



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

Task Force Meeting
March 10, 2021 – 1:00-3:00p.m.

Meeting Recording:

<https://drive.google.com/file/d/14rDEHc9qDEPzHmUWmZIHIFMRFydYvU5N/view>

Attending: Mike Frett, City Council Member and AAF committee; Gail Cohen, MaineGeneral, Renee Page, Healthy Communities Capital Area; Bob McIntire, Hallowell All Age-Friendly Committee; Diane Polky, City Clerk, Anette Beyea, MaineGeneral, Jess Maurer, MCOA, Effie Rorke, MCOA, Anne Schroth, MCOA

Meeting Notes

I. Welcome and Overview

- a. 2nd of our DATA meetings for the Municipal Data Across Sectors for Health project.
- b. We'll go through what we have today and see if any specific issues are rising to the surface as something you as the Hallowell Task Force want to focus on for action planning...

II. Review Updated Data Dashboard

- a. See Updated Data Dashboard and Meeting Slides, attached.

III. Updates from Bob McIntire, Hallowell All Age-Friendly

- a. Newsletter: The Hallowell Champion
 - i. Engagement: seems pretty good
- b. New task force on inclusion, diversity, equity, access
- c. Comprehensive plan group continues to move forward.

IV. Discussion

- a. Dealing with 2018 data here. Since 2018, Hallowell has been proactively reaching out to people who move into Hallowell. Also, Vision Hallowell: to support and communicate with community. Active conservation committee.
- b. All disability % are higher in Hallowell than for Kennebec county and Maine
 - i. 3 congregate living facilities that might skew that population up a bit: Cotton Mill, Central Commons, Granite Hills Estates.
 - ii. Still clearly underrepresentation in disability numbers.
 - iii. Striking number with ambulatory difficulty and falls, since we know that less than 50% people who fall even report to doctors.
- c. MaineGeneral Data
 - i. Likely to be biased to those with better access; and stronger social safety net.
 - ii. Is it possible to find out who is without primary care, of those who have had encounter with MaineGeneral
 - iii. Could we look at just 2020 (instead of 2 year period)? Gail will ask data people.

- d. Walkability
 - i. Sidewalk conditions
 - 1. AAF committee did a walkability survey of whole town a couple years ago and there were lots of complaints about brick sidewalks, especially Cotton Mill residents
 - ii. Hills interfere with walkability
- e. Intervention vs. Prevention: how to get people to ask for help
 - i. People are reticent about asking for help. There is always someone who is more needy than they are.
 - ii. One of biggest hurdles that we consistently encounter. Trying to get our arms around the aging population and get them to come out and let us know what is going on.
 - iii. Intervention usually comes with acute situation. Encouraging people to call before then so there can be intervention before the crisis is a real communications issue.
 - iv. Another thing we don't hear about is social isolation. Zoom not enough; many don't use it. Withdrawal and depression is having a big impact.
 - v. Healthy Living and prevention center offered a number of programs; also Spectrum Generations is right down the road.
 - vi. Imperative that we are screening – focus on primary prevention.
- f. Medicare Annual Wellness Visits
 - i. Everything is standardized; Can see from year-to-year changes in things like falls, cognition, gait change; very effective if done completely.
 - ii. Some advantage care plans send Nurse Practitioners to homes; most done in a practice.
 - iii. Some patients don't understand the point of the visit and so present with acute issues and then don't get to all stages of the visit.
 - iv. Pre-COVID, Anette B. gave community presentations all over Augusta and surrounding area, talking about annual wellness visit, why important, reviewing falls, high risks, etc. People were very engaged.
 - v. Every practice organizes it differently

V. Topic/Project Ideas

- a. Hallowell Board of Health: Anette Beyea, MaineGeneral and Scott Schiff-Slater, Hallowell Family Practice, both on it. Maybe could collaborate on project to connect people through primary care.
- b. There have been communities doing intergenerational “charrettes” that are interesting.
 - i. “Community Charrettes are community planning activities that concentrate public involvement into a planning period that generates energy and momentum needed for implementation.” E.g. one in New Hampshire (<https://plannh.org/programs/charrettes>)
 - 1. Hallowell has more younger and more older people – funny little bubble. Very unusual. Good opportunity for creative ideas.
 - 2. Charrettes or Summits are interesting, but not where people talk about personal needs (e.g. health needs)
- c. Could we figure out opportunity around broad goal of increasing health?
 - i. Engage people using community health workers or something similar; going deeper through healthcare?

- ii. How do you inspire a **community** response to health and wellness: where is incentive to do this? Once you get people involved, you can do other interventions (e.g. home visit, assessments, home repairs, etc.)
 - iii. There seem to be things we could do with a broader look at increasing health.
- d. Idea of doing a push to have everyone have annual wellness visits; get advance directive; etc. – could go with challenge to make Hallowell healthy
 - i. Could include things like discounts on evidence-based classes or other incentive-based connections and follow up when people who are struggling are identified.
 - ii. Offer to provide assistance/education for falls – offering falls screening like we used to do blood pressure checks
- e. In-Home Models
 - i. Community Paramedicine: great resource: for patients who are homebound; they send report back with information. Delta Ambulance provides it in Hallowell.
 - 1. MaineGeneral primary care prescribes it.
 - 2. Does Hallowell Family Practice use it community paramedicine?
 - ii. Upper Valley Community Nursing (uvcnp.org)
 - 1. Doing great in-home work.
 - iii. Harpswell program – 3 volunteers do in-home assessments; for everyone who gets home repair.
- f. Could we do something specific there at housing complexes?
 - i. Cotton Mill wanted Matter of Balance, but didn't have funds?
 - ii. Could we use AARP Challenge grant for this in the fall?
 - iii. How do we get people that aren't in congregate housing?
- g. How do we begin to have conversations with older people about: What Matters Most? Maybe Hallowell could implement the 4Ms and start having conversations with people about what matters most.

VI. **Next Steps**

- a. MCOA team will re-group and follow-up before next meeting.
- b. Next Meeting: May 12, 2021, 1-3p.m.