

Consent Agenda for January 7, 2016 Membership Meeting
Please print, review and bring the Consent Agenda to the 9.24.15 General Meeting.

Steering Committee Update:

The CHNA 15 Steering Committee met on December 3, 2015. Among other business the Steering Committee considered the following items:

- ❖ Approved a \$2,000 Capacity Building Grant to Friends Helping Seniors the project entitled: *Laptop/Digital Camera for use by volunteers assisting at the Woburn Senior Center to enhance promotion and community presence of services and programs offered to seniors.*
- ❖ Approved an \$81 individual Professional Development Scholarship to Bedford's Board of Health Nurse to attend a Natural Resource Institute Seminar on *Understanding Relationships.*
- ❖ Approved a \$290 individual Professional Development Scholarship to The Boxborough Community Services Coordinator to attend the Harvard Medical School/Cambridge Health Alliance Conference: *Treating Adults: Updates and Innovations from Mid Life to Older Age.*
- ❖ Heard a report on the Social Media 101 Training held on December 2, 2015.
- ❖ Previewed the new CHNA 15 Website.
- ❖ Approved a draft disclaimer statement for CHNA 15
- ❖ Planned the January, 2016 General Meeting;
- ❖ Received updates from all FY'15 Action Teams and identified FY'16 short-term Action Teams.

Action Needed:

The following items need member approval:

- ❖ Minutes from the November 19, 2015 General Meetings (see below)
- ❖ CHNA 15 Disclaimer Statement (see below)

CHNA 15 DRAFT DISCLAIMER STATEMENT:

Resources, trainers and experts hired and shared by CHNA 15 are offered to provide a variety of perspectives, research findings and experience, and are meant to be informational. CHNA 15 and its Steering Committee do not endorse or recommend any specific organizations or services, and encourage members to evaluate resources to ensure that they meet your specific needs.

November 19, 2015 General Membership Meeting / Draft Minutes

Meeting held at Grandview Farm.

Attendees: Amy Meneely, Barbara Howland, Carla Olson, Catherine Joyce, Christine Shruhan, Charline Mancusi, Cindy McCarthy, Damon Chaplin, Dan Pereira, Deborah Garfield, Doreen Crowe, Ellen Dalton, Fran Spayne, Heidi Porter, Hilary Bonnell, Jacquelin Apsler, Jan Stewart, Jennifer Clarke, Jill Block, Karen Herther, Katharine Dagle, Kristin Light, Laura Galeski, Lauren Abraham, Lauren Rosensweig Morton, Lexi Ladd, Marge McDonald, Pam Campbell, Pat Nelson, Patti Dubielak, Randi Epstein, Roberta Gullage, Sharon Burton, Shelly Sherman, Sheryl Ball, Stacy Carruth, Sue Baldauf, Susan Rask, Susanna Bedell

Introduction:

Christine Shruhan welcomed members, and asked attendees to sign in, complete a Membership Form and an evaluation. Christine also reminded members that those who bring a guest to a CHNA 15 General Meeting are entered into a raffle to receive an individual Professional Development Scholarship. Christine shared that we have a great program planned.

Community Forum

Christine introduced Alec McKinney, Luke Gallford and Tammy Calise from John Snow Inc. Christine shared that CHNA 15 been working with John Snow, Inc. (JSI) to provide data collection and strategic planning assistance during our two year planning process. Beginning Fall, 2017, CHNA 15 will receive more than \$250,000 annually from Lahey Hospital and Medical Center to support community health improvement initiatives focused on youth behavioral health and elder health. She shared that the goal of the forum is to provide CHNA 15 members with an overview of the process and data collected, and provide an opportunity for you to provide feedback and help to identify opportunities and gaps for strategic intervention.

Alec began by giving an overview of the broader project. JSI is a public health consulting firm working with community based organizations to address issues of wellness and health issues. With roots in community and public health they are representative of the synergy between medicine and health. Alec shared that CHNA 15 members are at the epicenter of healthy communities. Think about how you can think about health holistically and broadly and build healthier families, communities and individuals. He said that trying to be sure you can be all that you can be is about collaboration. Our hope is that we can promote community agencies taking a more active role in community health. He said that this is the beginning and we are so happy to have everyone there.

Alec provided a quick overview of JSI assessment and strategies:

- Trying to develop a strategic plan that:
 - improves community health
 - promotes collaboration,
 - promotes health,
 - facilitates collective action across the region
 - fosters partnerships,
 - develops priorities, and
 - Identifies a series of things to leverage what we do towards a couple of smaller issues.

Alec shared that within that – there are a myriad of things we could be doing, and the question is how we can focus this so that the work has the most impact. The goal is the development of a detailed community health strategic plan. JSI developed a focus assessment for CHNA 15 – with Lahey Hospital’s help. The CARE Continuum – for this perspective we

are talking about the community continuum – awareness, education, identifying who is at risk and getting them involved in care. Thinking about the social determinants of health and how we can get folks involved.

CHNA 15 communities are:

- Predominately white
- Some foreign born residents – largest # of foreign born residents are Asian
- Relatively high income – but pockets of low income and residents that need to make decisions about health

JSI has done Key informant interviews at the community level.

Summary of major findings:

- A lot of issues around chronic medical issues in elders – diabetes
- Mental health – pervasive problem that socially isolates older adults
- Substance abuse – ability to manage medication or prescription drugs
- More Opiate abuse deaths in Middlesex county than in any other county
- Food insecurity – particularly for older adults
- Isolation
- Nutrition
- Care transitions, care coordination and care integration is a huge issue for older adults – often limited support after a doctor visit
- Lack of caregiver support – for elders and those with disabilities
- Can't talk about elders without talking about transportation
- Adolescents – Certainly physical stuff but mostly sound – it's more mental health
- Depression, behavioral problems – absolute epidemic in youth and if you merge it with lack of resources it's a major issue
- Mental health issues often lead to substance abuse issues – ways to escape/cope are alcohol marijuana, prescription drugs.
- Fitness nutrition
- Lack of health and wellness education
- Schools are good at primary education. There are youth that are already involved, but there is little information about what kids and families should do. Gaps in care make it worse. Service coordination is an issue.

Survey:

- sampled 4,000 households
- 13.4% identified substance abuse and 8.2% identified mental health as issues
- Other things identified were: autism, bullying, domestic violence and lots of behavioral health
- Looked at data on demographics and health status and compared them to state and county averages
- Relatively older area with pockets of communities with high numbers of youth
- Chronic Disease (largely driven by older populations)
 - Higher than county – heart disease
 - Similar for hypertension and diabetes,
 - Dementia, Parkinson's, and Alzheimer's also effect people
- Issues around suicide and opioid abuse, there are CHNA 15 towns here that stand out
- Behavioral health: It is clear from Emergency Department visits that a huge proportion of patients have underlying behavioral health issues and that visits to ER are not necessary acute. Inappropriate utilization of ER is an issue.
- Wilmington and Woburn have high levels of alcohol and substance abuse admissions – a high proportion of them are youth.

Q&A:

Q: You mentioned that youth are looking for resources, can we assume that elders feel that they have the resources they need.

A: Not necessarily. They either weren't asked or didn't say. Lack of resources came out around caregivers. Alec shared that he thinks medication management is a huge issue.

Q: Are you tracking locally the problem of elder abuse?

A: Data was not available in MASS CHIP but anecdotally it is an issue. Challenging in isolated populations when there isn't a person advocating for them.

Q: How old is quantitative data?

A: This data is what we have available. We compared it to hospital discharge data and survey data. MA data is better than most states, but it's what we have available.

Alec concluded by saying that his goal was to present a smattering of data to prove that these are issues – and that he is hoping members will provide more target data on the issues in their communities, so that we have a better sense of what the things are that we can address to solve these issues.

Alec introduced Tammy Calise. Tammy provided an overview on what it means to take a healthy communities approach. Some key highlights of her presentation are:

- Behavior change is really hard – the goal is to think about the root cause of our behavior and our environment, take more of a landscape view of behaviors and environment than a portrait view.
- Tammy shared the term behavioral justice. She said that she loves this term because the idea is that individuals are responsible for their behavior but shouldn't be held accountable unless we provide the environment in which they can make healthy choices.
- Focus on population and groups of people, not individuals
- Hardest part is the work with partners to change the environment by collaborating – taking a multi-strategy approach.
- Working with diverse partners. Making the healthy choice the easier choice.
- We're all trying to do the same thing but the reasons might be different.
- It's important to: engaging multi-sectors, talk to each other and talk to the people we are trying to impact
- Communicating the idea that we can't blame individuals if we education but do not create environments that promote good choices.

The group broke up into a Youth and an Elder Health breakout session.

Notes from Youth Breakout Session:

Issues facing youth in communities: Stress, anxiety, depression, substance abuse, self-injury, bullying, disordered eating, loneliness, self-medication, opioid use/suicide,

- Feels like definition of youth has shifted: 18-25 now considered youth, where they might not have been considered in the past.

- **Trunk of the "tree"/ Behaviors that lead to poor health outcomes:** Overscheduling, Set of high expectations in communities, perfectionism, social media, expectation of happiness or perfection, Kardashians, cultural expectations (particularly in Asian communities), marijuana use- seen as safer than alcohol, prescription drug use, Adderall, stress around debt, sexual health, distraction/screens,

- **"Root" Causes/Underlying issues within:** Biology/genetics/depression, poverty/family dynamics, racism, consumerism & cost of living, inability to fail, "Some stress is probably good"

-**Solutions:** Education (parents on drug use, stress they're putting on children), helping to turn off technology, "find the Kale" of technology, de-stigmatizing mental illness, mindfulness, media literacy education, social emotional learning in schools, funding and policies for high quality early education, safe labeling of prescriptions and with disposal education- where closest disposal kiosk is, School policies to promote recess and activities, intramural sports teams, rehab support,

** *May be helpful for JSI to send out CDC Parent handbook on sports activities.*

Youth Health Breakout Session- Notecard Responses on Issues

Most Commonly Mentioned Issues

Stress/Anxiety	17
Substance use	12
Academic Stress	6
Mental Health	4
Suicide	4

Notes from Elder Health Breakout Session:

The following are the leading elder health issues identified. *indicate priority issues identified.

*Fall prevention

*Isolation/depression/social isolation

Chronic pain

Abuse

*Chronic illness

*Lack of support

Caregiver issues – caregiver support implications of being a caregiver and lack of caregiving (a behavior and an issue)

Economics – elder poverty and lack of funding to provide services (underlying issue that affects behavior)

Hoarding Behavior

Resistance and acceptance

*Medication use, abuse, misunderstanding

The group then looked at the priority issues and identified the behaviors, underlying factors, interventions, and policy changes that might work.

FALL PREVENTION

Behaviors:

Sedentary lifestyles

Sitting and watching TV

Lack of proper equipment

Home safety

Drug Interactions

Dehydration

Poor eyesight

Balance

Resistance to using equipment

Underlying factors:

Isolation

Ergonomics

Interventions/What can CHNA 15 do?

Matter of Balance –

Programs that are offering peer support and behavior change

Transportation

Denial

Vanity

Intense social value placed on independence – hard to traverse how many people that do not want to admit they need help

Get people to volunteer as a way of getting people into senior centers

Equipment – partnerships on integrating into home visiting.

More interconnectivity – we want to do things but we don't know where people are – how do you identify at risk populations

Policy:

What could the towns do to foster this?

A lot of towns are not supportive of senior centers and of transportation

Senior programming needs to be robust

SOCIAL ISOLISATION

Behaviors:

Depression

Transportation

Social issues – hearing problems for example

Fear – having people notice

Friends are all dying

Lack of family around them

Underlying Issues

Underlying health issues

Lack of support

Financial

Acceptance

WHAT WORKS/What hasn't worked, what CHNA could do to help?

Pre-dementia group – works directly with families so that the elder doesn't have to remember, provide lunch and

Transportation

Caregiver group for family members

Help find the population

Partner with local PCP's

What's worked to entice organizations like Lahey to support your work?

- E-referral system that we could have access to (prevention and wellness trust developed this e-referral database.) Can this be expanded?
- Better education around Self Neglect – this is within the definition of elder abuse
- Education around how to make the reports –

Is Safe medication at home program working anywhere? Are there programs that work? Ask your pharmacist may work?

Punctured pill packs done on a monthly basis.

Making choices to be more comfortable but we wouldn't know that – and they are impacting health

Building on home visits

Universal screening programs at COA's, during home visits,

Options planning for families and for patients that need higher level of care

Geriatric Care managers – expansion of programs and resources

Behavioral Health Integration

FITNESS NUTRITION and SEDENTARY LIVES

Working well?

Offering a variety

One size does not fit all

Walking groups

Poetry class or a book club – for some walking out is exercise

Peer support

Intergenerational programs

Can we piggy back on meals and wheels? Feeding into pantries and meals on wheels.

Sustainability – lots of programs exist but they are not sustainable without ongoing funding

Don't fund a one year program – make it a 5 year grant

Challenge for a policy change – you are asking me to invest in something that is going to lose me money?
How can we integrate COAs into care transitions in ways that have an impact?
How can we work with PCPs in communities that add value to the

Christine thanked JSI for their participation and for hosting our meeting and shared that she CHNA 15 looks forward to continued updates on the strategic planning process.

Consent Agenda

- Minutes from the September 24, 2015 Healthy Communities Resource Forum were approved. Corrections?

Training and Grant Opportunities, Updates and Upcoming Events

Christine introduced Randi who shared that the new CHNA 15 website will be live before the end of 2015. Randi also shared that CHNA 15 is sponsoring a free Social Media Training Series and a free workshop by Jon Mattleman on the Emotional and Hidden Consequences of the Internet. Registration forms are available at the registration table and have been emailed to members. Randi shared that Professional Development and Capacity Building Grants are currently available and that the Collaborative Grant will be released at the end of the year.

Needs and Leads

Christine invited members to share information about their work, resources, needs and/or upcoming events, and were reminded to send info to Randi for posting on the website.

- Kristin Light from Winchester Hospital shared information about COPD, Alzheimer's and Diabetes support groups.

New Member Raffle Award

Jan Stewart won a \$300 training scholarship for bringing a new member to the meeting.

Plus-Delta/Meeting Evaluation

Members completed their evaluations and provided the following:

Plus:

- Thank you for the great space
- Youth conversation was great
- Great elder conversation
- Liked the opportunity to get down deep into a conversation

Delta: There were no deltas.

Next CHNA 15 Meeting will be our Healthy Communities Resource Forum on January 7, 2016 at Minuteman Senior Services.

Thanks for coming!

Meeting adjourned at 4:15.

Respectfully submitted,
Randi Epstein