

BELLEVUE NETWORK ON AGING
REGULAR MEETING
MINUTES

November 8, 2006
8:30 a.m.

Bellevue City Hall
Room 1E -118

MEMBERS PRESENT: Christina Coulter, Lynne Robinson, Jim Messner, Stephen Lam, Eileen Putter, Eve Stern, Eileen Rasnack, Berta Seltzer, Catherine Brallier, Dwayne Dilley, Diana Thompson, Howard Katz, Marjorie Todd, Gary Dickerman

MEMBERS ABSENT: Valentina Kiselev

STAFF PRESENT: Cathy VonWald, Department of Parks and Community Services

OTHERS PRESENT: Debbie Anderson, Senior Care, Overlake; Peter Maxim, Parks and Community Services Board; Patrece Banks, Invisible Cargiver

RECORDING SECRETARY: Gerry Lindsay

1. WELCOME AND INTRODUCTIONS

The meeting was called to order at 8:33 a.m. by Chair Robinson who presided. All committee members were present with the exception of Ms. Coulter and Ms. Kiselev.

2. APPROVAL OF MINUTES

A. October 4, 2007

Ms. Putter noted that in the penultimate sentence of the second paragraph on Page 3 of the minutes "...Commissioners has much more diversity..." should read "...Crossroads has much more diversity...."

Motion to approve the minutes as amended was made by Ms. Putter. Second was by Ms. Seltzer and the motion carried unanimously.

3. PRESENTATION

A. Overlake Hospital Senior Care

Chair Robinson introduced Debbie Anderson with Senior Care, an organization housed at Overlake Hospital and focused on providing services to seniors in the Bellevue area.

Ms. Anderson thanked the Network members who participated in the Home Sweet Home event. She explained that Senior Care is a multifaceted program designed to mobilize the vast array of health resources available through Overlake Hospital Medical Center, Eastside physicians and the community, to older adults. Senior Care staff work in

partnership with older adults and their physicians to promote increased health, independence and informed participation in healthcare decisions.

Senior Care was founded in 1987. At that time a physicians survey was conducted to help identify the health and non-medical concerns of the elderly that are not strictly within the domain of physicians. The staff highlighted the need to support families through the transitions of their elderly parents. At the same time, a program of fixed payments based on diagnosis for Medicare recipients was being instituted. The Senior Care program was developed as a means of working upstream in the senior community to more efficiently manage Medicare patients.

Ms. Anderson said hospitals tend to be hospitalcentric when it comes to healthcare. The fact is, however, the most powerful person affecting personal health is the individual. When the individual is put in the center, hospitals are moved more to the rim of the circle that includes families, physicians and homecare agencies. Hospitalization, while often a crisis situation, represents a very short period overall but one that allows for focusing issues that need to be addressed.

The first services developed under the Senior Care program were community services, including a walking program and risk management. Those programs were bolstered with programs supportive of physicians in their office practices. In 1999 and 2003 two senior clinics were created for 100 percent Medicare patients 65 years old and older and include social services. This also included patients with Medicaid.

In 2005 a clinical nurse specialist was hired to work in the hospital to improve basic in-patient care for older adults. With all of the emphasis on high-tech care, too many hospitals have gotten away from the basics such as fall prevention and dealing with delirium versus dementia. The clinics offer 30-minute and one-hour appointments, which is very rare in primary care; thorough medication reviews; on-site support groups; and coordination with local long-term care and assisted living facilities.

The walking program is conducted at Bellevue Square three days a week. The program is fairly well attended and is enjoyed by those who participate.

Chair Robinson asked how the people get to the mall for the walking program. Ms. Anderson said most drive, some carpool, and a few who live in the downtown actually walk.

Ms. Anderson said the health enhancement program involves the use of a nurse who helps coach seniors on chronic health issues. About 30 seniors are enrolled in the free program at any given time. The Senior Care program publishes a newsletter for caregivers; offers two different support groups, one for caregivers and one focused on Alzheimer's; and a variety of community education programs covering a range of topics. The membership program is open to seniors who have Overlake physicians.

Ms. Anderson said programs like Senior Care have been studied ad infinitum to determine if they are worth investing in. The fact is that if there were more such programs millions of dollars could be saved.

Ms. Anderson said the day in which patients are followed by their primary care physicians from their offices through hospitalizations and nursing homes is gone. Consequently, the variety of transitions create ample opportunities for key medical information to get lost. The case management program follows people for the long term as relationships and trust builds, and that helps assure information will not be lost in the transitions.

The program has contracts with four nursing homes and three assisted living facilities. The nurse practitioner works with the doctors as they make their rounds, provides consultation and education for the staff, and also sees patients as part of the continuity of care.

Every day between five and ten calls are made to older patients who have come to the ED and are deemed to be in a high-risk group. There is also a follow-up focus on people who have fallen. There is a whole program focused on the causes and prevention of falls utilizing trained laypersons. Called A Matter of Balance, eight seniors were recently trained to serve as coaches. The program will be offered first at Bellevue Community College.

Mr. Katz commented that he had been referred by an Overlake physician to Swedish Hospital in Seattle. At that point, any follow-up continuity with Overlake was lost. Ms. Anderson allowed that there is no systematic coordination. There are some individual physicians who do a very good job of coordinating care, but there is no coordinated system between specialists.

Ms. Seltzer said clearly seniors need to know how to advocate for themselves, or have caregivers or relatives with the authority to step in.

Peter Maxim, Parks and Community Services Board liaison, said when hospitals began to move toward paperless records, each hospital contracted with a different purveyor, none of which interacted. An approach that is patient centered is the only way to get around the problem. Too many people do not know that they need to own their own records and make them available as they move from system to system. In every hospitalization case, they need to ask for and receive their discharge summary.

4. BREAK

5. STAFF REPORT

Ms. VonWald said she and Mr. Dickerman attended the Washington Area Agency on Aging statewide gathering on October 18. She said those who attended were from the various advisory councils and the state Council on Aging.

Mr. Dickerman said the director of the Department of Social and Health Services addressed the group and was very informative. He said she seemed very sympathetic to hearing what the audience had to say about senior issues.

Ms. VonWald reported that she has been selected to serve on the state Council on Aging. She said she will be able to provide regular updates to the Network regarding what is going on at the state level. The group meets monthly.

Ms. VonWald told the group that Mercer Island has formed a senior council with a one-year limited scope focused on planning.

6. KIRKLAND SENIOR COUNCIL MEETING REPORT

Ms. Thompson said she was very glad she attended the recently Kirkland Senior Council meeting. She reported that the people are very friendly and helpful. The group is very active. They recently developed a flyer regarding fall prevention, which is something the Network may want to consider as well. One of the Senior Council members recently wrote an article for the Kirkland Reporter on the topic of falls.

Ms. Thompson said the Kirkland Senior Council has produced several videos focused on senior topics and is in the process of producing one on elder abuse.

The Seattle/King County Advisory Council on Aging and Disability Services produces a monthly senior digest. The document is available on the web and has a number of interesting articles on issues of interest to seniors.

Ms. VonWald said a joint meeting between the Network on Aging and the Kirkland Senior Council has been scheduled for January 8 from 5:30 p.m. to 7:30 p.m. in Kirkland. Food will be provided.

7. COMMITTEE REPORTS

A. Transportation

Mr. Dickerman said the transportation subcommittee met with the Eastside Easy Rider group in October where the focus was on the goals and objectives for 2008. The conclusion reached was that the subcommittee should put its energy into identifying gaps, pilot projects and funding sources to make them happen rather than on being involved in the implementation of pilot projects.

The subcommittee has been brainstorming about developing talking points to make it possible for the members to go before any group and speak knowledgably about aging topics.

Mr. Dickerman said with funding for the Dial-A-Ride and Bus Buddy programs, those programs can be implemented. Hopelink has been tasked with the mechanics of the programs.

Mr. Dickerman said he is in possession of an aging in place Powerpoint presentation and offered to make it available to anyone who wants to see it or use.

Answering a question asked by Ms. Seltzer, Ms. VonWald said she recently received an email from transportation planner Maria Koengeter who is working on the downtown circulator project. A funding request has been submitted to King County Metro. Once that is secured, the project will move forward. The Easy Rider Collaborative discussed sending a letter to the City Council regarding their choice for a preferred route.

There was discussion regarding allowing the transportation subcommittee to advocate for the circulator on behalf of the Network, but no decision was reached. It was agreed that the subcommittee should give a more complete update regarding the project at the next Network meeting.

B. Housing

Ms. Todd said the housing subcommittee is continuing on its quest to identify affordable housing options in the city. She said to date the subcommittee has uncovered 135 housing opportunities that do not include simple apartments. A survey has been mailed out to each of the providers, 84 of which represent the adult family home industry. The density of adult family homes within the Bellevue zip codes is much greater than for other jurisdictions in the area. To date, only ten surveys have been returned; the next action item will be to call the providers in an attempt to elicit a higher response rate.

Ms. Todd said one interesting data point ferreted out by the subcommittee is that within the Bellevue zip codes there is only one neighborhood with homes affordable to persons earning \$77,000 per year.

Mr. Dilley asked if any of the housing units being constructed in the downtown core are or will be affordable to seniors. He was informed that by and large the units will be affordable only to those with higher incomes. Given that information, he asked if the downtown circulator will primarily serve as a convenience to those who could afford to drive themselves. Ms. Seltzer said the projected number is 9000 housing units in the downtown proper in the coming years. That number of residents will put a significant strain on the ability of the street system to handle all the traffic. The circulator is one way of getting cars off the streets regardless of their income.

Mr. Dickerman added that a large number of employees who work in the downtown will not be able to live there, and those people will need options for getting around as well.

The group discussed the fact that the city has tended to steer away from requiring developers to include affordable units in new projects in favor of using incentives. While

the incentive approach has not proven to be overly effective to date, the Bel-Red corridor study has highlighted the need to develop new incentives; that work will be under way very soon. There was general agreement that it would be worthwhile for the housing subcommittee or the Network to put together a white paper in support of developing a strong incentive program and urging the City Council to be proactive in requiring of developers a plan for providing affordable housing.

C. Support Services

Ms. Thompson offered to write an article on fall prevention for the *Bellevue Reporter*. Chair Robinson welcomed the suggestion and asked Ms. Thompson to bring it to the next Network meeting for review and approval prior to submitting it to the *Bellevue Reporter*.

Ms. Thompson said the support services subcommittee is working to schedule a meeting with the city staffers who serve as neighborhood liaisons. The focus of the meeting will be on how to approach the individual neighborhoods with information and education regarding the gatekeeper program, the Network on Aging, and other resources available to seniors.

The Home Sweet Home Fair proved to be a success with excellent speakers on a broad range of topics. There were a number of vendors who participated, though attendance by the community was not as high as was hoped; the fact that 110th Avenue NE was closed could have been a contributing factor.

8. PUBLIC COMMENTS – None

Mr. Maxim said the Parks and Community Services Board Parks is interested in hearing from the public regarding the upcoming parks bond and how the money should be spent.

9. UPCOMING AGENDA ITEMS

Chair Robinson reviewed the list of upcoming agenda items.

10. ADJOURN

Chair Robinson adjourned the meeting at 10:29 a.m.