**M-DASH South Portland Meeting**



**Thursday, October 21, 2021, 12:30-2:00p.m.**

***Meeting Recording:***

<https://drive.google.com/file/d/1MSFUl_qyiYV9Ui1IgASrUV1orabogbS1/view>

Attending: Jess Maurer, Effie Rorke, & Larry Clifford (MCOA); Chad McLeod (Age-Friendly South Portland), Gabe Martinez (Director of Community Engagement, United Health Care), Lisa Joyce (Outreach Librarian, South Portland Public Library; Age-Friendly South Portland), Maxine Beecher (Age-Friendly South Portland), Phillip Smith (Resident Service Coordinator, South Portland Housing Authority), Torey Steward (MSW student, UMaine), Sue Henderson (City Council; Age-Friendly South Portland), Jemma Penberthy (Public Health Nursing Supervisor, Cumberland & York Counties), Ann Tucker (Greater Portland Health), Jason Adour (Maine Strong Balance Center), Brian Sites & Terry Baldwin (Volunteers of America, Northern New England).

**Meeting Notes**

1. **Welcome & Orientation**

Following brief introductions, the group reviewed the activities of the two work groups:

* + 1. Fall Prevention
			1. September community event
			2. Community Messaging
		2. Fall Intervention
			1. Home Repair
			2. EMS/HIN

**II. Fall Prevention Work Group Update** (Chad MacLeod)

* 1. Fall Prevention Event – Sept. 24-25
* Intended to be a live event, to include a Friday night panel discussion, a Saturday morning vendor fair, fall risk assessments, and a curated walk through a SoPo neighborhood (to demonstrate pedestrian safety). Unfortunately, COVID scuttled those plans. A virtual event was organized instead.
* Chad recorded a 15-minute video conversation with each of the ten vendors, so participants could learn about the fall prevention resources and services that are available to them locally. These were posted on Facebook.
* A recorded version of the keynote address and panel discussion was also posted.
* There was a significant amount of publicity generated for the program. The work group is hoping to do a live event next spring.
* Phillip Smith mentioned that, in the past, SMAAA sponsored similar events/workshops around falls prevention. Maybe there’s an opportunity to join forces in the future. In addition, the library offers a “Matter of Balance” classes (which tends to fill up fast), and Jason Adour offers balance classes through the Recreation Department.
* It was recommended that M-DASH collect data around the three, standard screening tests for balance (sitting balance, standing balance, and transfers), such that retesting can occur over time (for tracking/trending purposes). Larry to explore this with Jason and others.
	1. Community Messaging
* Larry Clifford and Torey Steward worked on letter that was sent to the Ad Council about a a possible, national campaign focused on falls prevention.
* Press releases sent out to SP Century, Forecaster, Portland Press Herald, and others. PPH ran op ed piece from Maxine Beecher on 9/23.
* Larry to follow up on status of messaging ideas/opportunities for future activities, below:
	+ 1. Radio – morning shows
		2. City of South Portland options (through Josh Reny)
			1. Internet and email – most common, although older folks not always connected
			2. Monthly newsletter – email blast
			3. General notices throughout the city + newspapers + ads in
			4. South Portland Community TV – recurring way to get news out; PowerPoint loop
		3. Leave fliers w/city hall, community center, churches, service clubs, library, etc. Lisa Joyce can have materials translated through AVESTA (w/three-weeks-notice)
		4. Tax bills can include additional info
		5. Handouts to housing authority for broad distribution
		6. South Portland Police Dept. has electronic signs that have been used in the past.
		7. Sandwich Boards outside organizations/offices
		8. Smaller community clubs and groups
		9. 1-on-1 contact with people

**III. Falls Intervention Work Group**

a. *By Your Side* presentation by Brian Sites and Terry Baldwin from Volunteers of America; also referred to as “firehouse” or “friendly niece” model of front-line, community support (i.e., community-based resources, outside the health care system).

* National model focused on whole-person care that emphasizes in the social determinants of health (health behaviors, socioeconomic factors, and a person’s physical environment). See link on M-DASH website to *By Your Side* slide presentation.
* Goal: keep seniors safe, independent and connected so they can remain healthy at home
* Program utilizes front-line, community resource coordinators (CRCs) working in partnership with fire/EMS (typically ride w/EMS crews).
* CRCs are culturally literate, non-clinical relationship-builders, with connections to community resources and training in motivational interviewing. They engage with seniors (face-to-face), forming relationships built on trust. This allows for assessments of the home and the aforementioned social determinants of health, followed by facilitated referrals and assistance during transitions of care (after a fall).
* Direct support is still provided by clinical care teams.
* VoA uses AASC Online tool for decision support and documentation.
* VoA would very much like to pilot their *By Your Side* model in South Portland since they have other (unrelated) programs in place in that community.
* The immediate focus should be on procuring a grant for the two-year pilot; one that can cover program development and implementation (CRC salary, etc.), along with data collection and evaluation activities. Larry and Jess to pursue available options (MeHAF Discretionary Grant; Community Building Grant through Maine Community Foundation; plus other sources). Task force members suggested Cumberland County Block Grants, ARPA funding (American Rescue Plan Act), Robert Wood Johnson Foundation (to help offset “wrong pocket” challenges), and M-DASH implementation funding (per Jess). Larry will also reach out to Josh Reny, Joe Kellner, Sam Hurley, and others to inquire about support through current or future community paramedicine funding (e.g., CMS’ ET3 Program).
* Long-term, it might be possible to sustain the model through shared-savings generated through insurance/payer relationships (i.e., a model that involves health entities and municipalities). For this to be possible, it will be important to collect supporting data that demonstrates alignment between services provided, and value.
* Other questions from the group…
	+ Would it be possible for the CRCs to act proactively (i.e., before a fall has taken place)?
	+ Where is the most logical place for the CRCs to be based? (Mostly up to Josh Reny)
	+ How to avoid red tape that could bog CRCs down?
	+ Is there a role on a pilot for SoPo Board of Health?

b. Home Repair update

* Goal: set up a referral system so that people who have fallen due to conditions in their home can get home repair services. SPHA should still be the primary source for home assessments.
* Larry to work with SPHA, Community Concepts, and Habitat for Humanity of Greater Portland on a seamless, coordinated system for free or low-cost home modifications/repairs based on streamlined referrals that reduce duplication and increase awareness of the range of services available.
* Larry to start with Phillip Smith (South Portland Housing Authority) to find out what’s currently available in terms of funding/services if the group wanted to start making referrals for home repairs.
* Larry to also contact the new Community Development Coordinator for Cumberland County (Sandy Warren’s replacement) to find out if he/she will be the primary contact for future Block Grant funding and/or developing an integrated communication network for home repairs.
* The goal is to create a more uniform process by creating a flowchart of available resources/services (based on established criteria), which can be used by city leaders/organizations. The aim is to improve communication and break down silos.

**IV. Next Steps** (highlighted above)

**Next M-DASH South Portland Meeting: December 16, 12:30-2:30p.m.**