Thursday February15, 2024 7:30 – 8:45 AM

Members present: Leslie Clapp, Louise Clough, Betsy Edge, Beth Folcarelli, Marcy Holmes, Lewis Laskaris, Bob Laskowski, Marina Lent, Karen MacPhail, Lisa Nagy, Chantale Patterson, Dan Pesch, Susan Pratt, Kathleen Samways, Susan Sanford, Joyce Stiles Tucker, Sheryl Taylor, Martina Thornton, Christine Todd, Cindy Trish, Mary Jane Williams, Jim Wolff. Guests present: Cathy Wozniak, Amelia Hambrecht, Jared Andrews, Elaina Faust, Youxuan Wang, Ashley Trickett.

**Welcome, approval of December 21** – Mary Jane Williams called the meeting to order at 7:30 AM. The January minutes were approved.

**Vote on slate for reappointment to the Council** - The Council voted to reappoint the following member: Cindy Doyle, Mary Jane Williams, Paddy Moore, Lewis Laskaris, Christine Todd, Sue Sanford, Susan Pratt, Betsy Edge, Leslie Clapp, Kathleen Samways, Chantale Patterson, Bob Laskowski, Dan Pesch, Jim Wollf, Lisa Nagy, Theresa Manning. Louise Clough will send the list to Martina Thornton for action by the County.

**Public Health Update** – Marina Lent said that the health agents are working with the County to be sure that the opioid settlement money is used to strongly support the SUD Coalition. Based on surveys done by Patrick Rodon-Reynolds, lone star ticks are spreading rapidly, and she is thinking of putting together a book that could be used for public education. She’s also planning to do some health education about the CDC’s new guidance on COVID, and why following them is not always a good idea – without the current use of quarantine for positive cases, exposure to those people could result in reinfection.

Kathleen Samways introduced Amelia Hambrecht, a new public health nurse who will be working with the health agents. Lila Fischer will continue to do the well-baby visits. In response to a question from Bob Laskowski, Marina said that will be educating landscapers about ticks this spring. Through the State’s Public Health Excellence grant they have hired Fernando Lana, who is bilingual, to work directly with landscapers, especially those from small companies. There will also be education about Alpha-gal – and how to live with it. Dan Pesch pointed out that people diagnosed with Alpha-gal need education about the fact that they could have a serious allergic reaction – anaphylaxis. Providing epi-pens to restaurants is a good idea.

**Follow-up** - **Data from the Hospital that the Council could use -** Bob Laskowski started by first making a motion to thank and congratulate Louise for her service as the Secretary – this is her last meeting.

Amy Houghton at the hospital asked the data and information committee if the hospital could make regular presentations to the Council, and what information we would find helpful. Since the hospital takes care of everyone on the Vineyard,population health data they collect could guide DCHC’s efforts. Data we request needs to be easily available to the hospital and it should be important: Information about population; Real time (or as close as possible**)** indicators of community public health concerns; Data that would permit assessment of effectiveness of current public health initiatives. Examples of population characteristics are: Top 10 diagnoses seen in emergency department; Top 10 discharge diagnoses from hospital; Use of Language Services (i.e. medical interpreters, language lines); Amount of uncompensated care provided by hospital; Total Emergency Department Visits; Total Hospital Discharges. Data about community public health concerns includes: Mental Health; Substance Use Disorder; Primary Care Access; Housing Insecurity. Effectiveness of health initiatives could include: Advance care planning / health care proxies; Falls Prevention / trauma due to falls.

Bob also presented a sample agenda (2x/ year) for meetings with the hospital, as follows: Major Developments at MV Hospital (e.g. new personnel, programs, campus development, etc.); Hospital Community/Public Health Concerns; Discussion of DCHC concerns (shared with hospital in advance): How can DCHC be helpful to MV Hospital; Other questions. *(Note that Bob’s presentation has been shared with all DCHC members and is considered part of the meeting minutes*).

Kathleen Samways asked if there were other things we should include. Cindy Trish would like to see the STRIDE data (falls) and information on utilization of Patient Gateway, and access to medical care in Boston. Dan Pesch commented that it takes a tremendous amount of time to get data that isn’t already collected. To the extent that the hospital can maintain a verified data source for the Council, it will, but the one-offs are a problem. Amelia Hambrecht said in her work as a public health nurse she’d like to see age breakdowns for the “top-10” lists and would also like to know who doesn’t have a primary care physician, so that she could work with them about that. Susan Pratt said that although these are not diagnoses, it would be important to know about food insecurity, domestic violence, and homelessness.

**New data collection process for Island Health Care, public health nurses and community health workers** – Jim Wollf said that he will be presenting information about a new mobile health app that IHC and the boards of health have been developing for the past couple of years. He introduced the team, including Elaina Faust from Dimagi, Ashley Trickett, Youxuan Wang. Amelia Hambrecht is one of the users of the application. The app will provide real-time data collection, inform public and population health decisions, timely identification of at-risk populations, streamline workflows and documentation for the community health workers and public health nurses, improve staff collaboration, and track patients over time to improve health and social outcomes. The app includes patient registration, screening and follow-up, tracking referrals, individualized care plans, and data dashboards. There are a number of forms built into the app. The presentation included a brief video introduction to the app. Examples of real-time data reports include a problem status report and problem category report, as well as a number of submissions report and an intervention duration report. Real-time population data reports include client distribution by town, client primary language, client age, and client insurance.

Jim asked Elaina to talk about Dimagi and her work with them. Dimagi is a social enterprise and also a certified benefit corporation founded in 2002 in Cambridge, Massachusetts.

**Role of the new SUD Coalition coordinator** – Jared Andrews, MV Community Services, began by introducing himself. He first lived here in 2008 as a member of the Oak Bluffs police department, then was with the Rhode Island State police. There he was a detective in the major crimes unit and the special victims unit. He just met the new Substance Use Disorder Coalition Coordinator – an offer letter just went out to Susan Pratt (a member of the DCHC). He said that Susan reminded him of the advocates he used to work with. He said he knows that he and she can be successful on this project.

**Meeting adjourned at 8:45 am**

**The next regular Health Council meeting will be held via zoom on March 21 at 7:30 am**

Respectfully submitted, Louise Clough, secretary