



South Shore Community Partners in Prevention

South Shore Community Partners in Prevention (CHNA 23)

Wednesday, March 8, 2017

8:45 A.M.to 10:15 A.M.

Beth Israel Deaconess Hospital - Plymouth

Funkhouser Conference Room A

275 Sandwich Street, Plymouth

Minutes

In attendance:

<u>First Name</u>	<u>Last Name</u>	<u>Organization</u>	<u>E-mail</u>
Kim	Allen	SSCPP Coordinator/United Way of Greater Plymouth County	chna23@gmail.com
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Kathleen	Considine	NAMI	kconsid@att.net
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Brynn	Cooper	DMH Plymouth	Brynn.cooper@massmail.state.ma.us
Marian	De la Cour	BID Plymouth	mdelacour@bidplymouth.org
Maureen	Plant	Plymouth Pilgrims Collegiate Baseball	
Sarah	Drane	BID – Plymouth CCM	sdrane@bidplymouth.org
Mimi	Macdonald	SSCPP Health Literacy	southshorehealthliteracy@gmail.com
Tina	Dwyer	South Shore Health System	Katrina_Dwyer@sshosp.org
Peg	Jacobson	BID Plymouth/ ALA Better Breathers Club	mlougee@jordanhospital.org
Shawna	Fanning	High Point	sfanning@hptc.org
Kerry	Haskell	BID Plymouth ACCESS Program	khaskell@bidplymouth.org

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Liz	Haughn	KDC	ehaughn@kdc.org
Mike	Jackman	Congressman Keating, SSCPP Chair	Michael.Jackman@mail.house.gov
Maureen	King	DDS	Maureen.king@state.ma.us
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Amy	Sylvia	SSWRC- Road to Healing	Amy.sswrc@hptc.org
Charlette	Tarsi	South Bay Community Services	ctarsi@southbaycommunityservices.com

Meeting called to order by Mike Jackman, SSCPP Chair at 9:02a.m. Everyone was welcomed and gave self-introductions.

Mike shared with all that SSCPP has new business cards. Cards include grant information. All were encouraged to take some to share.

Minutes for the February 8th SSCPP general meeting were approved unanimously by all in attendance.

Mike shared SSCPP steering committee applicant, Tina Dwyer's, bio with all. Tina is Director of Community Benefits at South Shore Hospital and will be replacing Alan Macdonald on the SSCPP steering committee as Alan's responsibilities at SSH have changed. All in attendance voted unanimously to elect Tina to the SSCPP steering committee.

SSCPP's tri-CHNA Mental Health First Aid Training on March 3rd went well. Are hoping to hold an additional training in the spring. More information to come.

Panel: Barriers to Health Literacy

Panelists: Robin McGrory, Director of Programs, Plymouth County Sheriff's Department; Patti Menzel, Self-Advocate; Ceci Phelan-Stiles, Sr. Manager of Human Resources Communication Systems, Cape Cod Healthcare

March's topic is barriers to health care experienced by special and vulnerable populations.

Mike introduced panelists and all were given the opportunity to share and respond to questions.

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Robin

- Robin has been at the Sherriff's Department for 24 years.
- When inmates are released, they are typically no longer monitored and so it is difficult to say if they have access to healthcare after they are released. Experience obstacles with follow-up care.
- Large barriers for inmates identified: employment, transportation/driver's license, child care.
- Jail offers HIV and peer mentor education. Robin described the process of getting inmates on Mass Health.
- Prior to discharge, offer DMH applications for those in need and do have inmates see mental health specialists. Also have slots for substance abuse treatment.
- Are working on a mentoring program and do work with inmates on re-entry.
- Use a phone service with language interpreters to help inmates communicate.

Patty

- Self-advocate with autism. Does presentations for DDS and does professional development training.
- Shared some of the obstacles she has faced in accessing health care.
- The waiting room at a doctor's office can take a lot out of someone on the autism spectrum as it is a high sensory, high social environment. Patty has found it is helpful to let receptionist know and sometimes wait outside if possible.
- Exam room can be anxiety provoking as well. Shared examples of common issues: communication can be challenging, those on the spectrum often process pain differently, many have tactile hypersensitivity and tactile defensiveness- an involuntary physical outburst when being touched.
- Biggest barrier to health literacy Patty sees: education for medical personnel in understanding how to communicate, touch, etc. individuals on the spectrum. More training is needed. Patty suggests new protocols for medical examining and interviewing.
- It is challenging to see a new doctor, but can also be challenging to visit primary care.
- Suggests always presuming competence and addressing patients directly rather than their aid, family member, etc.
- Always good to have a person on staff with clear communication skills for patients to follow-up with after appointment if they have delayed processing. It is helpful to have a person to call after appointments.
- Discussed apps that can help with communication such as "ICE 4 Autism" for use with first-responders.

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- Discussed need for those on spectrum to use solitude to self-regulate and decompress after anxiety-provoking situations.

Ceci

- Oversees needs for diverse populations, immigrant community and those with disabilities in her role.
- Ceci believes language is a huge barrier to health literacy. Shared anecdote of having a brochure translated, but when the person called for services, no language interpreters were available to help.
- Cape Cod Healthcare sends language interpreters when possible – sometimes have to charge a minimal fee and agencies with scarce funding cannot afford to pay fee.
- Feels providing information in different languages is crucial, but the next step is key.
- See similar language barrier issues in schools as they do in healthcare. Understanding helps patients get the help and correct services they need without going back to the emergency room/hospital.
- A big need Ceci identified- paramedics and first responders have no help with language access. 911 does, but paramedics do not.

The floor was opened for questions and discussion with panelists.

The floor was opened for agency announcements.

The next meeting is scheduled for **April 12th**. We will have a panel on caregiver burden.

Respectfully submitted by Kimberly Allen
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