



Westford Partnership Meeting CHA/CHIP Meeting Notes



Date: January 31st, 2024

Time: 10 am - 11:30 am

Join Zoom Meeting: <https://us06web.zoom.us/j/82400093280>

Attendance

- Alison Christopher, *LICSW for Westford*
- Nicole Laviolette, *Community Wellness Coordinator at Town of Westford*
- Madonna McKenzie, *DEI Committee Member*
- Wendy Gloyd, *DEI Committee Member*
- Gerard Coughlin, *Director of Special Education & SEL at Westford Public Schools*
- Abby Graham, *Assistant Director at Westford Health Department*
- Brittany Nash, *Regional Community Health & Wellness Coordinator at Westford Health Department*
- Gail Johnson, *Public Health Nurse at Westford Health Department*
- Sue Thomas, *Sustainability Coordinator at Town of Westford*
- Jennifer Claro, *Director of Council on Aging*
- Joe Mando, *Quality Improvement Consultant at BME Strategies*
- Erin Nihill, *Associate Public Health Consultant at BME Strategies*
- Ariel Slifka, *Associate Public Health Consultant at BME Strategies*

Agenda

I. Welcome & Re-Cap

A. Ariel welcomed and thanked everyone for participating today.

B. BME gave an overview of today's agenda and provided a recap of the CHA/CHIP process.

II. Stakeholder / Community Leader Survey Review (see slides for data)

A. Rae sent the survey to 40+ stakeholders and community leaders across Westford to get a wider perspective of community needs from stakeholders outside of this partnership here. The goal of this survey was to understand whether community leaders are aware of currently available services related to the selected priority areas and to gather more recommendations for activities and programs that would be most beneficial to the community members that they work with and serve within their organizations.

B. Received 33 results from stakeholders and community leaders, about half of the respondents represented government committees, coalitions, or departments.

C. Discussion of results:

Ariel: One of the questions was “Are you aware of the following resources and services in Westford?” Answers were broken down by CHA priority area - Mental Health Related, Substance Use, Chronic Disease, and Environmental Health

Ariel: Most people were aware or had used services related to mental health or substance use in Westford. A larger proportion of participants were unaware/had not utilized services related to chronic disease & environmental health.

III. CHIP Strategy Development Activity

A. BME led a brainstorming activity to develop and select strategies for each priority area. Google Jamboard was utilized to outline suggested strategies from the stakeholder survey and from the community listening sessions hosted by the Greater Lowell Health Alliance.

B. Mental Health Strategy Discussion:

Sue: I'm shocked looking at this, as is common with a survey like this, and I was reflecting - when I first saw this chart I thought about having a greater focus on the most comprehensive option and then surrounding that with a ring of support services for a particular demographic group. Ideas that might benefit a large portion of the population - devote some resources to cover the entire population and then from there go and target individual groups. The problem has become so prevalent in society and I do not see that changing soon.

Alison: With the work that I do and the work we are continuing to do (with Alzheimers and dementia work) so because there is a senior center and a program through that center - that feels easier to happen or may already be

happening but people who do not know that or see that information may not be aware of that. We have had the police director do informational sessions for scams, DA presentations as well. I think doing more of that is not a super hard thing to do as many of these are already in place. Many of our seniors already access healthcare - so might have to do an extra scan of people who are not presenting themselves to us. Having mobile clinicians to offer free therapy sessions has been really successful while people wait to get connected with counseling / therapy options. Long waiting lists have been an issue for people.

Ariel: Sounds like the infrastructure is in place for support around seniors. Are there any other projects that Westford is looking at expanding? Would it be possible to expand the counseling services from the mobile clinicians?

Allison: Challenge has been funding which was cut. Had to be cut back to a few sessions for people already on a waiting list to get in elsewhere. Has been highly utilized by children more so than adults and elders. It needs funding and we have not had a lot of success with getting that. Shifted around some funds and got some donations but we do not have enough to think about making it a much bigger program. I know a couple towns were using mental health agencies to directly refer clients.

Nicole: Lexington is the only town I am aware of that utilizes that service. They provided short-term services during COVID in their social services department. But I think that is no longer a thing - they would contract out. The current mobile clinician service funding will likely get us to maybe fall or winter. Most of the referrals come from schools or pediatrics offices, referrals go down in the winter. Almost every referral is under the age of 21. I know we're looking at contracting a regional social worker - could that person fill in mobile clinician services? I know

that was a piece that was explored - not sure if that is still on the table. That person could offer support groups bi-weekly or monthly. For example, Chelmsford does this with an anxiety group.

Allison: My understanding is that they haven't yet created that job description.

Jennifer: Mobile clinician position with Lexington - when they were doing their RFP, it was up to the resident to use their insurance with the clinician which is a little different than our structure. With not knowing what that position will entail - that could be another structure that supports mobile clinician and helps cover costs.

Allison: That's a great idea. 99% of referrals for the mobile clinic have insurance but are waiting to get in at other places. Our current mobile clinician is not set up that way so if someone was able to accept insurance that would be a great way to lower costs.

Gail: ARPA funds are going away. We're always finding short term money. We want all of this to maintain and sustain all of these programs and it is getting very complicated to figure out where funding is coming from to keep these things long-term. It is very hard to hire and keep them.

Allison: The mental health issue is an availability issue not an insurance issue.

Gail: Too many waiting lists, not enough social workers, so people wait and wait and cannot get seen.

Joe: Proposal is to expand counseling options that are free and accept insurance and under that we include the mobile objective; 1: Develop capacity to secure grants. 2: Increasing demand for service through communication; 3. Increase capacity: adding Health Department social worker; 4. Explore the option for the mobile clinic to accept insurance. If we do those which is specific to service delivery and then one

activity specific to support groups - so those that cannot be accommodated by service delivery they can receive support through the group.

Jennifer: On support groups, Cameron Senior Center offers a lot of support groups all at no cost. The people that utilize our centers, I am thinking there might be people within the community that might want to help with these support groups so how can we best support them and find out what their strengths and willingness to help may be? So maybe some outreach - figuring out how we can identify certain administrative needs possibly through volunteers.

Allison: In the past we have had success at the Senior Center with offering mental health clinicians coming in to offer informational series - have done that through grants. I could envision a way that could be done with other populations, DBT groups for kids, more general types of introductory lessons/training while they are waiting for other services.

Jennifer: Communication between departments and sharing of resources and coming up with strategies and trying to get everyone on the same page - Brittany helps do that and facilitate that. I think it will be key that we figure out how all are working together and understand what everyone is doing.

Gail: Schools are different in terms of structure & style for younger cohorts and then the Senior Center, harder for certain people to attend certain groups/sessions. We all need a commonality but offering it to not just seniors, or not just kids. It is an every-body problem. This CHA/CHIP we can't do everything we want but we need to reign in what we can do, find strength in what is actually capable.

Ariel: We want to work on impactful but also feasible things. We will meet in a few months to actually kickstart these ideas so we can hash out details then. This is



more to start these ideas, see what people are aware of, see what pieces we can focus on.

Nicole: Thinking about a new resource (regional social worker) - and how to utilize that best. Can we utilize someone that is onboarding - for clinical components you would need certain degrees/certifications but then also having this person with detailed expectation for this CHA. Can this person be in-line/guided by all we are speaking about today? In terms of communication between departments - continued effort and overarching goals so we know what everyone is doing.

Gail: This social worker is for all 4 towns (we only get this social worker in Westford 9 hours a week) so if we are thinking all of these ideas are doable for a 9 hour position we may need to rethink that. We are sharing this position.

Ariel: We will need to discuss how we even want to prioritize within these little potential strategies in our next meeting.

Wendy: I have experience working with LGBTQ community and I recently did work with Trevor project (chat, text, call for youth in crisis) and learned a lot through training for that & understanding issues for youth and need for deescalation. Also literate with adult concerns, part of the DEI committee, keep up on making sure we are representing that portion of the Westford community. Looking to be a resource for people bouncing off ideas, or sharing information, help where I can and help represent the LGBTQ population in Westford.

Jennifer: Appreciate you speaking about that, we have so much talent/experience as well and need to figure out how to channel all that to be of value and strengthen the initiatives. It is all about communication and bringing people together. Could be a big piece for us to identify people that can train and have that experience.

Ariel: Wendy, it's possible you would also have other contacts we could utilize and have this snowball out with potential partners.

Brittany: Would also be helpful to create a roadmap (call 988 this is why, call Trevor this is why, etc.). Group can come up with another resource guide: if you call this, it leads you to this & why. What does this look like for all of the organization from local to national - a guide of what they will ask you, etc.

C. Substance Use Strategy Discussion:

Gail: Chelmsford does a karaoke night where they only serve non-alcoholic drinks, etc. Would be great if restaurants could highlight the mocktails and non-alcoholic options.

Brittany: Chelmsford Health Department started it. Nicole was saying earlier - they have a grant so lets build on what is free, already out there, nearby. We can think about what other communities are providing that are free to access.

Jennifer: The Senior Center offers AA, NA, women's groups - it is for everybody. Can't say that is widely shared throughout but I know we talked to groups about advertising.

Brittany: You get those lists, etc. when you are in it - so beforehand what resources do we have to offer?

Jennifer: I don't know how much is done to really get the word out there. I am not sure of the usage. Just trying to see what our vehicles are to communicate and get the information out - what can we do differently to get this out?

Gail: This is the theme across all of our topics.

Allison: Where do the flyers/information go so that people actually see and we get their attention? Figuring out where you put things.

Gail: Most people probably don't know much unless it is relevant to their life. Things are posted in newsletters, etc. So if you are not a senior, you are not looking at the newsletter. I put information into the school bulletins that get sent out through the school district.

Nicole: What was the timeframe that this is being finalized?

Ariel: For the CHIP plan? Over the next couple months. Today is brainstorming and we will reconvene to talk specifics.

Nicole: The town is launching a strategic plan - there is a town wide community survey that incorporates some of the stuff we are discussing (how do people receive information) but maybe that can be incorporated as a tool. Committee is creating their goals and some of this is similar so maybe they could be added as support. Town received opioid settlement funds so a piece is getting feedback from those with lived experiences in conversations - trying to get more feedback so we will be launching a survey (with Zencity) within the town's strategic plan. Will probably wait until February but can be incorporated as a tool.

Ariel: Very helpful. Good basis for things that can be incorporated into this plan.

D. Chronic Disease / Wellness Strategy Discussion:

Gail: I don't really have ongoing programs for chronic disease - a lot are one time things. How do you address all of these?

Jennifer: Sometimes there is not a lot of new information at the Senior Center events so it's hard to get people to attend. Maybe having new things/doing something different could be helpful. In terms of food programs the Westford food pantry is open twice a week (Wed & Sat) if a family is in need they are connected to resources via town social workers.

Gail: Medical Reserve Corps is a group of volunteers who are medical & non-medical who would be instrumental and 100% on board to deliver meals to homes or people who are seeking that from the chronic disease point of view. We can gather volunteers to deliver meals - they did a great job during covid. Using them as volunteers to help out in that aspect would be great.

Allison: Food pantry has not had capacity to deliver so it usually comes to me if there is a family or individual who can't get there and needs food dropped off. We do not widely advertise (more as needed) so if that is something we want to expand and give opportunity for food to be dropped off if it is advertised as MRC to drop it off and do that.

Gail: Since they are volunteers, it is hard since we are talking about consistent tasks - so is it a group of people?

Allison: If we pursue this, we would pull from a larger group of people. In the past we had a senior group sign up for once a month drop off - so maybe something like that.

Gail: I think that is possible.

Jennifer: I think the key is the cost - is this something that we can pass to the churches? But then you have to look into ServSafe for preparation. How are we getting these meals, who is paying, etc.

Allison: This is more so delivering the meals from the food pantry - not actually making the food.

Gail: So if a volunteer came to the food pantry and picked up a box of food to deliver - would someone be at the pantry to make the box?

Allison: We could look into starting that - I would imagine the food pantry would support that based on what they have done in the past.

Allison: Annette has been doing wellness series at the senior center by pulling at local resources who will come for free and talk about a range of issues. So if there is anything that really is attractive to the seniors - so it would not be too hard if you want to offer things like that to the general community - but is there a desire for that?

Jennifer: We do not need to create more work that is not needed.

Abby: People can look up videos on YouTube and so creating wellness programs may not be the best use of our time.

E. Environmental Health Strategy Discussion:

Gail: We have been doing vaccination clinics and have a health fair.

Jennifer: Looking at Greater Lowell Health Alliance suggestions - I do not really see any of those as priorities.

Sue: Emergency Planning folks in town have resources for what to do in an emergency so maybe more a matter of communication with that staff and then being able to share that with the community. Healthy Lakes and Pond initiatives might get cut from the budget which would be distressing. It's an existing program that already gets people to think about how their behavior impacts their water - a program that already exists and could be built upon. It is all about connecting existing initiatives and leveraging what is already there and getting it out to people. In this budgetary environment, I'm not sure if this is accepted by enough people to be a main priority for health issues. Expressing frustration that it will cause issues down the line but not sure how to fund and leverage it now.

Gail: I got a meteorologist from Boston NBC. He came out in September and spoke to a nursing group and he is going to come out again on February 20 (Stony Brook Auditorium) to give a presentation on health impacts of climate change (referencing vector borne diseases, tick borne diseases, pollution & asthma). I put flyers out to the

website, library, facebook, Council on Aging. In terms of infectious disease, I was involved with a lot of the information for covid (making calls, putting information out). I do try and put things out but it is hard to know who is looking at it or where to put it.

Abby: We are working actively on PFAS - currently a priority of the department. We have limited funding and are working on that. Looking to map that and work with the water department and we are going forward with the current PFAS plan.

Gail: MRC has a fall risk initiative (resource cards and snow brushes for fall risks) delivering that to homes which is an ongoing initiative.

Sue: In my monthly newsletter, I try to share information about plastics and link that back to what households can do to limit exposure and usage - try to do that in a laundry list of what to do type of way based on what I think people will be doing in their household in that time of year to link their behavior with potential impact on overall water and air. Unsure of the impact of that effort or size of the group that is paying attention but that is something I am doing. We all need to work together to educate on cause and effect and responsibility they have for health outcomes.

Joe: The strategy could be to develop and deploy a health communication strategy targeting specific populations at specific times.

Sue: Thinking of tangible things to show people/give resources.

Jennifer: I like the seasonal articles from Sue that we can all include in our newsletters. We are doing better at utilizing information from others and updating with new information.

Madonna: A lot of people who don't know what the town has, what the town is doing - how do we get this information out? Not all seniors can/do use computers or watch

tv. How do we make it happen that people get this information? And show them where that information exists, how to access it?

Gail: Twice a year we would do a newsletter from the health department and send it to every home and we realized we could not afford it - putting information into tax bills costs money.

Madonna: Information that says if you have questions on this - where do you go to find it? Providing numbers for people to seek information and ensures they will get the information on where to go if they need something. List topics and numbers of where to get different information from. Not taking too much space.

Jennifer: If people knew to call town departments because they can redirect people to resources they need.

IV. Next Steps & Future Planning

- A. **Community Health Assessment:** By the end of February, BME will finalize the Westford Community Health Assessment report and send it out to the partners for review in early March.
- B. **Community Health Improvement Plan:** BME will develop a tracking dashboard specifically for the strategies selected by the partnership today. Each quarter, the partnership will reconvene to review activities and evaluate the progress of the implementation of the strategies. Next review meeting will be at the end of April.