

M-DASH South Portland Meeting Tuesday, February 16, 2021 ~ 10a.m.-12p.m.

Zoom Meeting Notes

<u>Attending</u>: Jason Adour, Sue Henderson, Dwayne Hopkins, Lisa Joyce, Gabe Martinez, Jess Maurer, Josh Reny, Effie Rorke, Barb Skelton, Anne Schroth, Ann Tucker, Sandy Warren.

Agenda	Discussion	Action
Update on Data	National Community Survey (Josh and Sue)	
	i. Standardized survey but each community has opportunity to do some add-ons	
	a. Very successful – lots responded – broad demographics	
	ii. Good report overall – will post a link to council meeting where it was shared.	
	iii. 700 responses (AF survey got 1000 back); all age groups.	
	a. At the city we have the ability to break it down: e.g. mobility; sidewalks; age groups	
	b. Could be useful to us?	
	iv. We can explore how to break down different segments but if it creates smaller sample, might not	
	be statistically significant.	
	Update on M-DASH final data dashboard and specific topic dashboards (Effie)	
	i. Updates	
	a. Full South Portland Data Dashboard	
	b. Falls Dashboard	
	ii. From Patricia's	
	a. Housing Dashboard	
	b. Food Security Dashboard	
	Where should this data live?	
	i. Josh: on the city website	
	ii. With age-friendly page most likely	
	iii. Links can be shared with partners and put on website	
	iv. City has e-newsletter, as well.	

Agenda	Discussion	Action
Work Group	Intervention Work Group	
Reports &	i. What happens when someone falls, depends on what happens to them	
Discussion	a. Transported	
	b. Not transported	
	c. No call – so screened at annual wellness	
	ii. Lowest hanging fruit – get into home and do an assessment	
	a. South Portland Housing Authority meeting re: housing assessment and home repair	
	 SPHA willing to be front line referral to do in-home assessment 	
	ii. Refer to Habitat or Opportunity Alliance if SPHA can't do the work	
	iii. Next conversation with all (Habitat; OA; SPHA)	
	b. EMS/Fire Chief	
	i. How to create referral process within EMS for people who are not transported	
	ii. Next step to talk to EMS coordinator to figure out if he can look for falls and figure out	
	if a follow up call could be done to connect to services.	
	iii. Other Steps for Intervention	
	a. More conversations with providers to figure out what happens when falls are identified.	
	b. Need to map out work flows	
	iv. Discussion	
	a. When someone has a fall could EMS give them a schedule for community center?	
	i. If recurring thing – would that solve some of the siloing?	
	ii. Leaving handouts is not the most effective in terms of people seeking help.	
	1. Butcould EMS coordinator connect people to the community center?	
	2. If not EMS Coordinator, then who?	
	b. Could Age-Friendly South Portland take on this role as volunteers?	
	i. If we could get around HIPAA issues.	
	Prevention Work Group	
	i. Home maintenance is a big issue	
	a. Changing lightbulbs and other smaller jobs, as well as bigger.	
	ii. Communication & Messaging	

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	a. Interesting data: The power of strength/weakness is related to falls. The power of	
	depression: 3.8x more powerful than weakness.https://pubmed.ncbi.nlm.nih.gov/20085954/	
	i. Need to think about other programs not relevant to falls specifically.	
	ii. Dartmouth Hitchcock study of MoW recipients and behavioral health – also shows	
	lasting and successful model.	
Common issues	How do we make falls prevention sexy? Convince people to live their best lives?	
across both	i. Don't believe it would do any good.	
intervention and	ii. Cost; transportation; etc.	
prevention	iii. People who don't think it is for them	
	iv. Underappreciation among healthcare for what programs can do	
	What do people do in SP? How can we get the word out?	
	i. No shortage of outside spaces	
	a. Mill Creek Park – summer concerts; etc.	
	b. Wainwright Athletic complex	
	c. Community Center on West End.	
	Action Ideas	
	i. Something outdoors: people seeing others engaging in something fun can make a connection.	
	ii. Lots of programming through physical activities builds a sense of community.	
	iii. Community challenge – like having SP be #1 community of strongest group of older people	
	iv. Emotional and psychological healing will need to happen because of COVID	
	a. How long will it take?	
	b. When will people be ready to go out?	
	c. What about: South Portland Age-Friendly helps people get ready for going out again?	
	d. Maybe Tai Chi for health (outside) is a good way for healing? (With a chair nearby to be safe)	
	v. Could use multi-level communication; lots of neighborhood FB groups	
	vi. Jason's All About Balance: Willing to take that outside, as well. Use a chair; all-abilities; we have	
	waivers that could be signed and a couple staff members who could do it, too.	
Next Steps		
	i. Next meeting is scheduled for April 20 but several conflicts; will send a Doodle to re-schedule.	
	ii. Going forward: each work group continues, with reporting back and discussion in this meeting.	