

# AGE-FRIENDLY COMMUNITY SUPPORT AND HEALTH SERVICES MINUTES



**Date:** 03/17/2020

**Time:** 9:00 a.m.

**Facilitators:** Terri Hansen and Ayse Tokbay

## In Attendance

Michelle Millican

Amy Spanier

Ayse Tokbay

Manuel Evangelista

Carla Johnston

Jim Gutman

Jim Sanders

Mariann Ritacco

Alice Triplett

Karen Basinger

## Approval of Minutes

Not in the recording

## Announcement

- **Next meeting, will be a WebEx video meeting. If you have any concerns, please contact Ayse Tokbay.**
- When doing an audio meeting, it is a little bit harder to take visual cues to see if someone wants to speak. To keep things moving in an orderly way and ensure everyone gets an opportunity to chat, please allow Terri and Ayse to move through the agenda; as we talk about each item, please allow us to finish. Once we are done with each agenda item, we will then open it up for everyone to share their thoughts. We want your interaction since we are all part of the same workgroup.
- Ayse asked if anyone had any questions so far. No questions were asked.
- Terri Hansen asked if there was anyone new to the group who has not been at the last two meetings. Everyone had attended at least one of the past meetings.
  - Terri Hansen let everyone know we are still looking for a co-chair to work with Ayse Tokbay, someone who is not a county employee, but rather from the community. We had talked about that at the last meeting. The responsibility of the co-chair is to work with Ayse to come up with the agenda and keep the workgroup on the tasks at hand.

- Terri Hansen is still involved, coordinating with the group leader to keep each of the groups on task. All the workgroups need leadership. Without leadership, Ayse Tokbay and Terri Hansen mentioned there two options for the workgroup:
  - **Merge with another group.** There did not seem to be any other domain that made sense to work with.
  - **Do not have this workgroup at all,** which leaves us without representation within the action plan to address Community Support Health Services.
- Terri Hansen asked the group how they felt about not having anything in the action plan over the next 3 to 5 years as it relates to Community Support and Health Services. She said we do want to have this be part of the action plan and she is aware that the workgroup members are interested or would not continue to be involved in meetings. She encouraged anyone interested to think carefully about coming forward to assist with that leadership.
- Anyone who is interested can speak to directly to Terri Hansen or with Ayse Tokbay about what working with Ayse would entail. Call or email Terri Hansen after the meeting to discuss. The workgroup was asked if there were any questions regarding the co-chair vacancy. No answer from the workgroup.
- Terri Hansen moved on to some old business and provided updates:
  - The survey has concluded; more 3,300 surveys were completed – we are pleased with the numbers.
  - The analyst for the department is working on the analysis of the survey results.
  - Preliminary results show that they are not as representative of the larger community as we would have liked. Respondents included:
    - More women than men
    - More highly educated
    - Caucasian over minority
  - We will wait to see if the survey results are representative from a statistical standpoint.
  - We do have a fair number of representations from the Korean community who participated.
  - About 150 surveys came through St. Johns Evangelist church, representing the Hispanic community. Those who completed surveys tended to be younger individuals, which was interesting; we will see if that changes the overall results.
  - It will be interesting to see if having some younger folks in the mix changes the median age, etc.
  - It did tend to be more older folks who did the survey even though it was opened to anyone over 18 and up.
  - You will be getting the full report within two weeks with the results. It will be a substantial report, with plans to be distributed by the end of March.
  - This will be followed shortly thereafter by a report of reports, which is essentially a compilation of the many reports that have been done over the last several years:
    - Columbia Association – 2014 (for older adults)
    - Department of Community Resources and Services – 2015
    - Information that we can get from the Library’s listening sessions
    - Information from the Trans Development Plan - Bike Howard, Walk Howard.

- A variety of large-scale reports and surveys that have been completed in Howard County over the last 5 to 6 years.
    - This will help to develop a core of information, so that we are not just basing the recommendations for the Age-Friendly action plan on one survey of 3,000 people.
    - Research that you have been able to do in a 6- or 7-month period.
    - Information that has been gleaned from a variety of reports.
    - That information should be available in early April, if possible.
    - A lot of information will be coming to the workgroup, local information which extremely specific.
    - We will talk about what information the workgroup has looked at later in today's meeting.
    - Be aware that much will be coming to the workgroup to review, so the workgroup will have a lot of homework to look at between now and the next meeting.
- Terri Hansen asked the workgroup if there were any questions as it relates to the survey or the reports that are coming out?
  - No questions were asked
- Listening sessions that were planned for April will clearly not be happening due to COVID-19. At this point, it cannot be determined when they will happen.
- An article about the proposed listening sessions appeared in Department of Community Resources and Services' 50+ Connection publication within the Beacon newspaper. The article's wording was changed to reflect the hope that the sessions can be held later this spring, but left intentionally vague as we do not know when the sessions will be held at this point. People are encouraged to check the Age-Friendly Web site for updates. No focus groups or listening sessions have been rescheduled at this point.

## Discussion

- Moving on to the next item of the agenda.
  - Ayse Tokbay talked about establishing protocol for how to conduct business and coming to an agreement about our code of conduct with one another at meetings.
  - Talking with Terri Hansen to get some ideas what other workgroups are doing, and ultimately come up with our own protocol for meetings as a group.
  - Things will to be different using the WebEx. Moving forward using WebEx for the next meeting, the hope is there will be a co-chair, and that we will be able to sign on to a separate computer and enable the feature to type in questions to the group. That should help us function well remotely.
  - Do we want to talk about when we can reconvene as a group, or push it down the road for when we do reconvene in person?
  - Also talk about whether email is adequate. As Ayse Tokbay sends things out it will be through email instead of coming from constant contact.
  - Is it okay to reply all or should it come just to Ayse Tokbay and/or the co-chair and they will decide how to filter that information out to the workgroup. Or is there another preferred way to share information?
  - Terri Hansen mentioned that Manuel Evangelista had set up a Google.doc for another group to share information.

- Not to blame the current situation but will need to get clearance from County admin and IT as to what is allowable regarding acceptable ways to share information; at this point this is all taking a backseat to the COVID-19 situation.
- Ayse Tokbay again asked the question whether we want to discuss how we want to interact with one another when we are back together or do we want to wait until that time.
  - Jim Sanders stated that we already have structure since we all have committed to this group and to be at the monthly meetings and get a report done by the end of the year. We should continue with monthly meetings and figure out a way to collect information between months.
    - Alice Triplett agreed because you lose continuity if you do not stay on top it once a month
- Ayse Tokbay suggested when emails are sent out to not reply all, just reply to both the co-chairs, and then we will find a way to share with the group, as the emails can become cumbersome when replying to all. Does anyone object or have any suggestions? For now this will be our form of communication until we are able to come back together.
  - Jim Gutman agreed completely and not use the reply all you then get a ton of emails that you do not need.
  - Alice Triplett also agreed
- Does anyone else have anything else to say regarding not using reply all to emails? When we are communicating via email, instead of replying to all, if you have something you want to share it should be filtered through the co-chairs.
- Ayse Tokbay wants to mimic that with the information sharing. If there is information you want to share such as documents, materials, resources, or links, look into a common spot to post them that the workgroup can access, such as Google.doc. If individuals can place their information there, they will not need to send out multiple emails. Again, just send the information to the co-chairs and then it will be placed in the shared document.
- Terri Hansen mention that Manuel Evangelista had planned to create either a google.doc or a one-drive for another workgroup. Terri Hansen was unable to get back with Manuel Evangelista regarding the google.doc versus the one-drive; no final decision was made.
- Manuel Evangelista believes he created a google.doc for the workgroups but has not updated everything. He suggested he could put in the chat room what he currently has but has not been updated. Terri Hansen said she has not been able to get confirmation from the County as to whether we can use one-drive versus google.doc due to the current situation.
- Jim Sanders stated that he is leading the Civic Engagement workgroup and established a google.doc for that workgroup but did not engage the County in that. It is just a question of opening a google.doc account – people use their existing account access or set up a google email.
- So, Jim Sanders vote is yes, since Manuel Evangelista has already set up google.doc for two other workgroups. Google.doc is easy to do and does not need County IT to set it up.
- Terri Hansen asked the group if everyone is comfortable with setting up Google.doc and using their existing email account.
  - Michelle Millican is good with the google.doc
  - Alice Triplett has no clue how to setup, but she is sure someone can help her.
- Terri Hansen asked the group if anyone has concerns about setting up a google account or does not want to do that?

- Everyone was okay with using google.doc.
- Terri Hansen and Ayse Tokbay will get with Manuel Evangelista to help set up a google.doc and then will send the information to the workgroup.
- Ayse Tokbay asked Terri Hansen what would be stored in the google.doc, i.e., would the minutes be kept there? The minutes and agenda will be on the Age-Friendly website page. Google.doc would be a place to share articles, etc., with the group.
- Ayse Tokbay asked the group if there was anything else that the group wanted to address in going forward with the meetings and the conduct of the meeting?
  - Jim Sanders stated the group needed a work plan and said if we need to get something done in nine months we need to get started.
  - Ayse Tokbay responded that she wanted to establish first how we are going to interact and share within the workgroup first.
- Ayse Tokbay moved on to the next agenda item which is the homework that was assigned last month.
  - Terri Hansen had asked the group to look at other action plans on the AARP Livability Communities website to look for ideas and plans that other communities have done. What kind of ideas were recommended, what suggestions did they focus on or what did they want to accomplish?
  - Terri Hansen also said the other piece of the homework was
    - Where our focus should be?
    - How do we address something as big as the Community Support Services?
    - Tell us what you read or what you saw?
    - Where do you think that fits in Howard County?
  - Jim Sanders talked about Montgomery County.
    - Montgomery County has been doing Age-Friendly for 8 years. In the final plans and the supporting documents, they look at aging services, housing, and health needs. They work in all three areas, so I liked when they did an aging community analysis, they looked at social determinants as housing relates to health services. They analyzed what the needs are in aging that relate to isolation, access to assisted living, and services in the home. I can search the URL for Montgomery County. There is an overlap of housing, but I think clearly one of the outcomes of this study needs to be how do we support the grey area, where we have an acute health care system and we have a housing system but there are many steps in between.
  - Ayse Tokbay stated she looked at quite a few to get a broad feel for different things. One thing she noticed was a lot of people did not stick to the 8 domains, some of them changed it, did not include some, or called it something different. But a common theme that she noticed is that whatever they called it, they tended to focus on information sharing.
    - A good first step might be to find ways to let people know of the existing resources.
    - Ayse runs a program about Medicare counseling and education – important to get the word out to people so they know what is out there.
    - She noticed that is what a lot of other places focused on, something that resonated with her.

- How can we do that and how we can pull the various parts of the community together so that we are all contributing to that?
  - Ayse asked if there were any thoughts or questions:
    - Jim Sanders is on the Communications and Information workgroup and that is what his workgroup is worried about as well.
    - Jim thinks the domains of health services is all related that is one of the changes with this whole methodology. A good example of health services is what is happening right now with the acute virus, do we have adequate ways to provide services to those that are in need? A lot is in the public health field, but we know that the needs of the aging community may differ from the general population. Do we have a way to find people that have needs and do we have adequate services to help support them?
    - Feels we should go the public health approach.
  - Amy Spanier said she appreciated what Ayse Tokbay mentioned earlier about communication because if people do not have the information then you have not completed the job. Communication is something we should be able to tackle, but there may be broader institutional things that are very hard to change. She believes the communication part should be integrated as well.
  - Michelle Millican said she would like to see an improvement on how housing is communicated; it is not just information, it is the analysis of the information. So, when the public is in a crisis, they do not have to think too hard.
  - Ayse Tokbay asked Michelle Millican you do not have to turn into a detective to find information, we need to make it easier to find. Was that what you meant?
  - Michelle Millican answered easier to find, related groups that would support them.
  - Alice Triplett said if she is understanding what she is hearing, that she was in a health crisis for about four years and did access MAP, and found not having a personal advocate, she was overwhelmed by information. So not sure how that would be answered because when you call MAP they are wonderful, but while they give you resources, unless you have an advocate the whole process is overwhelming to try and get help; not sure how to resolve this, but how information was shared was critical to myself.
  - Terri Hansen shared that was an excellent point and was not sure she saw a lot about it in the places and the plans that she looked out. That would be something we would want to add.
  - Ayse Tokbay also agreed, that she does notice people get very overwhelmed with information and liked what was said about being in a crisis situation when you have bigger fish to fry then having to muddle through all the technicalities.
  - Ayse Tokbay asked if anybody else had anything to share?
  - Ayse Tokbay asked if anyone had looked outside of the action plans or wanted to share any other resources that they feel would be of interest to the group?
- Ayse Tokbay brought up the next agenda item which is about forming a vision statement for our group. A vision statement is a little bit different from a mission statement. So, when we talk about a vision statement, it is what we envision for the community versus a mission statement which says how we would achieve it.

- If I were to create a vision statement it might be something like I envision that all residents of Howard County are able to access and navigate so that they are living healthy lives within the County. A vision statement is kind of a board thing; it is the vision you have for the people living here versus how we can include specific action items or how we intend to do that.
- Terri Hansen asked is that aspirational? Answer was yes by Ayse Tokbay.
- Ayse Tokbay asked if the group would like to take a moment to talk about what is our vision? What is our aspiration as a workgroup? What is it that we feel? What vision do we want to create or bring to life as we work through this?
- Terri Hansen said this is for this specific workgroup not for the entire Age-Friendly concept.
- Jim Sanders said we would aspire to have affordable, accessible health care services for the 50+ community. The key words are affordable, accessible, and that plays out to the hospital, we would like an aging-friendly hospital. We know that the hospital is inconsistent in terms of the speed in which emergency room services are delivered, so we would like the hospital to be more responsive to the aging population. We would like there to be more accessible services in the community. We know that there is a scarcity of certified geriatric positions. We know it is an acute scarcity in our community to find a doctor and to find a doctor for specialized needs for the aging community even though were though we are 20% of the population. We would like health care services to be relevant to our community. And we would like it to be more diverse. We know that different communities have health care needs. Our aspiration would be that our health care system is inclusive and that we appropriate access to services and skills that promote inclusiveness.
- Terri Hansen asked if there were any other thoughts from anyone else. So, we have specially trained, knowledgeable, accessible, diverse, affordable and age-friendly health system. And a health care system that is responsive to the aging population. She used the words health care system to be above and beyond the hospital.
- Jim Sanders said that we do not want it to be just about the hospital but we do want it to get better, since we are heavily dependent on one hospital.
- Terri Hansen said while Jim Sanders' focus is on the hospital, she would suggest considerations above and beyond the hospital. Jim Sanders reply was we do not want to let them off the hook. Terri Hansen agreed.
- Terri Hansen asked if there were any other thoughts.
- Michelle Millican stated that we only mention the aging population and that the vision statement should be all age groups.
- Terri Hansen is turning that question back to the group. What do you think?

- **Jim Sanders** thinks when you look at the other reports on the Age-Friendly website most of them deal with the 50+ population. While it is true that what is good for an older adult is good for a younger one, it does not always work. His view is if we are going to create a report about Aging-Friendly we should start with the population we understand and then make the argument how those benefits will help others as well. We ran into this issue with the Hospital; our arguments with the hospital is we have to reduce wait times and there are best practices in emergency room methodology appropriate to aging. The hospital's response was that they are going to implement best practices for everybody. While we understand the elderly population is different, we think we are best able to do that for everybody. So, what happens is you reduce focus.
- **Alice Triplett** would agree with Jim Sanders, as a volunteer in the emergency room for 20 years. If you speak to people who are aging, she thinks whatever we do for aging folks in the emergency department could be applicable for other people whether getting a blanket to make sure they are comfortable or a pillow to sit on in the wheelchair, there are so many ways in how you talk to them. The hospital tried to push for a geriatric department or area (currently have pediatric department) in the emergency room - it did not go that way.
- **Ayse Tokbay** agrees with Jim Sanders in the sentiment that what is good for one age group is good for all. Even if you are saying there is a scarcity of geriatricians, that impacts the whole family if you are trying to help take care of mom and you don't have someone who specializes in her needs, that is a lot of wasted time and resources and results in frustration and an emotional toll on the whole family.
- Feel like the answer to everything is how you choose to look at it. Even if our focus is on the older 50+ population we can be creative enough to come up with supporting information that says how it will benefit all. Also feel very strongly about people feeling empowered as was mentioned before.
- The health care system and insurance is very complicated and when coupled with what people go through during illnesses or when you're a caregiver who is working full time then coming home and taking care of an older adult, or a family member of any age, or you have no one to take care of you, the system is hard to navigate and people end up having compromised services , or don't get the services they need because they do not know the rules of the game.
- So in my vision people are empowered to know how to self-advocate or find resources for advocacy so that they are able to take advantage of available resources or know how to speak up and say this is not right and fight for what they deserve.
- **Terri Hansen** said she thinks it was Alice Triplett who also talked about when you are not in the position to advocate for yourself, you are not empowering yourself and you need an advocate to navigate for you. We need to empower the individual and/or the advocate. Feels empowerment needs to be in there.
- **Alice Triplett** agreed with Terri Hansen and said even when you have an advocate in my experience in the emergency department people coming in with family or a friend feeling powerful enough to go up and be able to say my loved one is not doing well is very intimidating, so how do you empower the advocates? Teaching people how to advocate is another factor in that.

- Terri Hansen said that while what we are talking about may not be included in the vision statement, it is helping us, and the concept will come out in our recommendations. Needing to educate people on how to advocate for themselves. Can hear you speaking to that and that already being an action statement. If you have not already written it, I suggest you write it and figure out how we are going to do that. Because you are right - how do we teach people to advocate and feel empowered and be effective in working with medical personnel in a productive way? And how do they educate themselves in a way that they can speak effectively. And how do we help medical staff to work better with patient and family members?
- Ayse Tokbay asked if anyone else wants to share?
- Carla Johnston wrote, Health and wellness educates, empowers, advocates and ensures knowledge when working with the healthcare system.
- Terri Hansen added we are really addressing health and wellness advocacy for individuals in the community and help people.
- Jim Sanders added to be inclusive we are not talking about just the traditional healthcare system, Howard County is one of the largest hubs for alternative education with MUIC, we have more alternative health care professionals in this community. Howard County and Boulder are the two epicenters for alternative health, it is one of the few places you can train in alternative health. He thinks the optimal aging healthcare system encompasses respect for acupuncture, nutrition therapy. Many people that are practitioners and clients of that view. Our vision needs to be encompassing and not restricted to traditional healthcare systems.
- Amy Spanier added we do not need to go to assisted living arrangements and options or does that border on the housing issues.
- Terri Hansen said that is one of the duties of the Age-Friendly initiative - there is no beginning and end; it all merges together. She added that Amy Spanier brought up a good point - is it nursing care or medical care? It is yes to both.
- Amy Spanier then mentioned where does the Aging in Place fits into our action plan or should that be left to the Housing committee? Do not want to run the risk of neither committee addressing that issue.
- Terri Hansen said that is a good point and want to throw that out to the committee. If you look at the original definition of Aging in Place versus I try to say aging and community but you look at aging in place and the ability of people to live in their own homes and modifications that need to be made so that people can remain in their own homes as they age. Sometimes there are structural changes necessary and they are usually due to changing medical and functional needs which is complicated; health care changes may or may not be aging in place. So when we start looking at aging in place it brings up a good point, some of it is exactly health related issues because there functional issues and so as we are looking at our vision and I go back to some of the work that has already come out we are more talking about happening outside of the home and not talking about how do I live in my home? Think about that.

- Jim Sanders thinks the real gap is when you need assistance, family caregivers are one level, the next level is religion and community members and the next level would be agencies. That is hard to navigate; the quality of agencies work is inconsistent, and we need to find a more developed way to get caregivers to come into the home. We would like a better work force from the agencies; the quality of care is very inconsistent, and the cost is exorbitant. There are challenges if you age in place and need assistance in the home. And the challenges are often about caregivers. That clearly needs to be part of our concern.
- Karen Basinger wrote in how we communicate or advocate for older persons is the same whether we are in the hospital, assisted living or wherever you live; it should be the same.
- Carla Johnston said as a nurse practitioner, everything we said should include all healthcare intervention.
- Terri Hansen read some comments from the chat room. Let us not forget about having adequate food and nutrition - without this, overall health is compromised. We did not address that either.
- Terri added that food and nutrition belongs somewhere in our vision statement because that is about community as well as health services. It is community service and it addresses our overall health. If we can fix this, we will have COVID-19 fixed in 10 minutes. And we know that this is all a process.
- It would be advantageous if 2 or 3 people work with Ayse Tokbay and to hammer out the vision statement with all this information and come up with a draft statement. Let Ayse Tokbay know if you are interested in helping with that. We have a lot of good information here. While we have not narrowed it down, we certainly looked at the universe of what community and health services does in our workgroup.
- Ayse Tokbay moved on to wrap up and talk about what to look at for the next meeting.
- Terri Hansen sent out a document with the agenda and it was from one of the workbooks for health services and communities. It is a worksheet with different action items. Page one says volunteerism for people of all ages. It is a good document with resources to look at; ask yourself some questions, like does our community have or meet these needs? And the worksheet asks for each item, is it:
  - Adequate?
  - A priority issue?
- Terri Hansen added that this is an asset and a way to look at it as individuals in our community. This is a basic blue print; in theory, you take this and walk around your immediate neighborhood and say I don't have a grocery store within 3 miles easy walking distance - for me that is okay but for an 80 year old neighbor not so much. Depends on how we answer that:
  - Is it adequate, yes for some people, but not for others?
  - Is it a priority issue?
    - Yes, depending on how we address that, does there need to be a grocery store within walking distance for everyone?
  - What would our goals be around that issue? Then you start getting into transportation to look at, not get caught up in one thing.
  - When we start to look at these individual assets, it helps us to focus on some of the possible positives that a community can have from a health service community support point. Number 3 is probably the most meaningful.

- Does the community where we live have these things?
- Do we educate people in general as to where they are?
- Do we have consistency across the County?
- Are they sensible and affordable?
- Are they available to people across the diversity of our population?
- If I speak another language, am I going to be able to find a practitioner that will be able to serve me in the best health capacity?
- If we think about the vision that we are coming up with, we need to really look at assets, and questions on page 3 as it relates to what we want to get to. That might help us to figure where we want to focus first. Knowing that we are not going to write 3,000 action steps to fix everything in the first 3 to 5 years, we are going to have to prioritize. I know that is one of the things that is broken.
- Ayse Tokbay can wrap the next meeting session with power points, reports. Part of that is going to come out of looking at what has already been done in the prior reports, the survey and what respondents sent to us. What is realistic? We want to have some goals that we can accomplish; aspirational is great but we need to have some wins, we need to focus on some realistic things, things that are measurable. We do not want to write goals that are immeasurable.
- Jim Sanders thinks it is a good diagnostic that there are some things that are more important than others.
- Terri Hansen asked does it help with what you spoke about at the beginning to help us develop a workplan?
- Jim says it works for him. We need to create some structure, so this is a good entry point.
- Ayse Tokbay said, as Terri Hansen mentioned, we are also going to get the survey results and we will have other reports to look at between now and the next meeting. There will be a lot to digest and process, and hopefully some information you volunteer to help create the vision - we can share that as well. Now we are starting to get all these different moving pieces coming in to inform us what the public and others have done. Hopefully, we can take this big thing and help home in on more specific aspects of it. As we look at this information, we can say what it is that the community is giving back to us or other practices or things the various organizations' reports show us. How can we align these with what we envision? Hopefully, in some situations we will not have to recreate the wheel, identifying where the gaps are and where we need to focus our efforts to fill in those gaps. The plan for the next meeting is to take all this information and try to put somethings together.

### Homework

- Look at the reports that you will receive in the next couple of weeks.
- Think about some goals that you envision for this workgroup.
- Next Meeting - 04/15/2020 – 9:00am – WebEx (invitation will be sent out before the meeting)