



**Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention**

**PAUL R. LEPAGE
GOVERNOR**

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**BETHANY L. HAMM
ACTING COMMISSIONER**

**Statewide Coordinating Council for Public Health
Meeting Minutes of December 13, 2018
Maine State Armory, Augusta, Maine
10:00 a.m. – 1:00 p.m.**

Voting Member Attendance:

Seat	Roll Call	Name	Organization	Representing
1	e-attending	Betsy Kelley	Partners for Healthier Communities	York District
2	e-attending	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	Attending	Erin Guay	Healthy Androscoggin	Western District
4	excused	Caer Hallundbaek	UMO, Hutchinson Center	Midcoast District
5	Attending	Joanne Joy	Healthy Capital Area	Central District
6	Attending	Patty Hamilton	Bangor Public Health	Penquis District
7	e-attending	Maria Donahue	Healthy Acadia	Downeast District
8	Excused	Joy Barresi Saucier	Aroostook Area Agency on Aging	Aroostook District
9	Attending	Bruce Bates	Maine CDC	State Government
10	Attending	Victor Dumais	Office of Substance Abuse & Mental Health Services	Department of Health & Human Services
11	Attending	Emily Poland	Maine Department of Education	Department of Education
12	Attending	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	e-attending	Kenney Miller	Maine Health Equity Alliance	Essential Public Health Services
14	Attending	Kalie Hess	Maine Primary Care Association	Essential Public Health Services
15	Attending	Doug Michael	Eastern Maine Health Systems	Essential Public Health Services
16	Attending	Peter Michaud	Maine Medical Association	Essential Public Health Services
17	Attending	Meg Callaway	Penquis	Essential Public Health Services
18	e-attending	Erika Ziller	Maine Rural Health Research Center	Essential Public Health Services
19	Attending	Heather Shattuck-Heidorn	Catholic Charities Maine	Essential Public Health Services
20	Attending	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	Attending	Abdulkerim Said	New Mainers	Essential Public Health Services
22	Absent	Kristi Ricker		Wabanaki Public Health District
23	e-attending	Carol Zechman	MaineHealth	Essential Public Health Services
Attending:		14	Attending by Phone:	6
Planned absent:		2	Absent:	1
Vacant Seat:		0		
Total Council Makeup		23		
Total Voting Members Attending: 19; 12 = Quorum = Quorum Achieved				

Interested Parties and Stakeholders Attending

Name	Organization
Jo Morrissey	MaineHealth, Maine Shared CHNA
Kolawole Bankole	Portland Public Health Department
Denise Osgood, Dawn Littlefield Gordon (presenter), Andy Finch, Drexell White, Al May, Kristine Jenkins, James Markiewicz, Jessica Fogg, Stacey Bourcher, Paula Thomson, Adam Hartwig	Maine CDC

MEETING NOTES		
Agenda	Discussion	Next Steps/ Resolution/ Assigned To
Welcome, Roll Call, Review of Materials	No discussion	No next steps
Annual Election, Chair and Co-Chair	Patty Hamilton and Emily Poland were elected the 2019 SCC Chair and Co-Chair respectively by a motion of acclamation.	No next steps
Membership update	Kalie Hess has been elected to the SCC Steering Committee; Carol Zechman and Peter Michaud have been re-appointed to their respective seats.	No next steps
Second Reading of SCC Amendment to Section 6	The amendment to align the SCC governance document Section 6 with statute regarding the election of chair and co-chair underwent a second reading and then a unanimous vote in favor.	The governance document will be updated to reflect the amendment date and posted to the SCC website.
Annual Reports	<p>The annual administrative report to the Secretary of State is due this month and will be filed following this meeting, in accordance with the protocol.</p> <p>The draft SCC Annual Report to the Joint Standing Committee on Health and Human Services was distributed to the SCC on 12/10 and reviewed at this meeting. Comments were requested today and can also be submitted electronically in the next two weeks.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Joanne Joy: The SCC has evolved since the statute and the governance document were created and the SCC role has evolved as well; the requirements of the report as specified in the law don't include vital functions of the current SCC. Including other information in the report aside from that which is statutory would reflect actual SCC activities today. • Joanne Joy: Suggested the second paragraph of the report be revised. Chair requested she provide them electronically for consideration. 	An SCC-approved draft of the Annual Report to the HHS Committee will be channeled through the DHHS Commissioner's office according to protocol.
Annual Report Protocol	<p>SCC discussed clarification of their role in preparing the Health and Human Services Committee Annual Report (henceforth referred to as the "HHS Annual Report").</p> <p>The governance document states the report be prepared by the CDC on behalf of the SCC and the contents are specified as "progress made toward achieving and maintaining accreditation of the state public health system and on districtwide and</p>	The Steering Committee will draft an amendment to the SCC Governance addressing the Annual Report to the Joint Standing

	<p>statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services”.</p> <p>Comments:</p> <ul style="list-style-type: none"> • SCC be given the opportunity to review any edits made to the version of the report they submit to the Commissioner prior to submission to the HHS Committee. • Define what the report is, what it contains, who develops it, and who presents it. • A structured process, defined expectations and responsibilities for drafting the HHS Annual Report, and specified content is in everyone’s best interest • Make a standing September agenda item to begin planning the HHS Annual Report. • A template is helpful and should be flexible to represent SCC activities. • The report should be brief; the report should be in the form of an executive summary of a more detailed report. <p>Going forward, Dr. Bates suggested the SCC decide upon one of the following actions:</p> <ul style="list-style-type: none"> • Continue oversight and stewardship of the compilation of the annual report and rely on the incoming CDC Director to forward the report draft to the Commissioner according to precedent; • Amend the governance document according to the defined process; • Attempt to change the statute (propose legislation) to address the reporting protocol • Or motion and adopt a resolution which would define the reporting protocol specifically. <p>Motion and second: Amend the SCC Governance to strengthen the HHS Annual Report format, create an executive summary, add this to the annual September SCC agendas, allow the SCC to review DHHS Commissioner’s office edits prior to report submission.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Craft the edit-and-review language carefully. • Specific activities such as meeting agenda items need not be defined in bylaws. • If the group wishes a resolution for process, a new motion must be made. • This motion is unclear. Rather than move to amend the bylaws, can we move to draft a proposed amendment so we can review and act on something concrete. • We now have an amendment which is a motion to amend which needs to be seconded. <p>Motion and second: Move to draft a proposed amendment clarifying the HHS Annual Report process, with more detail than is provided in the current motion.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • The motion is actually the current practice. • Why are we voting for an amendment that is redundant of the current process? • If we vote on this second motion, we are voting on the process we currently use to amend the governance document. 	<p>Committee on Health and Human Services.</p>
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	<p>Upon further discussion, the second motion was withdrawn and the group voted to accept the withdrawal.</p> <p>The first motion was then amended to state that a draft amendment document be prepared for the Steering Committee to consider and that draft follow the three step process for amending the SCC Governance.</p> <p>Vote: 18 in favor, 1 opposed.</p> <p>The motion to draft an amendment to the SCC Governance which will clarify the role of the SCC and the role of the CDC in preparing the report; prescribe a general format with flexibility for content management; define the steps that will be taken for SCC review and approval and DHHS review and editing; and clarify how the report is transmitted to the HHS Committee and by what body, was carried.</p>	
2017 HHS Annual Report	<p>In 2017 a presentation to the HHS Committee on the functions of the SCC was submitted to the HHS Committee in lieu of an annual report. The 2017 was drafted by CDC and discussed at SCC in December but not distributed.</p> <p>The Steering Committee has discussed this departure from protocol and informed the group that the 2017 report as approved by the SCC will be forwarded to the DHHS Commissioner's office for submission.</p>	?
Presentation	<p>A Scaled Rural Prevention Network: Addressing Food Insecurity in Northern Maine.</p> <p>Doug Michael presented the work of a partnership to improve community health by addressing food insecurity. See attached.</p> <p>Comment: Maine Health has added social determinant of health questions to their care plan. We have been concerned if the questions do not identify social determinants and there are issues identified later. We support your use of community partners. We are preparing a presentation in conjunction with our billing department to develop a project similar to 211 with an access to care/housing/food/transportation focus. We'd like to provide that service to the health care system regardless of where someone works; not an internal, in-house system. We will test it for a year and then evaluate.</p> <p>Response: Connecting patients and screening for a broad range of issues is being addressed across the healthcare system by many providers. Beginning with a single issue focus worked for Northern Light because they worked with independent providers and practices in rural areas.</p> <p>Northern Light Health is continuing to work with member practices to build fundamental local relationships in order to create a more substantial safety net.</p> <p>Comment/Question: Maine Health Access Foundation has contributed to that kind of community engagement. What are your next steps?</p> <p>Response: CMS currently has a national multisite pilot for social determinants of health called Accountable Health Communities. Meantime Northern Light has just converted to an electronic health record, and they are also building a central care management resource.</p>	No next steps identified for the SCC

	<p>Comment: Good Shepherd Food Bank’s community health and hunger manager is working with healthcare systems and providers to identify food security issues and to identify emergent assistance needs.</p> <p>Comment: “Social determinants of health” terminology is not used by CMS, they use the term “health related social needs”.</p>	
Presentation	<p>Healthy Androscoggin <i>Reach Partnership</i>, see attached.</p> <p>Holly Lasagna from Healthy Androscoggin County presented the REACH Partnership Model, a grant activity designed to help Healthy Androscoggin and their partner organizations assess their practices and make changes to ensure they are providing culturally and linguistically competent services while addressing the issue of chronic disease in immigration and refute adults.</p>	No next steps identified for the SCC
Accreditation, Preventive Health and Health Services Block Grant and Maine Shared CHNA Updates	Nancy Birkhimer provided updates on the ongoing work, see attached.	None identified
Let’s GO Presentation	<p>Dawn Littlefield-Gordon presented the work of the Maine Obesity Prevention Council, including the Council’s recommendations and framework, attached.</p> <p>Background: As part of Maine Prevention Services deliverables an Obesity Prevention Advisory Council was formed and charged with developing recommendations and a framework that can be used to support stakeholders in the development of community and/or statewide Obesity Prevention workplans. The draft framework presented was developed using the US CDC’s recommended strategies for Obesity Prevention.</p> <p>Dawn and the Let’s Go staff have presented this information to the State Nutrition Action Council, which is co-facilitated by SNAP-ED (State Nutritional Assistance Program – Education) and the Office of Family Independence (which administers the Maine SNAP program). Formerly the SNAP-Ed Leadership Team, the newly focused committee will be working to bring together Maine Partner Organizations to improve nutrition healthy and food security for low-income Mainers.</p> <p>The recommended strategies are still being drafted as the group works to isolate those where there are evidence based standards to link to.</p> <p>Question: Is there a link between breastfeeding and obesity?</p> <p>Response: A correlation has been identified in recent studies which show that breastfeeding mothers tend to reduce bodyfat while nursing their babies. There have also been studies that show that breastfeeding can be a disease preventive factor for children. Breastfeeding, like a number of other environmental and secondary issues that are not directly obesity preventions are not extensively addressed in the work of the Maine Obesity Prevention Council.</p> <p>NOTE: The intention of the presentation was not to give detailed explanation of the relationship or causality of the specific strategies as there is existing evidence for</p>	None identified for the SCC

	<p>these strategies and objectives. The MOAC is happy to expand on details, scientific evidence/research that correlates to this body of work.</p> <p>Question: What are your next steps?</p> <p>Response: Continuing efforts include further refinement of settings based examples and implementation strategies, identification of possible metrics, and mechanisms for determining success including data sharing or gathering tools. Several hospital partners have been represented on the workgroup, next is refinement of the strategies, and development of an implementation plan. Once the draft framework is final the MOAC will be disseminating the framework through partner organizations and hoping to be a hub for reporting successes. The MOAC is not convened to be a funding organization or body, we exist as a statewide council of obesity prevention partners and experts, brought together to share expertise and develop strategies for obesity prevention.</p>	
Emergency Department Transport Update	<p>Maine EMS Services has formed a task force to address the transfer and transport of patients with behavioral health problems. Data has been collected and analyzed on the number of behavioral health related transports that have been made, the challenges presented by middle-of-the-night transports needed in very rural areas or over long distances to an ED with a BH patient. Health and safety of providers during transport are areas of concern for this group, but admissions for individuals in crisis, appropriate bed availability and overstays are beyond the scope of this task force.</p> <p>Comments:</p> <ul style="list-style-type: none"> • The Department of Education has received a grant from the US Department of Substance Abuse and Mental Health Services for a five year period to do universal screening for behavioral health. • NAMI is working with MEMS to develop a behavioral health protocol for the EMS protocol. 	None identified for the SCC
Public Health Nursing Update	<p>14 Public Health Nurses have been hired by MCDC in the last three weeks. Distribution of staff and deployment across Bureaus within DHHS and across the state are to be determined. The workforce is now about 2/3 of the way to full staffing levels. Public Health Nursing has been elevated to a Division within MCDC, productivity expectations are set and operating procedures have been agreed upon.</p>	None for the SCC
Next Meeting	<p>The 2019 meeting schedule is attached. Next meeting is March 21, 2019 from 10 am to 1 pm at the Maine State Library</p>	<p>Outlook invitations will be sent for all four meetings to SCC members.</p> <p>An email with the meeting dates will be sent to interested parties.</p>