

Commission on Aging

January 21, 2021 Virtual Meeting Minutes

10 a.m. – noon

Call to Order: Dr. JoAnn Burke, Chairperson of the Commission on Aging called the meeting to order. She welcomed everyone and did a roll call to determine if a quorum was present:

Congressional District 1 Sue Grossbauer not present, Congressional District 2 Laurie Mullet is present, Congressional District 3 Debra Lambert not present, Congressional District 5 Robert Bischoff not present, Congressional District 6 Dan Mustard present, Congressional District 7 Margaret Smith not present, Congressional District 8 Katie Ehlman present, At Large Charles Mclean present, At Large Judith Schoon present, At Large Michael Sullivan present and she is also At Large. JoAnn said they have 7 members present and they need 9.

Dr. Burke asked if there were any additions or corrections to the minutes. There were none so minutes will be filed away until there is a quorum. Joann asked Laurie how they are doing with member recruitment. Laurie said there has been no further action and asked Erin if she knew the state's perspective on applications that they have pending. Erin said they have not heard anything; there are 5 vacancies and 5 applications pending.

JoAnn said they are coming to the election of officers and they don't have a quorum. She asked the Commission for help; can they go ahead or wait for another meeting? Erin said in the past when they didn't have a quorum the elections have still been held. It does say in the by-laws that elections are held the first meeting of the year, but it doesn't specifically address the quorum issue.

JoAnn said they have 5 positions that they need to address, they need to elect a Chair and they have 3 Vice Chair positions dealing with membership, partnerships and outreach and programs and 1 secretary position. JoAnn called for nominations for Chair, Judith said she nominated JoAnn. Charles said he seconded the nomination, Motion carried, and Dr. Burke accepted the position of Chair. Vice Chair membership nominations: Charles said he would no longer be able to serve in partnership and outreach effectively on the Commission. Judith said Laurie has been serving well and they should keep her. JoAnn asked for other nominations. There were none, and Laurie was confirmed by unanimous vote. JoAnn said since Charles said he will no longer be able to serve on the Partnership and Outreach committee, they need to connect with other organizations and entities within the state to support aging in place initiatives. JoAnn called for nominations. Katie was nominated for that position. Katie asked if there was a description of the responsibilities in the by-laws. JoAnn said yes she would get that to her. Are there any other nominations? Charles said he would close the nominations. Katie said if she could read that before so she could see the time commitments for that. JoAnn asked Erin if she had the by-laws she said she would send them right now. Katie wanted to know the length of the term. JoAnn said the term

for the Vice Chair is one year. JoAnn said she would hold on that. Vice Chair for Programs nominations. Charles said he would re-nominate Judith. Laurie said she would second. JoAnn asked for any other nominations. There were none and with no objections and by unanimous vote, Judith was reelected. Secretary: Dan has been doing serving in the role for the Commission, Charles said he would nominate Dan. Judith said she would second. JoAnn asked for any other nominations. There were none, and Dan was re-elected to the Secretary position.

Katie asked if they could briefly describe what has been done in the past with the Partnership and Outreach position. Charles said basically it is the development of relationships with stakeholders in the community. Examples include reaching out to the local Indiana Chamber of Commerce just to let employers know that this is a real issue in the state with an aging workforce. These are not traditionally people who we reach out to, because we generally reach out through health care professionals and those organizations and agencies because they understand what's going on. So part of the issue is to help educate other stakeholders that they don't necessarily take the time to educate, but can disseminate information in areas that they can't. The health care community that they usually reach out to can only disseminate so far, a 500 person employer can disseminate information much farther.

Laurie said she was going to say JoAnn's Living Longer Living Better coalition was really a response to some of those partnerships along the way that she has continued to foster. It's just continuing to build that momentum of other organizations in the state that would take on services to older adults, and to build a coalition around the needs of elders in our state and those who care for them, aligning with the mission of our Commission. Laurie and JoAnn agreed. Katie said thank you for thinking of her and she would honored to do her best for a year. JoAnn said all in favor say "I" and she congratulated Katie and would be in touch with her to work with the executive committee to get some ideas together.

Discussion: JoAnn said it was time for her to present the "Living Longer, Living Better" collaborative work and asked Erin to share the screen with her power point. JoAnn said to those of you who have been working with her on this project when she gets to their slides she will invite them to take over and talk about the slides they sent to her.

JoAnn said she was going to talk about the work she has been doing in four of their counties in Indiana to apply some of the work that they have promoted in their "Living Longer, Living Better" guide they developed as a Commission. Last year after she began talking with them, and they encouraged her to get an advisory committee together to work with her on developing the guide, which they did in the spring of last year. In 2019 she applied for a Qsource Community Partnership Grant, which she received. It was a seed grant so that as the guide was developed, she could take it and work it in four Indiana counties. The 4 counties she chose to work in were Brown, Marshall, Randolph and Tipton. This grant was through Saint Mary's College, Notre Dame and she will be talking about how their guide began to influence some things in those counties. She has partners in the area agencies on aging that she worked with in the counties and she will ask some of them to come on and explain some of the things they are doing in their counties and she'll make some comments as she goes along with this.

JoAnn said that the purpose of the "Living Longer, Living Better" guide is to help communities adapt positively to population aging by becoming more age friendly and dementia friendly. Its

purpose is also to help adults and their families become more literate in accessing and utilizing health care and aging services. We do that by guiding and encouraging health care providers in local communities to become more age friendly, dementia friendly and integrated with the aging services network.

In the guide, they are encouraging 2 workgroups to be active in the communities. One is focused on the community, developing age friendly and dementia friendly initiatives within the local community, and the other is to work with the health care providers in those communities to help to become more age friendly and dementia friendly. Putting those 2 workgroups together in the local communities is what they are calling the local community care coalition.

JoAnn said that work group one is focused on the local community with an emphasis on social determinants of health, including economic stability, the neighborhood and physical environment, education, food, community and social contacts and the health care system. The health care outcomes that they are looking at are mortality, mobility, life expectancy, health care expenditures, health status and functional limitations.

Brown County has a population of just over 15,000. A little over a quarter of Brown County people are over 65 by 2050 the projection is that a little over 31% of the population will be over 65. There are no hospitals in Brown County, there is only 1 nursing home, and there is 1 senior center with limited hours. Thrive Alliance is the area agency serving Brown County and senior transportation there is done by Access Johnson County.

JoAnn worked with Karen Dawson at Qsource and Thrive Alliance. Qsource is their quality improvement organization working with the Centers for Medicare and Medicaid services for Indiana and Karen is working in Brown County. The pandemic really impacted the scope of their work but they did the best that they could. They were looking at Medicare CPT Codes to pay AAA care managers to work under the supervision of a Primary Care Physician to strengthen care coordination and prevent hospitalization for older adults with chronic disease. This is a collaboration between Primary Care Physician in Brown County and its health care partner Thrive Alliance. This is an initiative out of work group 2, since the goal is to help the health care entities in these communities to become more age and dementia friendly.

JoAnn asked Sue or Teresa to talk about what Thrive Alliance is doing in Brown County. Sue Lamborn from Thrive Alliance said that they did begin to make strides with the CPT codes, but it was very difficult and they will continue to work through the issues. What they did end up doing was 3 programs in Brown County in the dementia care realm; 1) Music and Memory, 2) the hiring of a dementia care coach, and 3) the expansion of their Dementia Fiends initiative into Brown County.

Sue said the Music and Memory program received in-home service provider certification back in August 2020, and as a result of that they adopted some evidenced based practices that were taught to them through the trainings that they attended. There were 18 from her agency who were trained in Music and Memory and 3 volunteers who were also trained. They are in the process now of adding to the database of music and are in the process of rolling the program out. They have 2 participants in Music and Memory at this point, where they are conducting assessments and building playlists through mp3 players that they've purchased.

The Dementia Friends initiative began in Columbus Indiana in 2017. CICOA in Indiana has that license and they've extended that license to them in Bartholomew County. They had plans to extend this in 2020 to Brown County where they were looking at some dementia friendly dining and they were looking possibly at some dementia friendly yoga but 2020, but plans had to be postponed due to COVID. They are conducting Dementia Friends information sessions monthly that are virtual and open to anyone in the state, but they do focus on Brown County residents. Sue was able to begin training in February 2020 to work with the Brown County Triad Division. Their plans for 2021 include 2 sites for dementia friendly dining and they have identified a site to do dementia friendly yoga.

They have hired in the last few weeks a dementia care coach in partnership with Indiana University and local support from the Brown County Community Foundation. They were able to apply for money to support this position through this foundation and they have been given a three year commitment. Currently the dementia care coach is going through some pretty intense training. They will be offering a caregiver stress service bundle that will include caregiver counseling, education and referrals, developing crisis plans if the caregiver gets ill, and also to arrange weekly respite care and connections to monthly support groups for people who suffer with Alzheimer's and other dementia. This initiative is up and moving and there has been a great deal of planning that went into this grant in 2020. Those are their 3 main initiatives, but she added that they're planning a robot pet care dimension that they hope to begin in the next couple of weeks. They will be identifying Medicaid waiver participants who have dementia or Alzheimer's to receive a pet, but they would need to be in their care management services.

JoAnn thanked her for her update on the really exciting things going on in Brown County. She stated that they are quite active for a county that has no hospital, and they are looking at the social determinants of health. JoAnn pointed out that Sue mentioned the term "health care partner" with the Primary Care Physician practices, and she wanted to highlight that just as a term because she doesn't usually hear the Triple A's called health care partners. One of their challenges is to work towards getting collaboration between health care providers in these local communities and the Triple A's. JoAnn asked Dustin if he had anything he'd like to comment on with Dementia Friends and the work in Brown County. Dustin said he was just starting to compose an email to Sue and congratulate her and how proud they are of the amazing things they are doing, especially in an area where resources are limited. It's really exciting to see this advancing and this reflects that this can be done, and done well, and be very impactful no matter the environment. He is thankful for all the work that they do.

JoAnn said Marshall County has a much larger population than Brown County. In Marshall County they have just over 18% of the population that are now 65 and over, by 2050 they are projected to be up to over 25%. Marshall County has 3 hospitals, including Trinity Health in Plymouth. They have five nursing homes, and two senior centers. REAL Services is the area agency that provides services in Marshall County and senior transportation is done by the Marshall County Council on Aging.

What they tried to do in Marshall County was to create a local community care coalition with 2 workgroups just like they did in Tipton County. They have been a little slow up there because of

COVID. There are some community groups meeting, but nobody was particularly focused on age friendly and dementia friendly services. Cathy Wray of Qsource has been working with the North Central Indiana Coalition that has several north central Indiana counties in it. Cathy said that they did get off to a slow start, but they have been able to connect with REAL Services and they are working on that relationship. St. Joe, Med-Center Hospital out of South Bend has connected them with the Plymouth Hospital, so they've got good connections there. She believes JoAnn will be presenting this to the United Way up there and to Jim Baxter's group, the Health Improvement Alliance, so they can talk about this more as a community and get more stakeholders to the meetings so that they can get more help in getting their project started.

Cathy stated that through JoAnn and her efforts, they've been able to make those great connections so they can keep this going. JoAnn thanked Cathy for her work in getting the aging network and the health care entities serving those communities together as well as some other organizations at work here. This is the grass roots approach that Kristen LaEace suggested that they use several years ago, and this guide is one of the outcomes from that discussion.

REAL Services (AAA Area 2) has Alzheimer's and Dementia Services of Northern Indiana, and the Institute for Excellence in Memory Care. JoAnn asked Angel to talk about her priorities and what they are doing in Marshall County. Angel said that they have already done some community education sessions with the Marshall-Starke County Development Center and that they participate in their Care Partner Academy. This provides education for community members, and has been ongoing over the last year. They have hired a program director from Plymouth, who will be promoting their Dementia Friends initiative. They've started rolling that out to some of the area's religious communities. This program is getting the community to understand and to recognize dementia in their community members, and how to approach and/or interact with someone with dementia on a community level. For example, McDonalds workers or grocery store clerks, bankers; people that aren't necessarily in the professional dementia field but still encounter it every day. They will be expanding their support groups down into Marshall County this year as soon as COVID releases them from its grasp. They are working on opening some new memory cafes so that folks can get together with their loved ones down in that area, while also working with the hospitals to increase professional front line staff education for the institute. They have a lot of plans in the works and a lot of them involve Marshall County this year. JoAnn said, "Thank you for the update."

JoAnn asked if they had someone from Area 2 to tell them about some of the work in Marshall County. April Pierce said they have programs specifically related to dementia care and caregiver support in Marshall County. Their resource center does serve Marshall County as well as their other surrounding areas, and they have care management teams working there. They have their guardianship services that also play role in that community. They attend a number of group meetings that involve the United Way, other health care professionals and other professionals in the community. There had been, before COVID, a number of meetings designed to support the efforts of this initiative. She thinks Marshall County is a great place to take this grassroots approach because of the nature of the community, and it's going to be a great fit and will be embraced.

JoAnn stated that one of the purposes of the guide is to get local communities to see the area agency that is serving that community as experts in aging and aging services, and to utilize existing resources. It is important to keep the expense of implementation to a minimum.

A question was raised regarding the vaccination roll-out in Indiana, including the tracking of vaccinations:

Sarah Renner said vaccines are recorded in the CHIRP system that the Dept. of Health manages, all providers are required by the state to use this system. CHIRP stands for Children's and Hoosier's Immunization Registry Program and the data is viewable by health providers if they go into CHIRP or have a direct link to access it.

JoAnn said Randolph County's population is a little less than 25,000, about 21% of the population is 65 or over by 2050 is projected to increase by about 25-1/2%. Randolph has one critical hospital, five nursing homes, and one senior center. The Triple A that serves the County is LifeStream Services and they also provide senior transportation. One of the things they were looking at in Randolph County was how people who are presenting with symptoms of dementia receive screening and referral from health care providers. They ran into some interesting transportation issues over there because most of the screening would probably be done in Muncie. JoAnn asked Mandy Williams to talk about their services in Randolph County and their transportation. LifeStream serves a 12 county area in east central Indiana and Randolph County is one of their more rural counties. They feel very fortunate to be partnering on this initiative due to trying to find some new partnerships and solutions for the residents of the county. Back in 2019 they started working more closely with the senior center, Main Street Senior Center, to help with their outreach and recruitment of participants and members and in 2020 that has expanded into a pretty robust nutrition support program driven by the pandemic.

They are working with Main Street Senior Center on weekly food distributions where seniors can drive through and pick up a package of meals, and that is now reaching over 120 seniors a week. In addition, they are working with Second Harvest food bank to provide a safety net to help low income or food insecure seniors have access to healthy and fresh foods. Both of those have really been a big focus for them especially in this last year. Amber Friendly Call Program was launched during the pandemic and is open to any senior experiencing isolation or loneliness throughout their communities. They have moved their dementia friendly programming to the virtual realm. They are offering monthly dementia friends info sessions and they have developed a series of resource cards focusing on different industries. They have one for banking, one for transportation, and one for food or restaurants. They are hoping this year to begin expanding their outreach to distribute those to additional partners and entities in the county and also to their clients or individuals in the community who are living with a dementia diagnosis or their caregivers. Through that process, they've identified 25 households where they are providing care management and supports to individuals living with dementia or Alzheimer's diagnosis. They are hoping to do to work with more local partners in Randolph County, the hospital and other primary care physicians or practitioners because many of them are traveling to Muncie or Richmond to receive specialized care or support for a dementia diagnosis.

JoAnn thanked them for helping us learn some of the very creative and innovative work that they are doing in Randolph County. One of the things that JoAnn learned in some of the work in the eastern part of the state was that the not for profit hospitals need to provide community health assessments and those aren't always shared with the local community. They really have a lot of information in them that can be helpful to communities to become more aged and dementia friendly. This information can be shared with local communities to guide some of their public policies decisions and can help them work together and integrate their services better.

JoAnn said Qsource is working in the eastern Indiana area and asked Cathy Wrey if she had anything else to add. Cathy said she would just like to add that a work group has been established with stakeholders through Ball Memorial Hospital and dementia care mental health providers in the area, including Centerstone Meridian Health Services. They have been able to secure new stakeholders and grow their work group to keep this on the forefront and they hope to continue to consult with her as well to keep going in the direction of this. They did talk about the community needs assessment and they did identify with LifeStream some of those barriers and will continue to work on those as well. Their attendance is growing as they continue to get more focused they will have more evidence based information to share but right now they are still connecting.

JoAnn said in Tipton County here she lives the population is a little over 15,000, 21% age 65 and over and by 2050 the projection is 51% will be age 65 and over. They have one hospital, one nursing home, one senior center. Area 5 out of Logansport is their Triple A and their senior transportation is from the Tipton Council on Aging doing business as Encore Senior Center, and they have no public transportation. JoAnn developed this guide based on some of the work that she had done in Tipton as kind of a pilot for all this.

The Tipton Community Care Coalition was developed in the summer of 2015 and they brought together some interested community members and representatives from health care and social service organizations. They have been meeting since 2015 and they've learned quite a bit in trying to make this a community for a lifetime that is more age and dementia friendly and to work with their hospital and associated physician practices.

They've had two work groups working in the local community care coalition. Work group 1 worked with the local community, local government officials etc., the other work group has worked with Tipton hospital to make them become more age and dementia friendly. The first step for work group was to bring a number of people together and do a deep dive into what they thought was working well in the community for it to be age and dementia friendly.

JoAnn said what they found is that they do have a senior center with a full activity schedule each month and they have senior transportation through that center. Area 5 had a part time care manager for Tipton and ended up getting a dedicated full time care manager at least temporarily. They have their nutrition site at the senior center and home delivered meals. Area 5 also piloted their volunteer guardianship program there and then expended it throughout their plan service area. Their nursing home has had a 5 star rating from Medicare and it's the largest Millers facility in Indiana. They do have a knee and hip rehab center at Tipton IU Health Hospital, their public library has been very open to serving people with disabilities and people of

all age groups, and they do have numerous volunteer activities for older adults, including an expansive after school tutoring program run primarily by older adults.

They also found things that they need to work on and she's using this example because she wants people to really understand that if you apply this guide at a deeper level, this is an example of what could happen. They found that they needed both market rate, affordable housing and home renovations for older residents in this community. They did have a housing committee that was formed to help write grants for affordable senior housing. They found they had a local zoning ordinance that prohibits senior housing from downtown and they found they needed crosswalks on two very busy streets. They had the advocacy committee formed to work with the planning committee and they found that they needed more senior transportation, so a transportation committee was formed to help the senior center write a grant to obtain an INDOT grant to obtain a second bus. They found they needed more CNAs and home care workers to care for older adults and a committee was formed to work with the local high school to develop internships at a local nursing home. They needed better understanding of how to access appropriate health care in aging services, and the community education committee was formed to invite health care providers and aging service providers to make presentations to the community. This is a grassroots approach to helping people in the community to become more age and dementia friendly.

JoAnn said that they did have a community education event where they asked their local health care providers and aging service providers to come. They met at the Purdue Extension office because it's rural and people were comfortable coming to Purdue Extension. They had 60 people come for 2 nights. They started at 6:00 p.m. and at 9:30 p.m. she had to finally shut the meeting down. People had so many questions and so many things to ask that they had trouble getting them to go home.

JoAnn said that what they learned was trust. A local resource directory is not enough. The people want to sit down and talk with people and learn how to access services. When they had someone with whom they could sit down and talk, they began to trust more of what they could get, and that was very important and an important lesson learned. Whatever we do, and however we go forward, the more we can do at the local levels with getting our providers out there meeting with the public it will be better.

JoAnn said that the first step for the second work group that was working with health care entities was to meet with the chief nursing officer as well as their administrator at IU Health Tipton Hospital. They began bringing together their key staff with the Area 5 AAA to work towards initiatives to make health care in Tipton County more age and dementia friendly. They came to the table and they worked together with Qsource. Qsource's role as the quality assurance organization in Indiana is a very vital part in bringing all the aging and health care providers together. They worked together on some of the initiatives that they could do at the hospital.

JoAnn is happy to say that their local critical care hospital has had training from Dementia Friends Indiana. COVID-19 has limited further work, but they are continuing their efforts to

become a dementia friendly hospital. At their last meeting for the community care coalition the work group 2 brought a primary care physician who is using an inter-professional comprehensive care approach to work with patients of all ages. They have an ambulatory health pharmacist on staff now that meets with people and reviews medications, and they have integrated behavioral health into their practice and they have people on staff who can work directly with their patients and work with people with dementia. She finds this to be very comprehensive. When she went in for her wellness check, they invited the physician who spearheaded this to make a presentation to their care coalition. They were able to get this in the local paper in order to educate the people on what is really available here.

What have they accomplished working at a grassroots level? The housing committee that they formed brought a \$7 million affordable senior housing complex to the eastside of Tipton and helped to bring a \$2.1 million affordable complex to the south side. The transportation committee helped write a grant for the senior center for an INDOT grant for a bus that they received. Their committee working with the high school is still in process. The community education committee held 2 programs, but COVID has hampered their efforts. They will get back to that again and talk about how their local health care providers and aging services can meet with the public so that they have better trust and understand how to access services. They have a representative from the care coalition who is working with the local trail committee to obtain a grant to expand the trail system in the park so older adults can have the opportunity to walk in a safe place and they were successful in getting a grant from DNR.

The work group continues its efforts at the community level to do things because there is an ordinance that prevents affordable senior housing in the downtown area of Tipton. The 49 unit apartment that was built was constructed on the east side of town where there is inadequate infrastructure. There are no sidewalks, the grocery store is across the street (a busy highway) from the 49 unit senior unit and there is no way for people to safely walk across the highway to get to the food store. Some in the community have dubbed the current policy “run grannie run” because Indiana Housing and Community Development Authority required food store to be no further than one mile from an affordable senior housing unit. It met that requirement, however INDOT will not approve a pedestrian walkway across Indiana 28 because it says the city has not provided sidewalks there and since there are no sidewalks, and INDOT will not approve a crosswalk. Since this is a public safety situation, a committee is at work advocating with for cooperation between the city and INDOT. They have contacted their state representative, Tony Cook, who is encouraging them to work with the city, in order to find a solution. They are also trying to work with the city planning commission around the ordinance that prohibits multi-family residences, including senior living residences in the center of town, since the current emphasis is on retail. They’ve also had responses from the south side of town saying they are afraid property value will go down in that part of town if there is an affordable senior housing development in that area. (The NIMBY, or not in my back yard, effect.)

They are also working to try to get a family caregiver support group going for families who have a member with dementia, since there is currently nothing like that in the community. They have

work to do and it is hard to get into it at a grassroots level in these communities. But they are addressing some issues that really need to be addressed.

They continue to work towards encouraging their local hospital to engage in age and dementia friendly practices and continue to train with Dementia Friends Indiana and continue to help the community learn about age and dementia friendly primary care.

JoAnn asked if someone was on the line from Area 5 to talk about the work they are doing down in Tipton. Chuck said that she's hit most of the programs they have. They have a senior center where they've provided meals, they have a case manager that provides services to the senior population. The big thing that they've done now is a grant-funded expansion of the adult guardianship program to all of the 6 counties that they serve, and their people are already close to capacity. They appreciate JoAnn because she serves on their board. She's an advocate, she's passionate, and really helps them to keep their focus on what they are supposed to be doing.

Judith Schoon asked JoAnn how she got a case manager in their senior center. JoAnn said, "Advocacy." She worked with Area 5, and they just kept talking about the needs in Tipton County and just kept developing their relationship. They have a growing older population who were usually served out of Kokomo, so they found a way to get more case management time in Tipton. That may be changing, but it was advocacy and continuing to work with their area agency and just explaining some of the difficulties they were having in the community. Chuck said he is the executive director of Area 5 and what it comes down to is they want to be boots on the ground in the communities where they have the people that need their assistance when the numbers can support it which they do in Tipton. They formed a partnership so they could secure some office space and have somebody there. It comes down to having employees who want to really find a way to make it happen and that's what they did with Tipton. Judith said "You said 'it's worth your time'. What makes it worth your time? What kind of numbers are you talking about, and what kind of help are you talking about?" Chuck stated that it's based on the number of clients that you have and he doesn't have the numbers in front of him for what their client ratio is down there but when the numbers support it and we can afford it we put people there. Judith asked if he gets a chance can he send her some kind of information on numbers and what he thinks is feasible. She lives in Griffith and they have a senior center and it's still not open, so they have no help for their seniors, no food, no services, nothing; and she is concerned about what is happening. Chuck said his (senior centers) are all closed too, but they have not stopped the grab and go nutrition meal sites; as a matter of fact it has grown since COVID. Judith asked what he meant by grab and go meal sites. Chuck said instead of the seniors coming into the senior centers they prepare meals each day and they drive up and they have a staff member take it out to the cars. They want to get back in but the numbers just don't support it right now. JoAnn recommended that maybe she could talk to Erin to get some connections for working with her area agency to see what she can do in her particular town to see what she might be able to get done to address some of the concerns.

JoAnn said it's not fun, it's hard work to get things done, but if they don't do it, it won't get done. It is all about taking small steps. She stated that she hopes that this presentation helps people understand a little bit more about how the work of this guide can actually go forward. In the recommendations in the report she encouraged Qsource to consider getting some funding to further evaluate and further develop the community methodology that is being advocated in the guide. She thinks there is some promise here, she thinks they need to understand it better, it does

not cost the state or local community anything to do this. It is a matter of bringing people together and connecting to bring synergies that catalyze age friendly and dementia friendly initiatives in these local communities. She hopes there will be some interest to study this further. She wants to thank all the organizations that worked with the mission and vetting this guide, they all have work to do on the Commission in their own ways to promoting it so thank you for the opportunity everyone to work with this guide with that she is concluding the presentation.

Judith said she had one more question. Can they use her guide to present to their council and some ideas of what can be done for their seniors? JoAnn said “certainly” and she asked Erin to send the Power Point out to everyone. Erin said that the guide is posted on the Division of Aging website in the Board and Commission section.

Update from the Division of Aging: Sarah Renner said she would give an update. The DOA has begun vaccination outreach to individuals 80 and over as of January 8, and then initiated the next age group (70 to 79) just last week. The outreach is done with the media through the Indiana Department of Health in collaboration with 211, area agencies on aging and AARP. There are several entities throughout the state making phone calls, receiving public calls about how to register for the COVID-19 vaccine. The information system that they are currently using has appointments for hospital based clinics, and it now includes local health departments as of last week. This week the system includes appointments at federal qualified health centers, some community health centers, and additional hospitals. In several rural counties the health department was the only place where vaccines could have been registered for, however this week in those counties there should be other clinic sites available. They’ve been working with the Triple A’s to provide contact lists so maybe it becomes a little easier to figure out who is 80+ and then who is 70-79, so that warm calls can be made to participants from those lists. To date, they’ve made over 13,000 calls through the Triple A’s and they’ve successfully registered 3,500 individuals, with roughly the same amount that are declining, typically by stating that they do not want to receive the vaccine at this time; there are variable reasons why. Many people stated that they were waiting to consult with their physicians regarding the vaccine. They are also connecting folks who are homebound for future follow-up for possible in-home vaccine. There are 3 categories of work; help with registration, gathering information regarding the reason for declining the vaccine, and finally connecting homebound individuals with EMS opportunities for vaccines.

Sarah said, in relation to the homebound population, they have started a pilot with area agencies, Hoosier Uplands and Life Span Resources. They are working with a small number of individuals who are entered into a different portal; not the one where you register for your vaccine appointment, and this portal is connected to local hospitals or EMS vendors (that is still being determined). A community partner may contact an individual and set up a vaccine appointment, such as the end of the day, because sometimes vials aren’t completely used by the hospital/clinic and can be used in an effort to use every last dose. Knowing that there are homebound individuals who could receive that last dose it one of the thoughts behind getting EMS to homebound individuals. The 211 at the first week of launch was able to receive and help successful register about 80,000 individuals, so a vast majority of the 80+ population are able to register for an appointment.

Sarah said that they also know that there are quite a few general public calls coming into AARP, the area agencies, 211 and it is generating new opportunities to talk about AAA services that people have never heard about before. It is also impacting workloads because the calls are taking additional time. She wanted to share that if you are looking at the Dept. of Health long term care facility data, that information is actually a week old. However, since late October the Dept. of Health has been noticing a decline in the total positive cases and death. The mortality rate within long term care facilities is good news. Now that the numbers are down to about 34% it is a significant rate, since they were closer to 60% in late October or early November. The good news is those numbers are declining. Also there are about 10 mobile units throughout the state that she believes come from within the preparedness districts at the Dept. of Health that will be going to nursing facilities, assisted living who have not partnered with CVS or Walgreens. The vaccine for long term care facilities came to states through a federal contract, not through a state relationship, so CVS and Walgreens are partners to the vast majority of long term care facilities. However some facilities for a variety of reasons are going to partner with these mobile units or find an alternative route. It's anticipated that those mobile units will be up and running fairly soon. They do know facilities have received vaccine already and it's anticipated that throughout the month of February there will be a lot of work done in the long term care facilities around vaccine. The final update relates to the Governor's address, as well as some communication probably coming out today from FSSA about stakeholder engagement for long term services and supports. This is something that they've been actively engaged in for several years, and they are in the process of restarting those workgroups. It's been almost a year since they met, and Dr. Burke will be a member of those workgroups, so they are focusing on design and finance. They are excited that the chair of the Commission on Aging is joining them in those reform efforts. She will be happy to take questions or talk about any additional subjects, but she is also going to look to Erin to see if there are other folks presenting this morning. Erin said Jessie is going to give an expedited eligibility update this morning.

Jessie said that if there were questions for Sarah he didn't want to start before they commenced. He just has a very quick update on expedited eligibility, the pilot program that they discussed before with the Commission, but today he wanted to take a step back and give a quick, high level overview. Back in October they started the pilot program with a few of the Triple A's and some other providers to try and speed up the process for Medicaid enrollment or Medicaid eligibility, essentially there is a web based portal that some of the Triple A's are now able to use to get someone qualified for Medicaid and the waiver the same date, if they are eligible. Since mid-October they've had over 600 applications through the pilot program, the majority of which have been approvals. They are still in the midst of reviewing the data to see how effective the pilot is, but they've also gotten guidance from CMS that they can extend their Appendix K, which is the emergency authority that they are using for the pilot. They can extend the Appendix K on the waiver 6 months beyond the end of the federal public health emergency. Right now they're looking at September into October to be able to potentially continue the pilot. All indications are it's going pretty well, many of them who have been in this work do understand how big a difference it is to be able to get someone eligible for Medicaid waiver the same day they apply. The whole point is to try and get more parity. Nursing facilities often have the sophistication and capital to be able to work with at risk individuals that many home based

providers cannot. Jesse asked if anyone had questions about expedited eligibility, but there were none. Jesse thanked the attendees.

JoAnn introduced Dan Mustard, Executive Director of Mill Race Center in Columbus, to give an update on some of the issues in the work of Indiana's independent senior centers. The Coalition currently consists of approximately 100 centers. The Coalition recently surveyed 30 of their core Senior Centers. Again, they see a distinction between "open" and "operating." 5 Centers are open, 13 are operating and 12 are closed. Services for those in "operation" have focused on outreach, transportation, nutrition, while Centers that are also open are focused on activities that can be done in a way that allows safe physical distancing.

The Coalition has expanded its guiding team in an effort to increase the representation of various senior center models.

Many senior center leaders have mentioned the fact that they feel like they often work in isolation, even pre-COVID. The Coalition's goal is to provide opportunities for networking and education, both through webinars and meetings where leaders can share best practices. One of the key goals of the coalition is to provide professional development for senior center staff and leadership, which eventually will lead to a certification process.

Many Centers are partnering with local Health Departments and Hospitals in the effort to assist seniors with registration for vaccines. Some centers are also serving as vaccine sites.

Two of their members have served on an advisory group for a new internet platform that will allow senior centers to make virtual, interactive programming available for public access. One of the features of the platform will enable centers to have the option to put some programming behind a pay wall, which will be a potential source of revenue.

JoAnn thanked Dan for the report.

I-4A Update: Kristen LaEace said the main thing that they are working on right now, as Sarah mentioned, is the vaccine distribution and outreach. Triple A's across the state are making this a priority and are able to draw on staff that are not fully employed right now because of covid-19. There are also Triple A's that are training volunteers to do outreach. She looked at the I-4A 800 number, and even though they don't get the volume of calls that the Triple A's do, there were very significant spikes in call volume on the 2 days of the announcements, both for the 80 and 70 year old range. They are very excited to be a part of this historic effort.

Kristin called attention to the first page of their education packet which outlines the work of the general assembly which has started and it's going to be very different year. There will not be as many bills heard because there has not been as much time for committee hearings. Committee hearings are more limited this year because they're having to allow for cleaning in between each witness and cleaning in between each meeting. For example, the committee rooms that the legislators sit in are all physically distanced, the committee room is separate from the witness rooms, and testimony is provided via live stream. But both of those rooms have to be cleaned and turned over for the next hearing so we can't have 6 hour committee hearings. They are going to be 2 or 3 hours with a break and then turn over a room. Legislators have been told to

prioritize since they have a limit on what can be heard. They have completed and distributed their public policy agenda for this year, which is a front and back page. They talked about the AAA's contributions to the COVID response, especially before the vaccine was available. Obviously they had to complete this before the beginning of this year when the vaccine distribution started. They highlighted their contribution to the response and how integral the area agencies were to their communities in helping older adults and people with disabilities stay safely at home.

The second page of their packet talks about their priorities. They are not going to see much change in the kinds of things that they are going to be working on. They are primarily what they've included in the past; CHOICE, social determinants of health, family caregiver, and dementia services, etc. The one thing that they did add this year is something very specific; broadband connectivity. They think they have a lot to share related to the experience of older adults and their access to broadband services as an ability to engage in telehealth and reduce social isolation. The next set of long pages include their lengthy bill list, which is a lot of information to monitor. They have bills in the packet marked "not determined" because they haven't had a discussion at the I-4A level as to what position they might take. If something comes up and it gets scheduled for a hearing they will have that discussion with their legislative committee to see if there is a position. Others are based on whether they supported or opposed the issues in the past or if it's included in their agenda. They commented on or provided testimony for two bills so far. One had to do with telehealth and the other had to do with the pharmacies being able to provide the COVID vaccine. Their biggest legislative priority has to do with the CHOICE funding. The Governor's budget came out and some actual top line items have reduced in the Governor's budget. It's not a just a reversion amount that is tacked onto the old amount but there is a reduction of nearly \$5 million each year in the top level funding line. They have provided some talking points that can be used to advocate for the budget lines, as well as supporting documentation. There are a few federal updates; there is a summary in their packets of the current draft of the Biden COVID-19 plan for the country as he comes into office. It doesn't specifically call out money for the Older Americans Act which is a little concerning. There are copies of the N-4A transition letters to the Biden administration, and there are two separate letters talking about what Triple A's do and what kinds of services are needed. Kristen encouraged the Board to go through the rest of the education packet. Some of the items are a little long but note-worthy, and if they have any questions later they can always contact her.

With no further questions Joann adjourned the meeting with the next meeting scheduled for March 18.