Downeast Public Health Council
Friday, January 17, 2025: 10:00 am – 12:00 pm
Virtual Meeting by Zoom

Minutes

Location	Name	Organization
<26>	Angela Fochesato	Beth C. Wright Cancer Resource Center
	Maria Donahue	Healthy Acadia
	Andrew Sankey	Hancock County EMA
	Kawther Mohamed	Maine CDC Public Health Educator
	Maura Lockwood	Maine CDC Field Epidemiologist
	Al May	Maine CDC Downeast Public Health
	Helen Burlock	Maine Hospice Council
	Janet Lewis	NL Blue Hill/Maine Coast Hospitals
	Lisa Hanscom	Washington County EMA
	Cynthia Grass	Maine CDC Public Health Nursing
	Stephanie Lavigne	Maine CDC Public Health Nursing
	Kerri Jones	Maine CDC Public Health Nursing
	Vanessa Newman	Bucksport Bay Healthy Communities
	Christine Day	Washington County EMA
	Leona Alvarado	Tribal Liaison
	Clem Deveau	AMHC
	C J Smith	Maine Youth Action Network
	Mia Petrini	Healthy Acadia
	Dante Zanoni	Community Caring Collaborative
	Julie Daigle	Healthy Acadia
	Sarah Strickland	Strategic Wisdom Partners
	James Fisher	Town of Deer Isle
	Danielle Day	Mount Desert Island Hospital
	Stacy Boucher	Maine CDC Aroostook PH District
	Diane Meachem	Bucksport Regional Health Center
	Camille Reppert	UNE Medical School

Executive Committee 2025

Angela Fochesato, Chair
Executive Director,
Beth C. Wright Cancer Center

Tracy Parker, Vice-Chair
Nurse Care Manager
CHCS-ACFS Behavioral Health Home Program

Maria Donahue, SCC Rep
Community Health Director
Healthy Acadia (Hancock)

Helen Burlock
Maine Hospice Council
President

Andrew Sankey
Director
Hancock County Emergency Management Agency

Kawther Mohammed
Public Health Educator
Maine CDC

Alfred May
District Liaison
Maine CDC

Agenda

- Welcome and Introductions
- Council Business
- Meet Your Downeast Neighbor: Beth C. Wright Cancer Resource Center (this is a new section of our meetings to get a deeper understanding of our district partners; the executive committee suggested we conduct a brief introduction of organizations on their activities and to promote partnerships between them and how it connects with the district's priorities.
- Council Expectations for 2025

- What is District Public Health? Public Health Nursing (this is a new section of our meetings to learn about the Maine CDC field programs in the Downeast District
- Value of Participating in the Public Health District Council
- Concluding Remarks and Adjourn

Minutes of Meeting

- **Welcome and Introduction**
  - Angela Fochesato welcomed all to the meeting and requested participants to enter name and organization in chat for attendance purposes and comments during meeting.
  - Mission of the Council: Promote the health of all our communities by providing public health information, coordination, collaboration, and advocacy.
  - Vision of the Council: Downeast Maine Communities are among the healthiest in the state
  - 2025 Meeting Dates and Time: 10:00 am to 12:00 pm.
    - January 17; March 21; May 16; July 18; September 19; and November 21.
    - Meetings will be zoom unless planned as in person.

- **Council Business**
  - Minutes of November 15, 2024 Meeting: Andrew made a motion to approve the minutes; Helen seconded; all approved.
  - Slate of Executive Committee Members: listed in the agenda: all members from 2024 are continuing except for Dante Zanoni. If anyone is interested in serving on the Executive Committee, please contact Angela Fochesato, Chair, or Al May, District Liaison.
  - The executive committee meetings are conducted on the third Friday of every other month directed by the chair and vice chair, with the council representative joining the SCC meetings.
  - SCC Meeting of December 12, 2024: Maria provided a summary of the SCC meeting: An overview of the SHIP, CHNA process and State Public Health System Assessment (SPHDA) were given. The SPHSA planning is moving forward starting January to May and June, they will be meeting monthly to review the PHS using an instrument and debating whether the assessment should be held virtual or in-person. The SHIP priority areas identified were mental health, healthy and stable housing, access to care and substance use with a cross-cutting theme of economic security and health and racial equity. They are also aiming to recruit members and nominate expertise in

the area to join each committee. Al clarified that you could nominate yourself or someone who you think is an expert in the area to lead the committee.

- **Meet Your Downeast Neighbor: Beth C. Wright Cancer Resource Center**
  - Angela from Beth C. Wright Cancer Resource Center introduced herself and the organization, with a brief history of how BCW started. BCW has a vision that focuses on bringing resources to cancer patients to live well, with a mission to provide hope and knowledge to cancer patients and their families in all stages of their cancer journey. It provides a holistic approach through support and education and navigation. BCW partners with health centers, public health entities and DEPHC, and is willing to come to the table and collaborate with other partners. BCW also works with hospitals like NL Blue hill on various activities. They are also always eager to collaborate and are looking into working on emergency preparedness for cancer patients and mental health for oncology patients, which is a proficiency lacked by social workers.
  - Discussion
  - Vanessa from Bucksport mentioned that they have acquired an emergency preparedness grant and are planning events and would like to include materials or speakers on emergency preparedness for cancer patients in May. Al suggested that Vanessa could also connect with Andrew Sankey as Hancock's EMA director for emergency preparedness.
  - Question regarding oncology and mental health training: AMHC responded that there is great dialogue about training staff, however we do not have a lot of expertise in oncology specifically, but having this conversation is needed to locate appropriate staff. Education on death and dying is also needed.
  - Dante: How closely do you work with other organizations that tackle cancer? BCW works closely with the cancer resource association, we sort of play tag-team with other cancer resource centers collaborating in different areas such as housing.

- **Council Expectations for 2025**
  - A review of the 2024 council meetings and emphasis on reconsidering the question asked in 2023 for planning in 2025: how is the health and quality of life for the population? And to think about a 5-year plan rather than a yearly plan, that is because public health data changes and interventions need time to implement and see their effect.
  - An overview of the DEPHC activities in 2024: CHNA, HCC, MRC, Emergency preparedness trainings, LHO support and the district annual report.
  - A note was made about the need to get LHOs more involved and join more DCC meetings following the path of Midcoast DCC meetings.
  - Review of council priorities- primary and secondary chronic disease prevention; older adult health and safety; mental health; and emergency response. A debriefing from each committee will be held at the March meeting,

- The district infrastructure health planning involved reviewing CHNA and LPHSA data to develop the one-year infrastructure improvement plan. For 2025, a review for the new CHNA data and country ranking to develop a 5-year plan.
- Evaluation of 2023-2024 one-year plan: needs more consistency and participation from partners and is there enough time during council meetings to coordinate work?
- Discussion
- Dante as lead of the older adult health and safety committee noted that key collaborators were not present, not enough participants for the objectives which led to a focus on one single objective: oral health. The group requires assistance from home health agencies.
- Vanessa from Bucksport offered her agency's help and collaboration with age friendly committees/agencies to work with them.
- A suggestion to form a specific targeted outreach from the committees to other organizations to collaborate in their plans and objectives.
- Clem as lead of the mental health committee focused their efforts on changes in the crisis response process to improve community-based response rather than hospitals or police department based and providing more preventative response in communities vs emergency room. A focus on mobile crisis response which is considered a community response and how to provide low barrier access to services within the community. Clem also welcomed more response and participation from partners to work on mental health community response and making it more robust.
- A recap of the emergency operations plan was given, where it had good participation from various partners for training and exercises that were focused on the nuclear power plant at Point LePreau in New Brunswick.

- A suggestion about whether groups would like a specific time outside the DCC meetings to work through their plans and for the council to have a one-shared goal that has a specific and brief objective, which is doable or a strategy for the council to meet in general

- **What is District Public Health?** Public Health Nursing
  - Cynthia is a PHN supervisor for the Downeast District's two counties. Besides Cynthia, we have three full-time nurses working in Hancock and Washington counties. Statewide, we are back to fully staffed, fifty nurses.
  - PHN is a division of the Maine CDC that works to improve, preserve and protect the health and quality of life for Maine citizens that work on both individual and community levels. PHN support programs within Maine CDC and provide services related to maternal and child health (MCH), TB management, immunization, lead poisoning, adult services and more, however in Downeast, most of the work is done through the MCH home visiting program.
  - Through the MCH program the services provided prenatal and postpartum care, feeding support and coordination of care. It is important to note that all the MCH nurses are Certified Lactation Counselor (CLC) and provide home feeding and breastfeeding support.
  - The MCH services are available free of charge to all pregnant and/or parenting individuals, children and families regardless of their income or insurance status.

- Referrals to PHN MCH program can be made through the CradleME referral system which has a partnership between several other programs such as WIC, MaineMOM, Child Development Services (CDS), and Maine Families. Referrals can be made by individuals, organizations, partners or anyone. An emphasis was made on PHN as a starting point as they can help navigate, coordinate and identify services needed.
- There is also a separate referral form for PHN services with contact information and type of referral required.
- PHN can collaborate in infectious diseases, adult services, refugee health and lead, and look forward to expanding their services for older adults to be launched in the Summer.
- In DE area, one of our PHNs is a tuberculosis (TB) specialist. TB disease management requires time, so they need to educate clients and observe the medication administration.

- **Value of Participating in the Public Health District Council**
  - The Downeast Public Health Council was started in 2008. The mission was read and emphasized on how to make these meetings valuable to members and how to make partnerships value added to these meetings.
  - It is hard to demand CEOs and management attend these meetings even though we currently have some members from management, however it would be beneficial having them for decision making.
  - Another point that was brought up is how to keep the consistency in partners attending and also having new members who are public health experts to join. When there is turnover in an organization, and a council member leaves, how does the organization know their responsibility in being part of the council?
  - Al introduced the Collaborative Impact Model, that is used to gain information and education that can be brought back to their organization to improve and make changes.
  - Each member of the executive committee explained and shared the value added to the council:
    - Andrew Sankey shared that they would like to see collaborations made at the organization level rather than with the individuals from the organization to promote continuity. Another point is that they would like to see more engagement from organizations not just because the district council membership fulfils government compliance requirements, and that it should be part of the solution rather than the problem.
    - Helen Burlock shared that the council help them refocus from one piece of the population or specific vision to a broader one and work on it.
    - Angela Fochesato mentioned that the district council is more about collaboration to work for the greater good and to bring to the counties what their community needs; however we miss partners who need to be at the table. It is not always the administrators or managers with the authority to make decisions, but they could be smaller staff members who need a seat on the table.

- Dante Zanoni thinks that there should be more agencies involved to encompass public health in the two counties through outreaches or collaborations to move our counties forward.
- Cyntia Grass commented that they had a similar experience where they identified the same problems in Penobscot county. They tackled that by bringing together organizations that provide MCH services to break out of their silos through organizing an expo that is open to the public and bring these services to the community.

- **Council Priorities**
  - How to make them better and how to gain more participation?
  - The Primary and Secondary Chronic Disease Committee focused on primary and secondary prevention of cancers, CVD and diabetes to build prevention and awareness in order to improve our data on cases and deaths and prevent the upstream of cases. Angela mentioned that a much deeper dig into the CHNA data is needed to work on the prevention plan and recruit partners to build an implementation plan. And suggested inviting age-friendly agencies or communities to this coalition to collaborate and link services to the community.
  - The Older Adult Health and Safety Committee raised several questions regarding conducting oral health assessments of older adults in their homes, the methods to utilize and how to improve them. There is an oral hygienist office in Milbridge that can work with the committee with this goal. Several models exist in the state for oral health such as mobile health model, the tooth fairy program and the VDH model.
  - Vanessa added that they have implemented a program with medical assistants to establish blood pressure clinics and are looking to add more services to it such as oral health clinics. They expressed their interest in participating in and collaborating with the committee.
  - Mobile oral health clinics can come to our local community centers where the population frequently makes it more accessible. Additionally, home health needs more awareness on how to obtain referrals, there is a misconception that you need to be referred to from hospitals or rehab facilities but that is not true, referrals can be obtained from PCP.
  - Cynthia emphasized that PHN assessments can be done to all the people in Maine with or without insurance or MaineCare.

Meeting adjourned at 11:00 am

Next meeting is Friday January 17, 2025 from 10:00 am to 12:00 pm.