

Maine Asthma Council Notes September 25, 2008

Attendees: Leslie Manning, Deb Wigand, Amy Black, Kim Havea, Lee Scott, Jackie Tselikis, Renee Page, Abby L'Heureux, Ruth Lawson-Stopps, Desi-Rae Severson, Fred Corey, John Chandler, Amy Olfene, Christy Crocker, Kathy Decker, Dawn Littlefield, Katie Meyer, Eric Frohberg, Tracy Wall, Nancy Dube, Annabelle Suarez.

Via Phone: Ken Huhn, Helen Roy

Introductions:

- Ruth Lawson-Stopps welcomed everyone to the meeting
- Each person introduced themselves and briefly described how their work related to asthma

The State of Asthma in Maine:

- Brief facts were presented on Maine's burden
- Higher asthma rates than other New England States
- Children have a higher prevalence than adults with boys being higher than girls
- Disparate populations are also adversely affected by asthma with higher rates
- Goals of the former Maine Asthma Council were reviewed. Those were:
 - To identify and promote best practices
 - Reduce the burden of asthma in Maine
 - Develop a statewide comprehensive plan to address asthma

Maine Asthma Program Activities:

- Asthma action plan survey to assess usage and functionality of plans
 - Paper survey mailed in 3 waves
 - Survey monkey sent out to School Nurses and will be sent to Asthma Educators in the future.
 - Goal will be to produce a uniform plan that will be used by everyone statewide
- Promotion of Asthma-friendly Schools
 - Ruth Lawson-Stopps will be presenting to the School Health Advisory Council and School Nurses to promote this initiative
 - Leslie Manning suggests incorporating this program in the Bureau of Labor Standards voluntary compliance program. BLS could ramp-up their enforcement of indoor air quality standards and suggest this program be used to reduce compliance issues. Leslie sees this as a way to increase participation in the initiative.
- Maine Primary Care learning collaborative project
 - Federally qualified Health Centers will participate in this year long training to monitor their asthma performance measures.

Report of the May "Phoenix Event":

- Purpose of event was to pull everyone together to see what is being done with asthma in the State
- Presenters included David Callaghan, Laurie Stillman, Katie Meyer and Ed Miller

- Should workgroups be formed around the 6 workgroup topics or should just a few hot topics be chosen. Ruth Lawson-Stopps will email the council members asking them to indicate their interest and willingness to serve on 1 of the 6 sub-committees.

Partnerships to be formed:

- Leslie Manning reported that Indoor Air Quality issues come up most frequently in schools. With tight budgets and stretched staff little is done until a major issue arises. She suggested BLS could help with their voluntary compliance model.
- Lee Scott suggested there were some schools already using things like “Tools for Schools”; they could be a good role model, especially South Portland. It would be good to include those schools.
- Develop an Indoor Air Quality Schools team. Christy Crocker noted there is already a lot being done in this area however it is scattered and could be pulled together to put to better use.
- The HMP’s could get us in touch with schools and maybe help to find volunteer sites. HMP’s also include the whole community as well. Dawn Littlefield suggests getting the Asthma-Friendly school kit to the HMP’s for them to use.
- Others to include: Office of Minority Health, Medical Providers, Asthma Champions from Hospitals, Public Health Nurses, Respiratory Therapists, Asthma Educators, Eastern Maine Medical Center, Injury Prevention, Others from Aroostook county and northern Maine.

Role of the Council:

- A question was asked “What happens to the council if the program fails? What exactly is the relationship between the Council and the Program?”
 - The Council would serve as an advisory committee to the program
 - We bring everyone together to draw on each others resources
 - Would provide input and ideas to the program
 - There are benefits to having members from State and Non-State agencies
 - Provide general advocacy on asthma issues
 - What about staffing the council?

Next Steps:

- Build upon the 8 Public Health Districts
 - Provide the coordinating councils of each district with the asthma data in their area.
 - Get on the meeting agenda of the coordinating councils so they will have our data and can act upon it.
- Use medical only data from BLS (Medical-only is when a treatment for a work related injury occurred and no time was lost from work). This has potential to reveal missed work related asthma cases.
- Form a central clearing house for asthma activities.
- Create a list serve using InforME to keep the council updated on who is doing what
- Schedule quarterly meetings
 - Leslie Manning offered Career Centers around the state as location to connect via polycom to save on travel