40% because of the pandemic. <p>Through MHPP:</p> <ul style="list-style-type: none"> • Offers dignity and empowerment through healthy food. • Provides help for anyone who needs food- resources for families who are making tough decisions between needs. Far too many households that are one small emergency away from requiring support, and the cost of food has skyrocketed. • Eight programs that work to distribute food- food bank is where all the delivered food is processed and sorted. 1.2 million pounds of food 	

	<p>from grocery stores and some local farms last year.</p> <ul style="list-style-type: none"> • In our food pantry, used to be set up like a grocery. That has changed. • Also have a soup kitchen- have lunch, gather, are served. • Have 2 mobile pantries- meet people closer to where they live. • Pantry to pantry program serves home-bound clients- have been supporting 60 clients throughout pandemic. • SFSP program- expanded in schools with start of pandemic. • School pantry program- take-home food and snacks. (Backpack program is the same concept). Also provide snacks for schools. • All programs are now operating outside. Only staff and volunteers are allowed inside: Drive through pantry, where food is placed directly into vehicles. Now that getting colder, moving into the inside, but clients are just coming through and picking up boxes, without the kind of choice they had before. • Still doing 5 days a week a hot lunch, packaged into to-go containers. Saturday preparing bagged lunches that are then distributed. • Limiting the number of volunteers who are allowed inside. In the past, there would be over 50 at a time; now it's 10-18. Staff working, alternating weeks. • All volunteers over age of 70 were initially asked to take time off, although it reopened in September to volunteers of any age. • Everyone masked (since May), and everyone signs in to assist with contact tracing and social distancing • Food pantry visits in October were the highest ever recorded. • There are a lot of new faces; people come in once or twice and then don't come again. This is consistent with other pantries. • Summer food service program- previously, everyone had to eat onsite, but waivers were provided because of the pandemic. Removed 	
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	<p>the site eligibility requirement for organizations wanting to provide food; now can have sites anywhere, regardless of whether they are in a USDA 50% free and reduced lunch identified geographic area. Waivers will continue through 2021.</p> <ul style="list-style-type: none"> • All students, whether learning remotely or in schools, will get the food they need. • Some communities are able to get the school lunch program food directly at their homes. It was initially created as a stop-gap measure, but the results have been positive. There are almost 60 families at these sites. • Farm to Families boxes- Government is paying farms to distribute food to families. Have distributed over 100 boxes a week. Maine has received some funding for a fourth round. Maine also connects farms with local pantries through the farm to families initiative. • Long term impacts are still to be seen. Women may end up out of the workforce because the pandemic; families may end up needing our services longer because it will become harder for them to find employment. Likely will lead to changes in the way food is distributed: Preble Street in Portland closed their soup kitchen and just does deliveries. Need more policies that support living wages; need increased access to SNAP benefits. Initiative called Ending Hunger in Maine, which has that goal, by 2030. <p>Question: Are you bringing food to the New Mainers on the Landing? Answer: Yes, through volunteers. Reply: MaineHealth has asked the state to use Funds for a Healthy Maine staff. Prevention partners often work directly with community members; this connection could be beneficial for all, particularly if food security partners need help.</p>	
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Break		
Administrative Reports <ul style="list-style-type: none"> • <i>Maine CDC COVID 19 Updates</i> • <i>Membership crosswalk</i> 	<p>Maine CDC COVID 19 Updates: As with the rest of the state, COVID cases have been rising in the Midcoast Public Health District. Stay safe - wash your hands, wear your mask, stay six feet apart and stay home whenever possible.</p> <p>There is good information on the Maine CDC website (https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/index.shtml) about how to stay physically and mentally healthy during this pandemic.</p> <p>Getting your flu shot will help protect you from the flu and will help prevent the possibility of coming down with both the flu and COVID. Maine has increased the number of COVID 19 testing sites; more information can be found here: https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing .</p> <p>If you have any further questions, consult the FAQ page on the Maine.gov website, above. Businesses should refer to the webpages of the Maine Department of Economic and Community Development (https://www.maine.gov/decd/home) .</p> <p>Membership crosswalk: Anyone who has suggestions or questions about membership, please reach out to Maine CDC Council Coordinator Julie Daigle julie.daigle@maine.gov.</p>	Maine CDC COVID resources: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/index.shtml https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/testing https://www.maine.gov/decd/home Membership crosswalk: Connect with Council Coordinator Julie Daigle julie.daigle@maine.gov .
Wrap Up & Adjourn	10:26 pm	

Next Steering Committee Meeting: Zoom- January 12, 2021
Next MPHCC Meeting: Zoom- February 9, 2021