

**Report to the Mayors and City Councils
of Lewiston and Auburn:
Recommendation to Approve the
Creation of a Lewiston-Auburn Public
Health Committee**

*Authorized by the members of the Public Health Steering
Committee of Lewiston-Auburn*

*Authored by Phil Nadeau, Deputy City Administrator, City of
Lewiston*

**Final Proposal
1/28/08**

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I. Executive summary

The cities of Lewiston and Auburn are fortunate to have a number of exceptional medical service providers, yet both cities lack fully operational departments of public health. At a time when the range and complexity of public health issues has been made more complicated by declining access to health insurance and an aging population, the need for a well-coordinated, well-defined system of public health has never been more important.

To address the public health organizational deficit, community stakeholders of the public and private sectors formed a steering committee to analyze and assess the current public health situation in L-A. Steering committee members included representatives of community service providers, state and municipal governments and agencies, public health researchers and health practitioners.

The committee adopted the Centers for Disease Control and Prevention's definition of public health as the prevention of epidemics, injuries and disease; the protection against environmental hazards; the promotion of healthy behaviors; the quick response to disasters and communities in recovery; and the quality and accessibility of health services. Public health efforts are population-based; health care is individually-based. The committee based its assessment of current public health services on the CDC's list of the ten essential public health services (p. 8).

Mindful of fiscal constraints, the steering committee recommends a joint public health committee created through an interlocal agreement, formally recognized by both cities and provided with some administrative support. The committee's suggested mission statement for the public health committee is to "create public health partnerships that promote physical and mental health and prevent disease, injury and disability." The committee envisions "healthy people in healthy communities of Lewiston-Auburn."

The proposed public health committee will be made up of 21 voting members and 9 nonvoting members. Voting members will be drawn from community service providers, municipal government, schools and the general public. Nonvoting members will be drawn from the law enforcement departments, the media, state and local health officers, etc. All representatives, voting and nonvoting, shall be appointed by the joint city councils utilizing a public selection process of the city councils' choosing.

Public health concerns likely to confront the proposed public health committee include pandemic flu, obesity, tobacco and substance use, tuberculosis, heart disease and diabetes. Yet the steering committee felt that its highest priorities would be the creation of a core local public health infrastructure and the achievement of several specific short term public health goals. There is an immediate need to link city and county governments, local health organizations and the public to address service deficiencies, improve existing strengths, and realize immediate and achievable results.

II. Introduction

The cities of Lewiston and Auburn have the good fortune of hosting a number of exceptional medical service providers offering a full range of health care choices for local and regional residents. The depth and quality of these services have positioned this community as a major healthcare center in the State of Maine.

Some of our community's impressive healthcare assets:

- Medical centers - Central Maine Medical Center and St. Mary's Regional Medical Center, provide primary care access, specialized resources such as ambulance service, cardiac surgery, mental health care, cancer treatment, sleep disorder interventions, trauma care and LifeFlight helicopter ambulance service;
- Visiting nurse, hospice care and home support is provided by Androscoggin Home Care and Hospice;
- Mental health resources - Tri-County Mental Health Services and Common Ties
- Health advocacy and outreach programs – Health Androscoggin, United Way, Catholic Charities, United Somali Women, Maine Department of Health and Human Services (ME DHHS), Sisters of Charity school based health clinics;
- ME DHHS/Maine Center for Disease Control - Public Health Nurses
- City officials committed to public health

Contrary to prevailing local perceptions, Maine's second and fourth largest cities do not have fully operational departments of public health. Most people recognize the fundamental need to keep the public properly informed on a wide range of significant public health concerns: HIV/AIDS, pandemic flu, obesity, substance abuse, Lyme disease, heart disease, high blood pressure, diabetes, tobacco use, overuse of antibiotics, unregulated pharmaceuticals, and many more.

Though the public health concerns are real, so are the public funding realities associated with fully staffing public health departments. Lewiston's recent efforts to downscale its municipal workforce by 10% and Auburn's recent struggles with its own budget do not provide much hope for the kind of public support that would be needed to fund the municipal public health models that exist in Portland or Bangor.

However, these obstacles should not deter the community from pursuing what is a critical need for cooperation and coordination between the healthcare industry, public health sector, municipal, school and state/federal government operations. At a time when the range and complexity of public health issues has been made more complicated by such issues as declining access to health insurance, and an increasingly aging population, the need for a well-coordinated, well-defined system of public health has never been so important.

In 2006, several working meetings between the Lewiston City Administrator's Office, Lewiston school officials, representatives from the Maine Center for Disease Control, Luc Nya from the Office of Immigration and Multicultural Services, and Dr. Gina Wilson of the B Street Community Health Center resulted in the assembling of a

healthcare stakeholders group in April 2007 to address the need for improvements in the community's ability to address its public health needs.

The initial April 2007 meeting was convened at Lewiston City Hall and coordinated by Phil Nadeau, Lewiston Deputy City Administrator. Discussions about the community's healthcare priorities led to a proposal to bring together a number of key healthcare stakeholders to form a steering committee to discuss what might be done to improve public health in our communities.

The list of invitees participating in this steering committee effort reflects the broad range of healthcare services and outreach provided throughout the community and included:

- >Sue Charron, Director, Department of Social Services, City of Lewiston;
- >Edmund Claxton, Jr., MD, Director, Family Medicine Residency, CMMC;
- >Luanne Crinion, Supervisor, Public Health Nurses Program, Maine Department of Health and Human Services/Maine Center for Disease Control;
- >Paulette Crowley, Physician Practice Director, B Street Health Center;
- >Suzanne Gunston, Coordinator, Maine Tuberculosis Control Program, Maine Department of Health and Human Services/Public Health Nurses Program;
- >Fatuma Hussein, Director, United Somali Women of Maine;
- >Charlotte Johnson, Case Manager Supervisor, Catholic Charities Maine;
- >Brenda Joly, Research Associate, Faculty member, University of Southern Maine/Muskie School of Public Service;
- >James Lysen, Executive Director, Federally Qualified Health Center;
- >Larry Marcoux, Director, Community Impact, United Way of Androscoggin;
- >Dot Meagher, Director, Department of Health & Social Services & Health Officer, City of Auburn;
- >Anne Moreau, School Nurse;
- >Phil Nadeau, Deputy City Administrator, City of Lewiston;
- >Luc Nya, Multicultural Services Coordinator, Office of Multicultural and Immigrant Services, Maine Department of Health and Human Services;
- >Craig Phillips, Executive Director, Common Ties;
- >Kate Phillips, Western Regional Epidemiologist, Maine Department of Health and Human Services/Maine Center for Disease Control;
- >Lisa Sockabasin, Director, Office of Minority Health, Maine Department of Health and Human Services;
- >Holly Stover, Regional Director for Region 2, Maine Department of Health and Human Services;
- >Angela Westhoff, Executive Director, Healthy Androscoggin; and
- >Geniene Wilson, MD, Medical Director, B Street Medical Center

A series of meetings at Lewiston City Hall ensued, with a number of the invited stakeholders participating in multiple meetings, to discuss how our community could improve our public health structure in Lewiston and Auburn and to establish some formally recognized process that could, in the absence of fully operational public health departments, serve as the future foundation for collaborative public health efforts.

Remaining sensitive to the fiscal constraints confronted by both city governments, the committee chose to investigate the creation of a public health committee that would be formally recognized by both city governments, be authorized to act as the community's public health coordination entity, and be provided with some administrative support to serve the group and its intended mission.

The steering committee agreed that the new public health committee would be confronted with a number of public health concerns and recommends to both city councils that the new public health committee focus on the following priorities:

- Short-term: The establishment of three goals to be achieved within the first year of the committee's first public meeting. The specific goals would be defined by the public health committee. Examples that have been discussed include:
 - a. The establishment of a fully coordinated , comprehensive pandemic flu preparedness plan for the cities of Lewiston and Auburn
 - b. The development of a fully coordinated flu shot program in an effort to achieve 100% access for all residents
 - c. The creation of a youth mental health screening program for all school based health systems in L-A public schools
- Long-term: Building a core relationship-based healthcare infrastructure (based on networking versus capital assets) to link city/county/state government, public schools, local healthcare organizations, and the general public in a way that would help identify program/service deficiencies, improve on existing strengths, and focus on long-term goals. The main objective would be to complement existing or planned local public healthcare initiatives.

Along with the submission of proposals for short and long term goals, the group needs to clarify the mission of the committee and to define what the term "public health" would mean within the context of the committee's mission.

Working through a process which would begin to define the mission/vision of the new public health committee was no small task. After a significant amount of discussion around the question "how do you define public health?," the steering group unanimously voted to support a slightly modified version of the vision/mission template developed by the Centers for Disease Control and Protection and its Public Health Functions Steering Committee in 1995. Within this document (see Section III of this report) are provided the definitions of "public health" and the "ten essential public health services" that will help guide our community in its effort to develop a more collaborative, coordinated, and ultimately more responsive system of public health.

In addition to submitting the enclosed vision and mission statement, the steering group has submitted its community assessment of how well our cities are currently meeting or not meeting the stated goals of the ten essential public health services. Though not a scientific "survey", the assessment does feature the input of multiple individuals whose involvement in the community healthcare industry makes them uniquely qualified. The assessment also provides elected officials and the general

public with some degree of understanding about what we our doing well and what we need to improve within our community's system of public health.

This report and its recommendations addressing the public health committee's purpose, membership, and administrative rules should be viewed by our elected officials and the general public as a mechanism that will provide enhanced opportunities to better coordinate and develop the partnerships and networks that will help meet our community's public health needs. Sensitive to the fact that the ultimate decision to adopt, modify or reject any part of this report rests with the City Councils, we offer our proposal as a sincere attempt to suggest a framework for partnering the community's general public, healthcare community, public schools and local governments through the utilization of existing resources.

The timeliness of this initiative was reinforced by recent action in both City Councils to pursue further municipal-service consolidation and recent decisions at the state level to begin the process of regionalizing public health programming and funding. Regardless of the outcome of those efforts, the interest that exists in both cities to enhance collaborative efforts energized the steering committee. Additionally, though the final details have yet to be worked out, the state's interest in more regional systems of government (evidenced by the legislature's recent approval of downsizing state school districts) cannot be minimized. The creation of this public health committee could be an important step in ensuring that the cities are well positioned to contribute to any regional public health model that is ultimately endorsed by the state.

Both Mayor Laurent Gilbert and Mayor John Jenkins have reviewed this report and provided their support of the public process which produced this final proposal. Additionally, both major hospitals reviewed the contents of this report and offered their enthusiastic support for this very timely initiative (see letters of support in Section VI). Most importantly, local residents have had opportunities at two public information meetings to review and comment on the proposal.

Though the meetings were sparsely attended, the steering committee believes that combining the results of the public meetings with the apparent absence of expressed public opposition through our city halls provides the opportunity to move this forward for legislative action by both cities. As such, it is the opinion of the Public Health Steering Committee that the last draft of this proposal serve as the final document for submission to both City Councils (with only a few minor language changes). It should also be noted for the record that no member of the steering committee has reported any telephone, email or other communication from residents that suggest any opposition to this proposal.

The Public Health Steering Committee looks forward to working with both city councils on this timely and important public health initiative.

III. Proposed Vision and Mission Statement & Assessment

Vision:

Healthy People in the Healthy Communities of Lewiston-Auburn

Mission:

Create Public Health Partnerships that Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

Public Health---

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

Essential Public Health Services---

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source: Centers for Disease Control and Protection, Public Health Functions Steering Committee, Public Health in America, 1995

10 Essential Public Health Services Assessment

This assessment is a compilation of the steering group's consensus on how well our community is meeting or not meeting the goals of the 10 essential public health services (EPHS). This is not a scientific survey but does reflect the opinions of many highly qualified healthcare providers and advocates who live and work within our cities.

1. Monitor health status to identify community health problems
What is being done?
 - Lead exposure mitigation (question as to what extent)
 - Healthy Androscoggin Community Profile
 - Public health reporting as mandated by law
 - Tuberculosis (TB) annual assessment from Maine TB Control Program
 - School based health centers & risk assessment
 - Chronic disease registry
 - Community assessments update on an annual basis, including quantitative and qualitative data
What has yet to be done?
 - No year-round homeless survey & other health assessments on other vulnerable populations (point-in-time homeless survey is done by Lewiston-Auburn Services for Homeless)
 - No coordinated effort to collect or assess information annually
 - No tracking of diseases that are not reportable by law
 - Issues relating to how health data is reported out by the responsible agencies and gaining access to their data
 - No mental health community profile
 - The 18-24 age cohort info gap in all areas of health
 - No coordinated system of TB screening and limited access to latent TB treatment

2. Diagnose and investigate health problems and health hazards in the community
What is being done?
 - Tracking of lead poisoning at levels of 10 or above
 - Infectious disease tracking and treatment (issues remain as to some populations being problematic relative to tracking and treatment)
 - Refer to EPHS list #1 in this section
 - Emergency preparedness – pandemic, hazmat, Maine Emergency Management Agency master planning for natural disasters
 - Lab access

- Investigation of infectious diseases, particularly TB to prevent the spread of the infectious disease

What has yet to be done?

- Refer to EPHS list #1 in this section
- No public health departments
- Using TB diagnosis of treatment as area of significant health concern--- lack of coordination
- Lab services---access between agencies and coordination
- Insufficient coordination with local health systems regarding local pandemic planning

3. Inform, educate, and empower people about health issues

What is being done?

- Tobacco education
- Nutrition education
- Substance abuse education (initiatives through Sisters of Charity Health Systems [SOCHS] and survey and education work through Healthy Androscoggin)
- Hospital wellness, private sector wellness, and local government wellness initiatives
- Hospital support groups
- Provider based education (group agrees that it is not consistent)
- Public schools
- WIC
- YMCA/YWCA
- Participation in orientation of new refugee with Catholic Charities Maine, focusing on the health resources in the community

What has yet to be done?

- Being proactive and not reactive in all public health areas
- Coordination to eliminate possible redundancies
- Adequate program evaluation
- Prioritization of programs
- Promoting and supporting best practices
- Reaching all populations in need
- Central reporting of local health information/data/public notices

4. Mobilize community partnerships to identify and solve health problems

What is being done?

- Healthy Androscoggin Community Profile – much work to assemble what data is available but significant data on many vulnerable populations is not available or not collected
- Major healthcare partnerships
- Establishing formal networks and partnerships with the new state regional healthcare system as currently proposed by Maine DHHS & development of a coordinated L-A public health system

- New Mainers partnership, Maine Health Access Foundation
- United Way healthcare programming support
- Existing hospital partnerships (e.g., credentialing and United Ambulance)
- SOCHS school based healthcare
- United Somali Women of Maine healthcare programming and support
- Assist the Office of Public Health Emergency Preparedness to develop sites of distribution for Strategic National Stockpile
- Safe at Any Dose – community outreach to promote medication safety; CMMC Family Medicine Residency – MeHAF grant

What has yet to be done?

- Insufficient public health coordination between healthcare providers on such activities as flu shots & inventory of healthcare programs and services

5. Develop policies and plans that support individual and community health efforts

What is being done?

- Efforts in school system to change policies (e.g., healthy food in vending machines)
- Advocacy efforts by multiple public health constituents to protect the Fund for a Healthy Maine – spearheaded by Healthy Androscoggin
- Public health conversations with our legislative delegation on public health system – led by Healthy Androscoggin
- Development of Policy Brief on Public Health disseminated to Maine legislative delegation and presentation on public health at Healthy Policy Forum – Muskie School of Public Service

What has yet to be done?

- Strategic planning around policy development
- Engagement of local elected officials in public health
- Development of public health policy based on priority issues identified in community profile

6. Enforced laws and regulations that protect health and ensure safety

What is being done?

- State provides periodic training to local health officers on their roles and authority
- Increased efforts to prevent the sale of alcohol and tobacco to minors – Healthy Androscoggin has been working with Police Departments

What has yet to be done?

- Identification of local public health issues that are not adequately addressed through existing laws, regulations, and ordinances
- Identify organizations within the local public health system that have the authority to enforce public health laws, regulations, and ordinances

- Inform individuals and organizations on the meaning and purpose of laws, regulations and ordinances with which they are required to comply
 - Evaluate the compliance of regulated organizations and entity
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- What is being done?
- Some identification/assessment of populations with barriers to services
 - A number of existing outreach efforts and services exists
 - Provide services to newly arriving refugees, including a health assessment upon arrival and referral to primary care providers
 - Assist with coordination of services needed for refugees to receive health care, including transportation, if needed
 - 211 Maine referral service
- What has yet to be done?
- Coordination of health care/social services and providers to optimize outcomes
 - Issues associated with secondary migrant relocation, e.g., infectious disease care
 - Healthcare for homeless population similar to system of care in Portland or Brunswick
8. Assure a competent public health and personal health care workforce
- What is being done?
- New opportunities for public health education exist and USM – L/A is considering an undergraduate minor in public health
 - Opportunities for leadership development in health
 - Ongoing professional development of Public Health Nursing staff on appropriate public health subjects, i.e. Maternal Child Health, TB contact investigation
 - Training of Public Health Nurses in American Red Cross Disaster Health
 - Provides training on Tuberculin Skin Testing to local health care providers
 - Family Practice Residency training programs at CMMC
- What has yet to be done?
- An assessment of our public health workforce (who, where, gaps, competencies)
 - Cultural competency training in most healthcare and community organizations
 - A review of public health related education, training and mentoring opportunities
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- What is being done?

- Community satisfaction efforts
- Evaluation requirement of funders including as part of various projects (Maine CDC, MeHAF, etc)
- Ongoing quality improvement including clients satisfactions surveys to client

What has yet to be done?

- Outcomes evaluation on many of our public health efforts to determine the impact
- Evaluating the local public health system based on existing standards

10. Research for new insights and innovative solutions to health problems

What is being done?

- Healthy Androscoggin has fostered linkages with academic institutions
- Research on best practices is being disseminated for practice

What has yet to be done?

- Little community-based participatory research in our community exists
Our community does not have a research agenda developed in conjunction with research centers and academic institutions

IV. Proposed committee appointment process, membership & staffing

The steering committee recognizes that there are a multitude of approaches employed by both cities in creating the numerous collaborative initiatives that have been supported by both City Councils. Given the importance of obtaining the official endorsement of this initiative by both City Councils, the steering committee has recommended the establishment of a formal joint standing committee to be named the “Lewiston-Auburn Public Health Committee” created through an interlocal agreement between both City Councils. This agreement would authorize both City Councils to appoint nominees submitted by individual organizations and to fill positions with a variety of individuals with an interest in public health.

The recommendation to submit this initiative as a proposed interlocal agreement appears timely given that both cities are aggressively pursuing further consolidation of services. The demonstrated success of the 911 Committee, the Lewiston-Auburn Water Pollution Control Authority, the Lewiston-Auburn Economic Growth Council, the Auburn-Lewiston Airport Committee, the Lewiston-Auburn Transit Committee, and the Auburn-Lewiston Watershed Commission (to name a few) support this recommendation as the best course of action for our community.

The proposed make-up of this committee will clearly be a significant point of interest to all. The significance of the membership was not lost on the steering committee as there was much deliberation on its proposed make-up. In the end, the membership recommendations were influenced by the proposed vision and mission statement and driven by what organizations would best be positioned to carry out the committee’s mission.

Additionally, the proposed committee is made up of voting members and non-voting members. The steering committee believed that there was a need to have the membership limited to a number that would allow it to function efficiently but to also provide a mechanism that would allow other key players to contribute in meaningful ways.

As for staffing and administration, the steering committee has endorsed the offer of the Lewiston City Administrator’s Office to provide administrative support services at this juncture. It is recognized that the services initially offered will be limited to available staffing given existing time constraints but Deputy City Administrator Phil Nadeau is confident that his office can support this undertaking as it is currently proposed.

The by-laws (see Section V) provides a detailed list of the recommended representatives that will serve on the committee and explains that organizations will submit their nominees to the City Councils who will ultimately vote to approve their final selection to the committee.

V. Proposed Interlocal Agreement

This Agreement is made and entered into as of this _____ day of _____, 2007 by and between the Cities of Lewiston and Auburn, both political subdivisions of the State of Maine, in accordance with Chapter 115 of Title 30-A of the Maine Revised Statutes.

WHEREAS the Lewiston-Auburn Public Health Steering Committee, a group of concerned citizens representing a wide variety of healthcare providers, assembled for the purpose of articulating a new community vision to address our public health system of care through a mechanism that will greatly improve coordination and collaboration between healthcare providers, the public health sector, business, public schools, and local, county and state government;

WHEREAS the steering committee issued a September 2007 report entitled “Report to the Mayors and City Councils of Lewiston and Auburn: Recommendation to Approve the Creation of a Lewiston-Auburn Public Health Committee” which acknowledged existing budgetary constraints, provided a new blueprint which will enhance healthcare networking, partnerships and planning, and improves the delivery of public health services in Lewiston and Auburn;

WHEREAS the steering committee has provided for critical resident review through two public hearings in both cities and have received the input and endorsement of the major healthcare providers on the September 2007 report to the Mayors and City Councils of Lewiston-Auburn;

WHEREAS the Cities of Lewiston and Auburn agree to authorize the creation of a new joint standing committee for our community identified as the “Lewiston-Auburn Public Health Committee,” endorses the short-term and long-term goals proposed by the steering committee, and authorizes the implementation of its Constitution and By-Laws which shall read as follows:

LEWISTON-AUBURN PUBLIC HEALTH COMMITTEE CONSTITUTION AND BY LAWS

ARTICLE I – NAME

The name of this organization shall be the “Lewiston-Auburn Public Health Committee” or herein referred to as the “LAPHC”.

ARTICLE II – MISSION STATEMENT

“To create public health partnerships that promote physical and mental health and prevent disease, injury, and disability.”

ARTICLE III – AUTHORITY

The LAPHC shall be a public health advisory body to the City Councils and Mayors for the Cities of Lewiston and Auburn. The LAPHC shall engage in those public health activities that are consistent with the “ten essential public health services” articulated in its vision and mission statement. The LAPHC shall be granted the authority to coordinate and plan public health activities, conduct public health campaigns utilizing funds and resources authorized by the City Councils of Lewiston and Auburn and made available by outside agencies.

ARTICLE IV – MEMBERSHIP

Section 1. “Representative” shall be used to identify those appointed individuals who shall be entitled to voting privileges as outlined in these by-laws. Voting representatives and their organizations may not appoint alternates to serve in place of the appointed representative

Section 2. Voting membership, equaling one vote, shall be appointed by a vote, conducted separately or jointly, by the city councils of Lewiston and Auburn. All organizations, unless otherwise noted in Section 3 and 4 of these by-laws, shall submit one nominee for appointment by the city councils. Any organization, unless otherwise noted in Section 3 and 4, whose appointee is not ratified by the City Councils shall be entitled to submit other nominees until such time as one is ratified.

In the specific case that the voting Representative or their organization/position is terminated, significantly changes service operations, moves operations from outside the Lewiston-Auburn area, is acquired by another entity, or in the opinion of both City Councils no longer fits the mission of the LAPHC, the authority to amend these by-laws shall require a majority vote of both City Councils (done separately or jointly) to approve the selection of another organization/position/individual to fill the position.

The following organizations/positions/areas of focus shall make up the voting Representatives of the LAPHC:

- Healthy Androscoggin
- Lewiston Public Schools (note Section 4)
- Auburn Public Schools (note Section 4)
- Mental health (note Section 3)
- Central Maine Medical Center – Administration
- Central Maine Medical Center - Clinical
- Sisters of Charity Health Systems – Administration
- Sisters of Charity Health Systems – Clinical
- New MeDHHS/Maine CDC District Public Health Officer
- MeDHHS/Maine Center for Disease Control - Public Health Nurses
- MeDHHS/Office of Immigration and Multicultural Services
- SeniorsPlus
- Auburn City Council

- Lewiston City Council
- Ethno based mutual assistance agency (note Section 3)
- Business sector (note Section 3)
- Androscoggin Emergency Management Agency
- Catholic Charities Maine/Refugee Immigrant Services
- General public/non-resident or resident – Auburn (note Section 3)
- General public/non-resident or resident – Lewiston (note Section 3)
- General public/resident only (note Section 3)

Section 3. All Representatives to which this section applies shall be appointed by the City Councils of both cities utilizing a public selection process of the City Councils choosing. Membership to the “General public/resident only” position shall alternate between both cities and will begin with the selection of an Auburn resident to fill the first term.

Section 4. The Lewiston and Auburn School Boards shall submit their nominees representing the Lewiston and Auburn public school systems. The nominees may be a school board member or any other employee of the respective public school systems.

Section 5. Non-voting membership. The purpose of the non-voting Representative is to provide input and advice to the voting Representatives of the LAPHC.

In the specific case that the non-voting Representative or their organization/position is terminated, significantly changes service operations, moves operations from outside the Lewiston-Auburn area, is acquired by another entity, or in the opinion of both City Councils no longer fits the mission of the LAPHC, the authority to amend these by-laws shall require a majority vote of both City Councils (done separately or jointly) to approve the selection of another organization/position/individual to fill the position.

All organizations, unless otherwise noted below, shall submit one nominee to for appointment by the city councils. Any organization/position/individual (unless otherwise noted below) whose appointee is not ratified by the City Councils shall be entitled to submit other nominees until such time as one is ratified.

- Maine Care
- Local Health Officer – Auburn
- Local Health Officer – Lewiston
- Maine CDC - Western Maine Regional Epidemiologist
- MeDHHS/Maine Center for Disease Control - Office of Minority Health
- Auburn Police Department
- Lewiston Police Department
- Androscoggin Sheriff Department

- Health research/data liaison (note Section 6)
- Media representative (note Section 6)

Section 6. All Representatives to which this section applies shall be appointed by the joint City Councils utilizing a public selection process of the City Councils choosing.

Section 7. Vacancies: The City Councils shall fill an existing vacancy to complete the un-expired term of a committee member who has, for any reason, vacated the position either temporarily or permanently. The Lewiston and Auburn City Clerks must be notified in writing when such vacancies occur.

ARTICLE V – ORGANIZATION

Section 1. Conducting Business: The affairs of the LAPHC may be conducted by the members assembled at any authorized Regular or Special meeting of the committee in which a quorum of the LAPHC is present.

Section 2. Officer terms, elections, vacancies: The two (2) officer positions of the LAPHC shall be as follows: Chairperson and Vice-Chairperson. Terms shall be three (3) year terms. Elections shall be conducted by the LAPHC representatives at any regularly scheduled meeting.

Section 3. Committee Representative terms:

- A. The terms of all members of the LAPHC shall be set in staggered three (3) year terms set according to a schedule outlined in subsection B of this Section.
- B. The terms of the LAPHC members shall be established according to the following schedule: At the inaugural meeting, those representatives nominated and elected as officers shall be immediately assigned to three (3) year terms. Prior to the inaugural meeting, ten voting representatives, selected randomly by the city councils, with the exception of the Chairperson and Vice-Chairperson, shall be assigned to three (2) year terms which shall subsequently become three (3) year terms thereafter. All other LAPHC voting and non-voting representatives shall be assigned to three (3) year terms that shall remain three (3) year terms thereafter.

ARTICLE VI – DUTIES, RESPONSIBILITIES AND OTHER COMMITTEES

Section 1. Duties of the Chairperson and Vice-Chairperson:

- A. Chairperson: Shall call all Regular, and Special meetings of the organization; will appoint members to ad-hoc committees; and provide leadership to the organization.
- B. Vice-Chairperson: Shall provide assistance to the Chairperson and will serve as Chair in his/her absence.

- C. Committees: The LAPHC Chairperson may appoint members to, and create, ad hoc committees on an “as needed” basis. The members of those committees shall select chairpersons for all standing or ad hoc committees.

ARTICLE VII – MEETINGS

- Section 1. Regular Meetings: Regular meetings shall be held as needed. All regular meetings are open to the public.

The Chairperson shall have the responsibility to ensure that notice/agendas for the Regular Meeting be forwarded to the general public and membership within a reasonable amount of time but no less than seven days prior to the meeting date.

- Section 2. Special Meetings: The Chairperson may call special meetings and each member and the media shall be notified by mail, email, fax or other communication. Email or faxed notices shall require written or verbal confirmation of attendance.

The Chairperson may call a special meeting for any purpose. The Chairperson shall make every reasonable effort to notify the media and membership of such meetings within twenty-four (24) hours of the scheduled date and time.

- Section 3. Standing and Ad Hoc Committee Meetings: The Chairperson, or his/her designee, of all standing and ad hoc committees shall provide reasonable notice to all committee members and the media in the event of any scheduled standing or ad hoc committee meeting. Meeting rules and other such business shall be set by the committee.

- Section 4. Quorum:

- A. Regular and Special Meetings: A quorum for all Regular and Special meetings of the LAPHC shall consist of those who are in attendance but shall be no less than fifty (50) percent of the total membership. All affirmative votes of the LAPHC must receive no fewer than twelve (12) votes to be binding.
- B. Standing and Ad Hoc Committees: There shall be no quorum requirements for any standing or ad hoc committee.

ARTICLE VIII – BY-LAWS AMENDMENTS

The LAPHC may, by majority vote, submit recommendations for by-laws changes to the City Councils which shall be delivered to the City Clerks of both cities. By-Laws shall only be amended with the approval of both City Councils (either conducted jointly or separately).

ARTICLE IX – RULES OF ORDER

The current edition of Robert’s Rules of Order shall govern the proceedings of all meetings of the LAPHC and its constituent parts except as provided by these by-laws.

NOW, THEREFORE, the Cities of Lewiston and Auburn agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Maine specifically including, but not limited to, Chapter 115 of Part 2 of Title 30-A of the Maine Revised Statutes. It shall be liberally construed to effect the purposes for which the Lewiston-Auburn Public Health Committee was created;

AND that the Lewiston City Administrator’s Office shall provide basic administrative support services until such time as the City Administrator in Lewiston and the City Manager in Auburn mutually agree to develop other administrative support systems utilizing available municipal and community resources;

AND that the existence of the Lewiston-Auburn Public Health Committee shall commence upon the latter of: (1) enactment of resolutions authorizing this Agreement by the City Councils of Lewiston and Auburn; and (2) the filing of this Agreement with the City Clerks of Lewiston and Auburn and the Secretary of State for the State of Maine in accordance with 30-A M.R.S.A., Section 2204;

AND that the modification of this Agreement may occur at any time by a duly enacted resolution of both City Councils of Lewiston and Auburn. Notification of any action to modify this Agreement must be delivered in writing to the Chairperson of the LAPHC and to the City Clerks in Lewiston and Auburn no later than fourteen (14) days prior to any scheduled vote of the City Councils in Lewiston and Auburn;

AND that the existence of the LAPHC shall continue until such time as either City Council in Lewiston or Auburn terminate this agreement;

AND that the termination of this Agreement may occur at any time by a duly enacted resolution of the City Council of Lewiston or the City Council of Auburn. Notification of any City Council action to terminate this Agreement must be delivered in writing to the Chairperson of the LAPHC and to the City Clerks in Lewiston and Auburn no later than fourteen (14) days prior to any scheduled vote of the City Council in either Lewiston or Auburn;

AND that in the event any provision of this is declared to be invalid or illegal, the remaining portions shall remain enforceable in accordance with their terms.

Motion for passage:
Vote:

Seconded by:

Action by _____ City Council:
ATTEST:

Date:

VI. Letters of Support



August 7, 2007

Phil Nadeau
Deputy City Administrator
City of Lewiston
27 Pine Street
Lewiston, ME 04240

Dear Phil:

I am writing in follow up to your meeting with Laird Covey last week in which you described plans for the creation of a Lewiston-Auburn public health committee. I know that representatives of Central Maine Medical Center have been involved in the steering committee that has developed this proposal.

CMMC is strongly committed to working collaboratively with other healthcare providers, public officials and community representatives to strengthen the overall health of the communities of Lewiston-Auburn. The proposed public health committee represents an innovative public/private partnership approach to tackling a wide array of public health issues.

CMMC enthusiastically supports the proposed committee and looks forward to active participation in it. Please let me know if I can provide any additional information with regard to our support for this project.

Sincerely,

Peter E. Chalke
President and CEO

Sisters of Charity Health System
St. Mary's Regional Medical Center • d'Youville Pavilion

November 13, 2007

Phil Nadeau
Deputy City Administrator
City of Lewiston
27 Pine Street
Lewiston, ME 04240

Dear Phil:

I am writing in support of the Lewiston-Auburn Public Health Committee. Sisters of Charity Health System and St. Mary's Regional Medical Center are strongly committed to working collaboratively with other healthcare providers, public officials and community representatives to strengthen the overall health of the communities of Lewiston-Auburn. The proposed public health committee represents an innovative public/private partnership approach to tackling a wide array of public health issues.

We enthusiastically support the proposed committee and look forward to active participation in it.

Sincerely,


James J. Cassidy
President/CEO
Sisters of Charity Health System

Campus Avenue, P.O. Box 7291 • Lewiston, Maine 04243-7291 • (207) 777-8100 • www.stmarysmaine.com

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