

**Town of Barnstable
Human Services Committee
Meeting Minutes
Tuesday, April 4, 2017**

Names in BOLD indicate action items.

Present:

Stacie Peugh (chaired today's meeting), Christopher McMillan, Meaghan Mort, Heidi Nelson (recorder), and Jen Cullum, Town Council Liaison

Absent:

Scott Fitzgerald (chair), and Heather Strassel

Guests:

Lisa Guyon, Director, Community Benefits and Grants Administration, and Terri Ahern, Senior Vice President, Cape Cod Healthcare; and Deb Krau, Barnstable resident

Order:

The meeting came to order at 5:03 p.m.

Minutes

The minutes of the February 14, 2017 meeting were approved as written.

Public Comment

None.

Discussion

Stacie introduced the topic of the Cape Cod Healthcare (CCHC) Community Health Needs Assessment (CHNA) and what the data say about the health of the population in the Town of Barnstable. She explained to our guests that the purpose of our committee is to identify issues of focus for the Town.

Terri opened the discussion by explaining that the CHNA is a fundamental element of the CCHC community benefits program. The CHNA is conducted every three years and is intended to guide priority setting for CCHC. An outside firm is hired to help gather state and local data, and to conduct interviews and focus groups. The CHNA is overseen by a Community Health Committee of CCHC, which insures that community benefits funding is in line with the broad priorities defined in the CHNA. Funding falls into three buckets- what CCHC does in the community, what CCHC does in the community in collaboration with others, and community agency programs that are in line with CHNA priorities.

For the 2017-20 CHNA, the analysis falls into four categories- Chronic and Infectious Disease, Behavioral Health, Access to Care, and Disease Prevention and Wellness.

Lisa presented key data findings for the Town of Barnstable that were notable when compared with Barnstable County and the State of Mass.

- Barnstable is the largest town in Barnstable County with 45,000 year-round residents
- Barnstable is less diverse than Mass., but more diverse than Barnstable County
- Barnstable has more (than Barnstable County)
 - Foreign-born residents and non-English-speaking residents
 - Children (percent of households with children less than age 18)
 - Working age adults
 - People over age 65
 - Residents with higher education
 - Percent of persons living under the poverty level and percent people under age 18 living below the poverty level (18%, compared to 15% for Mass and 14% for Barnstable County)
 - Residents lacking health insurance (8%, compared to 4% for Mass and 14% for Barnstable County)
 - Residents in owner-occupied homes and in rental units with housing costs over 35% of annual income
 - Alcohol and mental health related hospitalizations

Lisa added that, for health indicators, we want to look at where Barnstable fares better/worse than the County, but also better/worse than Mass.

Areas where the town data are better than Barnstable County and Mass are:

- Hospitalization rates for asthma and cardiovascular disease
- Percent of births that are low birthweight

Town data for Lyme disease are better than Barnstable County, but the County and Mass. and New England are considered hot spots for Lyme, so this is a serious issue.

The health indicator data show that efforts should focus on Cancer, particularly Breast and Prostate Cancer; Emergency Department Discharges due to Falls; Alzheimer's Death Rate; Hepatitis C; Lyme Disease; and Behavioral Health Visits to the Emergency Department.

The group had a discussion about emergency department utilization and CCHC's strategy to develop urgent care centers. There are now four centers in Sandwich, Falmouth, Hyannis and Harwich. Terri added that the centers not only diverted activity from the hospitals' emergency rooms, it actually grew volume of visits overall. Stacie offered that local businesses should provide education to their employees about appropriate use of the emergency department. Jen said that there should be increased behavioral health services down Cape so that patients don't have to come into Hyannis for those services. This led to a discussion about the four community health centers on the Cape (Community Health Center of Cape Cod serving the Upper Cape, Harbor Community Health Center serving the mid-Cape, Outer Cape Health Services serving the Lower and Outer Cape, and Duffy Health Center serving the homeless and at-risk population

across the Cape), and the services that they offer. Lisa added that \$2.5 million was granted to the health centers to expand substance abuse treatment services across the Cape.

Finally, Lisa offered her list of suggestions for the future focus of the committee:

- Insurance coverage especially for low-income and non-English-speaking residents
- Learning about the services offered by the two health centers located in Barnstable
- Physical activity and healthy food
- Mental Health First Aid Training to first responders
- Emphasis on supporting caregivers
- Cancer prevention, education and screening
- HPV prevention through vaccination
- Recovery support for addiction
- Detection and treatment of Sexually Transmitted Diseases (Chlamydia is on the rise)
- Hepatitis C
- Lyme and other tick-borne illnesses
- Promotion of community-based services for behavioral health

Deb offered the idea of a number to call to learn about various health conditions. Heidi suggested that Beth Albert visit the committee to educate us on community resources for each of the above. Meaghan asked about the recovery coaches stationed in the emergency department at Cape Cod Hospital. Lisa responded that they will be in place within the next two months.

Stacie summarized and asked the group to think between now and our May meeting about what areas we want to work on.

Adjournment

The meeting adjourned at 6:01 p.m.

Respectfully submitted,



Heidi Nelson
Duffy Health Center and Secretary to Committee

The next meeting of the Committee is scheduled for Tuesday, May 9, 2017 at 5:00 p.m.