Clark County Commission on Aging
Webex Remote Meeting
Vancouver, Washington

MEETING NOTES

Wednesday, July 21, 2021
4:30 p.m. – 6:00 p.m.

Members Present: Chuck Green (Chair), Larry Smith (Vice Chair), Cass Freedland, Amy Gross, Meghan McCarthy, Tanya Stewart, Pamela Wheeler

Absent: Nancy Dong, Franklin Johnson

1. **Welcome and call to order**
   Chuck Green opened the meeting

   Approval of agenda
   The agenda was unanimously approved.

   Approval of Apr. 21 and May 19 meeting notes
   The meeting notes for both dates were unanimously approved.

   Approval of Jun. 16 retreat notes
   The meeting notes for the retreat were unanimously approved.

2. **Moderated Discussion/"Fireside Chat": Food as Medicine**
   Details on each presentation are available in the recording on the Commission website.
   Guests: Suzanne Washington, Meals on Wheels People and Dr. Neal Barnard, Physicians Committee for Responsible Medicine

   Discussion highlights:

   Dr. Neal Barnard

   - What to do you think is the hardest part of aging well? And what do you think we can do about it?
     - We need to break free of our cultural handcuffs so to speak. We have the culture of eating in a certain way. When my grandfathers died or got sick, we just thought they were old. When my dad, a diabetes expert, talked about his patients, none of them ever got better. I do research on this issue and people can get better. You can't make progress unless we address the causes and see how the causes come into conflicts.
     - We have a desire to see change, but we are stuck in our culture. We are influenced by preconceived notions of what aging is, about what breakfast is,

etc. We need to be able to break free of preconceived notions including what we put in our body and think more broadly.
    - We are right to resist change. We are right to defend our traditions and cultures. We are skeptical of new things because it could help us. We tend to stick with what has stood by us, even if it is short-sighted. We are handcuffed by our ideas about what aging means, what I can and can't change.
    - We can let new information come in and empower us.
- If you had a magic wand and could "fix" one part of our nutrition support system, what would it be?
    - I would shift our dietary input away from animal products and towards plants. If we did that well, our health would revolutionize to a great extent.
- What is the biggest myth or misconception about aging and nutrition?
    - Myth: That aging means infirmity.
    - It shouldn't be. People talk about the trajectory of their life, for many people they start to die in their 30s. They start to put on weight, go on medications, they add more medication and their health declines further as they get older. It's a gradual decline over time. Instead of a slow decline, think of more of a box-shaped life where you live pretty well and then die.
- Bonus: Are there any books, movies, podcasts or other things you recommend for better understanding this topic?
    - Suggested authors: Dean Ornish, Caldwell Esselstyn, John McDougall, Michael Gregor, Colin Campbell
    - Some of Dr. Barnard's work: *Your Body in Balance*, about hormones, includes recipes; 21 Day Vegan Kickstart: free app with menus and recipes, cooking videos; PCRM.org: includes recipes
- Policy suggestions:
    - American Medical Association (AMA) set-up healthy hospital food guidelines that have largely been ignored. You can ask your local hospitals to implement them.
    - Ask if local schools would offer vegan options for kids.
    - Businesses can do pilot programs to learn about providing a healthier diet. This model can bring group together and build camaraderie at the same time.

Suzanne Washington

- What to do you think is the hardest part of aging well? And what do you think we can do about it?
    - I agree with what Dr. Barnard said about having to deal with the stigma around aging and people aging before their time. For the people we are serving, many, if not most, are down the path of having mobility changes, physical changes, mental health changes, losing friends, etc. For us, providing nutritious food is important for people who already have chronic conditions or who don't have money or the ability to cook food.
    - We have moved towards medically-tailored meals. As far as food as medicine, we know food is medicine and want to make that food as healthy as possible, whether plant-based or not (many of our clients won't eat a plant-based diet).
    - Isolation creates even bigger problems. We can provide the most nutritious food and if people are isolated in their homes, they are not going to thrive. We are trying to combine good nutrition and human connection to enable

them to deal with their changes and stay healthy as long as possible. That has been really important during the pandemic.

- If you had a magic wand and could "fix" one part of our nutrition support system, what would it be?
    - Give enough resources to everyone who needs them, regardless of the reason.
    - We have enough funds. For example, we added about 1,000 people to our Clark County service during the pandemic. As the cost of our food products increased during the pandemic, we could keep up, but many Meals on Wheels across the country couldn't keep up and had to use lower quality products. We also have thousands of volunteers who help us do the work.
    - Help change thinking around the aging process. People often think it's too late to do anything about it.
- What is the biggest myth or misconception about aging and nutrition?
    - Myth: older people only need to eat whatever they feel like eating.
    - As we age, how we taste things changes. Our body tricks us into thinking we're full when we're not or that we can eat sugar because we are going to die anyway. We need to eat healthier, even if we don't feel like it, all along the way.
- Bonus: Are there any books, movies, podcasts or other things you recommend for better understanding this topic?
    - Food as Medicine coalition: fimcoalition.org
    - This site has good information including research about nutrition and the combination with the human connection. There are also recipes and the information is easy to share.

Q&A with Commission:

- **Chuck:** in the last couple of years, we have heard about food insecurity, GMOS, is something that's organic really organic, etc. How do you address these questions in regards to healthy diets as we age? **Dr. Barnard:** GMOs are mostly in animal feed. The GMOs used for human consumption aren't necessarily dangerous, but I'm not sure I want to be part of that experiment. You can avoid them by choosing organic. With making foods available to people, the cheapest foods are the healthiest, and there is some mythology around that. The healthiest foods are beans, rice, vegetables and fruits. When cheese and meat aren't in your grocery cart, the average family of 4 saves $1,500-$2,000 per year. You save money and your food goes farther. You also don't need as much medical care, which saves money too. **Suzanne:** I don't get too many questions about GMO and organic, I get more questions about different/new foods. With the introduction of quinoa, we got questions about what it was. We work to open our clients' eyes to less meat and potato types of foods. The biggest new request is for vegetarian options. We try to buy as much local and healthy ingredients as we can.
- **Tanya:** I like to track how the money flows in healthcare because it determines how medicine is practiced. How do we get better buy-in from those making money flow decisions to improve access to healthy foods for patients? We pay for pharmacies and medications, how to we get buy-in to look at food from a different angle. **Dr. Barnard:** currently procedures pay better than guidance. In our clinic, we would get paid more if we amputated diabetics' feet than guiding them on lifestyle changes. Surgeons nowadays make $500,000 to $1 million a year. Primary care doctors make a fraction of that and practices that employ them lose money and are getting swallowed up by huge hospital conglomerates. We need to stop paying so much for procedures and pay more

for dietetic care. We need people to understand the key things that effect our health, i.e. heart disease and diabetes can be treated and are reversible, medical schools need to teach this information, and hospitals need to model it, like what happened with smoking. We need to help people get over their natural nervousness of quitting eating unhealthy foods. **Suzanne:** we are constantly working with our federal partners to understand how important nutrition is. We need more funding just for nutrition. We also need more funding for medically tailored meals. We are working with local hospitals on programs for prevention and transition out of the hospital, to provide people with healthy food before they enter or come out of the hospital. We are in a research project with Kaiser where they are tracking the benefits on the financial side as well as the savings if you feed someone for 90-days after leaving the hospital, will it reduce the likelihood of being readmitted? The Food as Medicine coalition is doing research across the country on things like this and advocates for more money up front for fewer procedures later. **Tanya:** I worked for an organization where we would ship food boxes to patients. The food sent was heavily processed. What more can we do to help build it local when getting food from where it's grown to where people live? **Suzanne:** We are working with all of the Meals on Wheels throughout the country as part of the Food as Medicine coalition. The coalition has taken on this research work. For us, we are delivering food locally and not shipping it. This means we have eyes and ears on our clients with our wellness checks and deliveries. We can send an alert to our partners if we notice anything. In WA, we work with the Nutrition Providers Network. Before COVID, we were building capacity in organizations to do food as medicine to get contracts across entire provider networks.

- **Pam:** Suzanne, you spoke about the importance of good diet and human connection. Can you describe what your organization does to support the human connection component? And how would you increase that component? **Suzanne:** we rely on volunteers but had to reduce that during the pandemic. We started a Friendly Chat program with hundreds of volunteers to just call and have a chat. We also do Wellness Check calls with trained volunteers and staff because we can't see everyone once a day. (During the pandemic we're seeing them once a week.) We're checking in with what they need, i.e. with the heat, do they need fans or need cold water to blow through the fan? Do they have a primary health provider? Can we connect them to someone else with resources? The friendly chats are more geared to clients who are isolated; volunteers will call just to chat about anything. We have 600 clients opting in to them and 300 volunteers making calls. On the technology side, we are getting grants to help get our clients internet access, and access to ipads or gran-pads. If I had another magic wand, I would get more volunteers to call people and chat and get free broadband internet to more people. We have some funding to get people 6-months of internet, but what about after that?
- **Amy:** Dr. Barnard, you spoke about people tend to not want to change. I haven't had animal products in about eight years. I had some friends over to my house and I get questions like, you're not even serving chicken? I get similar questions when I tell people I don't drink alcohol. Do you have any phrases that get through to people better than others? **Dr. Barnard:** in our clinical work, it depends on what people want to improve. They come in not because they want to change, but because they want their diabetes, for instance, to get better. I take about 2 minutes to describe how foods play a role in diabetes or in hot flashes. In the case of diabetes for example, I'll take an 8.5 x 11 piece of paper and draw an oval on the piece of paper. I explain: this is a muscle cell in your body and it's driven by glucose. In your body the glucose isn't getting into your cells, that's called insulin resistance. Why is that? You can't see this, but if I looked

inside your cells with a magnetic resonance scanner, I will find that you are filled with fat particles. Where did those come from? The salmon, chicken, cheese, etc. that you ate. If I stop eating those things, will my diabetes get better? Well, let's see. Then they and their reluctant spouse spend 1-hour with a dietician. You don't have to confront their skepticism. They should be skeptical. The dietician draws up a menu, very soon they get results and feel better. It's important to explain how the foods work in their body and then just try it. You have to make a powerful diet so they will get better fast. That's what can make people believers.

- **Larry:** I worry about food banks and pantries who get donations of food that's not being sold. How do help people without financial choices who are focused on staying alive with a food box? How do we provide education around food choices when there are options? When there are choices, animal products are top choices for many. **Suzanne:** I don't know how how to address the issue. I'm on the Oregon Hunger Task Force with the Oregon Food Bank CEO and we bring up if we had enough resources and were not dependent on what's donated, that could make a difference. It's a long-term process. It's an issue with federal government and what they allow SNAP benefits to purchase and what they send to food banks.
- **Cass:** Suzanne, would your volunteers feel comfortable saying something educational about the diet you're providing, like Dr. Barnard explained, at times of delivery? **Suzanne:** some would, some would not. In our volunteer orientation, we talk about it. We send out a "Food for Thought" each month to everyone receiving meals with educational pieces in it. If volunteers get questions and aren't comfortable, hopefully they will tell site managers who can follow-up with the client. **Dr. Barnard:** I liked what Suzanne was talking about earlier about providing healthy food and providing connection. You don't just need one volunteer talking to one client. I learned about this in the pandemic when I couldn't give in-person talks and people needed them more than ever before. If you had diabetes before, you might die slowly. But with COVID, if you have diabetes, you could be dead in 14-days. It became really urgent to get the message out. We offered a free online classes to fight COVID with food – not to fight the virus itself, but to improve our health to make us less vulnerable to the virus. We marketed it in economically disadvantaged neighborhoods. We saw more than 1,000 people in some classes. We had 3-people teach the class, so it didn't cost that much to run. Suddenly we had people getting together, they could talk about things, have assignments in between classes, etc. We gave out gold beans if you showed up and if you took certain actions. People loved it. The internet can bring people together. You can teach people really well and reach a lot of people really quickly.

Q&A with Public:

- There were no questions from the public

3. **Commission Download: What have we heard? Potential recommendations? Request(s) for more information?**
    - Pam: we keep hearing the need for greater broadband access. I believe the county is working on it. As a policy-focused group, is there anything we can influence?
    - Tanya: importance of information and education, getting the right information out, not sure what that necessarily looks like in terms of a policy suggestion.
    - Larry: the education needs to include the trade-offs, i.e. what are the benefits that could change your whole life? We're competing with TV advertisements for unhealthy food. When I deliver Meals on Wheels, I'm sometimes asked, is this good? Should I get this or that? The knowledge isn't always there.

- Tanya: there is a health equity issue. Earlier Larry brought up the unwanted food going to the food bank, that's not healthy and it's going to the very poor and we're creating this cycle of disease and illness with our poorest community members.
- Cass: liked the idea of building *communities of conversation*, for recipients of food or for people who donate the food. As a culture, we haven't thought upstream/downstream about what our intent is when we donate. What happens if we're not donating what is healthy? Are we contributing to the cycle?
- Chuck: could we make sure Dr. Barnard's 2-minute script gets into the meeting notes? [note: see section above for that segment of the conversation]

4. **General Public Comment**
   - There were no public comments

5. **Officer Elections**
   The following commission members were elected:
   - Chair: Chuck Green
   - Vice Chair: Franklin Johnson

6. **Communications and Announcements**
   - COVID-19 update: Amy Gross provided an update including: vaccines are widely available in Clark County in local pharmacies and medical offices. Go to vaccinelocator.doh.wa.gov to find vaccine sites. The largest group that has been vaccinated are older adults.
   - ADRN update: Tanya Stewart let the group know that the next ADRN meeting will be in September
   - Transportation Systems Plan Sounding Board update: Tanya Stewart provided an update on the first detailed meeting that just took place. Tanya requested information on traffic accidents and data around older adults and analysis of crosswalk signal times compared to where there are large numbers of older adults. If any commission members have any thoughts or want to contribute, send feedback to Tanya.

7. **Adjournment:** The meeting adjourned at 5:42pm.

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