

**Maine Health Access Foundation
Board of Trustees Meeting Minutes
February 8, 2018**

Trustees Present: Dr. Ted Sussman (Chair); Dr. Connie Adler, Deborah Deatruck, Sara Gagné-Holmes, Roy Hitchings (via phone), Dennis King, Barbara Leonard (*ex-officio*), Tony Marple, Edward Miller, Bruce Nickerson, Connie Sandstrom (via phone), Lisa Sockabasin, Shirl Weaver

Trustees Absent: Nancy Fritz, Catherine Ryder

Guests Present: Sue Mackey Andrews, Mark Rains, and Kini Ana Tinkham from the Maine Resilience Building Network (MRBN); Iva Sussman

Staff Present: Margo Beland, Charles Dwyer, Jake Grindle, Morgan Hynd, Dani Kalian (recorder), Cathy Luce, Kathryn Rouillard

Welcome

Chair Ted Sussman called the meeting to order at 1:01 p.m., welcomed those present, and brief introductions were made.

Adverse Childhood Experiences and Resilience Building

CEO Leonard introduced Sue Mackey Andrews, Mark Rains, and Kini Ana Tinkham from the Maine Resilience Building Network (MRBN). They led an interactive learning session to provide a deeper understanding of how Adverse Childhood Experiences (ACEs) and trauma influence, but do not determine, adult and child health status. ACEs can have significant negative impact on individuals' health and their ability to pursue behaviors that promote health, but they can be mitigated by strong relationships and resilience-building strategies. This presentation was also made at the January Community Advisory Committee meeting. Some of the key points presented include:

- ACEs include abuse (physical, sexual, psychological), trauma (repeated losses of caregivers; family member incarcerated; witness to parental abuse; familial substance abuse; familial mental illness), and neglect (physical, emotional).
- ACEs can lead to difficulties in self-soothing, self-regulation, social and play relationships, and school engagement and success.
- As the number of ACEs increase, so does the incidence of problem and risky behavior, substance abuse, and disease.
- What we commonly view as problem behavior may instead be an adult survivor's attempt at coping behavior to self-manage the childhood trauma that he/she experienced.
- Many chronic diseases of adults are determined decades earlier, in childhood. Not by choice or poor decisions, but by life experiences such as ACEs that result in physiological changes.
- Two-thirds of all people have experienced ACEs. ACEs are predictive of health outcomes but not determinative.
- Relationships with caring and competent people are vital contributors to resilience and recovery, which counteract the negative impact of ACEs.

This information and discussion provided an informed perspective for MeHAF's ongoing health equity work as well as our strategic planning process. Trustees offered the following comments and questions about the presentation:

- Many Trustees asked about the availability of the Maine Integrated Youth Health Survey (MIYHS) which includes ACEs-related data, and Ms. Andrews referred them to the Maine CDC website as well as to individual school districts to obtain more local data.
- It was asked if ACEs training is being provided to health professionals. Ms. Andrews noted that it is increasingly being taught, but it is still not common. It was also noted that the Maine Medical Center Tufts Residency Program does include an ACEs component.

- In order to avoid “parent shaming,” it’s important to communicate that we can’t blame parents who may not have the resources to deal with ACEs; rather, care givers/practitioners must commit to helping the child in front of them.
- It was suggested that MeHAF can make a contribution to combating ACEs by supporting efforts that focus on social determinants of health and population health.

MRBN staff was thanked for this compelling presentation and for taking the time to present to both the CAC and Board. The PowerPoint slide deck will be shared with Trustees.

Consent Agenda

Chair Sussman asked if any items on the consent agenda required discussion. Hearing none, *it was MOVED, SECONDED (King/Deatrick), and VOTED UNANIMOUSLY to approve the following consent agenda items:*

- President’s report
- December 14, 2017 Board meeting minutes
- December Treasurer’s report
- Corrected 2018 Budget and Payout Estimate

Finance Committee – Mr. Bruce Nickerson (Chair) and Ms. Barbara Leonard (CEO)

Finance Dashboard, Investment Update, 2018 Payout Estimate: Treasurer Nickerson provided an update on MeHAF's investment portfolio performance as of December 31, 2017, noting that administrative expenses were slightly below budget, and program expenses ended slightly above budget. We ended the year slightly above the required 5% payout at \$5,849,762. The endowment value reached a new high of \$127 million at the end of December. The projected 2018 5% required payout is \$6,244,000.

Mr. Nickerson noted that the Finance Committee continues to discuss MeHAF’s ability to sustain the required 5% plus inflation rate of return on endowment earnings and what level of returns can be expected in the future based upon our manager election and current asset class allocation. The Committee will discuss and consider a broader range of investments in the coming months in order to maximize the ability of our endowment to remain in perpetuity.

Trustees asked if there are any implications for MeHAF resulting from the new tax laws for charitable giving. It was noted there will be very little, if any, impact for MeHAF, but that many of our grantee organizations will be affected by the new law.

Strategic Planning Committee – Mr. Roy Hitchings (Chair), Ms. Barbara Leonard (CEO), Ms. Morgan Hynd (Program Officer II), and Mr. Jake Grindle (Program Officer I)

Manatt Health Solutions 2018 Report on Cost of MaineCare Expansion: Mr. Hitchings noted that in 2015, MeHAF contracted with Manatt Health Solutions to perform an analysis on the budget implications of Medicaid expansion. Between savings and revenues, the report conservatively showed a positive impact of over \$26 million on the state budget. While the 2015 report provides an important baseline for implementation, much has been learned from the experience of Medicaid expansion in other states around the country and can provide insights for Maine as we expand our Medicaid program. To ensure key decision makers in the legislature have the most up-to-date information available, MeHAF has contracted with Manatt to do an updated analysis building upon the 2015 report. Manatt developed a chart book in the form of a PowerPoint presentation that details the estimated budget implications of expansion, including both costs and savings. Final deliverables will also include an Excel workbook with underlying data. Due to the time-sensitive nature of this work, CEO Leonard worked with the Executive Committee in the last days of 2017 to approve this contract. The report will be available next week and will be released via our newsletter and a press release.

There was discussion to consider a broader dissemination plan that includes presentations to various policymakers and legislative committee leadership as this information can help inform budget decisions at the state level. It was noted that any information presented to legislative committees becomes publically available which would ensure greater access. CEO Leonard indicated that staff will explore opportunities for broader distribution of this report.

Mission-Related Benchmarks Data Dashboard: Mr. Hitchings noted that in October 2015, the Board approved a set of indicators to track MeHAF issues related to the foundation's mission. The first annual report on these mission-related benchmarks was provided in the form of a data dashboard at the October 2016 joint Board and CAC meeting. These items represent "big picture" health trends that MeHAF does not necessarily expect to shift on our own, but rather, allow us to track larger trends in an effort to better guide our priorities and work. Additional data from the last year has now been incorporated into an updated version for 2017. Data points are drawn from the Behavioral Risk Factor Surveillance System and from Centers for Medicare and Medicaid Services (CMS) reports. The updated 2017 benchmarks document was presented for review and discussion along with the original 2016 dashboard report for comparison.

At its January meeting, the SPC reviewed these benchmarks and recommended that infant and maternal mortality be added moving forward as this is an indicator of overall population health. The Committee also suggested that additional indicators be considered once our strategic plan is finalized in June. Trustees agreed to both of these recommendations from the SPC.

Along with consulting the BRFSS to source this data, it was suggested that the America's Health Rankings from the United Health Foundation and the County Health Rankings from the University of Wisconsin/Robert Wood Johnson Foundation also be consulted. It also was suggested that additional information be added to the chart to indentify which individual grant activity supports which indicator. The SPC will consider this moving forward.

Next Steps for Strategic Planning Approach: MeHAF's new strategic framework is slated to be approved at the June 14 Board meeting. The SPC, with guidance and information from TCC Group Consultants and with staff input, is moving the process forward throughout the first months of 2018. The SPC, at its January meeting, nearly completed work on a new Vision Statement and revised Values and made great progress toward refining an initial set of proposed Goals and Strategies. The SPC, at its March meeting, will next affirm the revised Vision and Values and delve more deeply into Goals and Strategies as well as key activities and tactics to achieve them. It will also ratify decision-making criteria to be used at the April Joint Board and CAC meeting. Mr. Hitchings noted that the process is on target for completion in June. He shared that at the Joint Board and CAC meeting in April there will be a discussion to consider how to balance MeHAF's work to expand access and its work to promote health more generally. Also up for discussion will be MeHAF's role in promoting equitable health outcomes and increasing our role as a policy influencer, and an advocate for a more robust public health infrastructure in Maine.

Governance Committee –Dr. Connie Adler (Chair) and Ms. Barbara Leonard (CEO)

Recruitment Update: Dr. Adler reported that the Governance Committee was originally tasked with filling two Board vacancies, but during the process, Trustee Frank Johnson resigned before the end of his term. Therefore, the Committee sought three candidates and has successfully identified all three. The draft slate was presented. Renewing Trustees are: Dr. Connie Adler, Mr. Roy Hitching, Mr. Dennis King, and Mr. Anthony Marple. New Trustee candidates are: Ms. Michelle Probert, Ms. Susan Roche, and Mr. Toho Soma. This final slate will be presented to the Board in April for vote.

The Committee was also tasked with filling four CAC vacancies and has successfully identified three candidates. It was determined that it is not required that we fill all four vacancies as the by-laws stipulate CAC membership should total between 12-20 members and it will stand at eighteen with these new members. The CAC slate was presented. Renewing CAC members are: Ms. Kate Brogan, Ms. Gloria Aponte Clarke, Mr. Dennis Fitzgibbons, and Mr. Abdulkarim Said. New CAC member candidates are: Ms. Gia Drew, Ms. Elsie Flemings, and Ms. Edith Flores. This final slate will be presented to the CAC in April for vote.

Grants Committee – Mr. Ed Miller (Chair), Mr. Charles Dwyer (Program Officer I), and Mr. Jake Grindle (Program Officer I)

Rural Health Systems Grants: Mr. Miller reported on the recently approved Catalyst Rural Health Systems Transformation grants. Five applications were received and reviewers agreed that while each proposal had merit and could be of significant value for communities, four of the five required additional contact to answer follow-up questions from reviewers and staff. The Grants Committee approved a slate of four applications at its January 8 meeting.

Health Equity Grantmaking: PO I Grindle provided an update on the Health Equity Capacity-Building Grants noting that 26 initial applications were received in November and 15 of them were invited to submit a full proposal. The initial pool included many organizations that have not previously applied for a MeHAF grant. Mr. Grindle will offer individual support to all invitees with their applications and anticipated eight grants moving forward for approval. Mr. Miller noted that an excellent job has been done by staff in conducting purposeful outreach to groups that might benefit from funding for this initiative and with whom MeHAF has not intersected before. The reviewer process was approached innovatively in order to find qualified reviewers and address conflicts of interest at the same time.

It was suggested that the names of the reviewers be passed along to the Governance Committee as potential Board and CAC candidates.

New Business – Ms. Barbara Leonard (CEO)

Grantmakers in Health (GIH) Annual Conference: CEO Leonard shared that the GIH Annual Conference is scheduled for June 20-22 in Chicago, IL. As MeHAF's primary national membership organization, the GIH conference provides an opportunity to learn about our peer health foundations in areas of grantmaking approach and content. The Executive Committee has decided to invite up to three Board members to attend the upcoming conference at MeHAF's expense. Preference will be given to Trustees who have not yet attended a GIH meeting. If we don't have any volunteers from the ranks of those who haven't attended, we'll open it up to the remaining Trustees and then to the CAC. An email will be sent to Trustees after this meeting to determine interest. Both CEO Leonard and PO I Rouillard will be presenting at the conference. CAC member Tracey Hair will be a co-presenter with CEO Leonard.

Executive Committee/Trustee Check-In and Meeting Evaluation – Dr. Ted Sussman (Board Chair)

It was MOVED, SECONDED (Gagné-Holmes/King), and VOTED UNANIMOUSLY to move into Executive Session at 3:38 pm for the purposes of discussing the CEO annual review process and to gather feedback about the meeting process, solicit suggestions for improvement, or other issues of concern. At 4:10 pm, it was MOVED, SECONDED (Gagné-Holmes/King), and VOTED UNANIMOUSLY to leave Executive Session.

Adjournment

The meeting was adjourned at 4:10 pm.

Next Meeting

The Board will next meet on Thursday, April 12, jointly with the CAC at Maple Hill Farm in Hallowell.

Respectfully Submitted,
Barbara A. Leonard, MPH
President & CEO