

Maine Council on Aging Municipal Data Across Sectors for Health (M-DASH) Project City of Hallowell

January 13, 2021; 1-3p.m. Zoom Meeting Notes

Attending: Annette Beyea, Katie Carlson, Gail Cohen, Michael Frett, Jess Maurer, Bob McIntire, Jim Owens, Renee Page, Diane Polky, Effie Rorke, Nate Rudy, Anne Schroth

Agenda	Discussion	Action
Welcome & Brief Overview	Nate Rudy, Hallowell City Manager, and Jess Maurer, Executive Director of the Maine Council on Aging, welcome participants.	Task Force Meetings will be every other month.
Partner Introductions	 Maine Council on Aging (providing technical support and expertise): Jess Maurer, Executive Director, Anne Schroth, Project Coordinator, Effie Rorke, Data Coordinator Nate Rudy, Hallowell City Manager. 	
	 Mike Frett, Hallowell City Council (Ward 2) & All Age-Friendly Committee: Moved to Hallowell 20 years ago; view it as exciting place to live and age; 2000-2003 Director of Bureau of Labor Standards; Interested in what is out there to help us continue enjoying life in Maine and doing what we can to help people age comfortably. 	
	 Katie Carlson, Director of Community Services, Spectrum Generations, central Maine Area Agency on Aging, whose goal is to help people age as comfortably and safely as possible in home and community. 	
	 Bob McIntire, Chair of Hallowell All Age-Friendly Committee: Moved to Hallowell in 1997 from Orono; Dept. of Education for 20 years in positions focused on integration of tech and teaching and learning; chair, Historic Hallowell committee. 	
	 Annette Beyea, Medical Director, Maine-Dartmouth Geriatric medicine, Fellowship Director for geriatric fellowship program: Train doctors to become equipped in care of older adults. Fellowship program leads the way in creating geriatricians and keeping them in ME. 	

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	Gail Cohen, Chief Human Resource officer MaineGeneral: Live in Hallowell, Maine General thrilled to participate in this project.	
	Rene Page, Executive Director, Healthy Communities of Capital Area: HCCA serves 19 towns in southern Kennebec county. Live in Farmingdale, neighbor of Hallowell. Work rooted in primary public health prevention. Hoping to bring qualitative and quantitative data; and information to project.	
	• Diane Polky, Hallowell City Clerk: Starting 22nd year as City Clerk. Hallowell is my 2 nd home. Everyone knows I'm a mover and shaker – if there's a question about what is going on in the city, first call is to city clerk's office. This sounds like exciting work and I'm honored to be part of it.	
	Jim Owens, Hallowell Fire Chief: Been chief for 4 years; have done some work with the All Age-Friendly Committee. Do deal with aging population on calls; Happy to answer questions.	
Background and	M-DASH Overview (Jess Maurer, MCOA Executive Director)	
Orientation	• As we're living long in to older age, the systems that have always worked for us don't necessarily work any longer. We have to change all of our systems – community planning, transportation, housing development, care delivery systems, etc.	
	 Through several years of work, MCOA has been focusing on how to build an integrated system of formal and informal supports and care that prioritizes low cost/high value interventions and that builds across all systems – volunteer community efforts, municipal services, social services, and health care. 	
	 While we had strategies for volunteer initiatives, community-based organizations, and health care, we didn't know how to bring municipal leaders into the conversation and to help them leverage their investments to influence the quality and number of services available to people in the community. 	
	 So, we've built a model based on this question: Can municipal officials, with proper data and support, collaborate with health systems, social service providers, payers, and volunteer groups to improve access to health and social health services for older residents? The hypothesis we're testing is that they can. 	
	 We've chosen South Portland, Eastport, Gray, and Hallowell as the communities to test our ideas. We have funding through this next year and the commitment of funding for the second year. We are also pursuing additional funding. The goal is to add four new communities in the 2nd year. Here's what we'll be doing together – build the dashboard for Hallowell, identify the most pressing issues as seen in the data, choose the first one we'll work on, and then start action planning – looking at models from other places in Maine and the Country and working through the problem. If 	

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	we get that going, we'll start with the next issue. We expect this to be a three-year project where initiatives are implemented and can be measured over time – looking at data.	
	This will all be up to you – MCOA is your technical assistance to lead the process, but what happens	
	in your community will depend upon your efforts.	
	City of Hallowell (Nate Rudy, City Manager)	
	Our understanding of local government role is evolving. I've invited my municipal co-workers to learn about communities they serve from this lens.	
	Thinking of our first responders' work as "first preventers". Think about how many of our EMS calls have to do with slips/falls and other preventable accidents – gives us opportunity to think about how to come up with affordable opportunities for people to be safe in their homes.	
	Diane Polky, City Clerk and member of Hallowell All Age-Friendly Committee, will take a lead role in our M-DASH participation.	
	Hallowell All Age-Friendly Committee (Bob McIntire, Chair)	
	4 years+ into age-friendly committee work: Part of AARP Age-Friendly Network; work organized around 8 domains of livability (which we collapsed into 6).	
	Goal has been to have an all age-friendly member on other groups/committees to be represented in all groups (e.g. comprehensive plan).	
	Committee is action orientated and less into planning. Hallowell blessed with a lot of active residents. We're older, richer, and better educated: "Life begins with self-esteem and Hallowell has a lot of it!"	
	Our research showed:	
	a. We have issues around social isolation.	
	 b. Challenges were "getting up the hill." c. Now, with new affordable housing, people are isolated because can't get a taxi; no regular transportation services. 	
	d. Challenges re: communication: sharing information; where find out information; a lot of people don't want to engage in technology. So, we put together newsletter 3/year to every active mailbox in Hallowell.	
	COVID response	
	a. Created "Hallowell Helps"	
	b. Community calling programc. Huge increase in Food Bank usage (not huge increase in other requests)	
Review of draft dashboard elements	See PowerPoint and updated PDF of Data Dashboard (included with meeting notes)	

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Discussion	Healthcare & Falls Issues	
	There is a gap in Maine Prevention Services: Under prior state administration, Healthy Maine Partnerships changed from doing adult and youth public health primary prevention work to only doing youth work. (Renee)	
	Augusta Fire can break down EMS calls to Hallowell specifically (Jim Owen)	
	Could be possible that ambulance transportation might be skewed because EMS doesn't bill for full rate unless	
	they transport. So, marking someone who reasonably says "no thank you" as "refusing transport" better for reimbursement?	
	The falls data may be skewed due to having 2 long term care facilities in Hallowell.	
	33% who have disability: Opportunity with Medicare annual wellness visit (Annette)	
	 Can we get to annual wellness visit data, working around HIPAA? E.g., how many people from MaineGeneral are taking advantage of annual wellness visit maybe for Kennebec County? 	
	Annette presenting at grand rounds tomorrow on "age-friendly care and primary care" and will address	
	mobility/falls, cognitive impairment, polypharmacy and adverse med effects, and advance care planning. Happy to distribute my presentation to the group.	
	Age-Friendly Healthcare (4Ms): opportunity to address a lot of these issues in standardized fashion.	
	 Less than 50% of older adults who fall actually report it. So, unless you screen for that in primary care, won't 	
	capture that. Need pathways to refer patients into community to get supports.	
	 Can we figure out a way to share data back and forth from healthcare to/from community so patients get community-based resources they need? 	
	Without breaching HIPAA data, is it possible to look at patients of MaineGeneral who reside in Hallowell by age	
	and ask if there are common conditions? There may be some aggregate data that we could look at producing. (Gail will follow up)	
	Community Paramedicine Services.	
	Delta Ambulance: prior to COVID, they've been phenomenal (Annette)	
	Have heard nothing about CP services in Hallowell (Bob)	
	 Does Augusta Fire do CP? Do they refer people to proper agencies? 	
	FEMA has grants for creating community paramedicine programs (Jim)	
	Town Nurse – public health outreach	
	Those kinds of services almost don't exist anymore.	
	But, see: Upper Valley Community Nursing: https://www.uvcnp.org/	
	Elder abuse	
	Number of calls to APS?	
	Karen Mason is good person to talk to (Jess)	
	District Atty in Hallowell used to be on task force re: elder crime	

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	Home Issues	
	Can we get information on people being open to taking renters/ boarders to assist with costs?	
	 Code Enforcement Officer may have information on home sharing, universal home modifications. Also information on accessory dwelling units and ramps? 	
	Katie Carlson (Spectrum) can help with affordable housing locations.	
	Food Security Issues	
	Food Bank may have good data	
	• Since COVID, food bank doesn't ask where you are from. Pre-COVID, customers got GA chit and turned in at pantry. Town might have data from before – city treasurer would know.	
	<u>Transportation Issues</u>	
	Hallowell All Age-Friendly Committee hosted regional transportation summit in 4/18.	
	Who might have information about transportation needs?	
Next Steps	Anne and Effie will work with partners to help gather data in between meetings with follow up at the next meeting with the whole group.	Next Meeting: March 10, 2021,
		1-3p.m.