

Penquis District Coordinating Council MINUTES

In attendance: Earle Rafuse, (LPI/CEO - Retired); Robin Mayo (PPHC); Bonnie Irwin, (City of Bangor); Thomas Iverson, Jr. (Piscataquis County EMA); Dale Hamilton (CHCS); Pamela Jacobson (Charlotte White Center); Annette Adams (Acadia Hospital); Tracy Cousineau(Health Access Network); Kerrilyn Marzullo (SAD 22); Jane McGillicuddy (PHNP); Marcell Young (Ross Care); Robin Car-Slavenwhite (PHNP); Beatrice Szantyr (Physician/Ped); Karen Hawkes (Healthy SV); Merlene Sanborn (EMCC); Jerolyn Ireland, RN (Tribal Public Health Liaison); Stephen Condon (Town of Holden); June Fiske (River Coalition); Lu Zeph (UMaine-CCID); Jerry Whalen (EMHS); Robert T. Carlson (PCHC); Jamie Comstock (City of Bangor); Kathy Knight (EMHS - Northeastern Maine Regional Resource Ctr); Jessica Fogg (Public Health Liaison for the Penquis Region/Vaccine Coordinator)

Item	Discussion	Action
Welcome – Dale Hamilton	Dale Hamilton, Executive Director of Community Health and Counseling, welcomed everyone. Introductions were made by those present. Dale noted the great attendance for this meeting.	
State Coordinating Council (SCC) Update – Robin Mayo, Jessica Fogg and Bea Szantyr	Robin Mayo reported on the SCC meeting. A copy of the minutes of the last meeting and quarterly report has been provided to all the members. Robin reported that some of the concerns that have been expressed is how the SCC and DCC are supposed to work together. Communications between the two groups has been one of the concerns. Jessica explained that the District Coordinating Council (DCC) is this group. There is also a State Coordinating Council (SCC) with is comprised of eight representatives of the eight health districts in the state. SCC meetings are held quarterly and the representatives bring information from their districts to the SCC. Confusion on the structure has been expressed statewide. Attendance and membership of DCCs has been waning throughout the state. There has been and still is confusion among a lot of the districts about who is and who is not a member of the DCC. She said that the DCC appreciates everyone that has “stuck” with the DCC through this process. It will take a year or so to figure out the purpose and	

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>function of the DCC. Jessica said that Bea has been attending SCC meetings as the alternate and Robin Mayo has been pitch-hitting while the council looks for a permanent representative for the SCC. Bea has agreed to stay on as an alternate but the DCC is looking to elect a new representative to the SCC that will represent Penquis region. Jessica has sent out a poll via email for input regarding a representative. Bea added that the last time DCC was together they discussed whether or not the DCCs were being heard by SCC. One of the structural changes that happened as a result of the meetings with the DCC representatives where concerns were brought to the front is that the first hour of the SCC meeting will now be devoted to the district representatives having the opportunity to meet together to share information, to exchange ideas and other small committee work. The SCC is a 4-hour meeting and the districts needed some time to meet together and share information and not have a cursory “tip of the hat.” Because people are volunteering their time to attend these meetings, it seemed important to allow them the opportunity to work on committee work at this meeting instead of requiring these volunteers to meet extra hours outside of the meeting to get the work accomplished. This will make the meeting more productive and would actually accomplish bringing the information from the grass-roots to the top and not just from the top down. She found this to be one of the most encouraging things that happened at the last meeting.</p> <p>Jessica added that another piece brought out by this district is that there was a survey that went out over the summer asking districts to participate in answering a questionnaire about health topics in general to inform the State Health Plan. That was poorly circulated and there were only 40 participants from the entire state. The representative to the SCC said that they did not feel this was okay. You can’t write a State Health</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>Plan without our informed information. Bea was told that they couldn't move the date of the State Health Plan because it is in statute. Robin and Jessica attended the last SCC and Trish Riley gave them a new timeline and the State Health Plan will not be coming out until June. Trish Riley's plans are to come around and meet with the DCCs – she will come to the district and meet with the council – Jessica said that this meeting will probably take place in March – the next DCC meeting is scheduled for April 16; therefore this means that there will be a special meeting as well as the regular meeting. She will be in contact with Trish Riley's office to set that meeting and we may have to look for a larger space. The purpose for this meeting is to talk with her about what we want to see in the State Health Plan. She anticipates this meeting will take approximately 1 – 1 ½ hours. This should be a structured discussion around us giving input.</p> <p>Dale commented that it is important to remain committed to this process. As we all know, the State budget is going to have an impact on public health across all systems and he feels a group like this is in a position to start talking about that. The State Health Plan may say one thing, but the resources may not be there and this is one part of the process that needs to consideration. He urged everyone to keep attending the meetings so that the group is ready when the opportunity to do the work gets here.</p>	<p>Meeting with Trish Riley to be scheduled in April – Jessica will coordinate date and time</p> <p>May need to look for larger space to hold meeting.</p>
<p>What We Have Accomplished So Far – Jessica Fogg and Jamie Comstock</p>	<ul style="list-style-type: none"> • The Steering Committee met and talked about membership, what is our purpose, what is our function. People seem to be struggling with the last two questions. The Steering Committee wanted to highlight some of the things that have been done by the DCC, whether a little success or something to help move the process forward – a Powerpoint presentation was given (copies were provided to all present). • It is in statute to have a DCC and Steering Committee. 	<ul style="list-style-type: none"> • Review governance structure for updating and changes

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<ul style="list-style-type: none">• The DCC has been meeting for 18 months.• A group convened to develop the governance structure – a copy of which has been sent to members. Jessica feels it is a good idea to review this document every year to make sure that everyone understands what the document is. It is a loose structure, which was done on purpose because the Governance Committee did not want to “pigeon hole” the council into anything in particular and the document could be changed at any time.• There is an active Steering Committee• There is representation at the SCC• New public health liaison was hired – only three districts have a full-time public health liaison as well as Jeri Ireland who is the tribal liaison. Jeri explained that the Tribal District is actually the ninth district in the state – she is also the vaccine coordinator. If anyone needs to coordinate services with the Native Americans, she is the person to contact. Another position has been filled to help her out, so if Jeri is not available, someone will be able to handle it.• Part of the district liaison duties is to convene a public health unit – to convene co-located CDC staff which includes epidemiology staff, drinking water, health inspection and public health nursing – the first meeting of that group has been held. That group was spread out and is not co-located in order to be able to communicate better.• Several H1N1 teams have been established in the area. Jessica has been in touch with the people that serve as point of contact members of their team. A lot of the team members are also DCC members. The region was able to vaccinate thousands of people. More information is forthcoming regarding the final numbers of	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>the vaccine.</p> <ul style="list-style-type: none">• Local public health assessment has been completed – four meetings (including the report out) were held. The Healthy Maine Partnerships have completed their Community Themes and Strengths Assessments. Since some of the newer members are not familiar with this Jamie explained the eight districts, the Healthy Maine Partnerships structure and the advisory boards for the HMPs. She explained there is coordination between the DCC and SCC. Part of the charge of the HMPS is to complete a Mobilizing for Action through Planning and Partnership (MAPP) process that comes out of the National Association for City and County Health Organizations. It is a process that is designed to get the community involved in its public health planning. When the HMPs became the foundational piece for convening this greater public health work, the RFP put out by Maine CDC asked the HMPS to conduct this MAPP process. Part of the MAPP process is four different assessments. Over the course of the grant cycle for the HMPs, (which has been extended to a four-year cycle) this MAPP process must be completed. One is the Local Public Health Assessment which has been completed. The second on is Community Themes and Strengths Assessment – that is a qualitative, focus group based assessment which the HMPs have been working on together – each HMP is responsible for their own assessment. There is also an indicators report that is being worked on and the Forces of Change Assessment is the fourth one. Each HMP is responsible for conducting their Community Themes and Strengths Assessment, their indicator assessment –all the data has been compiled – supplied by the State – the	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>HMPs are organizing it and offering some framework. The Forces of Change assessment will be completed at a HMP level. The Forces of Change Assessment will also be an activity that the DCC undertakes. The HMP directors feel that it is very important that all the HMPs in the district be as coordinated as possible with the MAPP process. While they will each be responsible for delivering that full process individually, they are coordinating that process to provide the State with a District level report out of some kind. They do not know what that is going to look like at the present time. They do know that they are responsible for those four assessments. Those assessments will ultimately end up in a community health profile and they will all produce community health plans to address the profile. The Local Public Health Assessment conducted in September was the sole assessment that was not conducted at the HMP level. The reason it was not conducted at the HMP area level was because it really looked at the 10 public health services and not one HMP, especially in the rural areas that we have, could provide those 10 essential public health services on its own. The Local Public Health Assessment was done at the district level. Bea asked if any assessments brought in the average guy off the street. How often do they try and get the average person to tell them what's going on? Jamie explained that the Community Themes and Strengths Assessment is a collection of focus groups designed to reach specific target audiences. Focus groups included seniors, youth, uninsured folks, people who are participating in WIC. The Center for Research and Evaluation helped devise that process. The Community Health Means Assessment that EMHS is doing</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>reaches random people and that kind of information is built into their assessment. The million dollar question, in terms of organizing, is how do you take all of that valuable data that has already been generated in that huge process and intergrate it into some of the stuff that we are responsible for delivering. We don't know the answer yet. We are in a situation in the Penquis District where hospital service areas don't necessarily overlap public health service areas. There has been conversation statewide about how to reconcile that so that data can be used. Jerry Whalen added that they are doing a new needs assessment statewide. Bids have been received and within the next 30 to 60 days the data will be collected and published in January 2011. It provides secondary data from state databases as well as primary data from phone surveys. It will be published for everyone's use. They want it to be used. Jerry said that one bidder bid with the data organized by county, the other bid with the data organized by DCC. If this was being published for anyone's use, would they rather see the information by county or by DCC, which in our case would be Piscataquis and Penobscot. The group said they would rather see it by county, that way they would be able to combine it. Jamie explained that she has been compiling information that was broken down by districts and counties. The district information was difficult to deal with. Jerry said that they are considering having an additional contact to sort out the Bangor region suburb and that area does not look like Millinocket. If they do that for just the Bangor area that means that, the Penobscot County report will be skewed because of all the urban areas. If they are going to sort Bangor, should they sort</p>	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>Northern Penobscot as well? There were a number of different opinions. Bea said that once the data is collected, is it available for anyone to look at? Jerry replied that it will be set up so that anyone can look at it and extract the data that they need. Dale said that it is user friendly data and they have used it for grants and other things. Bea said it seems like Bangor does need its own report out. Bangor is unique. She is not sure whether it would have value to sort it separate. Dale recommended that the SCC be contacted and asked to develop some protocol about how this information is to be used and going forward how to use it. There will be a new administration in Augusta within the next year or so and something should be written down for direction going forth. This would enable the next administration to know what has happened and is happening so this information will not be put aside and not used. Bea said this is a great idea, for a process to be established that we expect to follow. If it is already there, it is easier than “reinventing the wheel” at the state level when all this other information has been gathered, especially if we can mind the data. Jerry said it is on a larger scale that the public health system assessment.</p> <ul style="list-style-type: none">• Jamie explained that they are trying to get the word out about the opportunity to attend Basic Intervention and Advanced Intervention Tobacco Skills Training for anyone that is interested and who might use these skills in their job. All the HMPs are working to “beef up” the skills of people who come in contact with those that use tobacco products and to have a better skill set to have conversations with them about quitting tobacco. The Advanced Tobacco Training gives you a more detailed skill set than the Basic. Bonnie Irwin, the District Tobacco Coordinator, has been working	
--	---	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>tirelessly to get the word out. Money is available to scholarship people for this tobacco training. The Basic training is held very frequently, the Advanced is held one time a year. Advanced is coming up in April and there are several more Basic sessions prior to the Advanced session. The requirement is that you must attend the Basic, and there is an on-line portion, before you can attend the intensive piece. Any social service provider has a great opportunity to be having conversations around tobacco use with a client. All the WIC staff has been trained and Bonnie is going back to do some refresher training. Everywhere she goes she is talking this up. If you are interested in having some of your employees attend these trainings, contact Jamie by email and she can make arrangements for this training.</p> <p>The HMPs of the Penquis District meet regularly once a month and are in regular contact on the phone and email. Their goal is to increase their efficiency as much as possible to reduce duplication of what they do and to provide a uniform and consistent set of public health messaging. Jamie wanted to make sure that the members of the Council knew this and know it is such a foundational piece of this public health work that they do. An example would be the KeepMEWell initiative that was due to be unveiled on January 19, which was postponed. KeepMEWell is a web-based tool to provide people with health-risk assessments. This tool is geared toward un-insured and underinsured populations. On the website there is a linkage to resources. A person would take the very easy health risk assessment and have their health risk assessment appear before them. It would then automatically provide links to 2-1-1 and other local resources to assist them in taking the steps that they need to improve their</p>	<p>Contact Jamie if you are interested in attending Basic or Advanced Tobacco Training.</p>
--	--	---

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>health. The Penquis District Healthy Maine Partnerships worked together this summer as one of three state pilots on the KeepMEWell program and they look forward to the unveiling of this. You will be hearing more and more from the HMPs as time goes by because they have informational materials that they will give to you for your clients. Jerry asked if there is a plan as to how the HRA will be distributed. Jamie explained that it is web-based so mainly it would be anyway that they could think of to reach their un-insured or underinsured population. They may be asking you to encourage your patients to go to the website and complete the assessment. They have found that a lot of HMPs worked to set up terminals in libraries and provide technical assistance and that really is the best way to do this work. Many don't have the resources to walk people through the HRA so that is something they are trying to figure out as they move along. The HRA is on line now. The City of Bangor has recently used this HRA as part of a health assessment for it's employees and it worked quite well. Promotion materials will not be received until late January. Bob Holmberg asked how comprehensive is 2-1-1 (out side of Bangor) from a district standpoint. Jamie said that one of the things they have been required to do is make sure, since chronic disease in on the rise, that all the chronic disease resources in our HMP service area were entered into 2 -1-1. Speaking on behalf of this district she thinks that they started in a better place than other districts because of the efforts United Way and EAAA have done since the beginning of 2-1-1. All of the chronic disease management resources had been entered for all the hospitals in our HPM service area. To the best of her knowledge, in the Penquis District those are up to date. She encouraged anyone that has services they can entered into 2-1-1 to make sure their service is listed and up-to-date</p>	<p>Reach un-insured and under-insured population with KeepMEWell</p> <ul style="list-style-type: none">• encourage patients and clients to fill out HRA• provide computer terminals and technical assistance to fill out HRA <p>Make sure 2-1-1 listing are up to date and that all services are listed.</p>
--	--	---

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>because the referrals that are made are only as good as the updates that are provided. Jessica added that the State is using 2-1-1 for H1N1 vaccine information. Bob said that he hopes there is some mechanism in place to keep this updated. There was no one from United Way at the meeting to answer this question, but someone said that they had recently been contacted by 2-1-1 and asked questions about their services. Jane McGillicuddy said that they are a pilot program for KeepMEWell and information was taken to libraries, where everyone would have access to a computer. Going forward she has concerns about how to reach the population it is designed for and if they have the ability to print it and fill it out; how are you going to follow-up. There isn't a lot of places available for free exercise – maybe the schools would open certain hours for those people that are willing to walk. How to make it work. Jerry said that he has the same question. He feels using City of Bangor employees does not give a “clear read” on how to reach all the population for health improvements. Jamie said that she has the same questions. Jessica asked if this is something someone could use as a service or tool during a normal intake or visit. She isn't sure. The smaller towns do not have adequate internet services, some people do not have computers. – since the target for this is the un-insured or underinsured – they could access at the library. Jerry asked how many un-insured goes to libraries? It was also mentioned that in the outlying areas the libraries are only opened a few hours a week. Kerrilyn said that since a lot of businesses are working on Work Site Wellness, this might be a tool that they could use. Especially small businesses that can't afford the cost of other wellness tools. Jamie said that moving forward she believes that this is the type of input that the SCC needs to hear because HMPs don't have a lot of input about how or</p>	<p>Possibly put computers in waiting</p>
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>when things are rolled out. She thinks the SCC might be the venue to talk about ways to reach the intended audience. Dale asked if there is information on the website about what to do next. Even if someone takes the assessment, if they don't have insurance where do they go. The suggestion was to put computers in waiting rooms – since the average waiting time is approximately 20 minutes. This could print to a private printer and they would be able to go over the information with their MA during their visit. Some of this information, without clarification, is not going to be useful. Rev. Bob said that he has looked at the website. He explained that they are going to EMRs and one of the things that they are proposing is to allow a patient to make their own appointments and communication with their Practitioner. What they would like to do is have a kiosk in the waiting room. The patient could do the assessment, print it out and bring into their appointment. The thought of others was that this would not be as expensive as PSAs and mailings. Jessica said that this assessment is not targeted at children, there are questions regarding family history, etc. that the children might not be able to answer. Bea explained that assessments have been done with her patients and this is a population can't be neglected from this. The data suggests that intervening at younger ages changes the course chronic illness. She thinks we want more than we are about to get. Lu Zeph said since all the children have laptops in the schools beginning in the 7th grade, could you get the software and modify the assessment? This would be a good way to get this out. This could be done through health class .</p>	<p>areas so patients can fill out HRA while waiting and be able to review with providers during visit.</p> <p>Incorporate into schools laptop program – have students take assessment during health class Look in terms of accessibility for kids with varying needs.</p>
<p>Membership Discussion and Information – Bea Szantyr and Robin Carr-Slauenwhite</p>	<p>Bea explained that the Steering Committee has been discussing membership. The structure and operating principal document was sent out to all members prior to the meeting. Bea explained that part of the problem with keeping people returning</p>	

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

to the meeting is the lack of a job for the DCC. The committees have been busy establishing a structure under which the DCC would operate. They would like to look at the membership and make sure that there is representation and people are part of the group in order for the DCC to be effective. The lack of structure gives us the opportunity to decide what we would like to do. When the initial Mission and Vision Statements were developed the membership structure was left “fairly nebulous”. There are not a lot of requirements to be a member; primarily what it means is that you come to the meetings. The hope is that this group will learn what each individual member is doing and be able to create a dictionary of the district. Not just your primary job, but other things that you have knowledge or expertise. This will enable that information to be available if the need arises.

Robin provided everyone with a Membership Agreement and asked them to fill out the form and indicate which committees they would like to serve and also indicate the organizational categories they are affiliated with. Bea added that there might be other categories that are not on the list and those could be added. There are skills that people bring to this group and we hope to take advantage of those skills. The follow up is that we don't have everyone at the meetings that is needed and if anyone knows of other people that should be a part of this group, please contact them or pass a membership form to them. Robin said that the HMPs will be looking at the documents to see if there are any gaps in representation and looking to fill those gaps.

Bob Holmberg asked if there was going to be more discussion regarding the roles of the PHAB, DCC and SCC and the mission and vision statements. Bea explained that the DCC is established in statute and they do not have a directive about what direction they are to go. This may be the opportunity to decide what role the

Send out Membership Form to list of members who were not at the meeting.

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>DCC plays in the State Health Plan. Jessica provided copies of information on the statute that created DCC and SCC. The directive is broad and leaves room for interpretation. Bea said that she is encouraged because when concerns were taken to the SCC at the last meeting, they were heard. She also said she does not want to keep duplicating things, so she hopes this group can become a unified voice and coordinated action body for knowing what needs to happen and finding ways to make it happen.</p> <p>It was recommended to invite a representative from the VA to be a part of the DCC.</p> <p>If you have an organized structure, you can write a letter about an issue and have something/ someone to back it up.</p> <p>Robin Mayo added that this group was formed under a state process, she would like to see the group figure out what it can do for the citizens of this district as well as what the state is requiring of the group.</p> <p>Bob Holmberg challenged this particular DCC to define the role of the DCC and its communication methodology to the HMP. Why is this group necessary for the HMPs. If you can define how you structurally relate to the HMPs and SCC that would be great. The governance document is a beginning. Is there value added or is there duplication?</p> <p>Jessica explained that the Steering Committee is wondering whether the members would like to continue meeting on Friday or if another day of the week would be better. By vote Friday morning seemed to be the preferred time for those that were present. Jessica then asked if the group preferred to have a three hour meeting or a two hour meeting. Three hour quarterly meetings were preferred among those present.</p>	<p>Contact someone with the Veteran's Administration and invite them to join DCC</p> <p>Friday morning meetings are the preferred time for those that were present.</p> <p>Three hour quarterly meetings were</p>
--	--	---

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>Rev. Bob said that for communication purposes a quarterly meeting is sufficient, but members should remain open to an emergency meeting if one is needed.</p> <p>The next scheduled DCC meeting is April 16, 2010, same time and place. There is a special meeting set with Trish Riley, Jessica will provide that date, time and place as soon those have been finalized.</p> <p>It was suggested that maybe the business part of the meeting could be limited to two hours, with the opportunity of using the remaining hour to meet in work groups or something of that nature.</p>	<p>preferred among those present.</p> <p>Two hour business meeting, with final hour used for work groups or something of that nature.</p>
<p>LPHSA Report Out – Jessica Fogg</p>	<p>A PowerPoint presentation was sent out to all members prior to the meeting.</p> <p>Dale suggested that it will be close to 11:30 before the presentation is complete. Maybe it would be a good idea to look at the information then that could be the subject of the next meeting. It would give everyone a chance to look it over and think about it. At the next meeting members could break into groups where some thoughtful work could happen as opposed to not having the opportunity to think about the information. This way they won't feel rushed to get through this.</p> <p>Jessica explained that there was an extensive explanation of this information at a prior meeting. She has taken the draft information that was given to her – the final report should be complete soon. Jamie added that this assessment is part of the MAPP process that she spoke about early. This assessment was done on a district basis. People who live or work in Piscataquis or Penobscot Counties attended these sessions. The goal was to figure out how well the ten essential public health services are provided in this two-county public health district.</p> <p>Jessica went on to explain the slides, which</p>	

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

included the 6 phases of the assessments. There are multiple pieces of this and one of them is the Local Public Health System Assessment information. Hopefully at the next meeting we will be able to break into working groups and those groups can look into setting an agenda about what to do about the items that are on the assessment that need to be addressed, what order do they need to be addressed, who needs to be at the table and those types of issues.

Jamie explained that the process was a series of questions centered around each of the 10 Essential Public Health Services. The facilitators, Maine Center for Public Health, asked the questions and the people in the room had to come to an agreement about how well they met that question. They offered up a number. The numbers to the questions were compiled to come up with an overall number. The range was minimal, moderate, significant, optimal or no. The group was asked questions about the public health services – How well are you providing this service. If the group decided we are providing it moderately, a number was assigned to that answer to coincide with moderate. There may have been ten questions regarding Essential Public Health Service No. 7, somehow Maine Center for Public Health took all those numbers and came up with a final number to represent how well we are meeting No. 7. That was done for all of the 10 Essential Public Health Services.

When you see 35%, that meant that people felt we are meeting No. 7, Link to Health Services, pretty poorly in comparison with some of the others. Kathy Knight asked how does this survey match against the Bangor Public Health Assessment – is this the same assessment? Jessica said that it is a different assessment. Jamie explained in 2006 or summer of 2007, Maine Center for Public Health did something similar with Bangor Region and also with Portland. When the HMPs had a bigger role to play in the public health

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>infrastructure, each of the public health districts was required to do this assessment. It is like comparing apples to oranges. It's the same assessment and same process, but completely different service area.</p> <p>Jessica referred to the talley from the report out meeting where DCC members, local public health providers and other people that were invited. They rated EPHS No. 7 – Link to Needed Personal Health Services and Assure the provision of health care that is otherwise unavailable as a priority. There are also bulleted subparagraphs under that – 7.1 Barriers to Personal Health Services; and 7.2 Assuring the Linkage of People to Personal Health Services. Those items were voted on at the last meeting and were rated high by the members that attended that meeting.</p> <p>The reason she is bringing this back to the group is that the people on the Steering Committee felt that we needed to go over this one more time in case there were people that missed that meeting. We definitely want to look at ways that we can start moving on some of this information. That is why we are going back over this information.</p> <p>We can now start to look at and start to understand what each of the services mean, what would we need for tools or people. The other reason the draft was sent out was for the members to look at the basic recommendations at the bottom of each of the pages, potential actions steps that we could take to start working on these areas. That might be a jumping off point to start looking at or working on. The entire DCC is not expected to work on this part. The best way to do this would be by committee; have the committee do some reporting and working actions.</p> <p>Each member was asked to look at the copies of the PowerPoint that was provided to them. Jessica explained that the Steering Committee</p>	<p>Are we ready to begin working on EPHS 7 and 1.2 or is there another one that the council feels strongly about.</p>
--	---	---

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>wants to make sure that the membership is okay with working on 7 and 1.2 or is there another one that they feel strongly about. Are they ready to make that decision?</p> <p>Kathy Knight suggested that there might be some of the items that require minimal action which could be worked on and as a result of addressing that item, a larger item might be impacted as well. Jessica said that someone has looked at their assessment data and choice two or three on the lower end, but also picked some on the higher end. The reason for that was by improving some of the services they were doing well it, it enhanced the other services that they were doing poorly in. That is another way to look at the information.</p> <p>Jessica explained that the Cumberland District has come up with a way to look at all of their assessment information. The intention for this meeting was to break out into groups – one to look at the LPHSA to try and decide what the next step would be and the other group would look at the Cumberland document to see how we could make it our own so we can understand what assessments we have going on and what other data is being supplied to us through the State of Maine. Most of them are the same as the Cumberland sheet. This will help us to understand and know what tools are available to us for planning purposes. It doesn't mean that other information can't be added. This is our tool, we can do whatever we want.</p> <p>The Steering Committee's thought was to have a committee to work on that information.</p> <p>The LPH assessment is challenging to talk about. Are we motivated to move to action on 7.1 and 7.2 and 1.2 or not. We need to decide whether to committee that work and have a group talk about it and let us know whether or not we are ready to move to the next steps. The Steering Committee does not want to speak for the entire group. They</p>	<p>Group to work on Cumberland District Form and make it our own.</p> <p>Group to look local public health assessment data and</p>
--	--	--

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	<p>are looking to get a working group together to begin to work on this tool to have it available for the group. We also need a group that is willing to look at the local public health data and bring some information back to the group and give some guidance to the group so we can make some decisions on it.</p> <p>There was a lot of discussion back and forth about the LPHSA committee's charge. After lengthy discussion the following is a summary of the points that were agreed upon.</p> <p>Have a group that will look at the information and offer back to the DCC - this is what we think are actionable steps and this is how we propose you might do that. What does the group think? Where should we start with this, choosing which one, what action steps to take.</p> <ul style="list-style-type: none">• Priorities were picked at the last meeting – report prior to next meeting so that everyone has a chance to review.• Three priorities were pulled out at the last meeting – we would look at those and determine how this committee might address them and the actions to address those three• The group should look at the three, do we have the partners at the table, are the people there, and develop a plan to address. <p>Committee takes priorities and looks at them, in that process one of the first steps would be to determine who should be involved in this process, i.e. schools, health officers, public safety, etc. then get that specific group together to discuss the issues. DCC is not going to effect change as a committee, but what DCC could do is set the direction in getting those groups, that can effect change, empowered to do that and being clear</p>	<p>determine where to go from here.</p>
--	--	---

Vision Statement: The Penquis DCC will be the unified voice for collaborative public health in the Penquis District.

Mission Statement: The Penquis DCC will be the district-wide body for collaborative public health planning and decision making for functions that are more efficiently and effectively accomplished at the District level.

	about what should be accomplished and going out and getting those groups working. Tom Iverson, Kathy Knight, Bob Holmberg -, Lu Zeph, Jamie Comstock, Bea Szantyr said they would like to work on this committee	
Follow-up		Jessica will set up the meeting with Trish Riley and let everyone know the date, time and place. Jessica will set up a meeting for the LPHS committee and let everyone that is interested in serving on this committee know the date, time and place.

The next regularly scheduled DCC meeting is Friday, April 16, 2010, 9:00 to 12:00 at Helen Hunt Center, Old Town.

Meeting with Trish Riley is scheduled for April 1, 1-3 p.m., United Technology Center, Hogan Road, Bangor, Maine

**LPHS Committee Meeting is scheduled for Tuesday, February 23, 2010, 1- 3 p.m. at Bangor Health and Community Services, 103 Texas Avenue, Bangor, Maine
Call in number for those who are unable to attend: 800-393-0640, Passcode 417887**