

ATTENDEES

Jim Novelli, DBH, Heidi Eisenhour, County Commissioner, Sheriff Joe Nole, Dunia Faulx, JHC, Miranda Nash, Jefferson Transit, Chief Troy Surber, PTPD, Nancy McGonagle, SHIBA, Lori Fleming/John Nowak, CHIP

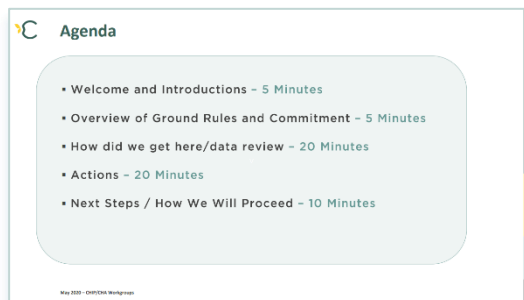
Not Present: M. Winters, Avamere, Pete Brummel, EJFR, Anna McEney, JCPH, Heather Freund, Dove House, Laura Cepoi, DSHS/O3A.



Links: Meeting [Video](#), [Slides](#), Notes. Also note you will find [Resources and Strategic Framework package at this page](#). Please note that meeting materials for all the 2021 CHIP age-band groups can be accessed from the [Behealthyjefferson.com](#) >> [CHIP 2021 Update page](#), and the Senior-related materials can be directly connected to at the [Senior Workgroup](#) page. Check there if you unexpectedly encounter a broken link to any of these resources. This area of the website is still under construction, but there is content there now.

Also check out [SAMHSA's 4th Annual Older Adult Mental Health Awareness Day Symposium will take place May 6, 2021](#).

MEETING OVERVIEW



The Senior Age Group is one of three age-band groups that will review the Jefferson County Community Health Assessment and prioritization work done at the close of 2019, and develop goals, actions and metrics that will lead to health outcome improvements for County residents.

John Nowak led the group through the setting of ground rules, reviewed relevant highlights from the [2019 Community Health Assessment Report](#), and outlined how the group will proceed. He highlighted CHIP's intention with all the age-band related CHIP workgroups to support, deepen and expand the work done by the [Intergovernmental Collaborative Group \(ICG\)](#) that work to galvanize cohesive efforts and strategically distribute emergency COVID-related received in 2020. (See [meeting slides 20-27](#) for an overview of where the ICG work weaves with what we'll be doing in the CHIP Age-Band Work Groups.) The ICG work generated general consensus priorities from the six community groups and the four governments which are summarized in [the COVID-19 Recovery and Resilience Action Plan](#). While some projects are immediately implementable, and have identified funding, others are still aspirational, and outside the capacity of local governments to

fund. The ICG has stated it is working with the state and federal governments, and the four local governments and local non-profits to identify opportunities to bring in outside funding to advance the goals in the Recovery and Resilience Plan – and we are energized at the possibilities for Jefferson County for which the ICG has set the foundation.

DISCUSSION

- The two priorities shown in the slides included 1) preparation for aging populations and 2) strategize a community-wide advance plan. These are more of a roadmap, as opposed to goals this group must act on. John explained the conversation at that time centered on developing infrastructure to help seniors keep active and at the most independent level possible for their state, (ie. keeping those seniors not in assisted living, living independently for as long as possible in their native environment; those in assisted living out of long-term care facilities as long as possible, and those that are in long term care as healthy and happy as possible.)
- The intention is for this group to establish the goals to be for this Senior Group.
- Sheriff Nole noted from his perspective, dementia support, mental health access availability and some directed strategy around fraud prevention (Chief Surber concurred) were all potential priority areas of focus.
- Jim Novelli noted, from his experience working for the state Adult Protection Services (APS), often fraud, neglect etc. happens while seniors are under the care of other family members. This is complicated by how restrictive Medicare is around therapy – where a strong social worker lobby rules out billable services, like case management, that could help with access to services for this population.
- There is legislative action in the works: [See H.R. 432 — 117th Congress](#): To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for ...” www.GovTrack.us. 2021. This bill was introduced January 21, 2021. **Invite attendees to send letters to Senators or Congress representatives.**
- Jim Novelli also noted dementia care is very hard to find – so there is a constant question of where to turn, find help etc. for family members of seniors suffering from dementia.
- Nany McGonagle noted Adult Protection Services sees a lot of seniors being used, but avenues to protect them through the law are not available. What she sees is a great need for affordable housing for seniors.
- Dunia Faulx, noted from the healthcare perspective that she’d like JHC to focus on an age-friendly health system that focuses on the four M’s (Mentality, Mobility, Medication and what Matters). For Jefferson County, we have an opportunity to take a close look at social

isolation within our elderly population and develop a strategy to address that – or go very “micro” in our action to things like ensuring text in elevators is big enough for seniors to see.

- Heidi brought forward the focus on building systems or programs that support active seniors. How can we draw more people into that way of being – and also how can we help ensure our seniors aren’t getting taken advantage of? She also could see a lot of useful infographics that could go on buses, etc. focused on topics discussed in this meeting. She also had additional “check marks” to consider as we look at the charts cross-walking ICG and CHIP work – (such as in the arena of affordable housing).
- Miranda gave an overview (see at the 33minute mark in the meeting video) on public transit’s limitations in a rural community: Frequency vs. coverage is often weighted to coverage, rather than frequency, which can make access to services especially challenging for seniors limited in their ability to find their own transportation.

Para transit (complementary door-to-door) services are tied to fixed route transit and are limited to the public transit schedules. This sets up a challenge for folks getting to initial or follow-up appointments for services or care - all of which has an impact on frequency of accessing Emergency services. Consider also, navigating public transport is complicated in the time of COVID. Services like ECHO, etc. are struggling during this time. Many don’t qualify for the paratransit (have to be Medicaid eligible), UBER isn’t available in the area – and whatever rides we do have, link Dungeness Line, etc., are very expensive.

Hence there is an opportunity to collaborate, coordinate to avoid overlapping services and optimize what transportation services we have in the outlying regions.

- Chief Surber noted in the PTPD – a smaller community means it is easier to find the folks with dementia. The fraud/scams arena is definitely an area worthy of attention. And, he’d like to see a push for safety for senior walkers and bicyclists (electric and otherwise) – including folks wearing vests, etc.

PRIORITIES AND NEXT STEPS

Relevant documents developed during the Community Health Assessment are available at the [CHIP Senior Workgroup webpage](#) for this group to review. That page also has a Strategic Framework that will be used for this group to develop the content that will compose a section of CHIP’s 2021 Plan Update. (See an [example of a filled out Strategic Framework](#) that is in progress for another age-band group.) All the frameworks with their SMART goals and action plans will be gathered from the three age-band workgroups and rolled into the Plan Update and presented as a draft Community Health Improvement Plan (CHIP) to the Joint Board (Hospital Board and Board of Health) in August 2021.

This meeting focused on the highest level, “goals”. For our next meeting, the group is invited to consider the content below as a structure to trampoline from at our next meeting, with the understanding it’s just a place to start, not the end product:

- **Goal 1: Access to Services**

Transportation, dementia care, housing, mental health services would be the focus of the strategies underneath that goal) Examples of some objectives could be to :

- create a resource map and make it available to seniors...or,
- pursue a grant to improve dementia services in Jefferson County...or,
- align with current community affordable housing to ensure they have seniors included in their planning process and action plan, etc.

- **Goal 2: Aging Well**

Keeping seniors active, protection against senior fraud and abuse; mobility, medications, SHIBA could be the focus of strategies under that goal.

NEXT MEETING

The Senior group agreed to **meet the second Wednesday of each month @ 1pm from now until August 2021**. Lori will send out an invite to hold that time slot in people’s calendars. Our **next meeting is scheduled for Wednesday, March 10th @ 1pm**. As we get nearer to each monthly meeting, your invites will be updated with links to the coming meeting’s slides and other meeting materials.