Health & Human Services and Public Safety Committee Minutes

Tuesday, January 14, 2020, 5:30pm, Room 209, City Hall

Committee Attendance:

Belinda Ray, Chair (District 1), Tae Chong (District 3), Pious Ali (At-Large)

City Staff:

Kristen Dow, Director of Health and Human Services; Adam Harr, Executive Assistant; Hayley Mandeville, Research and Evaluation Program Coordinator; Alex Hughes, Family Health Program Manager; Bridget Rauscher, Chronic Disease and Prevention Program Coordinator; Keith Gautreau, Fire Chief.

Meeting called to order at 5:36 PM.

AGENDA ITEM 1 – Announcements

- None

AGENDA ITEM 2 – Approval of Minutes

- Councilor Chong moved to approve the minutes, Councilor Ali seconded and the minutes were approved Unanimously.

AGENDA ITEM 3 – Public Health Director Search Update

- December 6, 2019 was Dr. Bankole's last day. The search is extended until the end of February but it will likely close sooner; applications are being accepted on a rolling basis. HHS wants to make sure they have a strong pool of applicants.
- Councilor Chong asked if there are specific qualifications looked at, such as someone with experience working with international health.
    - Yes, specifically someone with a broad experience and a focus on public health; expertise in one specific area that has a tangible experience that is not limited to the academy.
    - Is immigrant/refugee experience being considered as there is a significant population in Portland's public housing and public health programs such as free and reduced lunch?
        - Yes and that is something looked for in any of our positions in Public health and social services to serve the population of Portland.
    - What is the average length of stay for the Public Health Director position?
        - Julie was in the position for 10 years and after there was Toho and Dr. Bankole. Public health in Maine has had a tumultuous time in Maine recently with statewide turnover. The new administration is focused on

health and public health; we are rebuilding our programs including hiring three tobacco prevention specialists through grant funding.

- Chair Ray asked if there is a pay issue.
  - The pay has been bumped up since it was last posted.
  - Kristen suspects there is confusion based on the title. It is listed as the Public Health Administrator in our organizational structure, just as the director of Social Services is called the Administrator. This second round the position is listed as Public Health Administrator/Director.

AGENDA ITEM 4 – Health of Portland Report

https://portlandme.civicclerk.com/Web/GenFile.aspx?ad=4340

- Kristen explained that Dr. Bankole worked very hard on this report during his tenure and turned it over to Hailey.
- There are over 100 indicators in the report.
- What is the report?
  - Typically, health data like this is at a state or county level, this report is a Portland-specific report on the health of those in the City.
  - Primary and secondary indicators
  - Indicators have various timelines.
  - Health factors
- Format of the report
  - Introduction
  - Table of contents
  - Executive summary with some interesting highlights.
  - Left side pages have statics and infographics, right pages have narrative text.
- Identified Need of City-level Data
  - 80% of the US population lives in an urban area.
  - Data needed in the Public Health to write grants
  - Research and Evaluation created and FY19 is the first year it is off the ground.
  - Identified well known health indicators.
  - Contacted over the city and state for collaborators to get the data.
- Spring 2019 wrote the narrative and had peer review over the summer then approval to disseminate.
- Hayley explained the demographic chapter is a high-level overview that looks at the population of Portland that describes who lives in the city.
- Social determinants of health: our zip code affects our health.
  - 26% of children live in households below the federal poverty level.
    - 17% of adults live on income below the Federal Poverty Level.
  - 47% of Portlanders live more than half od a mile away from the nearest grocery store.
  - 15% of Portland's population speaks a language other than English ate home (sometimes or always).
- Park access and walkability.
  - Portland scored better than average on walkability and live closer to public parks.
- Access to Care and Health Equity.
  - 69% of adults receive routine wellness check-ups

    - 36% of women aged 65+ are up to date on preventive services.
    - 44% of men aged 65+ are up to date on preventive services.
- Maternal and Child Health
    - 88% of births had prenatal care start in the first trimester.
    - 3% of new mothers smoked cigarettes during the 3rd trimester (low compared to the state and county).
    - 36 births suspected of being drug-affected (such as withdrawals.)
    - 97% of babies are ever breast-fed milk
- Chronic Disease
    - Tobacco indicators
        - 17% of Portland adults are current smokers.
        - 8% of high school students have used tobacco (excluding e-cigarettes) in the past 30 days.
        - 29% of high school students used e-cigarettes in the past 30 days.
- Infectious Disease: the comparison indicators for the county are from 2017
    - Sexually Transmitted Infections
        - STI stats for Portland are the most recent, the ones form Cumberland County are from 2017.
        - 492 newly diagnosed cases of chlamydia per 100,00 people;
        - 146 newly diagnosed cases of gonorrhea per 100,00 people;
        - 29 newly diagnosed cases of syphilis per 100,00 people;
        - 339 newly diagnosed cases of chronic hepatitis C per 100,00 people.
- Environmental health
    - Lead
        - 53% of housing units in Portland were built before the 1950s when lead was widespread.
        - Lead exposure risk index is the housing stock combined with poverty: our score is 9/10 compared to an average of 5.5/10 placing us at a higher risk.
        - 27% of children 0-3 received a blood lead test; 149 children were confirmed to heave lead poisoning.
- Injury and exposure to violence.
    - Portland's violent crime offenses are less than the national average at 279 per 100,000 in Portland versus an average of 514 per 100,000 across the 500 largest US cities.
    - Fall related emergency visits: 409 per 10,000 people
        - 24 fall related deaths per 100,000 people.
- Mental Health
    - 5,509 behavioral health related calls to Portland Police.
    - 13 completed suicides per 100,000 people
    - 297 mental health emergency department visits per 10,000 people.
    - % of students contemplating suicide:
        - 14% of high school students.
        - 21% of middle school students.
            - A large jump from the 2017 data. 16% to 21%.
- Substance Use
    - 22 substance use hospitalizations per 1,000 people.

    - 17 alcohol-induced deaths per 100,000 people.
    - 34 total opioid related deaths.
    - 44 total overdose related deaths.
    - Comparison data from 2017 is in the appendix.
    - 37% of middle school students perceive it to be sort of easy to get alcohol;
    - 58% of high school students think alcohol is easy to get.
- Death and Dying.
    - 167 deaths due to cancer per 100,000 people.
    - 133 deaths due to heart disease/failure per 100,000 people.
    - 59 deaths due to injury per 100,000 people.
    - 46 deaths due to chronic lower respiratory disease per 100,000 people.
    - 32 deaths due to stroke per 100,000 people.
- Next Steps
    - Looking to Translate the report into 5 languages.
    - Will engage communities for feedback.
        - Shape and guide the direction of the Public Health Division
    - System Integration to Smart City Initiative where data and technology are used to improve the lives of city residents.
    - Hoping the data will help policy makers address the health indicators systematically.
    - Using the HoP to map assets and streamline the efforts of the Public Health Division to address the underperforming areas.
        - Help funding.
- Kristen said that the community health improvement plan is essential as we have the 'what' and now we need to find the 'why."
    - The community health forum will help with this.
    - The work is incredible and exciting.

Committee questions and discussion.

- Chair Ray thanked Hayley and the public health staff and commented on how helpful it is to have the infographics to explain what the data means.
- Councilor Ali thanked the staff and asked why we compare our data with large cities instead of cities our size?
    - The 500 cities are a federal initiative and Portland is the smallest City of that cohort.
    - It was chosen as it is a reliable source of city-level data.
    - Most indicators re from Portland, Cumberland County, and Maine.
- Councilors Ali asked if there is an education plan to supplement the community forum on the parts that Portland is not doing well.
    - The community forums will provide a learning session that would include education.as well as sessions to solicited feedback,
- Councilors Ali asked for clarification on translation.
    - Arabic, Somali, French Spanish, Portuguese.
- Chair Ray asked for confirmation that we are part of the 500 largest cities 66,000 and up.
    - We are the smallest at 66,000 people.
    - The 500 cities must include a city from every state and we are the largest city.

- Councilor Chong likes the data but is not sure what the data means in terms of being low or high, good or bad.
    - Portland is about ten years younger than the rest of the state.
    - Could assign letter grades A, B, C, D, and F to demonstrate good and poor performance.
        - He is not sure what we should focus on.
        - Are the falls bad and need to be addressed?
        - How can these data be used to prioritize?
    - It seems we have access to fresh food and vegetables but adults don't eat them as much as children do; is that due to a program?
    - He knows the director will have his own strategy but would appreciate a rating scale to help direct public health actions of this committee.
- We are younger than the state but not proportionally better than rest of the state.
    - Within the indicators are our older women's health worse off because we are focusing on younger populations.
- Councilor Chong asked are we doing better than other cities whose median age is 36?
    - Staff are looking for cities to compare to.
- Kristen is a big proponent of health in all policy and that a public health aspect is present in any policy; a rating scale would help make the public help element accessible in public policy.
- Councilor Chong asked about creating targeted programs based on this data. He doesn't want to just follow a lost from loud issues, versus what is presented in data.
- Chair Ray agreed that with some indicators she does not have a sense if the data pulled is a good or bad sign.
    - The report highlights both good and poor statistics
    - The expanse of data is to apply broadly.
    - They did not want to declare good or bad too forcefully for people to provide feedback in the forums.
- Councilor Chong thinks providing a benchmark would help the forum. And Chair Ray followed up the report creates our own benchmark.
- Chair Ray asked about the criteria for colorectal cancer screenings.
    - The grant was targeted to minority health.
- Chair Ray recognized the lead grant we regularly have and she asked if we tested our schools.
    - Schools opted in for testing.
    - Bridget will follow up with the Portland Water District.
- Chair Ray recalled Victoria Morales that children under 2 be tested; Medicare for children to be tested at 1 and 2.
- Chai Ray asked how we are doing with HIV.
    - We do not have the data for Portland because the number is too small to report on.
        - The number was under ten so the data was suppressed by the Maine CDC to maintain the anonymity of patients.
- Chair Ray asked if there are any data points that are not in there that staff wish could be?
    - HIV would be one as we test and administer PrEP at the India Street Clinic.
    - Falls, it would be great to be able to map those.
        - It could be weather, bricks, etc.

    - Hayley would like to go more in depths with some of their indicators.
- As we are going through the presentation, Kristen sees every city department being affected.
- Councilor Chong recalled a longer study from the past that stratified food insecurity of race, income etc. He said it seems like income is the biggest health indicator.
    - Could we partner with the United Way or other organizations to help go deeper into the research: John T Gorman Foundation, etc.
    - He would like to see a poverty report indexed to public health.
    - Many of the policy goals are connected to poverty.
- Councilor Chong likes the 10,000-foot view and really would like to see the indicators tied to poverty mitigation.
- Chair Ray asked about Portend children by race and their share of poverty.
    - How many of a sub population lives in poverty?
    - If things were equitable, the percentages would be similar.
- Chair Ray said the number of behavioral health related calls seemed high and asked if they seemed high to staff. Councilor Chong asked if it is because we are a catchment City?
    - This particular indicator is from the Police Department and may not be Portland residents.
    - It is a new category for the Police.
- Chair Ray said Victoria Morales was looking to have a public health note attached to legislation that would say how bills affect public health.
    - Would it be good to have a public health note at the city level?
        - Yes.
    - Everything is public health and seems to her as something that may be worth pursuing.
- Chair Ray asked how often staff see producing this report.
    - A lot of this data is done every three years.
    - 3 years would allow time for improvement plans.
    - All of these could be taken out as one-pagers and updated as needed.
- Chair Ray commended the needle exchange.
    - It is being used as model for other municipalities in the state.
- Councilor Chong asked if we could tackle 5 things, what would it be?
    - Kristen answered that Mental Health is the biggest priority across programs and for all age groups.
    - Alex said Mental Health due to the jump in suicide data among middle schoolers.
        - Specifically, youth work and younger than traditionally worked with.
    - Vaping
        - Numbers are high.
    - We will be looking for this information in the feedback from the community.
    - Obesity and other chronic diseases.
        - Trails and other built environment changes were made out of public health and more built environment should be looked at.
    - Health equity and access to care.
        - Continuing to be mindful of programs that cater to people who don’t traditionally access care.

    - Climate Changes effect on public health.
        - Tic borne diseases
        - Health equity in mitigation plans.
- Chair Ray read 'the Case Against Sugar' as sugar consumption informs obesity and asked about looking at sugar.
    - Councilor Chong followed up that there is not about dental health.
    - Outreach with people in recovery have shown that sugar addiction may have been initial addictions with people in recovery.

AGENDA ITEM 5 – Committee Work Plan

- Chair Ray explained we are looking at the committee's priorities without having the Council priorities; having these though through will help understand how they work with Council priorities.
    - Items 1-4 (in bold) are currently in process at the committee.
    - Items 5-6 (in red) were previously identified as priorities by the 2018 committee but have not yet
    - been fully addressed.
    - Items 7-9 (in green) are under consideration by staff. They will likely need to go through the
    - committee process, unless the committee or the council declines to take them up.

- Lodging Houses are in the ordinance but only recently people are applying but the regulations are not up to date.
- Asylum Seeker Integration was a fourth Council Priority.
- Councilor Chong thinks of #17 as housing, because he considers an elderly person staying in their home as housing. He also considers the other housing related items to rise to the top.
- #13 is transportation.
    - 8-80 cities is a nonprofit that helps municipalities design cities for people age 8 to age 80.
    - Public transit needs walkability to get to transit stops.
- Councilor Chong added priorities:
    - Staff recommendation.
        - Mental Health for all ages as critical from three staff.
            - This will affect many indicators presented to the committee.
    - Vaping seemed to be important
    - Obesity
    - He did not see climate change and health equity
- Councilor Ali wants to see what is policy and what is education.
    - Based on wanting one meeting per month, how can it fit in the year?
    - What needs to go through the City Council?
    - Chair Ray asked Kristen if there is work at the committee level on Mental Health.
        - There have been broad conversations and it will be a priority of the Public health Director when that person starts.

        - Right now, we have a scan and are developing a scope but do not yet have a specific policy. These will be shared as they are identified.
- Chair Ray asked Fire Chief Gautreau
    - Fire code has a good foundation on life safety that has already been adopted.
    - Chapter 6 with inspections and permitting for Portland specific regulation would be done jointly with housing.
- Chair Ray said number 6 and number 7 belong together as staff have been looking at these through the recode efforts.
    - An update is expected.
- Councilor Chong sees s focus on housing and transportation taking the whole year.
- The noise ordinance is read for February to be able to bring the rest of the list.
- Opioid misuse has a workshop coming up.
    - Follow up or updates to the committee can then happen.
- Vaping is more than a flavor ban; menthol was not included.
    - Vaping/e-cigarette juice
    - Cigarette menthol
    - Menthol is used disproportionally by LGBT youth, specifically people of color.
    - Flavor products are not able to be sold in stores.
        - This would be an amendment to the tobacco ordinance.
    - This would comply with CDC on flavor and then go beyond that to include menthol.
    - Councilor Ali asked about not allowing Hookah shops that appear to allowing on premises smoking.
        - The only exception is for a private members-only club.
    - Councilor Chong asked if marijuana is included with the flavor ban.
        - It is not.
    - Char Ray asked if it is time sensitive.
        - It is not but Kristen explained her contacts at the American Cancer Society would be willing to help at any time.
- Committee is open to taking Vaping/Menthol up; Kristen prepares and brings back.
- Sprinklers and noise ordinance at first meeting, then go to housing and transportation in following meetings.
- Wait on facial recognition to see if it gets forwarded to this committee but it may not be based on Council Priorities.
- Councilor Chong speaking to mental health, said his two middle school aged girls have more anxiety than he did.
    - They experience gun drills and are worried about climate change.
    - 6 former school committee members on the city council; there is experience to work on school/education issues.
        - Work with the School Board.
- Chair Ray will reorganize the list based on this meeting and will send to the committee members and will finalize at the February meeting.
- Fire Chief Gautreau asked if the sprinklers have enough back up or if there is anything needed.
    - Anne Toregrossa will pull out just the sprinkler section.
    - Fire will add back up.

AGENDA ITEM 6: Next Steps

- Public hearings and possible vote on both items:
  - Noise Ordinance Amendment
  - Sprinklers
- Councilor Chong moved to adjourn, Councilor Ali seconded and the motion passed unanimously.

The meeting adjourned at approximately 7:36 PM.