

Penquis District Coordinating Council
June 19, 2009

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

Mission: 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.

MINUTES

In attendance: Robin Mayo (Piscataquis Public Health Council); Thomas F. Iverson, Jr. (Piscataquis County EMA Director); Dale Hamilton (CHCS); Bea Szantyr (Community Physician); Dawn Littlefield (SVH-SVHCC); Robin Carr-Slauenwhite (SPRINT for Life); Jane McGillicuddy (Katahdin Area Partnership); Jamie Comstock (Bangor Region Public Health and Wellness); Sara Yasner (United Way of Eastern Maine); Jerry Whalen (Eastern Maine Health Care Systems); MaryAnn Amrich (Office of Local Public Health); Allison Bankston (Penobscot Valley Hospital); Kathy Knight (Eastern Maine Health Care Systems)

Item	Discussion	Action
Welcome and Introductions	Introductions were made and everyone explained their role in public health.	
Updates	<p>LD 1363 – MaryAnn Amrich – Public Health Infrastructure –Packet with information regarding a number of bills relative to public health were distributed. LD 1363 formally establishes and recognizes the state’s public health infrastructure, including the eight districts, recognizing the HMPS as an intricate part of public health, as well as District Coordinating Councils, State Coordinating Council, Local Health Officers and public health units. Universal Wellness Initiative is also part of this bill – part of this includes creating resource tool kits for the uninsured, using 211 as the bases for information. It also directs the Maine CDC to create an annual report card about what is happening throughout the state.</p> <p>There are three sites that have applied to be pilot sites for the Universal Wellness Initiative – Penquis District has applied collectively to be a pilot site as has the Central District. These two districts work together closely and</p>	<p>If pilot status is awarded, Jerry Whalen would like more information about how they plan to get the word</p>

	<p>hope to be awarded pilot site status. The health risk assessment website is up and a couple of the members of the HMPs have looked at it. They found it easy to use, no confusing terminology and it gives a report that was easy to understand with tips and instructions based on the results received. Jamie Comstock said that she was pleasantly surprised and liked it. Most of the pilot involves ways to get the word out and promote the site to the uninsured and underinsured populations. HMPs will be working through their coalitions and DCC to have as far reach as possible to achieve that. Dawn Littlefield added that there are no more funds to do this work with. HMPs will have to use the resources they have, libraries, etc. Possible places have already been identified.</p> <p>HMPs have a couple of things going on. They are approaching the end of year and are looking at building up the infrastructure and capacity within the Penquis and Central Districts. They will be offering training on Cultural Diversity in August, and two trainings on free and existing technology and how to access that technology in order to decrease travel time, increase productivity, recommendations on how to use the technology, how to do meetings. They also hope to do some film production and to distribute that information in the next year or so.</p> <p>These funds were the result of a grant that was awarded to the Penquis and Central Districts. The funds have not been received but they are working on the premise that it will be received. Jamie and Dawn Littlefield's organizations will be holding the funds.</p> <p>Introduction to Website – MaryAnn Amrich - Maine CDC, Office of Local Public Health has it own website. There is a web page for each of the districts and DCC. Agenda items, meeting minutes, PowerPoint presentations and agendas for DCC, Steering Committee and LPHS Committee will be posted on the respective pages. Any thing else that members would like to see on the website can</p>	<p>out.</p> <p>Any feedback or information that members of DCC receive would be appreciated regarding the pilot program.</p> <p>E-mail will be sent to DCC membership if pilot status is awarded.</p>
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be added. Information is available on the State Coordinating Council, including minutes of meetings and other pertinent information.

Contact information is available for staff members and HMP members.

State Coordinating Council – Bea Szantyr

Bea reported that she did not attend the State Coordinating Council meeting; however, Jessica Fogg has reported that it was an interesting meeting with an interesting group of people. The discussion focused around the public health law that has been enacted. One of the issues discussed was that legislators were supposed to be a part of the group; however, they would have to be paid to attend meetings and there is no money in the budget for this.

The other thing discussed was the MAPP project. They are looking for feedback, but no direction has been given regarding what will be done with the data that is collected. Hopefully by the next meeting that issue will be addressed.

There was a conversation regarding the need for a Governance Sub-committee for SCC. The impression Bea has is that SCC is a fledging group of people from around the state that are trying to do the same work that the DCC has been doing. They are still sorting out how to function.

There is another meeting scheduled for next Thursday; more to come.

Dawn Littlefield explained that she attended the meeting and the SCC is still working on governance policies, i.e. membership, voting, term limits. They are discussing having members sign a contract committing them to attend meetings for one year and maybe establish staggered membership.

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		<p>Meredith Tipton was hired by MeCDC/SCC to draft guidance for District Health Improvement Plans, based on data collected. The guidance document will be shared with the SCC; SCC reps will share the guidance with the DCCs.</p>
<p>Panel Presentation</p>	<p>The “Swine Flu”: Lessons learned, what worked and what hasn’t; how emergency preparedness relates to public health.</p> <p>Tom Malcolm, Local Public Health Officer – Millinocket was supposed to be part of the panel but is unable to attend.</p> <p>MaryAnn Amrich (Office of Local Public Health), gave an overview of how the State responded to the “Swine Flu”.</p> <ul style="list-style-type: none"> • State contacted by CDC <ul style="list-style-type: none"> ○ Pandemic Flu Plan operational ○ Issued Health Warning • Contacted EMA Directors, LHOs, health providers <ul style="list-style-type: none"> ○ Daily updates on CDC website • Mobilize staff <ul style="list-style-type: none"> ○ 2 certified microbiologists on laboratory (HETL) staff – increased to 9 • Received portion of strategic national stockpile of anti-viral medication <ul style="list-style-type: none"> ○ State was able to purchase additional anti-viral medication • Daily conference calls with CDC, MEMA, County EMA directors, health care providers • Established Help lines for health care 	

	<p>providers and public</p> <ul style="list-style-type: none"> • Daily updates on state website • Assured that vulnerable population had access to information <ul style="list-style-type: none"> ○ Translated information to several languages • Monitored hospitals, correctional facilities for out breaks • Area epidemiologist investigated outbreaks to establish how exposed • More cases in southern part of state • More cases in children and young adults • Not sure how virus will mutate and whether it will become more severe as flu season approaches • Plans going forward <ul style="list-style-type: none"> ○ Look at what was successful and what wasn't successful ○ Surveys have been distributed to partners ○ Look at State Pandemic Flu Plan to see if it needs revising <ul style="list-style-type: none"> ▪ State did not declare a level because of the small number of cases ▪ Look at when its appropriate to declare a level ○ Prepare for large scale vaccinations <ul style="list-style-type: none"> ▪ How would this be implemented ○ What communication techniques worked and which ones didn't <p>Tom Iverson, EMA Director Piscataquis County</p> <p>Tom Iverson explained how he became involved in emergency management and became the Emergency Management Director of Piscataquis County. He helped to establish the county's emergency management plan.</p> <p>He and other members of his group (law enforcement, fire personnel and local officials) attended Disaster Preparedness and Response training last fall. All costs for this</p>	
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	<p>training were paid for under a grant.</p> <p>The training included:</p> <ul style="list-style-type: none">• Pandemic Flu Threats• Strategies• Planning• Community Response• Caring for the Dead• Mutual Aid• Dealing with the Media <p>The training brought out questions on a number of issues revolving around a pandemic. Little things that might not be addressed in a EMPlan. Based on this training, a presentation was developed and presented throughout the county to educate first responders on how to handle situations when an emergency is declared. The EMA Director's office played a support role in this process.</p> <p>CDC is in charge during a pandemic; however, when things get really bad, it comes down to the county level.</p> <p>When the Swine Flu occurred everyone was competing to get the message out. Piscataquis County determined that there needed to be one message and all agreed that the message would be sent out through the hospital's press officer.</p> <p>What was missing in their plan was the Local Health Officers. Most health officers are appointed by the towns but are in name only. He is glad that a certification is now required for LHO.</p> <p>After the presentations were made to first responders, county employees, and other necessary personnel, it was opened up for the public, but no one showed up. He took this as a positive sign that the word had gotten out and people were doing what they were suppose to be doing.</p> <p>The second biggest part of the Plan is dealing with the press. The best way to handle this is</p>	
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to work with the press so that they will be willing to work with you to get the word out.

CDC did not provide county officials with information regarding the number of confirmed cases of flu and where those cases were located within the county. This made it frustrating for county officials in targeting areas where the flu was located.

He said that the reason he is at this meeting is because he cares. He asked the membership to keep up the good work, because they are here for the same reason.

Another area that he is working in is with area schools and businesses to make sure that they have plans in place or to assist them in creating a plan.

Another issue is how to reach the physically challenged, hearing impaired, vision impaired. Those are the people that need to be reached. It was suggested that Bangor Hydro could be a way of distributing information.

MaryAnn Amrich said that the State had a Pandemic Flu Planning Coordinator; however, that position has been empty for three years. It has just recently been filled by Bill Jenkins.

Piscataquis County is in the process of writing a job description for a County Health Officer. That position will work out of the EMA Director's office. The reason for that is there are a lot of small towns and townships in Piscataquis County that will be able to use the County Health Officer as their health officer instead of appointing their own. If a town or township does not have a health officer, the law states that the nearest health officer is to respond. By having a county officer, that person will be able to respond in those cases. This is being supported by the commissioners and Dr. Mills.

Kathy Knight – Eastern Maine Healthcare

Kathy Knight explained that she was out of town at a conference for Altered Standards of

	<p>Care, which is – in the event of a disaster, how would the standards of care change to safely continue to provide for patients and still be able to care for the most people, or provide more intensive care for more people - when H1N1 started. When she got back to Bangor one of her responsibilities was to support health care in 8 counties in Maine. This incident was different than anticipated which meant that it did not follow the anticipated route that was set out in the Plan. The Plan was not flexible enough to deal with this type of scenario and everyone had trouble determining where they were in the Plan. Ultimately, people used pieces of their Plan, not the entire Plan.</p> <p>This was also a disaster of communication, making sure that information got from WHO, CDC, MeCDC, to Health Providers. One voice, one message was essential and that message came from Dora Mills or MEMA. It is necessary to repeat her message to everyone and not a different message.</p> <p>MEMA and MeCDC will be working with Bangor Daily News in time for the fall flu season to distribute an insert with information regarding what to do in case of a pandemic to help get the message out.</p> <p>During the most recent incident, hospitals activated their command systems, started communication within their own organizations to educate staff so that they will not be short-staffed in the event of an emergency.</p> <p>Conference calls with CDC and MEMA were helpful in getting the information out and being consistent with that information.</p> <p>One thing that needs to be developed is changes to standards; rules and regulations during an emergency. These changes need to make the information easy to understand so that there are no questions when it is time to implement the procedures.</p> <p>Suppliers will put procedures in place to prevent stockpiling of supplies so that</p>	
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	<p>everyone will be able to obtain needed materials.</p> <p>Focused on trying to keep organizations going without feeling overwhelmed and improvements are needed in that area.</p> <p>Recognized there was nothing in place to address migrant workers that were coming into the area. How were providers going to know if they were sick, because the workers are reluctant to report illnesses.</p> <p>Engaged in surveillance with absenteeism in the workplace. Working with MeCDC to get a surveillance plan in place to be able to look at absenteeism and be able to track any abnormality in order to assist in staffing.</p> <p>A personal preparedness survey is being done for medical and public health care workers to see how well they are prepared. Are they willing to come in during a pandemic? Do they live in Canada? Do they plan on going home? If the employee is not prepared, then they are not coming in to work because they have things that they have to do at home.</p> <p>They are engaged with MeCDE for mass fatalities. How are suspicious cases going to be tracked? How will the remains be handled?</p> <p>Mass vaccinations in school are being looked at, as well as working with EAAA to develop a plan for vaccinating their clients. Medical Reserve Corps may be engaged to help with this part of the plan.</p> <p>All the information that is being acquired from MeCDC is being taken back to the local officials to keep them informed and help them develop, or revise, their plan to be able to address these issues.</p> <p>Working to develop alternate sites in the case of an infrastructure failure of a facility.</p> <p>Allison Bankston, PVH, explained how her</p>	
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	<p>facility handled communications. Nursing homes had contacted her to ask to be included in the information loop. It was helpful for the HMPs to get involved with the communication aspect and get the word out to churches, and businesses by distributing brochures and other information to these entities.</p> <p>She also spoke of the difficulty of getting on line to use one of the tools that they had planned to use to communicate between the facilities. They now have to go back and look at this and determine how to handle this type of situation.</p> <p>Other HMPs (Penquis District) worked together to develop resources and share them so that information could be distributed to the general public.</p>	
Business: LHPS Update;	Because of time limitations, this item will be discussed at another meeting when more members are present.	
Membership Review and Discussion	Hold off on this discussion and let the Steering Committee continue working on this.	

Local Public Health System Assessment Meetings are scheduled for September 2, 16, and 30th

Due to the LPHSA meetings the September 11, 2009, District Coordinating Council meeting has been cancelled and re-scheduled for October 16, 2009, 9 am – 12 at Helen Hunt Center in Old Town.

The meeting originally scheduled for December 18, 2009, has been re-scheduled for November 13, 2009, 9 am – 12 at Helen Hunt Center in Old Town at which time Karen O'Rourke will report on the Local Public Health Service Assessment.