



Clark County Commission on Aging
Webex Remote Meeting
Vancouver, Washington

MEETING NOTES

Wednesday, March 17, 2021

4:30 p.m. – 6:00 p.m.

Members Present: Chuck Green (Chair), Larry Smith (Vice Chair), Nancy Dong, Amy Gross, Franklin Johnson, Meghan McCarthy, Linda O’Leary, Tanya Stewart, and Pamela Wheeler

Absent: None

1. Welcome and call to order

Chuck Green opened the meeting

Roll call and excusals

All commission members were present

Approval of agenda

The agenda was unanimously approved

Approval of meeting minutes

The February 17 meeting minutes were unanimously approved

2. Moderated Discussion/”Fireside Chat”: Overview of the road to recovery from COVID-19

Details on each presentation are available in the recording on the Commission website.

Guests: Dr. Melissa Cannon, Western Oregon University and Neil Degerstedt, Long Term Care Ombudsman Program

Discussion highlights

Tell us more about what you do and how it relates to older adults. Perhaps provide a story or experience related to the pandemic that sticks out to you in your roles for each of your organizations.

- Dr. Cannon: in role as an educator, student have not been able to do the important work to launch their careers in gerontology. Students doing internship hours had to switch to remote practicum opportunities, which has been really difficult. Also, serves on the advisory board for a local senior center. Remembers last meeting in senior center in March 2020, decorated for St. Patrick’s Day and the board planned to shut-down for 2-weeks. The center serves about 300 people. Was recently at the center and the decorations are still up 1-year later. Not sure if the center will be able to reopen this year. In role as researcher, looking at data from a national study on the impacts of



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COVID-19 on older adults; the main aims are to look at changes in older adult experiences, perspectives, coping strategies, risk and resilience related to health and wellbeing

- Neil: is coordinating long-term care ombudsman volunteers during the pandemic. Lost a lot of volunteers because this wasn't what they signed-on for. They relish the interaction with older adults and advocating for them. Hard to pivot to a new normal via zoom or email. Those still helping know it's still having an impact. Still advocating, problem-solving, etc. There have been some great outcomes for program residents. There was a case this summer, a 96-year old man cut-off from speaking to his sons and daughters; had a call 2x per week with family and was failing drastically. Son was upset couldn't see father with state mandates in place. We helped him get a compassionate care visit; known as an essential support person. Daughters could visit too during the last 2-weeks of their father's life. Short and sweet, but there was a benefit of being able to say their goodbyes. It's been a tough year for residents. Can't say enough about the fortitude of everyone plugging along through the quarantine, isolation, delirium from isolation, etc. People have been isolated for weeks if not months on end from quarantine after quarantine. Thrilled there is a reopening of sorts being planned this week under the DSHS Safe Start program.
- Nancy: recently recovered COVID patient and doesn't know how got it. Sharing because it's a first-person story she can relay.
- Pam: related to what Dr. Cannon mentioned, teaches nursing at Linfield University and has seen a reduction in clinical sites for students. Sometimes students are ready and institutions call and say they can't take students. As difficult as it is for the students, it's helping them understand the world isn't perfect and change can happen rapidly.
- Amy: are some folks coping better than others? Dr. Cannon: still early in process of research. The research she is involved with has not measured personality characteristics but does measure how many close contacts a person has. Based on what we know from prior research, regarding coping and resilience, social contacts are one of the strongest indicators of how well people can come back from something. Some factors like personal hardiness or biological factors can also change a person's vulnerability to certain situations.
- Tanya: there is so much focus and where things fall apart and don't go well. Neil, I appreciated hearing your positive example. Are there other positive examples of a good practice or how we can be better prepared for the next pandemic?
- Neil: there are so many great stories of care staff doing double-shifts, coming in when the rest of staff have been out sick. One memory care facility we work with had 17 staff members out with COVID. The staff that maintained and kept going for the residents are true heroes. We learn from our mistakes and there have been many. Care facilities need to be more prepared with resident rosters and contact information. It's vital each home has records up to date and that isn't the case. Staying connected with any sort of tools, even landlines or tablets available for residents are only available at some homes where staff can help residents stay connected. Tools are really vital for residents, at least to be within site of their family members. The extroverts are really failing and the introverts have maintained and are doing fine. We have to look and know we can turn the page and start anew because we have a road map now.
- Dr. Cannon; some students are thriving in internships connecting with older adults through phone or video chat and have learned so much from a mental health perspective. There are also students who helped senior centers develop innovative programming and are seeing how to make a quick turn-around remotely. In Polk County, OR, community health faculty at WOU are leading the contact tracing efforts

in the county and have educated themselves and students on connecting with older adults in the community. They developed a newsletter that goes out every month tailored for the older population. This is a positive learning if they find themselves in a similar emergency situation. Public health efforts on testing and contact tracing will also help us be better prepared in the future.

Vaccines are starting to roll out, and there are reopening plans in OR and WA. It seems like there is some hope. What are you hearing? What does that reopening hope look like for older adults in our communities?

- Neil: just in a hospital Department of Health meeting. Roughly 60% of long term-care providers admin and staff have been vaccinated. For residents, it is over 80%. This is a great sign. Certain people might have philosophical, political or health motivated differences with the vaccine. Some people won't accept the vaccine and others will. We need safeguards in place for the vulnerable, marginalized adults out there. They have to be provided an opportunity to get the vaccine. Access can be difficult for adult family home residents getting the vaccine. Other facilities are having pharmacy staff come in to administer shots. It's going well and we recognize that this is in our future, with booster shots, etc. This is just the start of it. We need to be vigilant to get education out there to those not aware of the advantages of the vaccine or potential side effects. The more education, the better.
- Dr. Cannon: agrees with Neil. Recovery is going to look different for everyone. Some people never felt that affected and already feel like we're recovered. Others are not going to see a return to normal for a really long time. Thinks about senior centers, for people where part of their routine was regularly volunteering and seeing their friends at their senior center. Doing that again could be quite some time into the future. Some people are going to have long term effects from having had the virus (mental, physical, emotional). But feeling positive right now where we have a lot of people who will get to hug their grandchildren and eat in a restaurant. That seems like it's here very soon, but we will be living with the virus for a very long time. Whatever feelings of normalcy people can bring back will be good.
- Linda: I think our community missed the mark with essential worker volunteers. When we go back to categorize priorities, we need to look at unsung heroes, like those that volunteer. Neil, I used to volunteer with you, and for of the long-term care homes, you really want someone going in to visit residents on a regular basis.
- Chuck: the next round of priorities include food service workers and essential shopping services, does that apply to food bank workers or food pantries?
- Linda: what about convenience stores?

What are some short-term plans for coming out of this for older adults? What can we do to help or reach out to create a plan to reopen some of the social centers, i.e. a community room at a long-term care facility?

- Neil: the social aspect needs to be addressed; the sooner the better. This goes for long-term care residents and seniors in general. We need to try and have safe distancing and making certain that people coming in have been vaccinated. We need to do it in a safe way. People seem to be responding to at least keeping their distance and, if they have a cough or snuffle, to wear a mask. That will be a part of our life for short- and long-term; people will wear masks to a greater extent, especially during outbreaks of the flu, etc. Would love to see people back together, able to give hugs, but has to be done in a safe way.

- Amy: sitting in on Public Health Department cooperators meeting twice a week, which are people who are involved with and concerned about certain populations. Heartened by the really thoughtful, really good people trying to figure this out. Provided an example of the benefits of the Johnson & Johnson vaccine for certain populations where getting someone in for two shots may be challenging.
- Larry: hears “getting back to normal” but reality is, our future won’t be the same, it will change. Some changes will be permanent and for the good of our society. “Normal” won’t happen because we are liable to be hit with another virus. We need to institutionalize some of the changes. This also relates to federal involvement with some of these things.
- Dr. Cannon: agrees. Need to be normalizing some practices, to be ready to use safety measures, wiping down surfaces, hand washing, limiting the number of people in places, wearing masks, etc. We need to de-politicize these health measures that are helping. “New normal” may be a better term to use. I don’t think we’ll end up exactly back to where we were 1-year ago.
- Franklin: What suggestions or recommendations do you have when I or others need to consider putting family members in long term care facilities, especially in light of this pandemic? What should I or others consider for picking facilities and what kind of conversation do you need to have to prepare someone for going into that situation?
- Neil: our office is a great resource for anyone searching out a long-term care home. We don’t give referrals, but can direct you to the appropriate sites. Some people spend their money really quickly; most families need to consider a home that accepts Medicaid. We can give you a history of complaints for any facility to inform your choice. As for the conversation, it’s so difficult with any family members to start talking about it. It often starts with talking away the car keys. One way to help is to normalize it. Bring it up like a natural transition when we age. Sometimes we need a little bit of extra help. Some people thrive in assisted living. Others thrive in a smaller setting like an adult family home. Keep our number handy, we can help anyone searching for options.
- Dr. Cannon: in OR, it’s a little different. We refer people to the Aging and Disability Resource Connection of Oregon. They have good resources to help people navigate decisions. A lot of it is prioritizing what activities are essential. At the broader level, would like to see more focus on expanding our long-term care supports to allow people to age in place, receiving long term care in their homes. This needs to start at the federal level; we need better investment and collaboration to support broader long-term care and support systems for more options and choices.

Members of the public were invited to join in on the conversation.

- Jane Tesner Kleiner – Lives in Vancouver. Wanted to offer the opportunity to connect with your leadership or a subgroup. Facilitates the Clark County Nature Network. Science has shown connecting with nature at all ages helps our physical, mental and emotional wellbeing. We have lots of great facilities in our community but there are many barriers for some populations to access them. I would like to offer my contact information to follow-up later for several avenues on how to better serve our senior population, whether it is a transportation barrier, access barrier, etc. Wanted to offer that connection. Sent email to Jacqui with contact information. Previously focused on youth, and wants to start focusing on the senior population. Mom lives in an independent living community and laments why she can’t get outside. Neil: fabulous idea, hears stories about both the benefits and barriers of getting seniors outside.

- Joan Caley: Works as a nursing instructor. The issues of social isolation have been exacerbated during the pandemic. The previous commenter's idea on nature is wonderful. It's a community-wide effort; how can we increase relationships with seniors who are so isolated and make it a sustainable program? Once there is a new normal and we can visit people again, how can we do something to build those relationships so it's sustainable. For instance, a senior with no great transportation options could expect to have a visitor 1x per month and establish a relationship with that person. It would be a great program for Aging and Disabilities to work on, like the RSVP program used to have. Social isolation has gotten worse and we will have more people dying from being alone if we don't do something about it. Chuck: wife is caretaking for a senior who has someone coming over every week or two through a program, which seems to be appreciated. Dr. Cannon: We need to normalize multigenerational communities. We have really age-segregated spaces and cut-off many of our seniors from society. Would like to see continuation of efforts in other countries and that are starting to happen here, to break down barriers. Chuck: thanks for input and something we want to work on.
- Mary Bedford-Carter: New resident of Vancouver, WA from California. Extremely interested in the Commission on Aging. Worked a lot with seniors in the past and appreciates the other person's comment on social isolation. Started a friendly visitors program in California; and would be excited to launch something similar in this area. Agrees that social isolation is real and with the pandemic, it just exacerbated things for seniors. Also trained with Matter of Balance and is a certified suicide prevention trainer. Currently runs a small business that advocates for seniors. Very interested in joining the board. Excited to be able to connect with you. This is the first meeting was able to attend. Amy: moved here from CA and familiar with the Friendly Visitors Program. Has been delighted to find out that there are similar programs integrated into some other organizations here, i.e. Meals on Wheels is including phone connections with people. Might not need to start things from scratch.

What do we do long-term in preparation for the next pandemic?

- Tanya: important to pause and reflect on best practices. Dr. Cannon mentioned Polk County's work on community outreach and contact tracing. There are places across the globe that have done a good job. What can we learn and best apply? Second, as you take those lessons, how do we translate them into an action plan and who owns the action plan? The Public Health Department, a coalition the community builds?
- Amy: I wrote down prepared versus using experience. I want us to focus on sustainable suggestions, so in the next pandemic, we are not just trying to figure it out again from scratch.
- Linda: the electronic internet divide has been displayed here with bandwidth issues. The inability of all communities to enable seniors to get internet access seems to be so important. There could be an opportunity intergenerationally with middle schoolers or something like that to help seniors use the internet. Also, would like to learn from how we immunize and make priority decisions.
- Nancy: to prepare for the next pandemic, it seems important to have a certain awareness for people who have underlying conditions, and that we are holistically practicing a healthy lifestyle to help with chronic diseases. This could put us at less risk for the next pandemic because our immune systems are stronger.
- Dr. Cannon: building off what others' have said, we have a lot of work to do. We really need to stop the spread of misinformation, depoliticize these issues, and invest in science. There are lots of good lessons learned to carry forward and do better next time.

- Neil: we have our work cut out for us, this year in particular. We will be dealing with a lot of traumatized residents. How can we best serve them and best connect them with the best support systems? Hoping once visitation is allowed again and resident rights are restored to the level prior to the pandemic, that's when the work really begins for us. I know this past year involved a lot of grief, sorrow, and pain. Next year, I'm looking at it as a year of healing and looking forward to helping people.
- Chuck: thank you both. This has been excellent and you shared great information. And we heard great info from community members joining us. You are giving me hope.

3. Commission Roundtable Debrief: What have we heard? Potential recommendations? Request(s) for more information?

- Incorporated in above discussion

4. General Public Comment

- None

5. Communications and Announcements

- COVID-19 update: Amy shared information from the Public Health Department about the Johnson & Johnson vaccine. It will improve access to the vaccine where providers can't store the ultra-cold or frozen vaccines. Only requires 1 dose. Data shows it is 93% effective preventing severe symptoms and 100% effective in preventing death from COVID. There is some concern by the Catholic Church. Some people say fetal tissue is involved in producing the vaccine, but in fact, they use an adovirus that can only be grown in certain cell lines. Cells are grown independently in a lab. The Vatican and Catholic Church support vaccines in general and have issued statements that it is morally acceptable to receive it.
- Commission applications due April 2, 2021
- April 21 commission meeting: Early and First Responders topic.
- Pam: question for Dr. Cannon, has anything been published from the longitudinal study on COVID yet? **ACTION ITEM: Staff to follow-up with Dr. Cannon to request link to any published articles.**
- Franklin: congratulated Chuck on CVTV video

6. Adjournment: The meeting adjourned at 5:51pm.

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