



Clark County Commission on Aging  
Webex Remote Meeting  
Vancouver, Washington

## MEETING NOTES

Wednesday, December 16, 2020  
4:30 p.m. – 6:00 p.m.

**Members Present:** Chuck Green (Chair), Larry Smith (Vice Chair), Franklin Johnson, Meghan McCarthy, Linda O'Leary, Tanya Stewart, and Pamela Wheeler

**Absent:** Nancy Dong, Amy Gross

### 1. Welcome and call to order

Chuck Green opened the meeting

#### Roll call and excusals

The group excused two members, Nancy Dong and Amy Gross

#### Approval of agenda

The agenda was approved

#### Approval of meeting minutes

The November 18 meeting minutes were approved

### 2. Recognition of David Kelly, Executive Director, Area Agency on Aging and Disabilities of SW Washington

Chuck presented a proclamation in recognition of David Kelly for meritorious service. The commission voted to approve the proclamation and have the Chair sign it on behalf of the group. Larry, Linda and Jacqui said a few additional words. David thanked the Commission and expressed his appreciation.

### 3. General Public Comment

There were no public comments

### 4. Communications and Announcements:

- Jan. 20 COA meeting: work session/mini-retreat; no regular meeting or presentations
- Feb. 17 joint COA/County Council meeting
- WSDOT is hosting a human services transportation plan online open house. There are multiple language options. <https://engage.wsdot.wa.gov/statewide-human-services-transportation-plan-open-house/>
- Chuck received a letter from a constituent requesting that COA address long-term care at some point in the future



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- ADRN meeting – Nancy and Tanya attended their first meeting. Two speakers: Veronica Marti with C-Tran reviewed some of the senior programs, including C-Van and Travel Trainers. Breanne Swanson spoke about telemedicine and access. There is a small study on improving access to telemedicine focused on people on Medicare. Tanya to learn more about the pilot.
- Meals on Wheels – Friendly Chat program. Larry heard it has been really valuable. You can find out what peoples’ needs are. There are lots of volunteers participating and they are able to fill make sure people are receiving calls. Other organizations have adopted similar programs.
- Area Agency on Aging & Disability of SW Washington (AAADSW) – Christina Marneris mentioned that the AAADSW COVID resource page is available and getting updated regularly. It includes a holiday resource list related to food, security, and holiday events. The webpage also includes wonderful newsletters, i.e. for family caregivers, and about emotional wellness. <https://www.helpingelders.org/>

## 5. Clark County Public Health update

**Presenter: Dr. Alan Melnick, Clark County Public Health**

- Dr. Melnick provided an update on the status of COVID-19 in the county. We are in a period of high covid-19 activity. Advice to everyone in the county:
  - **Please keep practicing physical distancing and mask-wearing.**
  - **Be careful during the upcoming holidays.**
  - **Get your flu shot!**
- COA members submitted questions to Dr. Melnick related to older adults in advance of the meeting and he provided responses as part of his update
  - Impact on populations over 65: Public health is not tracking demographics of hospitalization because of privacy. Regarding mortality, 92% of deaths in Clark County (120 people) are among people over 60. 77% are people over 70. 53% are people over 80. The rate of infection in older adults is lower than for younger people. However, the deaths of older people are much higher than the incidence of disease.
  - Vaccines:
    - PeaceHealth started vaccinating people today. Will take a while to distribute and immunize. Right now the priority populations are healthcare workers, first responders, people with underlying conditions that put them at significant risk, and residents and caregivers at residential care facilities. The second round priority groups include: older people over 65, staff who work at K-12 schools or congregate settings such as shelters and jails, and people with co-morbid conditions.
    - It will take several months to vaccinate most people. We know the vaccines are effective, but we don’t know if they completely prevent infection. We don’t know if someone can still be contagious even if the vaccine prevents them from getting sick. **Physical distancing and masking will be necessary for several more months.**
    - Vaccine work group: working with partners on distribution. Striving for equitable distribution. Partners will be distributing the vaccine. Public Health will get involved if there is a need to set-up points of dispensing.
    - **Vaccine will be free.**
    - If providers are charging fees, Public Health may set-up points of distribution for free distribution.

- Grief is issue around COVID-19. The risk of the disease and mortality from the disease is considerable. We still need to physically protect our older population and do what we can to keep connections going.
- Preparation for the next pandemic. We are underprepared for this pandemic. Public health is underfunded. Hoping we learn lessons and invest in the public health system. We're learning a lot. Having inadequate public health infrastructure before a pandemic is important.
- Phone app. Public Health does not have time to do contact tracing in all situations anymore. There is a voluntary phone app available now. You can choose to sign-up. It does not involve GPS and doesn't follow you. The app uses bluetooth to identify the phones of other people who have also signed up for the app. The app will know how close to other peoples' phones you have been. If someone tests positive, the app can be used to notify others whose phone was in close contact with that person's phone.

#### **Q&A and Comments from Commission on Aging:**

- **Chuck:** How do people find out if they are in a priority group and when to get a vaccination? **Dr. Melnick:** it's going onto the public health webpage. We need to get it out.
- **Tanya:** what are your thoughts on the new prophylaxis study? **Dr Melnick:** jury is out. the studies have issues. If we have a safe vaccine now, not sure why would use prophylaxis.

#### **6. Presentations: the impacts of isolation and socialization on older adults during COVID-19**

Details on each presentation are available in the audio recording and presentation slides posted on the Commission website.

##### **Presentation #1**

**Presenter: Lisa Capeloto, CDM Caregiving Service**

##### **Presentation highlights:**

- CDM Caregiving Services McKibbin Center. Facility closed since March 2020
- Isolation: this one word can cause so much damage:
  - High blood pressure
  - Heart disease
  - Obesity
  - Anxiety
  - Depression
  - Cognitive decline
  - Alzheimer's
  - Even...DEATH
- Key activities to prevent and/or reverse the effects of isolation
  - Socialization
  - Remain actively engaged
  - Dine with others
  - Exercise
  - Pets
  - Maintain health through regular Dr. visits
- Socialization: a basic need for all human beings
  - Friends

- 8am-5pm center is open (during non-COVID times). The center is currently closed
- During COVID, all social activities are online. Start the morning with social time. Even if staff log on early, clients are already logged on waiting to see their friends and talk about how they're feeling. The ongoing activities are really important to keep isolation at bay.
- CDM has a registered nurse reaching out to clients individually, especially those with medical issues.
- Encouraging clients to stay actively engaged in their favorite hobbies
- Making a point to dine with others
  - See more clients on food days that clients like, i.e. pizza day
  - CDM has not been able to continue this option during COVID
- Exercise
  - Our participants have great need to stay active, and most don't have any other avenue to exercise
  - During COVID, delivered weights and exercise bands to some clients
- Having a pet in your life can reduce stress and isolation
  - Can't bring animals to home visit with clients, but important thing can do with the elderly and will continue after COVID
- Challenges
  - Availability of broadband service
  - Lack of technology
  - Cognitive abilities – not everyone wants to learn a new trick. Many participants don't have someone in the home to help them repeatedly use technology.
- CDM video - available on the COA webpage

#### **Q&A and Comments from Commission on Aging:**

- **Larry:** can you tell me the number of volunteers who participate and support CDM?  
**Lisa:** under 75 volunteers. We are very particular with how many and the type of volunteers we bring in. We are always in need of the help.
- **Tanya:** what is the funding for the program outside of donations? **Lisa:** we receive some state funding. 80% of clients have Medicaid and we also have clients with private insurance. The state and insurance funding does not cover therapeutic programs like the music, art or animal therapy. Those offerings are supported through philanthropy.

#### **Presentation #2**

**Presenter: Ann Pollock, Columbia River Mental Health**

#### **Presentation highlights:**

- Columbia River Mental health serves both the Medicaid and Medicare population.
- Ann provides phone services for those seeking mental health services during this time and shared some of her observations.
- See and talk to more people and more older people who for the first time are coming out saying they're depressed or anxious. Many people think they may have been feeling that way for a long time and that it just comes with age. But, it doesn't come with age. It comes, in part, due to the isolating effects of the corona virus. The isolation has been devastating to some people. People who previously were able to manage their mental health without medication, are now seeking medication. There is also an increase in alcohol usage.

- Some patients are homeless or their home is their car. Technology is great if you have it. If don't have it, it's not even an option for you. Many of my patients are lucky if they have a flip phone.
- **Recommendation:** need to make sure when next virus comes around that we have systems in place to support individuals who don't have access to internet.
- Phone calls. We make lots of phone calls and many people will answer their phone. Just talking has been shown to be quite positive.
- Choice. Noticed people who said they enjoyed isolation previously when it was their choice. But, the isolation now is forced and not by choice.
- Relaxation. Spends a lot of time discussing relaxation techniques with patients. Not one size that fits all.
- Sleep. When we don't sleep well and we are isolated, sleep gets worse and leads to worse mental health.
- We recognize the need for isolation right now, but with each individual, we hope to empower them with the ability to more than just cope, and at the end of the day feel there was something good about the day.
- Isolation has taken a toll on our seniors' mental health with increased depression, anxiety, and, for some, increased substance abuse.

#### **Q&A and Comments from Commission on Aging:**

- None

#### **Presentation #3**

***Presenter: Dr. Dinelli Monson and Anne Schulze, United Healthcare***

#### **Presentation highlights:**

- Dr. Monson spoke about isolation and social needs in the context of what an insurance company can do
- United Healthcare wants to support the patients, providers and community it serves. For instance, they accelerated payments to providers and waived all cost-sharing and co-pays for COVID diagnosis and treatment, provided unlimited telehealth visits at no cost, expanded assistance for socially isolated members, coordinating access to medications, supplies, food, care and support programs. Partnered with AARP Foundation to create a public education campaign about social isolation
- United Healthcare has also been involved in COVID-19 related efforts beyond serving their customers, members and patients, i.e. they have provided funding that has helped address COVID-19 hot spot relief efforts, health workforce safety, seniors and individuals experiencing homelessness and food insecurity; created a free mental health mobile app and 24/7 emotional support phone line; part of the FDA approved self-administered swab protocol and partnered with Morehouse School of Medicine to study the effect of sickle cell trait on COVID-19
- To help support individuals experiencing homelessness and food insecurity exacerbated by COVID-19, providing funding to National Health Care for the Homeless Council, Feeding America, and Meals on Wheels
- As part of COVID-19 response, launched partnerships to support frontline health care workers and providing financial support towards PPE and mental well-being support through the CDC Foundation, American Nurses Foundation and Direct Relief
- In Washington State, 10, 629 members have social determinant needs in WA state YTD and 5,074 members have unique needs. This translates into \$3.2 million of

support including health services for personal care, social isolation, prescription coverage, etc.

- HouseCalls Program. Available to qualified members of United Healthcare Medicare Advantage plans and some other UnitedHealthcare health plans. Free in-home visits at no cost to the member. In-home clinical visits take approximately 45-60 minutes and are performed by an Advance Practice Clinician. HouseCalls helps members follow your treatment plan and identify potential care opportunities. In-home assessments are intended to supplement, not replace, the care members receive from their PCP

#### Q&A and Comments from Commission on Aging:

- **Chuck:** Dr Melnick talked about phone notifications. How is United Healthcare involved in notification of vaccines and helping organize shots? **Dr. Monson:** The insurance company will cover any copays for their members so that vaccinations are free.
- **Pam:** in one of my former careers, I was a psychiatric nurse practitioner. We used to make home visits to older adults. I remember it was exactly as you described: what see in the home is so different than an in-office visit. I love the HouseCalls program you have, it's very valuable. Do you know if SW WA hospitals are adequately subsidized for PPE? Do they have the equipment they need? **Dr. Monson:** the rate of participants go up each year when we make a house call, we see a lot of repeat participants. Regarding PPE, I don't have specifics. It hasn't escalated to me in the last few months. It seems like it is more of a problem in the eastern WA and Spokane area right now.
- **Tanya:** wanted to highlight the importance of public-private partnerships. HouseCalls is good example of something available. Other health plans doing similar things. Moving forward, I want us to broaden our minds to look at every entity out there. **Dr. Monson:** we want to be a partner in any sort of activity that supports the county and health.

#### Q&A and Comments from Public:

- None

#### 7. Debrief: What have we heard? Potential recommendations? Request(s) for more information?

- **Linda:** surprised about Dr Melnick's comments about communication regarding the vaccinations. The priority groups are clear, but I don't have a comfortable feeling on who will be missed.
- **Linda:** great presentations. Seems like the challenges with reaching older adults and people with disabilities are similar to the challenges with teaching kids remotely. There are similarities with a lack of internet, technology skills, equipment, etc. Lots of things we need for the aging population, we also need for little ones.
- **Franklin:** presentations were really informative. Concerned about how we are doing the tracking and notifying people to get the second shot and challenges with people who are homeless who may not have all the communication options. Is there an aspect in our Aging Readiness Plan for pandemic response for our aging community? In the future, the community would be in a better position in the future for the next pandemic. **Jacqui:** pandemic response is not in the Aging Readiness Plan. **Chuck:** maybe we can add that to our work plan.
- **Chuck:** regarding the comment about notifying people about vaccinations, Dr. Melnick sounded like he was going to check on that. This could be a follow-up item request for

more info. **ACTION ITEM:** staff to follow-up with public health on vaccination communication and tracking.

- **Chuck:** wife is doing caregiving for a church member and she doesn't have another healthcare provider. That program provides in-home visits for 30-minutes a week by somebody who can clean and do other in-home activities. Glad to see the 45-60min in-home visits from United Healthcare. The visits seem like a big bonus to help offset isolation.
- **Pam:** we heard the issue about having access to the internet. Could we explore that a bit more at next meeting? **Is there anything we can do to reach out to, or support efforts, to get more broadband?** **Chuck:** we were previously talking about community assessments, i.e. on infrastructure. Aware from other groups that there are considerations of infrastructure and inventories. **With change in administration and rumors about infrastructure package at federal level, could be worth seeing if SW WA federal asks include broadband infrastructure.**
- **Larry:** not clear on what life is like after receiving a vaccination. Once seniors are vaccinated, does this allow them to participate as volunteers in their community to help with other organizations? Could look at and explore. **Chuck:** we are only on day 3 of national vaccination program. We have a long way to go. Would be good to know more once more headway made.

8. **Adjournment:** The meeting adjourned at 6:15 pm.

*The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.*