

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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**Statewide Coordinating Council for Public Health
Final Meeting Minutes of 3/21/2019
Camden National Bank Ice Vault
10:00 a.m. – 1:00 p.m.**

Voting Member Attendance:

Seat	Roll Call	Name	Organization	Representing
1		Betsy Kelley	Partners for Healthier Communities	York District
2	x	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	x	Erin Guay	Healthy Androscoggin	Western District
4	Connie Putnam	Melissa Fochesato	UMO, Hutchinson Center	Midcoast District
5	x	Joanne Joy	Healthy Capital Area	Central District
6	x	Patty Hamilton	Bangor Public Health	Penquis District
7	x	Maria Donahue	Healthy Acadia	Downeast District
8	Attending by phone	Joy Barresi Saucier	Aroostook Area Agency on Aging	Aroostook District
9	x	Nancy Beardsley	Maine CDC	State Government
10	x	Victor Dumais	Office of Substance Abuse & Mental Health Services	Department of Health & Human Services
11	x	Emily Poland	Maine Department of Education	Department of Education
12	x	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	x	Kenney Miller	Maine Health Equity Alliance	Essential Public Health Services
14	x	Kalie Hess	Maine Primary Care Association	Essential Public Health Services
15	x	Doug Michael	Eastern Maine Health Systems	Essential Public Health Services
16	x	Peter Michaud	Maine Medical Association	Essential Public Health Services
17	x	Meg Callaway	Penquis	Essential Public Health Services
18	x	Erika Ziller	Maine Rural Health Research Center	Essential Public Health Services
19	Planned absent	Heather Shattuck-Heidorn	Catholic Charities Maine	Essential Public Health Services
20	x	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	X	Abdulkerim Said	New Mainers	Essential Public Health Services
22	absent	Kristi Ricker		Wabanaki Public Health District
23	x	Carol Zechman	MaineHealth	Essential Public Health Services
Attending:		18	Attending by Phone:	1
Planned absent:		2	Absent:	2
Vacant Seat:		#		
Total Council Makeup		23		
Total Voting Members Attending: 19; 12 = Quorum = Quorum Achieved				

MEETING NOTES		
Agenda	Discussion	Next Steps/ Resolution/ Assigned To
<p>Incoming Commissioner Jeanne Lambrew joined the SCC to discuss public health issues in Maine</p>	<p>Commissioner expressed thanks and recognition of the volunteer members of the SCC and District and Tribal participants.</p> <p>Commissioner described her background and experience (see attached) and responded to questions presented by SCC (see attached):</p> <p><u>Maine CDC, Structure, Staffing, Leadership</u></p> <ul style="list-style-type: none"> • Issues and concerns of the MCDC are shared by other programs within DHHS. • Staffing at MCDC has declined by 25%, more than any other DHHS Office, and actions taken to address this deficit include posting 37 positions since January. • Rebuilding human capacity, succession planning, and aging in the population as well as the workplace are concerns in the staffing arena. • Elevating public health nursing to a Division level and making the MCDC Director a direct report to Commissioner are steps taken toward improving access at both levels. • Doing a national search for a permanent MCDC Director. <p><u>Funding, Grants</u></p> <ul style="list-style-type: none"> • Under-funding programs has become an issue, application for federal funding opportunities has been discouraged. • DHHS is now in the process of reversing this, and actively pursuing grants previously not applied-for. • Grants that fund issues crossing over multiple Offices will lead to a new model of teamwork • DHHS now has a designated grant coordinator, Kate Perkins, who will look at funding strategy and opportunities and funding sources consistent with the long term vision. • Non-federal funding sources are also an area to explore. Fee for service increases in some areas may be an opportunity. <p><u>Programs and Services</u></p> <ul style="list-style-type: none"> • In the past few years, the Office of Multicultural Affairs was eliminated. DHHS will be moving forward to re-establish functions such as addressing health disparities and program access and other issues formerly addressed by that unit. • The first uptick in underage tobacco use in many years may directly relate to decreased support for prevention and cessation programs. There will be a renewed focus on funding effective prevention and cessation programs. • There will also be a request for funding support for environmental lead response including testing, abatement and education. Education must start with our Oversight Committee. • The opioid crisis can be linked to other addictions and as a result, co-morbidities. The Governor’s office is exploring funding options for opioid prevention and treatment, and considering how to integrate a focus on prevention into primary care. • Also currently before the Legislature are proposals to limit exemptions for vaccinations for vaccine-preventable diseases. 	

Questions from Council Members, Commissioner Responses

Q. District level stakeholder groups meet on a regular basis; include a diverse representation of stakeholders; and wish to support MCDC. How can we do that?

A. It is useful to learn of opportunities for improvement of which we are not aware, partnerships that we could forge, resources not on our radar. What do you see as gaps? Do you notice developing issues? Accreditation provides opportunities to engage with willing partners. Voices raised in support of the broad mission and goals of the DHHS and the MCDC are welcome.

Q. Other states have county-level health departments. Is there a vision for a more structured state public health infrastructure, including county level health Departments?

A. This is an opportunity for the SCC to act in its advisory role to DHHS. Can the DHHS use local public health officers better? What models should be considered? What could District Public Health groups do differently?

Q. A DHHS-level oral health plan is non-existent, although there once was an oral health coordinator and a program structure. Is there a plan to change that?

A. MCDC has recognized this need; currently the Maine Public Health Association has proposed legislation related to oral health.

Q. Will DHHS reopen the health equity office or have a minority health officer? Is there a plan for data collection specific to new Mainers? Is there a plan for human capacity building to include more immigrant employees in DHHS?

A. DHHS wants to address health disparities and inequities and include in our workforce people who represent the people we serve. There is also a need to train our workers in cultural competency.

Data collection and analysis is a priority issue. DHHS collects lots of data and the capacity to collect, and analyze more data can be improved. Federal models are examples that may be considered for DHHS/MCDC.

Q. There was once an Emergency Medical Services unit within DHHS, then it was re-structured to the Department of Public Safety. EMS is at the intersection of public safety and public health. EMS collects data but is limited in the ability to analyze it because of the disconnect with outpatient data.

A. Renewing cooperative agreements with universities may be an opportunity to expand on this.

Q. The tobacco industry spends \$40m / year in Maine to promote tobacco use, and now "vaping" is becoming prevalent in middle schools. Would like an update on prevention activities. The Fund for Health Maine is a tobacco industry settlement on the state; it seems to support things other than tobacco prevention and cessation.

A. Nancy Beardsley will share a recent briefing from the MCDC Prevention program which outlines current tobacco prevention activities on multiple fronts.

	<p>Comment: There is an appreciation for the need for FFHM to be spent on tobacco cessation; the person who led the negotiation for the settlement was a Justice, and states received the settlement funds through the Medicaid Program, so the charter for how the funds are used includes Medicaid. Expansion of Medicaid/MaineCare will provide some tobacco-related support to people who need it.</p>	
Administrative Issues – Governance	<p>Whereas the current MCDC Director is in an acting capacity, and therefore holding the chair on the Committee on a temporary basis, the Governance amendment regarding the SCC annual report will be tabled until a permanent Director is appointed and has the opportunity to have input on the amendment.</p>	
Accreditation Update	<p>See attached summary.</p> <p>Q: Are all the domain teams made up of internal stakeholders? A. Yes. Accreditation is of the Maine CDC itself, and documentation is primarily the CDC’s task. Stakeholders such as the SCC are used as a resource during re-accreditation planning and by the SCHNA and SHIP as well.</p> <p>Q: Will there be a repeat of the series of district visits to engage communities in accreditation activities that occurred a few years ago? A. There are no plans for that at this time.</p>	
PHHSBG	<ol style="list-style-type: none"> 1. A public hearing is required to review and hear comment on any changes to the current plan and the draft of the next year’s plan. 2. An interim report for the current grant is due in February. 3. A proposal to use grant funds to replace the PHN electronic system was abandoned due to spending deadline constraints not being in alignment with the RFP and bidding / award process timeline. 4. A proposal to use grant funds to improve the Health Inspection Program information system, including an enforcement module, will be adopted. 5. Maine CDC contracts with the University of Maine for 1 ¾ of an FTE to support the Maine Shared CHNA and social determinants of health report that are currently under review. Development of an elder health infographic is also underway. 6. Nancy presented the draft budget for next year (October 2019-September 2020), and provided an overview of the activities of each funded Health Objective (Community-based Prevention, Epidemiology, Accreditation and Sexual Assault Prevention). 7. We will conduct an electronic vote for approval of the workplan and budget. <p>Q: How do you align the SHIP and strategic planning with this funding stream? A. None of this funding source is used directly for SHIP activities; some is provided for District Public Health Improvement Plan implementation. A small amount of funding will go toward strategic plan development, but none is currently allocated for strategic plan implementation.</p> <p>Q: Are there dashboards available for review by the SCC? A. Still currently under development.</p> <p>Q: Is there funding for the District Health Improvement Plans? A. There is a limited amount of funding for the DPHIPs, as well as financial support for the DCC coordinators.</p> <p>The Public Hearing will be held April 12, at 11 a.m. at 286 Water St., Augusta, and via Adobe Connect.</p>	<p>There will be a formal e-vote</p>

Maine Shared CHNA Update	Jo Morrissey, project manager for the Maine Shared CHNA, presented an update, attached.	
SHIP	<p>See presentation attached.</p> <p>Suggestions for the SHIP:</p> <ul style="list-style-type: none"> • Include in the definition of “public health” issues other than tobacco and obesity. • Some actual public health priorities may be omitted unintentionally if representation of those issues is not “at the table” during the planning forums where priorities are set. • Provide more information about other issues in order to understand what else needs to be added to the SHIP, including expanded meetings with more presentations. • This approach may require the convening of sub committees on a separate meeting track from the SCC. • Question: What is the point of the SHIP, what do you want it to do? • Response: The SHIP can be an opportunity to create health. Initially it was setting a vision for a future state. Has since become a catchall of priorities. Should be more narrowly defined on key priorities for work opportunities by collaborations between state and partners. <p>Patty – SCC has received a new charge to bring back to the Steering Committee.</p>	
Conclusion	Commissioner has made a request of the SCC to review and response to the question regarding district/local public health. Will review at next meeting.	

Interested Parties and Stakeholders Attending

Name	Organization
Jeanne Lambrew, Commissioner	DHHS
Randy Schwartz	Public Health Systems Consultants, Inc.
Kini Tinkham	Maine Resilience-Based Network
Lisa Miller	
Monica St. Clair	
Dora Mills	
Ester Mitchell	Wabanaki Public Health
Jamie Comstock	Bangor Health and Community Services
Jo Morrissey	Maine Shared CHNA
Mary Heron	
Kristine Jenkins, Adam Hartwig, James Markiewicz, Andy Finch, Paula Thomson, Jessica Fogg, Jamie Paul, Drexell White, Al May, Stacy Boucher,	Maine CDC Division of Public Health Systems, District Public Health
Phoebe Downer	District Council Coordinator
Bridget Raucher,	Maine Chapter, American Lung
Shannon Fowles	Mayo Regional Hospital
Maura Goss	Council Coordinator, Aroostook, Downeast and Tribal Districts
Erik Gordon	Maine CDC, Accreditation Coordinator
Sally Manninen	
Christine Lyman	
Elizabeth Foley	MCD Public Health