M-DASH South Portland Meeting
Thursday, June 10, 2021, 1–3p.m.
By Zoom

Attending: Maxine Beecher, Barb Skelton, Sandra Warren, Kathleen Babeu, Anna Guest, Chad MacLeod, Lisa Joyce, Josh Pobrislo, Jason Oko, Torey Brown, Effie Rorke, Jess Maurer, Anne Schroth,

Meeting Notes

Meeting recording and materials available at M-DASH (private) website:
http://mainecouncilonaging.org/dash/

I. **Updated Data Dashboards** (attached)
   a. Updated with 2019 numbers
   b. Highlighted with things that seem relevant.
   c. Older women significantly more low income than men.
      i. Older women disproportionately live alone.
      ii. Median income of older women $16,000 less than older men.
   d. Falls by gender: More women are falling -- Males: 150; women: 270.
   e. 70-89 age group most impacted by falls
   f. Compared to other 3 M-DASH municipalities (Eastport, Hallowell, Gray), South Portland falls data is somewhat worse.

II. **Review of where we are**
   a. Diagram of Action Plan re: Falls (attached).

III. **Update from Prevention Work Group** (Chad)
   a. Event Planning
      i. Healthy Living Event: 9/24 and 9/25
      ii. Chad's Outline (updated outline attached)
   b. Communication & Messaging
      i. Outreach and publicity for event and recurring afterwards
   c. Comments/Questions
      i. Harpswell did a video about how to fall safely. Could this be something that is done at the event? Jason has a video on how to fall safely.
      ii. Anna – more comfortable with demonstrating what to do if you have fallen.
      iii. Day 2 should include some sort of overview about what SPHA can do in terms of assessments: falls and/or home repair needs, etc.
      iv. SMAA will be at Day 2, maybe demonstration Tai Chi class, etc.
      v. Chad will send spreadsheet of possible agencies to invite to expo event.
      vi. Impt to coordinate with SPHA with buses to get people to the event.

IV. **Update from Intervention Work Group**
   a. Home Repair update
      i. Have been meeting with SPHA, Habitat, Community Concepts (Opportunity Alliance contracts home repair to Community Concepts). All on board with idea of single, streamlined referral path for people who need home repair.
      ii. SPHA is currently trying to combine all assessment tools to try to create a single tool.

iii. All use 80% of area median income for eligibility.
iv. The system would assign appropriate jobs to appropriate agency:
    1. SPHA can do whatever their staff can do in-house: grab bars, smoke detectors, install shower wands, etc.
    2. Habitat can do a lot in $1700 range (weatherization; ramps; holes in floors). Anything that does not require a license. Don't do roofs.
    3. CAP does big projects (always a wait list) (collapsing roofs; new furnace; serious systemic challenges in the house).

b. EMS Referral System
    i. Question: how to refer someone who calls EMS for a fall, is not transported, but needs follow up of some sort to prevent future falls.
    ii. Jason, Maine EMS, has built mechanism within EMS system for EMS to get consent and refer to central entity for home visit/assessment and referral for services.
    iii. Who is the central entity?
        1. Can't be SP Community Paramedicine project right now.
        2. Talks underway with area home health agencies, Healthy Living for ME.
            a. Possibly create system like Concord VNA (who presented to us in prior meeting)
    iv. Whole system (left side of diagram) will involve a lot of training for those involved.

    v. HealthInfoNet Role (Chad MacLeod)
        1. HIN gets run report of EMS event.
        2. Will create specific notification to enable PCP to be alerted if a patient has an EMS call and run report in system. Typically has been opt-in model; for those subscribed already, we could make it automatic notification.
        3. Notification would trigger for any EMS event.
        4. Trying to see if we can get an ADT message attached to the EMS notification so we could get falls related data stored in encounter record so we could potentially create notification of EMS event **and** falls data.

    vi. EMS System (Jason Oko)
        1. Criteria: patient over 60 has been dispatched for fall or injury from fall **and** location is private home (not nursing home, assisted living, sidewalk, etc.)
        2. Worksheet triggered if is reportable fall: whether transferred or not. Will include disposition (e.g. what happened if transferred)
        3. When we get back in run form: send to HIN and to whoever we figure out to be point of contact (home health; Community Paramedicine; etc.)

V. <u>Next Meeting</u>

August 19, 1 – 3p.m.