

**MINUTES OF  
LEWISTON-AUBURN PUBLIC HEALTH COMMITTEE MEETING  
Thursday, February 4, 2010**

**Members Present:** Larry Marcoux, MaryAnn Amrich, Rene Dumont, Cathy Liguori, Connie Jones, Ned Claxton, Craig Phillips, Tin Barton-Caplin, Heather Lindkvist, Doug DiVello, Ronnie Paradis, Casey Nguyen, Marcia Miller, Fatuma Hussein, Dottie Perham-Whittier, Phil Nadeau, and Special Guest Holly Lasagna

**Recorded By:** Dottie Perham-Whittier

**Moderator:** Renee Dumont, Co, Chair - LAPHC

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION/ FOLLOW-UP</b>
<b>Call Meeting to Order</b>	The meeting was called to order at 1:00 p.m.	
<b>Review of Minutes</b>	At the close of the meeting, Ned made a motion and it was seconded & voted unanimously to accept the January 7, 2010, minutes as presented.	
<b>New Business</b>		
	<p>At the start of the meeting, Larry Marcoux shared with the group that in regards to H1N1 calls via 211, for the first time since 2006, call numbers hit triple digits. In December of 09, there were 118 calls relating to H1N1.</p> <p style="text-align: center;"><b>Strategic Planning</b></p> <p style="text-align: center;"><b>Facilitator</b> Holly Lasagna Assistant Director Harvard Center for Community Partnerships Director, Community-Based Learning Program Bates College 786-8319 <a href="mailto:hlasagna@bates.edu">hlasagna@bates.edu</a></p>	

Facilitator Holly Lasagna led an interactive discussion about ***“where do we go next?”***

To kick off the discussion, attendees first had to write down what their last name represents to them. There were a variety of answers, and Holly’s point was *“how do we recognize ourselves; how do others recognize us?”*

The second exercise focused on reflecting upon a piece of a puzzle. Attendees were asked to write down words that spoke to what the LAPHC does/can provide: The list was as follows:

- ❑ Networking
- ❑ Educating the public
- ❑ Communication
- ❑ Expertise
- ❑ Motivation
- ❑ Policy Development – channel for public health; promoting & developing policy
- ❑ Commitment
- ❑ Diverse Voices
- ❑ Coordination; Provides Focus
- ❑ Collaboration
- ❑ Convening Group – brings together various entities; brings others to the table
- ❑ Filters Opinions of Various Health Aspects – Question: When does the group embrace a specific opinion; when does the group serve as a platform for something not evidenced based?
- ❑ Best Science or Not

An example question was, *“Whose voice do we listen to for such topics as Lyme Disease?”*

### Essentials of the LA Public Health Committee

The group compared how it perceives its contributions with the **10 Essentials of Public Health Services** and came up with the group's own listing.

#### Monitor

Ronnie said that we all bring what we see/hear to this group through monitoring, looking at documents & community assessments, and talking with folks. Casual vs. scientific was questioned. Heather noted that we're not doing RFPs for research; however, we are pulling information together that's already out there & communicating what we find.

MaryAnn said we need to think about the data that is out there when making informed decisions, to include data ranging from Healthy Androscoggin to Healthy ME 2010. Tin agreed that we have systems in place to look at. Ned added that this is an ongoing process, and we need to be careful how we use the words "**to monitor**;" a verb. Marcia said that someone else monitors, and we get a snapshot of that. Holly reminded everyone that they bring knowledge to the table and said that is "**vital**."

**Statement:** *Monitor health status to identify health problems; this is done by committee members sharing what they are hearing and seeing within their own respective professional entity.*

#### Inform/Educate

The group decided that it **does not** "*diagnose & investigate*." However, the hand washing campaign and tobacco policy were mentioned in the context of informing & educating.

**Statement:** *Inform, educate, and empower people about health issues; this is done by providing factual health-focused data to members of the community, i.e., preventative information about H1N1; the school hand washing campaign; and the outreach event in Kennedy Park.*

### **Mobilize**

The group said mobilizing information is vital to what the committee does.

**Statement:** *Mobilize community partnerships and action to identify and address health problems; this is done by collaboratively working with fellow LAPHC committee members and other community entities to collaboratively recognize a public health problem and work together to most effectively respond to it.*

### **Develop Policies and Initiatives**

Tin commented on the tobacco policy for Lewiston recreational areas. Said we can influence roles/capacity. Holly said the group can be even more active in a community-wide initiative.

**Statement:** *Develop policies & initiatives that support individual and community health efforts; this is done through utilizing the committee's collective strength and expertise in building capacity and exercising follow-through when addressing a health concern, i.e., tobacco policy regarding Lewiston's recreational areas.*

### **Link**

#### **Comments:**

- ❑ Rene said we link but definitely more one on one.
- ❑ MaryAnn said we have publicized H1N1 clinics & have let people know where to go to get assistance to quit smoking.

- ❑ Tin said we have a strong potential to build capacity.
- ❑ Phil remarked about his conversations with Dr. Gina Wilson in regards to services not being provided to people with TB.
- ❑ Casey said we have combined knowledge.
- ❑ Tin said a federally qualified health center is not a direct link.
- ❑ Doug said the committee is the sum of its parts.
- ❑ Both hospitals provide health care when otherwise unavailable.
- ❑ We can harness services available, and as a community, we can ensure the provision of health care when otherwise unavailable. Flu shots are an example.
- ❑ MaryAnn stated that with the building of capacity, we have the ability to better link.

Holly added that as a committee and as individuals, we leverage synergy. Rene asked if the group needs more focus; do we make sure health service is there? Doug pointed out we are not direct service providers.

**Statement:** *Link people to needed personal health services; this is done by informing community members about health resources available to them, i.e., locations of flu shot clinics and accessibility to stop smoking assistance.*

### **Evaluate Population-Based Health Services**

Holly said maybe we could be an effective body to think about evaluating, such as community events and thinking about how effective they are; stated there are numerous ways to evaluate.

In regards to Lyme Disease, for example, Cathy doesn't think we should be evaluating; doesn't think that's what we want to do.

It was noted that accessibility could grow into an expanded role, such as do we have adequate cardiac services?

Holly asked if anything has occurred upfront. Phil responded that we haven't had the opportunity to bring people together; we have responded. He added that we can advocate ourselves. MaryAnn said we can bring this back to the committee and point out *"This is what we've done."*

St. Mary's looks at the H1N1 numbers; Cathy said we receive info from various sources.

**Statement:** *Evaluate population-based health services by discussing what health services are available and whether they are adequate and effective, while at the same time recognizing that there are many ways such services could be evaluated.*

### **Research & Report**

MaryAnn likes Phil's idea of reporting; Cathy noted education and public reporting & stated we need to be sure to communicate. Holly added that the group brings research to the table and community. MaryAnn can visualize initiatives.

**Statement:** *Research and report on new insights and innovative solutions to health problems; this is done by LAPHC members discussing current issues in local public health.*

### **Advocate for Public Health Care**

Fatuma wondered if we have advocacy. Holly said the hand washing campaign was advocacy and said it promoted public health. The question was asked, *"Do we advocate activities?"*

Rene said we need to advocate so as that we're all on the same page. Ned added that advocacy has been done at the high school level. MaryAnn

	<p>stated there are different kinds of advocacy.</p> <p>It was felt that the group's role is to take things case by case; is there a way we can advocate that?</p> <p><b><i>Statement:</i></b> <i>Advocate for public health care; this is done by collectively utilizing LAPHC voices to promote the availability and accessibility of needed health care.</i></p> <p style="text-align: center;"><b><u>Build Capacity</u></b></p> <p>Holly said that we can build capacity to address public health issues.</p> <p><b><i>Statement:</i></b> <i>Build capacity by continuing to bring knowledge and expertise "to the table" in an effort to address health care concerns.</i></p> <p style="text-align: center;"><b><u>Example Topic: Nutrition</u></b></p> <p>We wouldn't monitor, but we might go out and look; we might report it out. Tin said we could see what folks are and are not doing. We could inform and educate. We could also mobilize &amp; initiate. Tin stressed identifying health issues. Rene mentioned the use of subcommittees that would be driven by what we do. Holly reminded the group of its nimbleness,</p> <p><b>In closing</b>, in regards to H1N1, MaryAnn announced a February 11<sup>th</sup> 9 – 11:30 a.m. meeting at CMMC, 12 High Street – "H" (basement).</p>	
<b>Sub-Committee Reports</b>		
<b>H1N1 Sub-Committee</b>		
	No report given	

<b>Public Awareness</b>		
	No report given	
<b>Childhood – Adolescent Health</b>		
	No report given	
<b>Member Updates</b>		
	<p>Respectfully submitted,</p> <p><i>Dottie Perham-Whittier</i></p> <p>Dottie Perham-Whittier Community Relations Coordinator City of Lewiston</p>	