



Clark County Commission on Aging  
Webex Remote Meeting  
Vancouver, Washington

## MEETING NOTES

Wednesday, May 19, 2021  
4:30 p.m. – 6:00 p.m.

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

**Absent:** Nancy Dong

### 1. Welcome and call to order

Chuck Green opened the meeting

#### Roll call and excusals

Nancy Dong was excused from the meeting.

#### Approval of agenda

The agenda was unanimously approved with a proposed amendment to add by-law approval to the agenda and move the recognition of Linda O'Leary earlier on the agenda.

### 2. Recognition of Linda O'Leary

The group recognized Linda O'Leary for her 6-years of service on the commission.

### 3. Approval of by-laws

The group approved amendments to its by-laws as discussed in the work session.

### 4. Moderated Discussion/"Fireside Chat": Serious Illness and Caregiver Support

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

**Guests: Peggy Maguire, Cambia Health Foundation, and Gregg VandeKieft, Providence Institute for Human Caring and Providence St. Peter Hospital**

#### Discussion highlights:

- *How do you define serious illness care?*
  - It either means there is an increased possibility of mortality or a person's functional abilities impact their quality of life. Serious illness palliative care is a full-spectrum of medical care to address complex symptom needs and complex decision-making.
  - Hospice is one type of palliative care in the last few months of life.



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- There are palliative care specialists. There is also primary doctor palliative care. Every family doctor, oncologist, cardiologist, etc. also does a lot of palliative care.
- The National Institute of Health also defines serious illness as including caregivers in addition to the patients. It can be a condition that excessively strains caregivers.
- *What are some of the key lessons for the serious illness population you have observed during COVID-19?*
  - The biggest lesson for me was the exposure of many disparities, gaps and inequities that existed prior to COVID-19 in our health system. We're not all in the same boat. For the underserved populations, people traditionally on the outside of our health system, multiple studies showed communities of color were disproportionately impacted by the pandemic and were more at risk of getting infected and dying from the disease.
  - Exposure and access to care were impacted. Underlying conditions put people at higher risk. COVID-19 has really taught us how the social determinants of health impact lives.
  - Some hospitals were overwhelmed during the winter surge. Palliative care doctors were unprepared for this, and these are specialists who are used to talking about serious illness and dying. Caregiver (in this instance, healthcare workers) burnout is profound. This applies to family caregivers too.
  - With older adults, especially in congregate settings, we are seeing a higher rate of staff turnover.
  - The visitation restrictions were really hard. Saw patients and their families who were able to touch each other for the first time in a hospital since the start of the pandemic where the patient was dying or really ill. Staff see the distress of their patients and families and get vicarious trauma.
  - We need to recognize the importance of support for individuals providing the care. There's a saying: "whole persons caring for whole persons," meaning, full care for patients and those providing the care.
  - Starting to hear about healthcare systems being more mindful about taking care of their own. This includes things like providing a living wage to those who work in long-term care settings.
- *What innovations have come out of the pandemic for patients living with a serious illness?*
  - Telehealth: one of the silver linings of the pandemic is the increased access to telehealth service. In serious illness care, think about people wanting to be at home and how hard it can be to get into an office setting for a check-in. It can be more convenient if you can check-in with your palliative care team by video conference. Expansion of telehealth during the pandemic is really good for consumers and the healthcare system. We think it's here to stay/hope it's here to stay. Telehealth won't replace a face-to-face visit, but it can be part of the whole recipe.
  - One area funded through the Cambia Foundation was development of a series of communication tools that helped clinicians engage in conversations that are typically palliative care specialist specific training. Some tools and techniques from the palliative care field were made accessible to a broader swath of the workforce, i.e. talking maps to help people address and screen serious illness and COVID-19.
  - Center to Advance Palliative Care (CAPC) – created a mobile friendly COVID-19 resource hub that's been downloaded by a lot of providers with specific

- training modules on how to take care of people with COVID-19 symptoms. This program included emotional PPE resources.
- End-of-Life Nursing Education Consortium – built a webpage for nurses serving on the frontline of the pandemic with resources for nurses to access.
  - The Cambia Foundation tried to fund programs to help people on the front lines do their jobs well and ultimately benefit the patients and families.
  - Project ECHO is a telehealth program with a diversity, equity, and inclusion focus. It uses an educational model reaching out to all members of the interdisciplinary team (including physicians, chaplains, pharmacists, etc.).
  - COVID long-haulers: what are we learning about people with significant symptoms? This will impact both the healthcare system and the people living with the chronic symptoms.
  - Telehealth example from Dr. Vandekieft: was involved in a case where the social worker and physician were beamed into a patient located on the other side of the state. This isn't something we could do previously. As we move forward, telehealth and in-person care is not an either-or. We wouldn't want to replace in-person care with telehealth, but we can envision a blended model. From a relationship and clinical quality perspective, we will see more of this moving forward.
- *According to the National Alliance for Caregivers, there were 53 million caregivers in 2020, up from 43.5 million caregivers five years prior. About 20% of these caregivers are unpaid. 24% are caring for more than one person. And 61% of caregivers have a day job. What are your perspectives on COVID-19 and caregivers?*
    - There was a Rosalyn Carter Institute report in 2020 that showed 83% of caregivers surveyed were under increased stress since the start of the pandemic. 42% said the support they normally received from their community had declined. A CDC report in 2020 said many caregivers have contemplated suicide. We're seeing chronic behavioral health conditions. Caregiving has a significant impact on the health of the caregiver as well as the patient with the original diagnosis. What we've learned is it's critically important to support caregivers. There are a variety of ways to do that.
    - In palliative care the unit is not just a person, it's a family as they choose define it. "I'm not burned out because I care deeply. I'm just exhausted." Need to replace burnout language with empathic fatigue. Many people would look at caring for a loved one as an opportunity. But there are: demands of stress, might not being able to work, competing attention of kids, caregiving is often a gendered issue with traditional roles. There is increasing acknowledgement of the gender issue now. AARP has a lot of caregiver resources. The medical societies are starting to step up and formalize a position on unpaid family caregivers.
    - The mental and behavioral health that comes along with caregiving becomes more prevalent in a stressful environment. We need resources for people to access when they are going through difficult times.
    - Some actions are free and we can all take them. For example, the ARCHANGELS – LOOK, LOVE, LIFT campaign is about recognizing that caregivers are everywhere, noticing the love they are giving, and doing something to lift them up.
    - Moms Meals example: this program provides home-delivered meals to people when they get out of the hospital. The program supports both the patients and their caregivers.

- Papa Pals example: provides virtual companionship to people confined to homes and dealing with serious illness.
- Expect to see a variety of solutions emerging with mental health becoming a bigger focus moving forward.
- *If you had a magic wand and could make one policy change related to supporting caregivers or patients living with a serious illness, what would it be?*
  - Gregg:
    - Everyone in the community has access to a basic set of primary care resources, from health promotion and disease prevention to early management of conditions, to care for more complex and advanced conditions.
    - Seamless care across the continuum. To my sadness, the system feels as fragmented as it's ever been. Continuity is hard to maintain with different provider in every step of the journey, especially for people who are marginalized, i.e. unhoused.
  - Peggy:
    - Make it easy to engage in difficult and important conversations about what matters to people in shaping their healthcare. For example, make it easy to: name a healthcare proxy, identify what matters to you, and have what matters to you honored and respected in the healthcare system.
    - Gregg and his palliative care colleagues should be the standard of practice for all of healthcare, by shaping care around what matters to people.
    - My magic wand would empower all people to have a say in their care.

#### Q&A with Commission:

- **Franklin:** you shared statistics on the disproportionate impacts to communities of color. Have you thought about any particular strategies to mitigate that situation?  
**Peggy:** my team is going through training with the Center for Equity and Inclusion. We are starting with looking at ourselves and our practices and how they contribute or don't contribute to systemic issues. It starts with this recognition. It's not sufficient to provide resources to people, you need to get at the root causes. It is complicated and will be long-term. We're really committed to listening, learning, and then acting.
- **Amy:** I read there are layoffs and people leaving the healthcare profession because of fear and/or fatigue. After Hurricane Katrina, I volunteered as a psychologist with the American Red Cross. I remember when someone would say "take a day off," I didn't want to listen. What developed and talked about at that time was "compassion fatigue." It meant, I would go home at night and have dreams about stories I was hearing. I am wondering if either of you think it will be harder to provide healthcare after the losses and impacts of this year?  
**Gregg:** certainly for areas hit hard like ICU and emergency department staff. They all see death and suffering in their work, but it was so much more intense this year. I can share some resources on the toll it's taken. Zoom family meetings with someone dying are really hard. It may be a bit more challenging to maintain the workforce moving forward. I'm a little uncomfortable with healthcare workers being considered heroes, but a lot of people saw and were influenced by this year. We anticipate seeing a surge in nursing and medical school interest from young people. Also, I got emergency licensure in California to provide some telehealth support. I didn't have to see that many people to help the teams there who were overloaded. It helped with feeling like people had their back.  
**Peggy:** one of

the things we can do to address the disparities issue is focus on implicit bias and do training with the workforce on it. We can work to increase representation in the workforce. There is lots of mistrust in the healthcare system. This is a long-term initiative. How do we help high school students see themselves as future healers? How can we look at the Latinx and Black population and say we want you to enter the healthcare profession and here are some ways to get there? To have system change and a future workforce that's resilient and representative, we need to start early and build future clinicians.

#### **Q&A with Public:**

- There were no questions from the public.

#### **5. Commission Download: What have we heard? Potential recommendations? Request(s) for more information?**

- Tanya: something that comes through from the discussion is more time digging into understanding the healthcare workforce issue. If we don't better take care of our workforce, then what?
- Franklin: how do we make the caregiver profession more attractive as a career option, especially to people of color? And for caregivers, how can we support the caregivers that we know?
- Larry: the demographics of our community are changing, with the number of older adults growing. The number of homeless people is growing too, with more seniors becoming homeless. Where are they going for medical help and assistance?
- Pam: Central City Concern in Portland has clinics and recently opened a new facility with healthcare and housing facilities. It's a very dynamic organization and growing.
- Larry: let's think more about this topic. There were a lot of really good lessons learned we heard about today. My hope is that we don't go backwards and slack off once things go back to "normal."

#### **6. General Public Comment**

- No public comments

#### **7. Communications and Announcements**

- COVID-19 update: Amy Gross provided an update on the number of older adults who have been vaccinated. The 65+ age group in terms of getting shots is much higher than the younger age groups at this time. Amy also provided additional updates from Dr. Melnick on case and hospital admission rates, the state reopening plan, and steps the county public health department is doing to remove barriers for vaccinations.
- Human Services Council (HSC): shortage of volunteer drivers for the HSC transportation program for people with disabilities and older adults. Request from Walt Gordon for friends and family to volunteer and help support homebound community members. Contact Jeananne Edwards at: 360-735-3680.

#### **8. Adjournment:** The meeting adjourned at 5:49pm.

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