



## South Shore Community Partners in Prevention

### South Shore Community Partners in Prevention (CHNA 23)

Wednesday, November 18, 2020

8:55 A.M. to 10:15 A.M.

Zoom Meeting

Minutes

In attendance: Mike Jackman, Congressman Keating's Office; Maryellen Maguire-Eisen, Children's Melanoma Prevention Foundation; Jen Cantwell, Advocate, DEC Initiative, Family Center, UWGPC; Allison Souza DNP, RN, FNP-BC Shriver/DDS; Magda Moran, Nonotuck Resource Associates; Kati Mapa, UWGPC Family Center; Donna Ciappina, Duxbury COA; Erin Cohen, Road to Responsibility; Amy Sylvia, SSRAC; Cristina Wilson Associate, Executive Director Old Colony YMCA Plymouth; Vicky Butler, Program Director for Plymouth County Outreach; Katelyn McSweeney, High Point; Chris Mower-Coordinated Care Network; Tom Carter, A New Day; Deacon Jim Greer, Director of Chaplaincy Programs Archdiocese of Boston, St Kateri Parish Plymouth; Susan West, BID; Heather Kashman Pembroke Hospital; Maureen Doherty, BID; Siobhan McKay, DDS, Nancy DeLuca, Health Imperatives; George Gorgizian; PCSD; Kathleen Considine, NAMI; Kathy Dunn, Healthy Plymouth; Tina Dwyer, South Shore Health; Dorothy Wisdom, South Shore Health; and Kim Allen, United Way of Greater Plymouth County

Meeting called to order by Mike Jackman, SSCPP Chair at 9:01am. He alerted all that the meeting is being recorded. View recording here. All introduced themselves in the chat.

All in attendance voted to approve October meeting minutes.

Vote on Steering Committee Member Tyra Jackson: Tyra unable to attend meeting. Kathleen Considine, SSCPP Steering Committee Member shared a bit about her. Tyra works at Plymouth DMH and will be a great asset to our CHNA. Kathleen made a motion to accept Tyra's nomination to the steering committee. George Gorgizian seconded. All in attendance voted to approve.

#### **Mini Grant Outcomes Report: Children's Melanoma Prevention Foundation**

Maryellen Maguire-Eisen RN, MSN, Executive Director  
Children's Melanoma Prevention Foundation

- Mike introduced Maryellen. SSCPP provides mini grants to the community to improve health outcomes for our residents. We ask those grantees to come back and present their outcomes.
- Maryellen has been working for 17 years ago to prevent skin cancer one child at a time with education & advocacy. Children's Melanoma is preventable and easily recognizable. Have been

sharing information in the local schools. Applied for grant to create SunAware videos to expand reach in community. Program piloted in Plymouth Schools.

- Created an education committee to advise on content and length of videos and worked with PACTV to develop them.
- Have 4 trained educators to go into the school to deliver the videos to students. Goal was to evaluate videos after showing in person.
- Recorded at PACTV on 3.13.20 (right before the shut down). Were able to get two videos recorded and available for April 23<sup>rd</sup> despite COVID. The videos served with all the towns in the SSCPP catchment area and beyond.
- Teachers indicated they would incorporate videos into programming. It was great to have these videos available to all schools during COVID as the program could not be delivered in person as planned. Also shared by MA School Library Association and Northeastern.
- Didn't get as many evaluations as desired but happy to receive some great positive feedback from teachers using the videos during COVID.
- To see the videos, please check out : [www.melanomaprevention.org](http://www.melanomaprevention.org)
- Have since made 2 additional videos with PACTV that will be shared in November.

### **Presentation: End of Life, MOLST, Palliative Care, and Hospice Care for Patients & Families**

Dorothy Wisdom, Nurse Practitioner

Visiting Nurse Association Palliative Care, South Shore VNA

- Dorothy discussed planning for end of life. In the home is one of the best places to have these conversations as it is often more comfortable. It is our responsibility as educators to open the dialogue. Patients need more resources and support.
- Dorothy goes to see a patient when they have a "life limiting illness" - where we can see end of life is coming in 1-2 years. The problem is sometimes family members do not know where to go to access resources. Having a home based palliative care program helps with this. Dorothy can come in and educate.
- End of life conversation is about "Where do you want to be at the end of your life? How do you want it to look? Where do you see yourself? Have you ever thought about it?"
- These types of conversations are not being had enough. Sometimes the stress the conversation brings can be unavoidable- Dorothy's role is to anticipate this and help with.
- Discussed the difference between Palliative Care & Hospice. Palliative is aggressive symptom management or treatment for a disease. Has to do with symptom and pain management and maximizing functional ability. The goal is to avoid and minimize unnecessary hospitalization. Often go through MOLST form here and health care proxy.
- Hospice is an insurance benefit that you have when physician says your prognosis is likely 6 months or less. This is covered by insurance – private or Medicare. There is a hospice team to aggressively manage symptoms as opposed to treatment at this time. Usually the goal is comfort or to stay home and have control over end of life. You can control how you want to be

treated and what you want your remaining time to look like. Hospice is a wonderful resource. A lot of folks are afraid of the word but statistically people on hospice live longer as their symptoms are aggressively managed. The longer you are on hospice the longer you can benefit from its resources. Control is a huge factor.

- Shared some anecdotes from her experience visiting folks at home. Sometimes folks go to their doctor and they are afraid to say what they really want. It is okay to want something different than what the doctor is recommending. Patient should be empowered to make a decision. All about what PATIENT wants vs. what is recommended for patient. All about their wants, care preferences and plan. Do not assume (no matter the age) that people have thought about planning their death.
- Went over Medical Orders for Life Sustaining Treatment (MOLST) form and its components. The MOLST form is a portable form for someone typically with a life expectancy of 1-2 years. Goes over items that would be on a living will. Becomes a legalized document when signed. Usually stays in a person's home on their fridge. Helps a person to be empowered and have control. Covers items such as CPR, ventilation, incubation, artificial nutrition etc. Form may be accessed here: [www.molst-ma.org/download-molst-form](http://www.molst-ma.org/download-molst-form)
- Opened for Q&A and members shared their experiences.

Mike congratulated Katelyn on winning the SSCPP YETI Facebook contest to add to our health literacy [glossary](#).

Discussed our December 9<sup>th</sup> meeting. Mike shared the steering committee discussed the theme of gratitude. Mike shared an article on the grateful brain he encouraged folks to check out: <https://www.psychologytoday.com/us/blog/prefrontal-nudity/201211/the-grateful-brain>

We talk at our next meeting about gratitude and how we are all coping with the pandemic. Mike encouraged folks to think of things they are grateful for and how gratitude is impacting their life and work to share at meeting. Our speaker will be Jeff Stone who organized community meal packaging. If anyone wants to share about gratitude and their experiences, please let us know.

Adjourned at 10:18am.