



Municipal Data Across Sectors for Health (M-DASH)
City of Hallowell

Task Force Meeting
May 18, 2021 – 10:00a.m.-12:00p.m.

Attending: Jess Maurer, Effie Rorke, Anne Schroth, Gail Cohen, Mike Frett, Maija Dyke, Katie Carlson, Annette Beyea, Torey Steward.

Meeting Notes

I. Welcome and Introductions

- a. This is the 3rd Task Force meeting. The first 2 were focused on the Hallowell Data Dashboard. In this meeting, we continue discussing what the data indicates for possible projects.
- b. A recording of this meeting is here:
https://drive.google.com/file/d/1_mp5E6h16ryKFrFx8qTYnFx2AxJjBWQY/view?usp=sharing

II. Orientation and Review

a. Reviewing Specific Data Points

- i. Age (page 1)
 1. Hallowell has more younger, more older, and not as many in the middle as the rest of the county/state.
- ii. Health (page 5)
 1. Hallowell data shows worse health than rest of county/state.
 2. In particular, self-care numbers are high.
- iii. Transportation (page 6)
 1. Twice as many householders 65+ w/o vehicles as the rest of Maine. 21% is very high. Transportation insecure.
 2. We haven't talked about transportation but may want to explore it as an option, as well. Need to dig deeper to see how those in continuing care retirement & residential communities affect this data.
- iv. Technology
 1. Not initially on Dashboard, but a significant portion of older population in Hallowell is not up to speed either in terms of access or general technology.
 2. There are several municipal committees looking at this issue. We don't need to take the lead but could access the data being gathered by these committees.

b. Outstanding Questions

- i. Falls Data: Need to disaggregate Hallowell falls data from Augusta EMS data. MCOA is working on this with Maine EMS.
- ii. MaineGeneral Data: Maine General data was from 1/1/2019 to 2/28/21. Gail will ask for 1-year data.

c. Possible Topics for Action Planning

- i. At the end of the last meeting, there seemed to be energy around creating a project about "improving health", but hadn't drilled down to something specific.
- ii. Another is to explore an intergenerational approach to city investments based on the unique age data.

III. Action Planning Based on Age Demographics

- a. Proposed Focus of Action Planning: What sorts of investments is Hallowell making right now in both the older and younger populations and where are opportunities to align those investments in the future?
 - i. The idea is not to take anything away from anyone, but to start looking at how funding decisions are made in the community and whether they could be made differently to serve more people.
 - ii. For example, as funding is considered for elementary schools, school buses, childcare, playgrounds, etc., could a new focus be used instead to consider:
 1. 15-passenger vans, instead of yellow school buses;
 2. Combined elementary school and job retraining for people who have left the workforce and need to come back;
 3. Adult day program and early childhood education;
 4. A community health worker that serves everyone in the community;
 5. A nurse on staff that serves the kids and the adult day program.
 - iii. This may be a long way from where we are now, but we could start now to look at how funding decisions are made in order to explore opportunities to move in that direction.
 - iv. Hallowell data is the only M-DASH community so far that seems ripe for an intergenerational focus, which could be the umbrella for many projects.
- b. Discussion
 - i. Intergenerational opportunities
 1. UMaine Augusta has 2 residences in Hallowell. Is there a way to think about a connection between the students and older people in Hallowell?
 - a. All Age-Friendly looked into shuttle bus sharing but highly tricky legal issues associated with it (although can usually deal with liability concerns).
 2. Mike was trying to get UMaine students involved at local level with city until COVID. Once Council returns to live session, he will extend invitation again to possibly open up some kind of intergenerational relationship.
 - ii. Intergenerational Health Ideas
 1. Younger people also avoid going to the doctor and getting preventive care. Is there a way to leverage that?
 - iii. Housing Ideas
 1. There are models of housing in exchange for helping with chores and upkeep.
 2. UMaine is very interested in looking at community housing to help solve their housing problems.
 - iv. Healthy Living for Me Network (<https://www.healthylivingforme.org/>)
 1. Open to all ages; very few programs have age requirements.
 2. In the past, they have partnered with USM and other colleges/universities through semester work project.
 3. There are many ways for this to be a good resource for intergenerational project. For example, think about training students who live in Hallowell to deliver evidence-based health prevention classes that are directly targeted to the health

challenges we've seen in the older Hallowell population. And, how can we design it so that the older people are giving something back to the students (fair exchange is very important).

- v. Community Planning Conversation
 - 1. Should we hold a community meeting, with real intergenerational engagement, to get this off the ground.
 - 2. For example, Franklin for a Lifetime held an intergenerational conversation asking "what do you want community to look like"? (<https://www.rural-design.org/stories/franklin-for-a-lifetime-promoting-livability-through-age-friendly-design>)
 - a. Remarkable because they were able to come up with a broad vision for their community through which they made all sorts of decisions, including economic decisions.
 - b. Interesting model to think about having a community conversation to get buy-in to invest differently in schools and older people.
 - 3. Hallowell is in the midst of doing its Comprehensive Plan. We'd need to figure out how a community planning meeting would relate to the Comp Plan.

IV. **Action Planning Tool** *(draft distributed with these notes)*

a. How We Use the Tool

- i. This is a tool MCOA created to determine objectives, participants, etc. in the M-DASH process. Once complete, we can just look and see what the next steps are.
- ii. The Task Force does the work.
- iii. MCOA supports the work, offers technical assistance, shares good models, brings new people to the table, helps help solve challenges.

b. Specific Objectives (and comments/ideas on each)

- i. Intergenerational programming around health prevention (advance directives*, falls, nutrition, communication)
 - 1. Could high school students present to older folks the importance of Medicare Annual Wellness Visit and vice versa for older folks to tell younger folks about preventive care for them.
 - 2. Intergenerational focus is how Lacrosse, WI got almost 100% of population to do advanced directives.
- ii. Increase transportation options that benefit both young and old
 - 1. Hallowell All Age-Friendly had Transportation Summit – anything relevant to build on?
 - 2. There has been discussion on transportation in Hallowell so there is something out there we could start from.
- iii. Assistance for small home repairs through intergenerational lens
 - 1. MCOA will contact Maine Housing about Augusta Housing Authority to see if they serve Hallowell and if they are participating in Community Aging in Place Initiative. If so, they could help with this priority and we would not have to create something new.

2. If not, MCOA could bring some home repair models to the task force.
 - a. Could be interesting to try to partner with high school or college. E.g., Cumberland and Greeley high school had intergenerational chores program where town screened need and passed referral to school and students did the chores.
- iv. Align investments in younger and older people in Hallowell so that they benefit both.
 1. MCOA will do some outreach and start looking at any budget process there might be in terms of existing investments.
 2. Need to see what data we can discover as an initial step.
- v. Create a Center for Lifelong Learning & Health
- vi. Increase technology access and digital literacy between the generations (challenge assumptions – older tech-savvy people can also train younger folks how to use tech)
 1. Keep this on the list but wait to see results of other committees' work.
- c. Who else should be invited to join planning for Priority #1 (Health Prevention, starting with advance directives)? (*See Action Planning Tool for categories.*)
 - i. Board of Health (all ages covered)
 - ii. UMaine Augusta
 - iii. School nurses; guidance counselors
 - iv. Spectrum Generations (Cohen Center; could do Advance Directives Fair)
 - v. Local health/OT/PT?
 1. Kelly Lemelin, Chiropractor
 2. Age Right Fitness: health facility designed for older people.
 3. Hallowell Yoga and Healing Arts

V. Next Steps

- a. The **draft Action Planning Tool** will be sent around to all. If you have other ideas or want to fill out more, **please do so and return to Anne.**
- b. Generations United (<https://www.gu.org/>) provided some examples of intergenerational partnerships that might be useful in thinking about the idea proposed here:
 - i. Jenks Public Schools partnership with Grace Living Center (Jenks, OK)- profiled here: <https://www.gu.org/app/uploads/2018/06/SignatureReport-Eisner-All-In-Together.pdf>
 - ii. Swampscott High School and Senior Center- profiled here: <https://www.gu.org/app/uploads/2018/06/SignatureReport-Eisner-All-In-Together.pdf>
 - iii. Georgetown, TX, where the Sun City (active retirement community in Georgetown) voters overwhelmingly supported the passage of a 2010 local school bond, at a time when other Central Texas community school bonds failed.- profiled here: <https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-Best-Communities-2012.pdf>
 - iv. Profiles of past winners of the Best Intergenerational Community Awards are saved here: <https://www.gu.org/what-we-do/programs/best-intergenerational-communities-awards/>