

Commission on Aging
July 16, 2020
Virtual Meeting Minutes
10 a.m. to Noon

Members in attendance: Dr. JoAnn Burke, Charles Mclean, Michael Sullivan, Debra Lambert, Katie Ehlman, Sue Grossbauer, Daniel Mustard

Members Absent: Margaret Smith, Robert Bischoff, Judith Schoon

Call to Order: Chairperson Dr. JoAnn Burke called the meeting to order. She is having trouble connecting via virtual and will be using her phone to connect to the meeting. Laurie said that she had been emailing with Erin who told her that the lawyer Kelsey, who had been advocating for them at the Governor's Office to get appointments done had been moved, but at least the Commission now has a potential quorum.

JoAnn said she would call the meeting to order and do role call to see who is present. Congressional District 1, Sue Grossbauer, absent; Congressional District 2, Laura Mullet, present; Congressional District 3, Debra Lambert, present; Congressional District 4, vacant; Congressional District 5, Robert Bischoff, absent; Congressional District 6, Dan Mustard, present; Congressional District 7, Margaret Smith, absent; Congressional District 8, Katie Ehlman, present; Congressional District 9, vacant; At-Large, Chuck Mclean, present; At-Large, Judith Schoon, absent (Judith checked in, but had to leave); At-Large Dr. JoAnn Burke, present; At-Large, Michael Sullivan, present; and 3 vacancies At-Large. JoAnn asked Laura if it was correct that the Commission has five vacancies and the rest have been filled. Laura indicated that the information was correct and there is one application, (Barbara Blackford), pending at the Governor's Office. Erin stated that Barbara Blackford is in Congressional District 9, which is Johnson County. Laura said that in southern Indiana there is an unrepresented Congressional District, as well as a vacant At-Large position. If anyone knows of any candidates, in the southwest corner of Indiana, please let them know of the vacancies. JoAnn asked Katie that if she had any ideas of someone that Katie works with down there she would appreciate help. Katie asked which counties need to be filled or if there is a map with the districts that she can look at herself. Laura said she can get that to her. Katie said she would do what she can, she would give her some names and she could take it from there.

Carolyn Jackson said that she didn't hear her named called and JoAnn said this is the COA meeting and she probably wanted the CHOICE meeting and she was welcomed to stay. Carolyn said that she would listen for a while and ask questions if she had any.

JoAnn said that there were seven Commissioners present, which was short of the number needed to have a quorum. The minutes would be filed until there is a quorum. Sue Grossbauer joined the meeting. She said that she was late joining in because she had trouble getting on. JoAnn said they are working on their new normal and hopefully by September they can actually have a meeting. If not, they will try and get any glitches taken care of so that meetings can be a little bit smoother and she thanked everyone for their patience. JoAnn said that she had asked that their Advisory Committee be sent a link to the meeting but they didn't get the link either. She told them that they would work on the glitches.

Division of Aging Update: Sarah Renner said that she would talk a little bit this morning about funding and turn it back over to the Commission. All of the Indiana government agencies are going through a budget reserve process and FSSA has completed that process. FSSA spoke with the Area Agencies on Aging last week and all of the other impacted vendors in the program. There are a few for-profit contracts that will receive a scope of financial reduction for the next state fiscal year. The AAA's will also receive a funding reduction to their state fiscal year 21 CHOICE allocations and those contracts are in process now. They had a meeting last Friday to go over the reduction and explanation about why the reserve is being taken from the CHOICE funding. Sarah wanted to go over that with the Commission this morning, as they heard several months ago approximately 19 million dollars was awarded to FSSA for the Division of Aging through the Cares Act and Families First Coronavirus Response Act these federal dollars stem through September 21 these dollars pay for services. Federal dollars must be spent on services before state dollars, and they also receive their Title III allocations as usual, which are typically spent first. They walked through a funding process to determine what their budget would be like for the next fiscal year, and it was determined that CHOICE dollars would not be spent, and the reduction could come from those funds because of the amount of federal dollars that must be spent first. The total percent that is reduced per AAA contract is 18.4%. All of the AAA's are aware of their original allocation, their CHOICE allocation prior to the reserve, the percent reduction, and then the new contract amount. From a total perspective, the initial award would have been \$24.3 million, the reserve amount is \$4.4 million, which allows them to allocate \$19.8 million into contracts for state fiscal year 21. The current Title III funding cycle will end with the Federal fiscal year 2020, with the new cycle beginning now. Money not spent in Title III in federal fiscal year 2021 can be carried forward in 2022, which also speaks to their ability to fund services. Ms. Renner concluded the update and asked if there were questions or comments.

Charles asked what contracted services delivered by AAA's might be cut due to the 18.4% reduction in the budget allocation. Sarah said that their projected return this year is about 2 million dollars, 1.5 to 2 million dollars, so technically, the reserve includes what the average return to the state would be. That would leave approximately 3 million dollars that could have been spent that is now being reserved. Cares Act, Families First and the Title III funds, being two year grant awards, would pay for some more services. The very narrow window would be folks who cannot get what they need through Cares Act, Families First, Title III or SSBG. (SSBG is another bucket where folks may be able to receive services.) It is going to require some changing of how services are funded for clients. There needs to be some conversation and quarterly and annual reviews, but it is anticipated that service needs will be met because of the large amount of federal funds that have come into the state.

JoAnn said that when taking a look at long term care services and supports overall in Indiana, we've been light on the home- and community-based services side and heavier on the institutional side. How is the balance being impacted by some of these budget changes, or is it? Sarah said that they did not anticipate that this reserve amount would impact their plans and ability to move forward with the long term care services and supports redesign, so that is still something the agency and stakeholders are discussing. If their percentage for living in a facility is 55 or 65 and their ability to live at home is at 35%, she doesn't think that there is going to be a significant institutionalization of folks over the next year because of this reserve; there will be no impact of their planning for redesign. JoAnn said "Okay you went right to where my question was." JoAnn also stated that with the concern surrounding congregate settings for older adults during COVID 19, it would be more likely that older adults will want to remain at

home. She would hope that people would not be inappropriately institutionalized as a result of these cuts. JoAnn asked if other people had questions for Sarah.

Katie from Evansville asked if there would maybe be a window or a small sliver of clients that won't be eligible for CARES, and would they be affected by the cuts? Could Sarah share specifically about the type of service, and population that is most likely to be affected? Sarah asked Erin to explain the complicated matrix that they use for funding sources and age. Erin said that the Cares Act, Families First Act, and Coronavirus Response Act funds come from the Older Americans Act. These dollars are set aside for people over 60, with a portion that can be used for caregiver services. They have Social Services Block Grant funding which can be used for individuals under 60 with disabilities, and then CHOICE funding is their other main source for funding for these services for the under 60 population. Some of the gap may be in the under 60 population that can't be served either through the limitations on the eligibility of the funds or just the availability of the funding through SSBG.

Michael Sullivan asked if there have been any cuts to CHOICE funding in the approved budget. Sarah said she would speak specifically to the budget that was approved through the last biennial process, and that answer would be "no." Outside of placing dollars into reserve and not allowing them to be attached to contracts, there is no additional budget process at the state level. Staff are receiving guidance from their agency heads on how the next biennial process will iterate. Michael asked if this year's biennial budget is still intact, and Sarah replied that it is. JoAnn asked if there were other questions for Sarah. JoAnn thanked Sarah for her report and asked if there was any more information from the Division of Aging that Sarah would like to bring before the Commission.

Sarah stated that she wanted to recognize that health equity for the older population has not been a primary focus of the Division of Aging's work, but recent events have led them to think again about their focus as it relates to health equity. The agency has changed its mission and some of its value statements in addition to the changes that were made in January. What they will see is a stronger approach and a more deliberative stance on how they want to work on health equity in Indiana, specifically because impacting social determinants or delivering on social determinants is what their agency does. The Division is going to come together with some of their AAA leaders, including Mark Lindenlaub, Jennie Hamilton, and Tauhric Brown. These leaders have volunteered to work with the Division, and Kristen LaEace is going to help the AAA's on what is needed, how they can move forward. So they are trying to look at the unmet needs for staff training, services, and how to move forward with a focus on marginalized and underserved populations. It should be a component of their state plan, and it will allow them to move forward in a bolder stronger way. Tauhric said that it is very exciting to have been asked to be part of this. CICOA is being very intentional about some very specific things that they are working on from a diversity and inclusion perspective. Hopefully it will shine more light on the different things that they may need to help those populations who have been affected in different ways here in Central Indiana. He said that it's very exciting to be working with everyone involved.

Kristen said she will be talking a little more about the whole issue of health disparities during her session. They are very excited and interested to move forward because a lot of these disparities are related to the social determinants of health, which is of course something they focus on as their main priority.

Presentation: JoAnn said she just gave her a lead into the "Living Longer, Living Better" collaborative guide they've been working on with the Commission. Hopefully they can all work together on addressing

some of the health disparity work that needs to be done in Indiana. JoAnn thanked Sarah for the report and update and asked if there were any other comments before they moved along.

Dr. JoAnn Burke shared background information related to the Living Longer Living Better program and stated that a copy of the guide had been sent to the Commission members. She gave a presentation to the Commission in January of 19 about a pilot project she had done in Tipton County, which involved the development of a local community care coalition. The Commission asked her to get an advisory committee to work with her and to develop a guide or tool kit that the Commission could then disseminate across Indiana to help communities to recreate the work that they've done in Tipton County. That is what the guide is about. Dr. Burke stated that the guide had been developed while working with her students in a doctoral nursing program course. After it was developed, the advisory committee vetted it and gave their comments. She revised it and sent it out to the Commission. She was ready to put this out in March but it got delayed until May and from May until now. She thinks they have all the material now.

JoAnn reviewed the 15 pages of the power point and thanked the organizations that worked with her on the advisory committee so far. She invited many others to help in this effort and she wanted to read through the list of organizations who attended meetings and helped her with this and others who have just come on board and who are willing to work with them to disseminate this through some of their ongoing work: **Alzheimer's and Dementia Services of Northern Indiana, Alzheimer's Association Indiana Chapter, AARP Indiana, Dementia Friends Indiana, Indiana Association of Area Agencies on Aging, Indiana Division of Aging, Indiana Hospital Association, Indiana Minority Health Coalition Inc., Indiana Rural Health Association, Purdue University Extension, Qsource, Saint Mary's College Graduate Nursing Program Notre Dame Indiana, University of Southern Indiana Center for Healthy Aging and Wellness** and she expects they will have more joining them. Her hope is that other organizations will use this guide to help with some of the initiatives that they already have underway.

Dr. Burke's intent in bringing the guide back to the Commission is to get feedback, and to encourage others to help to disseminate the information. Since there is not a quorum, final approval would be postponed, but the work would go forward.

Charles said he wanted to let her know that he has read through the document and he found it fascinating, because as you know, he is not a mental health or physical health professional but he found it inspiring in such a way that he has stepped up his level of community involvement in West Central Indiana. He has got a few meetings scheduled for the next month and he is looking forward to spreading the word. JoAnn thanked him and that since he is in fact vice president of working with committees, etc. that she is going to ask him to work with her. She wondered if they should make an attempt to contact the Indiana Chamber of Commerce and see if they will come onboard with some of this. She said she would do that with his help because she believes it can help the businesses in our communities, and the communities themselves to become more age friendly and dementia friendly. Charles said he thinks getting the endorsement from or recognition from the Chamber of Commerce would be an outstanding thing. The Chamber is just about in every city and county; you can start with any one of them and keep moving through all of them. They need to be aware of what's going on in their workforce and the potential challenges the workforce is going to face. She's hoping they'll get synergy from all of this.

Laura said she basically 100% concurs with what Chuck has said. She has shared in the past what they have had there in Valparaiso a small task force that did a similar project and they did have participation

from the local Chamber of Commerce as part of that and she's looking forward to taking this outside of Valparaiso and going into the county and regional level.

Dan said he is going to be very predictable in talking about the role of the senior centers and he thinks they can play a significant role in helping with this, especially in terms of helping with the challenge of isolation among seniors. He thinks that there is a role that senior centers can play and he will certainly take this up with the Senior Center Coalition as well.

Katie from Evansville said she sees that there is some synergy between this document and the work that they're doing with the geriatric workforce enhancement project, and she believes she can make contact with her colleague at IU who is working on another workforce enhancement project. This might offer some additional synergy statewide in Indiana. JoAnn commented that with so many organizations working on this that we should be able to impact Indiana's rank of 51st in long term care and supports. JoAnn said she wants us to do better in Indiana and she thinks we definitely can. We have a lot of wonderful organizations, and she would like to see communities involved in this. She's been working up in a little rural county (Tipton) and they've been challenged by zoning ordinances that have astounded her. That's the level at which they need to get into some of these communities. They need to be aware of what they need to do for housing, affordable housing, senior dwelling units change some of the zoning issues. They've brought 9.2 million dollars in affordable senior housing into Tipton through the efforts of the local community care coalition. She wanted to throw this out as an example what's going on with zoning in the area in which you are living that might need some attention for instance with affordable senior housing going forward. Are you aware of any issues in the community that you are living in?

Dan said he knows one area in Columbus. As is often the case, senior communities are put on the outskirts of town, essentially in a food desert. People with limited access to transportation may have a difficult time getting out. They are in many cases putting people in situations where they are destined to be isolated and not have access to some of the services that they need. JoAnn said that the same thing happened in Tipton. She had an out and out battle with the Mayor on that one. A senior living facility was built on the far end of town, with the food across the street and no cross walks and no way for seniors to get over to the food store.

Charles said one of the things that he is hearing is that the affordable housing has a density issue when it comes to zoning so you have two issues. First, you have people in the wonderful homes who don't want it in their backyard and second, if it is zoned into a place where you don't offend those people, there is the possibility that it will be in an area that is going to be marginally higher in crime. It will almost certainly be in an area that has restricted access in terms of being able to get where you need to be. This is a tough one all the way around, because you've got developers wanting to make money. They'll develop it if they can make money, and then you've got politicians who are beholden to the local voter who doesn't want it in their backyard.

JoAnn said that this guide is pointing communities to address health disparities. This is messy work, but it is work that we need to do because we have an unprecedented number of older adults. We are going to have to deal with some of these issues in the community. We can do a better job. It's going to be hard work. We are the Indiana Commission on Aging and that is, by statute, what we are supposed to be doing. Part of our mission is to help our state get through some of this messy work. Chuck, you identified exactly what they ran into in Tipton.

Sue said this is phenomenal work and for somebody who is new to all of this she is totally blown away. She thinks it couldn't have been timelier. She's sure she didn't know when she started that we would be dealing with COVID, but it is now even more important to address the social determinants of health. When we talk about "not in my backyard" kind of issue she feels that we should point out the economic contributions of older Americans to our society and she thinks that there are other messages that can help combat this attitude. There is a large body of research demonstrating the ways that seniors improve quality of life in the community on many dimensions. What about the seniors who care for grandchildren, what about the seniors involved in volunteer work giving back to their communities, what about the seniors tutoring little kids in school and helping them to learn to read? She thinks if we could help make communities more aware of how seniors improve the health and quality of life in the whole community, maybe we'd have fewer people saying "Not in my backyard." We want to have people saying that we need seniors right here integrated with the community, not isolated. JoAnn stated that she's glad to have Sue onboard with the commission, and that since this is Sue's strength, that she help the Commission get some of these messages out.

JoAnn said she's hoping someone will host a series of virtual meetings to discuss the guide. They are going to have to have someone host the meeting, since the Commission has no money, no budget, and no infrastructure to move this forward. The Commission is currently limited to working with the members of the advisory committee. JoAnn asked if anyone on the Commission had any idea how they may move forward with their advisory committee to really get the Commission on Aging guide out there and push this initiative in Indiana.

Kristen said that the Indiana Association of Area Agencies on Aging can host virtual meetings. Chuck from Area 5 said he would be happy to help and host whenever needed.

Charles said he has ideas, but it is just a question of resources. His brain goes to a thousand different ideas to implement, but it always boils down to the resources. He doesn't think the people he works for are going to give him the time necessary to go out and visit all the people he needs to see during the daytime in order to promote this, but yet he knows from experience that this is absolutely what it takes. He felt that this is going to be a tricky thing to do, and they need to move quickly, but the resources are going to hold down the speed in which they move.

JoAnn said that she wants to stay on this advisory committee and she hopes that they will get the Indiana Chamber of Commerce onboard. She thinks that they need to get in touch with their legislators too, and they can each do that as a member of the Commission. The Indiana Division of Aging are working with the health experts, (Sarah talked about that this morning,) so she thinks they are in step with the Governor. She thinks it's a win-win situation for everyone. She would be the last person to sit here today and say it's not hard at the local level to deal with some of this, but on the other hand she can't tell you how many people come up to her in Tipton and are grateful that they have moved forward. They've improved transportation for seniors through their senior center, they've strengthened the senior center, and the local care coalition has gotten \$9.2 million in affordable senior housing coming into this little community of less than 16,000 people in the county. They've identified addiction issues. They were the only county in Indiana that was not connected to the Division of Mental Health Addiction education money coming through state agencies, because nobody had stepped up there. The coalition has done a lot of things just by bringing people together and talking and meeting. It's hard work. She has been working here in the community with some of these initiatives since 2008. This local

care coalition has been helpful and they have supported one another. They've got a long way to go, but they've gotten some things done and she thinks in these Indiana communities a few things are better than nothing. People often don't have a connection to resources, and the guide will give them some tools to use to connect with resources.

Sue said that she liked hearing JoAnn mention the Indiana Chamber of Commerce, and she's wondered if other statewide organizations, such as the United Way of Indiana might be a resource to help amplify the message. Laura said she put that down too. She knows that at one point they had an active coalition, and she thinks they can check on that. Laura asked Kristen if that was a resource.

Kristen said Indiana United Way is definitely a place to reach out to. Some of their staffing and their programming regarding statewide work and public policy has kind of been in influx for a couple of years, and she's not quite sure whether that's settled down, but it would be helpful to connect with them in terms of statewide and connections to other statewide partners.

JoAnn said she is willing to be the point of contact if someone is willing to make a connection. She also mentioned that she would also invite someone from UW to be on the advisory committee. Laura stated that she would contact United Way. JoAnn asked Chuck if he was willing to contact the Indiana Chamber of Commerce. Chuck said yes. JoAnn asked if anyone else had any ideas for possible contacts.

Katie said she believed the Alzheimer's Association of Greater Kentucky, does serve a number of counties in southwest and southern Indiana. Perhaps they would want to join their effort or be included since they serve parts of Indiana. JoAnn asked if she would be willing to contact them, and she said that she would be glad to. Michael said that the Alzheimer's Association of Greater Kentucky and Southern Indiana serves 18 or 20 counties in southern Indiana ranging from Vanderburgh to Jefferson County, and their headquarters is out of Louisville. Katie said they had partnered with them before and didn't realize it was 18 counties. Laura asked Michael if he still has any contact with the Home Care Association, and he said no. JoAnn asked if anyone had any contact with the Lilly Foundation. She said that she brought them up because they are connected with all of the community foundations in these Indiana counties, aren't they? Chuck and Kristen said that's their understanding. Kristen said they do fund them, but you may want their trade association, the Indiana Philanthropy Alliance. The Indiana Philanthropy Alliance is the association for all the foundations and funders in Indiana.

JoAnn said it's not asking them for money, but it's more about education to get them thinking about the need to deal with age friendly and dementia friendly issues throughout Indiana. Kristen said the Philanthropy Alliance has led age friendly projects for the state in the past, and there is a national Grant Makers in Aging forum that provides education, so it's a topic they're well familiar with. This would be something they'd likely be receptive to in terms of helping to forward the mission. JoAnn said she is willing to contact them to invite them to sit on the advisory committee. JoAnn said she's not asking them for money, but just to be aware. It never hurts to raise awareness, which is what the Commission is doing. She asked Kristen to shoot her an email with any contact information she has, if not she can find it. Kristen said to Laura that she would send contact information for the Executive of Indiana Association of Home and Hospice Care as well.

Laura asked Kristen if there is a mayoral association for the mayors of the different cities. Kristen said yes, there is an association of cities and towns as well as an association of counties. Laura said down in Valparaiso they've had a lot of support from their previous and current mayor and obviously they're

worried about COVID's impact on older adults. Perhaps that would be another network. She said she can check with her mayor. Kristen said he might be the better contact. JoAnn agreed that it might be another avenue.

Dan said one of the things that's really helpful in terms of the conversation with cities and counties is the percentage of people who are seniors and homeowners. It is by far the largest segment and therefore they are carrying the burden of property taxes. That usually gets the attention of counties and cities.

JoAnn said "good point." She stated that since there was so much positive feedback, that the Commission would move forward even though we don't have a quorum. She said she has a small grant (Qsource Community Partnership Grant), that will provide funding to work in 3 counties; Brown, Randolph and Marshall. She will primarily be working in Brown because they don't have a senior center or a hospital. Randolph is LifeStream Services and Marshall is REAL Services. She will report back to the Commission in November. She is trying to get one initiative stated in each county. She asked "Is there anything else on the guide?" She stated that she thinks covid-19 has given more emphasis to do something more, not less.

Erin said there are a couple questions in the chat: Are community action organizations involved? Also, is Purdue Extension involved? JoAnn said Purdue Extension is on the advisory committee and has given some feedback into the development of the guide. They were very involved in Tipton County and she has a couple of people from Purdue Extension on the committee. Community action, not directly, but they're addressing social determinants of health and community action is a part of this. JoAnn asked if anyone else had a thought on that. Kristen said Area 5, who you've been involved with, is a community action agency. The association has not been directly involved to her knowledge, and they may have an interest. They've got 5 of the area agencies across the state that are also community action agencies. There would be some synergy there, and she thinks they would probably want to enlist those community action agencies to make some outreach to their association there. Chuck said he would be happy to head that up with the Cap Agencies, just touch base with him and if she could send him a copy of the slides she presented he could be an advocate for them there. JoAnn asked if there were any objections to disseminating this guide. They can't vote on it because they don't have a quorum, but she thinks she is going to go forward if there is no objection, and they'll go ahead and disseminate it. There were no objections, so JoAnn will bring it back to the advisory committee and let them know that the Commission will bring it up for a vote as soon as they get a quorum. As of now, they are moving forward with disseminating and implementing it. They've vetted it, and she is hoping that the advisory committee will grow. She'll get with Kristen about hosting the virtual advisory committee meeting. Calvin Robinson from the Minority Health Coalition was ready to put her on a webinar in early July to discuss the guide, but she postponed so that the Commission could meet and discuss this. She thanked everyone and requested that everyone would reach out to her if they have any other input.

I-4A Update: Kristen LaEace wanted to give a little bit more information to a question earlier about whether the actual budget reserve will affect level of institutionalization. One of the things that they

were concerned about or wanted to hear about from the Division is whether or not Medicaid Waiver slots would be affected, since CHOICE and other funding sources are preventative to keep people from moving into the next level of institutionalization. If a person is poor enough, or sick enough, they can get on Medicaid Waiver as opposed to having Medicaid pay for your stay in a nursing facility. The funds can also enable a person to remain in their home. When they asked Sarah on Friday, she indicated that they hadn't heard anything about any impact to Medicaid Waiver. So at this point, if we can keep the waiver slots open and keep adding to the slots as needed, some of that institutionalization would be avoided because the eligibility criteria is the same. So just a little bit of information related to the budget reserve. They're hoping that (budget revisions) will not impact the Medicaid Waiver slots.

The Triple A's continue to have special Covid-19 operations. Many of the processes have changed. Triple A's have continued to do telephonic assessments and telephonic case management activities. They have continued in various ways to offer virtual connections, whether that be through exercise classes or bingo games or book clubs, or other alternatives to the usual ways that they might normally pull people together to prevent social isolation. Many of their friendly caller check-in programs are continuing, as is congregate meal delivery. Their congregate meal sites are continuing to operate, for the most part, with different operations, whether that be going directly to the home delivered meals or continuing with the grab and go. They do have a few Triple A's that will be taking baby steps to try and reopen some of their congregate dining sites, but that would include all the various precautions that would be required. She knows that some of the senior centers are also looking at reopening guidelines. Everybody is trying to learn from each other in that regard, so it's an ongoing process. Personally, she has a hard time wrapping her head around the fact that sometimes it feels like it will be over soon, but then realizing that this is going to be a long haul. It's going to be probably a couple of years before things start to return to normal. The Triple A's will continue to operate with those precautions in place. The one thing that they are starting to do is to begin the process of identifying policy priorities for the calendar year 21 general assembly. At I-4A they are going to be having their legislative committee get together and look at what flexibilities seem to be working well, and how they can advocate for those flexibilities to continue. Perhaps they could become a permanent part of how they operate long term care services and supports in Indiana. That's all covid-19 related. She thinks the other thing that's happened since their last meeting has been the attention given to health equity and racial justice. When Commission members look at their information packets, they will see that she tried to include things that will show them how these statements and proposals and questions about racial justice and health equity impact human service agencies, (like the area agencies on aging) and what they mean regarding public policy. For example, she's included articles about what some of the meaning behind the phrase "defund the police" and what that's really about. For example, if you have somebody who is in a mental health or substance disorder crisis, and there is no violence or crime happening, the police are probably not the best people to deal with that. You want a mental health counselor or crisis expert to deal with that situation. That means a shift in opportunity for human services and health organizations to step up and be part of that community safety response. It is very non-political and very matter of fact. Commissioners may be hearing that racism is a public health crisis, and that again feeds back into those social determinants of health and how systemic racism and ongoing bias affect health outcomes for people of color. Sarah alluded to the fact that FSSA has changed its mission statement to recognize this issue, and we will see the Area Agencies working with the Division of Aging on this moving forward. She wanted to explain why some of those things are in their information packet, and as a Commission on Aging, it's something we would do well to engage directly, forthrightly and fearlessly, knowing we have good intentions in that regard. Many of the area agencies created and distributed their own statements to their communities in the follow up to the protests surrounding the death of George Floyd, affirming their commitment to diversity and inclusion. Also included in the education packet is I-4A's statement

and how they link those issues to the social determinants of health which they work on every day. Kristen asked if there any questions before she talks about what is happening at the federal level.

Erin said there was a comment in the chat from Steve Robinson that says systemically linking the databases of law enforcement and mental health would be helpful or some sort of registry that law enforcement can access like opioid crisis. Kristen said, "Thank you."

Kristen said she will share a little bit about what they are hearing at the federal level regarding additional covid-19 appropriations as well as the regular budget cycle. Congress put the brakes on an additional relief package related to covid-19 to see how things were going to go with all the money that had already been put out there. There have been discussions around an additional covid-19 relief package, the talk is that it would be the final relief package we'd see related to covid-19. Some of the items in there or what people are advocating for include the extension of the additional money in unemployment and additional relief for states, cities, towns, counties that are really impacted by the decreased tax collection, etc. The aging folks again are requesting additional funding and they would like to see those relief funds continue into the following fiscal year as some states are pulling back contact funding from the area agencies and expecting them to use the relief funding to provide the same services. The final thing happening is the beginning of the regular federal budget cycle, and that includes the annual appropriations for the Older Americans Act. Some of the drafts coming out do include some increases in the Older Americans Act. At this point, there is not lot of talk about people anticipating cuts to that money. That's what they are hearing at the federal level. She said she would stop there and ask the Triple A's if there is anything else they should talk about or share with the Commission on Aging. In the packet she did include the full report that the National Association of Area Agencies did related to all the ways in which Triple A's across the country adapted to covid-19. N-4A also completed a statewide survey with area agencies across the state unrelated to covid-19. There is a page from a FSSA power point that shows the updated FSSA mission and vision and values. AARP came out with a "Caregiving in the US 2020 Report." Some of the summaries are included. There was also a report that came out regarding serving diverse elders in the packet. Kristen said JoAnn might want to look at including it in the tool kit since it is something that is not covered. She said she would stop there. JoAnn said thank you, and yes she thinks they could strengthen the guide by doing more work with addressing health equity and work with diverse elders.

JoAnn asked if there were any more comments that people had before they end today. Deb said she wanted to touch on the perspective of long-term care, assisted living industry with the aging population. With COVID, she has concerns about residents' rights. Its's a delicate balance between a resident's rights and what health concerns are, and as many people have acknowledged on this call, COVID is not going to go anywhere anytime soon. She doesn't think they are going to have a widespread vaccine for this anytime soon. She's concerned right now that they've got residents who for the longest time have been isolated in their rooms by themselves. It is a recommendation, to her knowledge. It is not required by the CDC. FSSA and the State Dept. of Health have been working very well together throughout this pandemic, and that's to be commended, but she's concerned that the residents truly don't even [know their rights.] They are told they have the right to make wear a mask outside their room if they don't want to, but she's concerned that's not really a right that they're being afforded. She doesn't know if it's anything appropriate for this Commission to bring up and talk about. She's very concerned about social isolation because many of their residents have declined because family haven't been able to be around. She doesn't know if any of this is making sense, but she just has a vast amount of concern for their senior citizens in long term care.

JoAnn said “Let’s open this up to people on this call to see if they have a response.” Charles said he shares her concern; she’s hit it right on the head. Laura shared her concerns over the ability of people to have access to voting; especially transportation to polls and mail-in options. She also is concerned that many younger people in the community may assume that institutionalization is the best option for older adults, and with the advent of technology there is an assumption that people can stay connected. We know that that’s not truly community and the ability to be together. Her fear is the loss of rights that often happen with institutionalization.

Katie thanked Deb for her comments, and also added a concern. Staff who are working in nursing homes, especially those nursing homes that have had outbreaks, are under tremendous stress. She often thought about the nursing homes she’s collaborate with over the years, and the amount of stress that has been added due to COVID.

Dan said we are certainly seeing isolation as a large issue even for folks living in their own home. Here in Columbus we have a large senior center, but there is still a lot of anxiety, even for those folks who are now coming back to some of the limited programs they are doing in the building. They understand the fact that isolation is a large risk factor for them but so is COVID, even though they are able to get out and be around other people there is still quite a bit of anxiety. It’s kind of a no win situation for a lot of our older adults.

Deb said that her concern for folks in long term care is that they’ve not been given a seat at the table. They need to have a voice in how they are going to be regulated through this COVID epidemic. People living at home can make that choice, I’m going to have my groceries delivered, I’m going to go out but I’m going to wear a mask, but our folks living in long term care facilities or assisted living don’t even have a seat at that table to be involved in that discussion and that concerns her. She is a licensed health facility administrator but she was a social worker in long term care for 3 years before she became an administrator as a social worker. Her job is to advocate on behalf of their residents, and she still feels, even as an administrator, that is still her job. She’s concerned that we don’t have people advocating for the voice for the residents living in long term care while we are in this COVID pandemic.

JoAnn said she wanted to be sure that everyone has an opportunity to speak about this important topic. She stated that we don’t have treatment or a vaccine, and nothing is immediately on the horizon. We are going to have to keep searching for ways to address some of these issues that are arising. She has some personal concerns about how long it’s going to be before we have compassion fatigue starting to happen with the health care workforce. She thanked Deb for addressing this important issue. JoAnn stated that the Commission should continue to monitor this situation. Deb said that in their community they talk about it at the resident monthly council meeting, and when this began they had emergency meetings weekly. She would update them on what’s going on to the best of everyone’s knowledge. We have a choice to wear a mask or not to wear mask. She doesn’t know anyone who wears a mask in their home. Her folks have been shut up in their community; they’ve been restricted from going out, visitors have been restricted since March. Since they’ve been in their community for 4 months, and they don’t have an outbreak, the outbreak isn’t going to come from residents. The outbreak is going to come from staff and if the staff is following control protocol, we should be able to keep this out of our communities. The residents aren’t being given the choice of whether they want to wear a mask when they are in their home, which is our community. The expectation is that they have to wear a mask anytime they are in the physical building and that concerns her. Michael asked if the physical building is their own private community. He asked if people in Pine Villages have to wear a mask within their community or just in their unit. Laura

said their interpretation is that people have to wear a mask anytime they leave their apartment, or when a staff member comes into their apartment.

JoAnn said thank you for bringing all of this to our attention, and she wanted to give everyone a chance to voice their concerns. With no other business the meeting was adjourned.