

## MEETING AGENDA

Chronic Disease Sub-Committee

March 11, 2009 from 1:00Pm to 2:30Pm  
At Senior Plus in Lewiston

1. Smoking Policy- Update
2. Short term goals- Do we want to do chronic disease screening?
3. Long term goals- More brainstorming
4. Other business

**Paradis, Ronella**

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**From:** Avery Pierce [avery.pierce13@gmail.com]  
**Sent:** Monday, March 16, 2009 11:42 AM  
**To:** Paradis, Ronella  
**Subject:** Re: Sub-Committee notes (3/11)

Sure thing, here they are!

Avery

Lewiston Public Health Committee, Chronic Disease Sub-committee Meeting

Attending: Rene Dumont (chair), Erin Guay, Sarah Mayberry, Ronnie Paradis, Pam Allen, and Avery Pierce

The sub-committee held its second meeting on March 11, 2009 at Seniors Plus. The agenda was to get an update on the smoking policy from Sarah Mayberry, establish short term goals about chronic disease screening, brainstorm long term goals, and go over any other business.

Sarah Mayberry begins the update on the smoking policy. She introduces the mission statement and goes through it, explaining certain areas that we may have to update or revisit. There is discussion among the group about how to include Auburn in the smoking policy and enforce similar ideas about non-smoking areas. How do we implement Auburn into the smoking policy? Some ideas we discussed:

- So far there is a voluntary anti-smoking policy
  - o i.e. Auburn Little League can make their own policy for smoking during games, practices etc..
  - o this policy is not official since there is no enforcement, just signs – we should get in touch with Auburn about enforcement and perhaps bring it to city council.
  - o Do we take Lewiston and Auburn on as one? Ideally, yes.
  - o Suggested that we use similar language for the Auburn smoking policy as we did for Lewiston

Could Health and Wellness be part of strategic planning?

- This could be a way of making the smoking policy and chronic disease more public.

How do we get Lewiston law enforcement involved?

3/25/2009

- Sarah is working on getting law enforcement's perspective on support
- Keep in mind that union rights only enforce a smoke free environment for law enforcement – they can still chew tobacco.

There was a discussion about increasing referrals and making sure the enforced smoking policy is an educational experience. The sub-committee referenced the program “quit and win” as an example.

The sub-committee also talked about a way to evaluate the effectiveness of the policy. Erin Guay offered to bring in statistics of Chronic Disease in the Lewiston area. We discussed the importance of the Tobacco Free Area Cards that Health Androscoggin can offer as hand outs for public areas such as Lewiston Rec. areas – takes the pressure off of people to enforce, yet still educates.

How do we move forward to achieve our short term goals?

- Go over smoke-free education with rec. department at beginning of summer
- Talk to Phil Nadeau about strategic planning and time line for smoking policy – start at beginning of summer or sooner.
- What do we think about health screening?
  - o Screening Chronic Disease at Lewiston “Night Out” (Aug. 2009)
    - Evaluate results and give referrals
    - Night Out might bring in the at risk community
    - Avery will get in touch with Maggie Chisolm (by April 2) about an actual date, health screenings, and even a raffle for Night Out
  - o Group agrees that this is a realistic goal – how can we bring a similar concept to Auburn?
    - Discuss more at next meeting
- What kind of logo do we want?
  - o Red sticker idea: “this is public health”, this is a way to publicize public health, potentially get a press release

Sub-committee had a short discussion about long term goals. Rene handed out article about Healthy Burlington. How can we become a city like Burlington? Next time look at data of highest rates of disease in Lewiston Auburn that Erin will bring in. By figuring out most serious and widespread chronic disease in our area we can target them in the long run. Also, Sub-committee must make sure to help, but not interrupt or take over projects previously started by other health associations. Find a way to give awareness to public and provide resources to these establishments. Finally, Pam brought up the idea to “know your numbers” and be aware of your own health – push people to seek regular medical check ups.

The meeting was successful in moving forward on short term goals and looking into the future towards accomplishing long term goals.

Next Chronic Disease sub-committee meeting: Thursday, April 16 at 3pm

On Mon, Mar 16, 2009 at 9:50 AM, Paradis, Ronella <[Ronella.Paradis@maine.gov](mailto:Ronella.Paradis@maine.gov)> wrote:

Hi Avery ,I could not get the notes could you paste and re email me Thanks Ronnie

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**From:** Avery Pierce [<mailto:avery.pierce13@gmail.com>]  
**Sent:** Friday, March 13, 2009 3:11 PM  
**To:** [pallen@seniorsplus.org](mailto:pallen@seniorsplus.org); Paradis, Ronella; [Guayer@cmhc.org](mailto:Guayer@cmhc.org); Sarah Mayberry;  
[rdumont@stmarysmaine.com](mailto:rdumont@stmarysmaine.com)  
**Cc:** [dkempner@bates.edu](mailto:dkempner@bates.edu)

**Subject:** Sub-Committee notes (3/11)

Hello All,

I have attached the meeting notes from Wednesday (3/11). I hope they are up to standard, please let me know if I should work on anything or change the format for next meeting's notes! I really enjoyed being at the meeting, let me know if there is anything else I can do to help!

Sincerely,

Avery Pierce

**Paradis, Ronella**

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**From:** Avery Pierce [avery.pierce13@gmail.com]  
**Sent:** Wednesday, March 18, 2009 11:46 AM  
**To:** pallen@seniorsplus.org; Paradis, Ronella; Guayer@cmhc.org; Sarah Mayberry;  
rdumont@stmarysmaine.com; dkempner@bates.edu  
**Subject:** Night Out Details

Hello All,

I just got off the phone with Maggie Chisholm at the Lewiston Recreation Department. She thought that health screenings were a great idea for National Night Out as long as the sub-committee (or those who were giving the screenings) set up a table that clearly introduced us as associated with the LAPHC, since it is a city sanctioned committee.

The only thing she requested was a letter be sent out that clearly outlines our plan and purpose at Night Out so that everyone is on the same page. She mentioned that she is going to a meeting today with the Lewiston Police and that she will mention our idea to them since they are involved (Lewiston Police Athletic League, I believe) in Night Out.

Maggie confirmed the date, and it will be on August 4th this summer.

On a different note, my professor has given us the end date of our help with the sub-committees - April 1st. I didn't realize how little time we had left in the semester! This means that I will not be attending the April 16 meeting. I am sorry if this is an inconvenience. In the meantime, keep me posted and I will do whatever I can to help!

Sincerely,

Avery Pierce

Ps. I am sorry for the complications of the attachment for the notes last week, please let me know if anyone else had problems downloading!

# Blueprint for a Healthier America

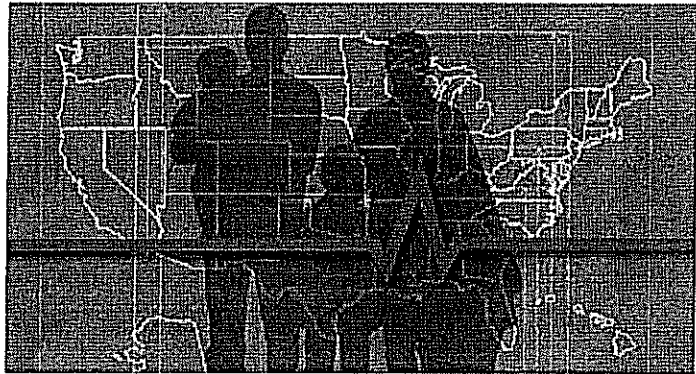
## Modernizing the Federal Public Health System to Focus on Prevention and Preparedness

October 2008

Even though the United States spends more than \$2 trillion annually on health care, tens of millions of Americans suffer from preventable diseases and major vulnerabilities exist in the nation's preparedness to respond to health emergencies.

Some highlighted recommendations in the Blueprint include:

- Setting new, realistic short and long-term health goals for the country;
- Investing in disease prevention as a cornerstone of health care reform;
- Ensuring a stable and reliable funding stream for core public health functions and preventive services, such as immunizations and screening, public health emergency preparedness, and promoting physical activity, good nutrition, and smoking prevention.
- Creating an independent, science-driven National Public Health Board;
- Implementing a National Health and Prevention Strategy focused on lowering disease rates, including a strategy to combat obesity;
- Increasing accountability by tying tax-payer investments to improving the health of Americans and improving federal, state, and local coordination;
- Addressing the public health workforce crisis with stepped-up recruitment efforts;
- Clearly defining public health emergency preparedness and response roles and responsibilities;
- Establishing an emergency health benefit for use by uninsured and underinsured Americans during major disasters and disease outbreaks; and
- Fixing the food safety system.



*Phil  
Please  
make copies  
of this  
article  
for NAPHC  
members*

The Blueprint contains an analysis showing a shortfall of \$20 billion annually -- across state, local, and federal government -- in funding for critical public health programs in the U.S., based on research conducted by The New York Academy of Medicine and a panel of leading experts. Approximately \$1 billion of this shortfall is due to cuts to the U.S. Centers for Disease Control and Prevention (CDC) budget from fiscal year 2005 levels.

The Blueprint calls for establishing a stable, reliable funding stream for public health and provides options for funding mechanisms to make up the \$20 billion shortfall by increasing federal spending by \$12 billion and state and local spending by \$8 billion annually over the next four to five years. TFAH issued a report that found that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years.

viruses, is essential.

- **Surveillance:** Every state and local health department should be part of a disease surveillance system that is interoperable among jurisdictions and agencies to ensure rapid information sharing. Health information technology (HIT) should be mobilized far more effectively to support public health surveillance. And, the U.S. needs to be a leader in efforts to accurately assess the burden of infectious diseases in developing countries, detect the emergence of new microbial threats, and direct global prevention and control efforts.
- **Diagnostics:** New rapid diagnostic tests are needed across the spectrum of emerging infectious diseases. Improving point-of-care testing is particularly important.
- **Vaccines:** There are still no highly effective vaccines available to prevent three of the world's largest killers: HIV/AIDS, TB, and malaria. And, a large proportion of the world's children do not have access to currently available, highly effective vaccines.