



## South Shore Community Partners in Prevention

**South Shore Community Partners in Prevention (CHNA 23)  
Wednesday, September 9, 2020  
8:55 A.M. to 10:00 A.M.  
Zoom Meeting**

Meeting called to order by Mike Jackman, SSCPP Chair at 9:02am. All introduced themselves in the Zoom chat.

**Recording may found on our website [here](#).**

In attendance: Kathy Riley, RN Federal Furnace School; Charlette Tarsi, South Bay Community Services; Jen Cantwell, Drug Endangered Children Initiative at United Way Family Center; Karen Keane, Director of Public Health, Town of Plymouth; April Thompson, Center for Active Living Plymouth; Tom Cummiskey, Plymouth Public Library; Kati Mapa, Ashley and Jayla from UWGPC Family Center; Vicky Butler, Plymouth County Outreach; Heather Kashman, Community Liaison for Pembroke Hospital; Katelyn McSweeney, Prevention Services at High Point Treatment Center; Mimi McCarthy RN, Arc of Plymouth and Upper Cape Cod; Collette Puleo, Health Imperatives; Jenn Hoadley, Southeastern MA for the Alzheimer's Association; Kelly Macomber, Plymouth Public Schools, PYDC; Amy Sylvia, Coordinator of DV Services SSRAC; Mark Meaney, Matthew's Gift Inc.; Alyssa DaCunha, Healthcentric Advisor, Casey Seaman, DDS Plymouth Area Director; Donna Ciappina, Duxbury Senior Center; Chris Mower, Coordinated Care Network; Elizabeth Weiner, OCES Housing Programs Manager; and Katherine Higgins, Program Coordinator, South Shore Resource & Advocacy

June Minutes: All in attendance voted to approve June meeting minutes.

Mini Grant Outcomes Report: Consumer Health Resource Center

Thomas Cummiskey, MLS, Outreach Librarian, Plymouth Public Library

- Mike reminded all that SSCPP offers mini grants, health literacy grants and behavioral health grants. Our health literacy grant is now also a Social Determinants of Health grant. Please visit [www.chna23.org/funding](http://www.chna23.org/funding) to learn more about our grants. The next application deadline is October 15<sup>th</sup> (this is also the deadline for our behavioral health grant).
- Tom has a background in medical library work. Started the Consumer Health Resource Center in March of this year. Rolled out 21 education programs and events including classes on learning how to use consumer health databases with fun activities for different age groups. Saw a total of 313 people attending the events and programs. Through program established a relationship with community health providers and hosted a great community health fair last September. Also took program on road with the pilot health info mobile, launching in February at Harbor Health. Hope to expand next year to BID and others.

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- Tom shared information on the Consumer Health Resource Center at the library. Have had various health screenings and a host of presenters. Showed some great photos and opened up to questions. Library welcomes additional resources- please send to Tom via [tcummiskey@ocln.org](mailto:tcummiskey@ocln.org).

### COVID-19 Contact Tracing

Karen Keane, Director of the Plymouth Public Health Department

- Shared about Plymouth's contract tracing program. Currently have 660 confirmed cases in Plymouth since start of pandemic. Most deaths have been elderly folks with co-morbidities.
- The dynamic of who is being tested and confirmed positive is changing rapidly. Are now seeing 20 and 30 year olds and some teens. No one school age as of yet confirmed but monitoring closely. Seeing a lack of cooperation with this change in age and contact tracing. Shared how the process works. Plymouth Public Health works with the Contract Tracing Collaborative (CTC) through Partners in Health to do the tracing. They will call the person diagnosed with the virus and will ask who they have been in close contact with (closer than 6 ft. for longer than 15 mins.) This does not mean just passing someone at grocery store, etc. Younger folks are reluctant to give this info whereas older population shared more freely. Need to know these contacts to stop a super spread (more than 1 location). The information gathered is kept confidential and is needed to stop the spread. If you get a call, make sure you answer it. "Close contacts" are added to database- these people will either be tested or quarantined. Person is given resources while they are quarantined such as food delivery. When contract tracing started, we were averaging 2.5 contacts per person.
- Talked about potential scam calls. Legitimate callers are listed on [mass.gov](http://mass.gov). They are never going to ask for personal info such as SSN or credit card numbers. Name of person with virus is not identified when calling for contact tracing.
- The recommendations to stop the spread remain the same- social distance, wear your mask, and wash hands.
- Plymouth has an ordinance that all must wear a mask. They will investigate a complaint. Every business has been very helpful. It's a matter of education- can provide signage if needed. There are locations where you can get a test without symptoms including one in Pembroke.
- Opened for audience Q&A.

### COVID-19 Testing Overview

Siobhan McKay, Registered Nurse, Department of Developmental Services Plymouth

- Shared about the different types of tests- nasal swab, self test, antigen, etc.
- Provided an overview of COVID-19 symptoms which appear anywhere from 2-14 days of contact with the virus. Primarily spread through respiratory droplets. Currently no approved treatments or vaccines.
- The average incubation period is 5.1 days. Most folks will show symptoms by day 12. You can test positive for many weeks- doesn't mean you are necessarily able to transmit the virus at that time.
- Three types of testing- molecular, antigen (rapid), and serological (testing for antibodies).
- PCR (molecular) is the gold standard of the testing. Molecular will tell you if you have an active infection- used for diagnostic testing. Done either by a nasal swab by medical professional or patient can do self-swabs under supervision which saves PPE.

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- Antigen testing is also used for diagnostic purposes. Results usually in 15 minutes. Are very specific for virus but not as sensitive as PCR. There is a higher chance of false negatives, and antigen not recommended for asymptomatic folks. Positive result is very accurate, negative not as much.
- Serology tests are for antibodies- not a diagnostic test. Not as sensitive as we would like. For research and surveillance purposes only. More to come on this type.
- Discussed sensitivity and specificity. So far, molecular tests are the best. Everything associated with COVID has been made publicly available as it a global effort to get the virus under control.

Opened floor for Announcements

Mike shared that SSCPP is offering our Behavioral Health Grant for the third year and information is up on our site. This grant is for up to \$25,000/year and renewable for up to 3 years. Applications are due on October 15<sup>th</sup>. Are hosting a virtual bidder's conference this year on Sept. 17<sup>th</sup> at 4:30pm.

SSCPP is again hosting a Yeti giveaway on our Facebook page: [www.facebook.com/chna23](http://www.facebook.com/chna23)! Go to our website and look at our [glossary](#) of terms and acronyms –on FB post, list three terms that are new to you and suggest three terms to add. Will draw from everyone who posts for our winner!

Next Meeting: October 14<sup>th</sup>. Our guest speaker is Donna White on the topic of parents/school age children and stress.

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