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**Statewide Coordinating Council for Public Health  
Draft Meeting Minutes of March 18, 2021  
Held Virtually on Zoom  
9 a.m. – 11:15 a.m.**

**Attendees:**

<b>Seat</b>	<b>Roll Call</b>	<b>Name</b>	<b>Organization</b>	<b>Representing</b>
1	X	Betsy Kelly	Southern Maine Healthcare	York District
2	X	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	Absent	Erin Guay	Central Maine Healthcare and Healthy Androscoggin	Western District
4	Absent	Melissa Fochesato	Mid Coast Hospital	MidCoast District
5	X	Denise Delorie	Mid Maine Substance Use Prevention	Central District
6	X	Patty Hamilton	Bangor Public Health Department	Penquis District
7	X	Maria Donahue	Healthy Acadia	Downeast District
8	X	Stacy Boucher for Susan Bouchard	Fish River Rural Health	Aroostook District
9	X	James Markiewicz	Maine CDC	State Government
10	Vacant			Department of Health and 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	Vacant			Essential Public Health Services
14	X	Kalie Hess	Partnership for Children's Oral Health	Essential Public Health Services
15	X	Elizabeth Snell	University of Maine	Essential Public Health Services
16	X	Susan Kring	Maine Medical Association	Essential Public Health Services
17	Absent	Abusana "Mickey" Bondo	In Her Presence	Essential Public Health Services
18	X	Erika Ziller	USM	Essential Public Health Services
19	X	Sue Mackey-Andrews	Maine Highlands Investment Partnership	Essential Public Health Services
20	Absent	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21	X	Abdelkarim Said	New Mainers Public Health Institute	Essential Public Health Services
22	Absent	Kristi Ricker	Tribal Liaison	Tribal District
23	Absent	Carol Zechman	MaineHealth	Essential Public Health Services

Attending: 15; Attending by Phone: 0; Zoom: 15; Planned Absent: 2; Absent: 6; Vacant Seat: 2

Total Council Makeup: 21

Total Voting Members Attending: 15 out of 21 = 72%. Simple majority is defined as quorum. Quorum **Achieved**

Interested Parties and Stakeholders:

Andrew Finch	Maine CDC District Public Health
Al May	Maine CDC Downeast Public Health
Jo Morrissey	Maine CDC Shared CHNA
Nancy Birkhimer	Maine CDC Public Health Performance Improvement
Jessica Fogg	Maine CDC Penquis Public Health
Kristine Jenkins	Maine CDC Cumberland Public Health
Adam Hartwig	Maine CDC York Public Health
Drexell White	Maine CDC Midcoast Public Health
Julie Daigle	Maine CDC/MCD
Maura Goss	Maine CDC/MCD
Doug Michael	Northern Light Healthcare
Sandra Parker	Maine Hospital Association
Randy Schwartz	

<b>MEETING NOTES</b>		
<b>Agenda:</b>	<b>Discussion:</b>	<b>Actions/Resources:</b>
<p>Welcome and introductions: Kalie Hess</p>	<p>Kalie welcomed participants and gave a background to this Public Health Infrastructure discussion to come. A focus of this meeting is to decide what the SCC will be working on in 2021.</p> <p>At the last meeting, Becca Boulos from MPHA was here; MPHA is working with the Maine CDC on a legislative report about public health in Maine and she worked with us in a brainstorming session to help inform that report. It isn't finalized yet; Becca is willing to share more information about the report with the SCC once its finalized. The feedback from SCC members was helpful in creating it.</p> <p>The annual report to the Health and Human Service Committee was provided, as required every year. These are opportunities to make the case for all of public health being worth considered for funding and that this funding needs to be prioritized clearly.</p> <p>Electronic vote on the minutes was provided after the last meeting; they were approved by a majority of members and are now on the website.</p>	
<p>Nominations for SCC roles -- Seat 10 – Behavioral Health (DHHS position), formerly held by Victor Dumas -- Seat 13 – EPHS, formerly</p>	<p>Number 10- group discussed having Jessica Pollard work with James Markiewicz to fill the DHHS/Office of Behavioral Health position.</p> <p><i>Post-meeting edit: the bylaws posted online read- Article II. Role and Structure of the Council. Section 3. Council Members...3) The DHHS Commissioner shall appoint an expert in behavioral health from the Department to serve as a member.</i></p> <p>Seat 13- general essential public health services seat. Formerly held by Kenney Miller- left HEAL. Before Kenney left, he nominated one of</p>	<p><a href="https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml">https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml</a></p> <p>bylaws: <a href="https://www.maine.gov/dhhs/mecdc/public-health-">https://www.maine.gov/dhhs/mecdc/public-health-</a></p>

<p>held by Kenney Miller -- SCC Chair – need to fill this role</p>	<p>his colleagues, Whitney Parrish. The term on his position would have ended in the fall.</p> <p><i>Post-meeting edit: the bylaws posted online read-</i> Section 5. Council Terms. The term of office for each member is three (3) years. A non-state agency member may serve up to two terms. All vacancies must be filled for the balance of the unexpired term in the same manner as the original appointment. A partial term shall not count toward term limits. Terms are not linked to Seat; terms apply to individuals regardless of Seat or role.</p> <p>During the discussion about how to fill this seat, the group decided to create a mini-workgroup to ensure that vacant seats are filled strategically, equitably, and comprehensively. The group is currently Denise, Kalie, and Patty. <b>Anyone with an idea about who to include in the nominations is encouraged to send their suggestion to Kalie.</b></p> <p>Voices at the SCC table to consider including are representatives for:</p> <ul style="list-style-type: none"> <li>• People experiencing homelessness</li> <li>• People with SUD</li> <li>• Age-friendly movement/AAA/Healthy Aging</li> <li>• Climate change/Maine Climate Council</li> </ul> <p>Chair- Patty and Kalie are available to assist the new chair if they would like the support. The three council coordinators help to pull together the minutes, provide technical support for Zoom and closed captioning; the primary duties of the chair are to create the agenda, facilitate the meetings, and keep SCC business moving forward every three months.</p> <p><b>Suggestions for names will be taken via email and an electronic vote shall occur.</b></p> <p><i>Post-meeting edit: the bylaws posted online read-</i> Article II. Role and Structure of the Council. (1) The Council shall... d) The Chair shall serve to determine the agenda for each meeting, serve on the Membership Committee and the Steering Committee, and be the primary point liaison for members and the Maine CDC leadership;</p> <p>Article III. Steering Committee. Section 2. Steering Committee Members. The Steering Committee is composed of five members, including the chair, the co-chair, two elected members at large and the CDC Director or designee. Nominations will be taken from the floor for the non-state positions.</p> <p>Article IV. Committees/Workgroups Section 2. Committee Membership... Membership on a committee or workgroup, with the exception of the Steering Committee, is not limited to (voting) members of the Council.</p>	<p><a href="#">systems/scc/documents/SCC-Governance-Document-Revised-12-2018.pdf</a></p> <p>Anyone with an idea about who to include in the nominations is encouraged to send their suggestion to Kalie.</p> <p>An electronic vote will occur to determine members of both vacant seats and possibly the upcoming Chair position, due to attending members having left before the end of the meeting.</p>
<p>Focus of the SCC in 2021</p>	<p>Thinking about the focus of the SCC in 2021. How we can be most effective and helpful in delivering effective and evidence based public health services? This is in the following context: the capacity and the</p>	<p>Members will continue to discuss an appropriate/</p>

<p>--Discussion on how to make this group most helpful for public health efforts in the state right now and help this group be of value to participants and the CDC.</p>	<p>role of the SCC is to inform and support state public health colleagues who are doing this work already.</p> <p>How do we make this effort most likely to be actually used?</p> <p>Group discussed the possibilities of past, present and future engagement:</p> <ul style="list-style-type: none"> <li>• The report to the legislature has value. That discussion involved conversation about what has come out of the pandemic/the system-level changes that we want to continue moving forward. What strong partnerships have been forged?</li> <li>• Can provide feedback in the ongoing discussions about public health infrastructure. What has worked? What lessons have we learned about public health? What can the SCC do to help drive the vision, statewide and through local partnerships?</li> <li>• In the past, started the Shared CHNA work with the hospital systems, and was the original public health workgroup which helped create the public health infrastructure.</li> <li>• There were three working committees in 2011 and 2012: one developed the CHNA process; one was looking at health equity and disparities; and one looked at infrastructure. The benefit of these committees was that members got to work on concrete issues as a small group and got members to get to know each other better.</li> <li>• The need to make adequate recovery plans in our communities/re-envisioning our new normal: recovery “plus”.</li> <li>• Need for wraparound services that don’t require folks to go someplace else to get what they need, e.g. vaccination at home and overall, a more coordinated approach to public health service delivery. Transportation is always an issue.</li> <li>• Could Director Shah join the SCC to talk about what is needed/what needs to be enhanced?</li> <li>• How does the SCC act as a 'mentor' to the district councils and build the relationship between the SCC and the District Councils?</li> <li>• Advising the MECDC on systemic recommendations which address health disparities and gaps in infrastructure (which are being highlighted in particular right now during the pandemic) and growing public health systems which better support Maine people.</li> </ul> <p>Topics to continue work around, and to possibly include in a report with recommendations:</p> <ul style="list-style-type: none"> <li>• ACEs, food insecurity, IPV, mental health, normalization of MJ, ETOH use, broadband</li> <li>• Trauma informed communities &amp; School. Social emotional learning for all levels not just youth.</li> </ul>	<p>effective focus for the SCC moving forward.</p> <p>District representatives will email Kalie with district-level topics they are interested in discussing at the June meeting.</p>
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	<ul style="list-style-type: none"> <li>• Crosscutting issues that can integrate with state work: climate change and adaptation; opioids prevention; planning for a state of older adults and how to consider health and services.</li> <li>• Access - to anything with your own community, transportation issues</li> <li>• Health disparities among our most vulnerable populations (poor, minority, 65+ with multiple chronic conditions, etc.)</li> <li>• impacts of white supremacy and gun violence- people of all ages.</li> </ul> <p>June, Sept, and Dec in 2021 to have these discussions.</p> <p>Group also discussed the possibility of re-introducing the district updates during the SCC meetings as a standing agenda item. Several formats were discussed:</p> <ul style="list-style-type: none"> <li>• All of the districts provide a brief update at the SCC meetings</li> <li>• One or two districts do a deeper dive at the SCC meetings</li> <li>• District representatives meet before the SCC meeting or at another time</li> <li>• District representatives meet before the SCC meeting and then provide highlights of that discussion at the SCC meeting</li> <li>• District representatives meet at another time and then provide highlights of that discussion at the SCC meeting</li> <li>• Creating SCC subcommittees based on district priority issues</li> </ul> <p>Consensus was achieved around having the district-level discussions be part of the overall SCC meeting as a half-hour agenda item that is targeted and helpful and highlights one issue around which it is helpful to hear from other district representatives on. If there's time, an open discussion can be included as well.</p> <p><b>For the upcoming June meeting, email district-level topics to Kalie before the meeting.</b></p> <p>In the way that Nancy brings questions and information to the SCC specific to the block grant funding, are there other areas within the public health system, within the state health department, where the SCC can be tapped by MECDC leaders to advise on one issue or another?</p> <ul style="list-style-type: none"> <li>• Grant funding like block grant funding</li> <li>• Future workforce development or effort</li> <li>• Infrastructure development</li> </ul> <p>The need for a strong conflict of interest policy was mentioned, along with the need to review what is already in place for the SCC.</p> <p><i>Post-meeting edit: the bylaws posted online read- ARTICLE VI. Conflict of Interest. A conflict of interest is defined as any personal or organizational</i></p>	
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	<p>financial or other interest which prevents or appears to prevent an impartial action or decision on the part of a Council member. A conflict occurs when a financial or other interest could: a. Significantly impair the individual’s objectivity. b. Create an unfair competitive advantage for any person or organization. c. Provide a direct or indirect fiduciary interest of financial gain for that individual or organization. Should a matter before the Council present a known, or a potential conflict of interest, Council members are required to disclose such potential conflict to the Steering Committee at the earliest point possible. Once a conflict or potential conflict is disclosed, the steering shall lead the rest of the members in deciding how the member with the conflict or potential conflict may participate in discussions or voting.</p>	
<p>Preventive Health and Human Services (PHHS) Block Grant Business, Nancy Berkheimer</p>	<p>The Block Grant allows us to quickly provide critically needed, flexible funding to address the unique preventative health needs. Linked to Healthy People 20/20 and 20/30 objectives. Not competitive. Every year, there is an allocation- the slides show allocations for last year (1.4 million), this year (1.4 million), and we have yet to get an allocation announced for the current year (FY 2021). It’s a two year grant. The current year grant started last October, but there isn’t a workplan yet. This is per usual- the funds from this grant are always spent in the second year.</p> <p>Sexual assault prevention funding is earmarked/set aside in the block grant every year.</p> <p>2019: projects, community engagement, epidemiology, and accreditation. COVID 19: some activities incomplete; others enhanced. Council Coordinators did not work on LPHSA activities, for example, but continued to work with the DCCs- this was reflected in the report and the DCCs will get credit for the collaboration. Most of their support is coming from other funding. Decreased activity on some accreditation activities but increased activity on some interactive data displays on the Maine CDC website, etc. Some limitations on being able to use BG funding for COVID activities since the state was receiving COVID specific, additional funding from the US CDC. Did use designated staff time around QI processes.</p> <p>2020: still reconfiguring the workplan. 30% of Nancy’s time, 100% of accreditation coordinator workforce development coordinator, and laboratory capacity improvement project: all funded from different sources. Not actively working toward documentation of ME accreditation at this time; have asked for postponement on this, as well as some workplan funding shifting. We are maintaining our epidemiological capacity and are allowed to have some epi work in this year’s workplan. Originally- 40% community based prevention (also includes Andy Finch’s time and funding for LPHSA work), 20% epidemiology, 35% accreditation, etc. Similar changes to the 2019 budget. Also including increasing support for reaching Maine culturally unique populations as part of Shared CHNA efforts.</p>	<p>Members will vote via electronic means on the BG grant budget.</p>

	<p>2021- allocation still unknown. General scope of work likely remaining the same. Need to shift from Healthy People 2020 to Healthy People 2030; community based prevention, which is a Healthy People 2020 objective for which we don't have great data is going away. Instead: local jurisdictions with the health improvement plan. Justification for the DCC staffing support is shifting. Anticipate the LPHSA will get finished and will result in HIP even if not exactly like the previous DPHIPs. Data around epi was not good but objective around informatics, producing and presenting data for the public to use. Accreditation remains the same. Sexual assault prevention will have change wording, include a specific youth focused objective. Local improvement plans, epi/informatics, accreditation- all about a third each of the budget, then some for sexual assault prevention, and some for administration, which includes about 20% of Nancy's time.</p> <p>2021- in next month, will get an allocation- somewhere between 30 and 60 days to submit workplan. Will need to do an email vote when have a final workplan and final budget for you to look at. I will share those documents, the revision docs fully with you. Need an approval that this is a reasonable direction to move in.</p> <p>Members asked for greater detail on the shift in the budget due to additional COVID 19 funding.</p> <p>Community based prevention- 75% of Andy's time and the CCs will be charged to this line item in the BG. However, there are shifts toward more time on epidemiology and less time on accreditation. Starting on July 1<sup>st</sup>, 60% of the time for the Associate Director in the Office of Health Equity will be funded from the BG (40% from other COVID related federal funding).</p> <p>2021 budget- members asked if there are any areas/work that could benefit from having more?</p> <p>Sexual Assault Prevention is a very small amount of money. Health inspection is underfunded. Other areas (epidemiology, informatics, accreditation) are a moving target due to potential other sources of funding. Having a state health improvement plan would help to clarify this question.</p> <p><b>The budget approval will go out as an electronic vote.</b></p>	
<p>SPHSA Update, Al May</p>	<p>Anticipating that this will occur in June 2021. Most likely will be a one-day event, utilizing breakout rooms of some sort.</p> <p>The specifics are still in discussion. Logistics committee is working on a timeframe of what needs to be done per week per month. Invitation committee is working on the invitation list, built from the 2010 list. The standards determine who is invited to what part of the SPHSA.</p>	<p><a href="https://www.mural.co/start-now/free-trial?utm_medium=paid-search&amp;utm_source=adwords&amp;utm_campaign=201101-">https://www.mural.co/start-now/free-trial?utm_medium=paid-search&amp;utm_source=adwords&amp;utm_campaign=201101-</a></p>

	<p>Lining up a contract for a facilitator and for the report writing. Anticipating that we will have the Save The Date out by the end of March.</p> <p>Looking into the platform- may be Zoom, may be something else. Zoom does have a whiteboard function that could assist with the SWOT analysis. MPHA used a different platform and it worked well for them, however.</p> <p>Jo Morrissey suggested MIRO. MSCHNA is exploring the possible use of this platform. She also shared that various firewall protocols, especially among our healthcare partners, can create challenges. May wish to make sure whichever online tools you use your partners are able to access.</p> <p>It is useful to have a core group who attends all the standards (depending on the format of the meeting).</p>	<a href="https://www.facebook.com/muraladgroup/?utm_campaign_id=11265145092&amp;utm_content=mural%20visual%20collaboration&amp;utm_adgroupid=109231331743&amp;gclid=CjwKCAjw9MuCBhBUEiwAbDZ-7vEgLwT4wEAaIqSpXDIXTI-RycNNaqcTclUryK10UbjOv7kDHcEmxoCD4wQAvD_BwE">Core Brand&amp;utm_adgroup=MURAL - Branded&amp;utm_campaign_id=11265145092&amp;utm_content=mural%20visual%20collaboration&amp;utm_adgroupid=109231331743&amp;gclid=CjwKCAjw9MuCBhBUEiwAbDZ-7vEgLwT4wEAaIqSpXDIXTI-RycNNaqcTclUryK10UbjOv7kDHcEmxoCD4wQAvD_BwE</a>
Adjournment	Meeting adjourned at 11:22 am.	