Meeting Minutes

LTCC Meeting date: October 12th, 2023

Start & End Time: 10:00am – 12:00pm

Location/Format: Hybrid in-person and WebEx Meeting w/ Dial-In Option; PA Office of Administration,

Health and Human Services Delivery Center, 2525 North 7th Street, Harrisburg, PA 17110

Council Members in Attendance

Commissioner Mike Humphreys (Katie Merritt)*

Representative Patty Kim (Chuck Miller) *

Senator Judy Ward (Greg Beckenbaugh) *

Secretary Kavulich (Steven Horner) *

Mark Gusek, LIFE – Northwestern Pennsylvania LTC Managed Care Representative

Vini Portzline, Center for Independent Living of Central PA LTSS Consumer

Kathleen Gillespie, Clearfield County Area Agency on Aging AAA Representative

Kathy Cubit, CARIE Caregiver Representative

David A. Nace, MD, University of Pittsburgh School of Medicine LTSS Physician Representative

Kevin Hancock, LTCC Executive Director

Mark Baylis, Pennsylvania State Veterans Commission Designee

Megan Stedjan, Nonprofit Skilled Nursing Facility Representative

Margie Zelenak, PALA Assisted living/Personal Care Home Representative

Michael Sokoloski, BAYADA Home Health Care Homecare Representative

Teresa Osborne, AARP Pennsylvania Consumer Advocacy Representative

Angela Reynolds, YWCA Greater Pittsburgh Caregiver Representative

Senator Maria Collett, Minority Chair Aging & Youth Committee (Tom Holroyd)

Robin Wiessmann, Executive Director/CEO, PA Housing Finance Agency (Danielle Rudy)

Nicole M. Anders, Program Director, Inglis Day Program Adult Day Center Representative

Samella Hudson-Brewton, Senior Community Center Representative

Commissioner Jeff Engleston, County Commissioners Association of PA Representative

Nancy Hodgson, PhD, RN, Academic Research Representative

Shane Nugent, For-Profit Skilled Nursing Facility Representative

Missy Shupe, LTSS Nurse Representative

Kimberly VanHaitsma, PhD, Academic Research Representative

Matthew W. Yarnell, Consumer Advocacy Representative

Secretary Debra Bogen (Jeanne Parisi) *

Secretary Val Arkoosh (Jen Hale) *

Secretary Michael Carroll (Danielle Spila) *

Janice Cameron, Chair, Southeast Regional Council on Aging PA Council on Aging Representative

Shona Eakin Voices for Independence LTSS Consumer

Karen Buck, SeniorLAW Consumer Advocacy Representative

Not In Attendance

Heshie Zinman, Consumer Advocacy Representative

Eric Beittell, Ender's Insurance Long-Term Care Insurance Representative

Adrienne Peters-Sipes, PA Bar Association Elder Law Section Representative

Discussion Items and Summary

Welcome & Approval of Meeting Minutes

Secretary of Aging Jason Kavulich called the meeting to order, took roll, gave brief welcome remarks, and announced that the approval of the minutes from the August 10th meeting would be postponed until the December 14th meeting.

Master Plan for Older Adults: Process Overview

Kevin Hancock, Special Advisor to the Secretary of Aging, and Nathan Lampenfeld, William and Hannah Penn Fellow, Dept. Of Aging

Roadmap to Finalization and LTCC Participation in Plan Drafting

Data Collection and Analysis:

- Stakeholder feedback will continue until the end of the year.
- We had set September 30th as the start date for data analysis so that we would have data to analyze for you to help us determine priorities.
- Data collection will continue until the end of the year, and we will continuously incorporate new data as it arrives.
- The MPOA team sent out data summary reports to the LTCC members on Tuesday to help you as members understand the priorities identified by stakeholders for the 10 year plan.

^{*}Attended on member's behalf

Breakout Sessions and Recommendation Reports:

- The breakout sessions you participate in today will be based on the data summary reports your received. You will use the priorities outlined in the reports to brainstorm and develop initiatives in accordance with the priorities. The subject matter experts and consultants will participate in these discussions.
- Using the ideas generated in today's sessions, as well as the stakeholder engagement data, the
 consultants and subject matter experts will develop draft recommendation reports, which will
 then be sent out to the LTCC for review.
- Once the LTCC approves the recommendation reports, they will be sent to the Chair (Sec. Kavulich) to publish, and those published recommendations will be used to frame the draft plan.

Drafts 1 and 2: LTCC Comment and Public Comment

- The first draft of the plan will be sent to the LTCC for review and comment. The MPOA team will use the feedback from the LTCC to revise the plan as needed to finalize the second draft.
- The second draft of the plan will be released for public comment on December 1st.
- Following a 30-day comment period, the plan will be finalized in the month of January in anticipation of presentation to the Governor on February 1st, 2024.
- Governor Shapiro will be the final arbiter of the plan.

Q: I'm curious why this timeline is so ambitious.

A: The primary reason is that the Governor, who set the timeline himself, wanted to make sure that the plan was in place at the beginning of his administration to make sure that the plan had a runway for success. The other reason is that that this plan is going to be a living document. February 1st may be a milestone, but it is very much a beginning milestone. And because the initiatives will have quantifiable and qualitative measurements, the plan will continuously change.

Q: So for the next stage of LTCC feedback, is that a different meeting, or how are we doing the next part of the initiatives?

A: So if you wish to be part of the initiatives in your breakout group, talk to your subject matter experts, make sure you share contact information and they'll make sure that they lose you. The consultants will be facilitating any followup meetings or virtual meetings that would occur.

Needs Assessment Survey Summary

Howard Degenholtz, PhD, and Steven Albert, PhD, University of Pittsburgh School of Public Health

Telephone Survey

 Random digit dialing through Press Ganey International, with the goal of a statewide representative snapshot of older adults living in Pennsylvania, having an even distribution across the eight different regions of the state

Web-Based Survey and Paper-Based Survey

• Designed to capture responses from people who represent small, isolated, or difficult to reach groups who might not answer the phone or might not be covered well by the telephone survey.

Paper survey was also translated into Chinese, Russian, and Spanish. These data will supplement the main report.

Framework

• The Needs Assessment Survey uses the 8 Domains of Livability framework designed by the World Health Organization and adapted for the US by the AARP. This is the same framework used in the MPOA team's stakeholder engagement process, and the two processes were designed together to complement one another.

Data and preliminary results (from the telephone survey)

- 100-117 responses from each of 8 regions in Pennsylvania, plus statewide data from disabled adults 12-59. Well-distributed sample.
- Demographics: skewed white non-Hispanic, and also toward oldest age bracket (because that's who answers the phone.) Web-based data is promising to be more diverse.
- Health and Ability Status: as may be expected, results indicate health and ability (both physical
 and cognitive) declining with advancing age, with highest rates of disability/poor health among
 the highest surveyed age bracket
- Social isolation: survey data is hopeful! 80% of those surveyed have visited with friends/family within the past month
- Employment/volunteering: ~20% would like to work for pay but are not working; ~40% are volunteering regularly
- Creative activity: ~40% are not engaging in a creative activity
- Outdoor access: less than 40% of those surveyed report that sidewalks near their home are maintained well
- Housing: ~50% live with family or partner, ~40% live alone, and less than 10% live in shared housing with non-family
- Transport: ~80% of those surveyed primarily rely on driving themselves. Transportation is a significant barrier, particularly for those who self-report a disability.
- Health services: of those surveyed, 90% report having a primary care practitioner that they see regularly
- HCBS: 60% of those surveyed receive unpaid home care from family members; more than 30% receive subsidization of home care costs; only 6% reported needing assistance but not receiving it
- Assistance programs: ~40% of those surveyed are reached by/using at least one assistance program
- Respect and inclusion: ~75% of those surveyed at least somewhat agree that they will be respected as they age

Q: Was the decision made how to engage and get input from people living in long-term care facilities?

A: We did talk to nurses directly with nurses facilities and also with the nursing facility association to see if there might be ways that we could have the surveys included in nursing facilities. And we do believe that some of the response to the recorded web survey facilitating with nursing facilities. So they are somewhat included in the numbers.

Q: Just thinking about the concern you raised regarding representation in the sample, I wonder if there were any concerns about the themes that were raised in the in the analysis and whether there were any underrepresented minority groups that we should be thinking about either doing particular outreach to or just you know, how we should be thinking about these things.

A: The answer to that is an absolute solid yes. One of the hopes that we have coming out of this process is that we focus in on, from a research perspective, how we can increase opportunities for engagement and inclusivity with marginalized/minority groups to be part of this process.

Q: Is there anything in the survey on poverty or income?

A: We did not ask about income or education. We really wanted to keep it you know as clean as we could. Those questions often do lead to non response when you put that into a survey, but it's certainly something that we can investigate for follow on.

Q: Are there plans to expand the number of languages that those service we translated to?

A: If there are specific language communities where there's an entry point and a request for translation, we can consider that. We have the technology to get things translated, and time permitting we can go for it. We're not trying to limit it, but we're also trying to be responsive to the groups that we've identified.

Q: Does the relative homogeneity of the sample represent a trend that that we see also systemically, or is it is it an outlier that's really specific to the to the survey method?

A: I don't think we got any worse than any telephone based survey that's out there. There are trends in terms of who has landlines and things like that. However, racial and ethnic communities tend to be concentrated in urban areas. So by requiring that the survey be distributed regionally, we were sort of pulling against representation by race. So that's one of the reasons why we have the web-based survey.

Stakeholder Engagement Summary

Kevin Hancock, Special Advisor to the Secretary of Aging, and Nathan Lampenfeld, William and Hannah Penn Fellow, Dept. Of Aging

Global Themes

- Affordability: ability to afford goods and services without financial hardship
- Health & Safety: the maintenance, repair, protection, and improvement of one's wellbeing
- Access and availability: whether older adults are able to access services, supports, and community resources
- Awareness: understanding of and support in managing information and resources to access supports and services
- Quality: the degree of quality and well-being experienced in various aspects of a person's life

Descriptive Statistics

• Participation: 4,645 counts of engagement via email, comment cards, online form submissions, and listening sessions/town halls (over 4,000 participants in the listening sessions/town halls)

- Engagement based on domains of livability: Housing led the way, followed by Health Services/Community Supports and Transportation. Note, however, that there is significant overlap between the domains, particularly those related to the built environment
- Engagement based on global themes: access and availability leading the way by far, followed by health/safety and affordability

Qualitative findings:

Housing:

- Older adults stated that the tax burdens they face in Pennsylvania represent a challenge for them to be able to live in their homes and age in place.
- They also cited barriers to home modifications and a lack of chore and homecare services as barriers to aging in place.

Health Services/Community Supports:

- Intersects strongly with housing, because people overwhelmingly report a desire to age in place.
- Many people who are just outside the range of Medicaid eligibility cited fears about the cost of long-term care. Individuals who are not eligible for the Medicaid program are afraid they're going to go bankrupt when they need longterm care.
- o In many areas where people live, longterm services and supports may not be available, particularly rural areas, but also NF availability in urban areas as well.
- Many respondants expressed respect for their caregivers, and emphasized respecting paid and unpaid caregivers and expressing that respect by increased training, increased pay and just generally recognizing the professional component of this work.
- Feedback included both difficulty accessing diagnosis/care for issues not related to
 Alzheimer's and dementia, and the necessity for improving access to diagnosis/care for
 Alzheimer's and dementia

Transportation:

- Collective feedback emphasizes the development of a more available and accessible public transportation system in the state that is designed to be convenient and agefriendly.
- Specific concerns: lack of public transit in rural areas, limitations of where public transit will take passengers, behavior of other passengers when using public transit, and the accessibility of public transit vehicles for individuals with disabilities
- Also received many comments about the condition of sidewalks, crosswalk safety, lighting, parking, knowledge about community/volunteer transportation options

Communication/Information:

- Older adults report being unaware of what resources, services, and opportunities are available to them in their communities. Some suggested a clearinghouse for resources /list of vetted-age and disability-friendly contractors and businesses.
- Many respondents would prefer a more traditional method of information dissemination such as a statewide newsletter or resource like a phonebook.
- Scams are a major concern for respondents, and are often a reason they are reluctant to embrace new technologies.

- Respondents expressed that a navigator service/program would be helpful (big overlap from Health Services/Community Supports.) This priority could be carried out in partnership with the public library system.
- Non-English first language speakers and those who are blind or hard-of-hearing assert that information needs to be shared in more widely accessible formats.

• Social Participation:

- Senior Centers were highlighted by commenters as very important, as well as other community spaces as places for both connection and as hubs for information.
- Barriers to access included geographic distance, funding disparities, and affordability of non-subsidized public activities

• Civic Participation and Employment:

- Many older adults are interested in volunteer opportunities, including intergenerational volunteering, education and tutoring, arts and crafts, mentoring, and vocational training. Respondents expressed a need for better dissemination about volunteer opportunities.
- For those who expressed interest in work opportunities, Barriers described by commentors included limited job availability, discrimination, and the need for training to adapt to changing work environments.
- Transportation is the main challenge for older adults who are planning to vote.
 Stakeholders suggest offering free or reduced cost vouchers on election days as well as assisting older adults in securing and returning mail-in ballots.
- Non-English-speaking older adults suggest that translators at polling places would encourage them to participate in elections.

• Respect and Social Inclusion:

- Many older adults expressed feelings of being treated differently or with less respect due to their age, with some respondents highlighting outright discrimination based on age, ability, race, and sexuality.
- Older adults often feel like targets for crime, discouraging them from leaving their homes, especially at night.
- Respondents believe that social activities that bring together people of different backgrounds and ages and facilitate interaction and support a sense of community.
- Older adults suggested that community spaces could offer opportunities for intergenerational activities that may foster a greater respect for people among different age groups.
- Many older adults elevated the importance of cultural sensitivity and competence in reaching and representing marginalized and minority communities.

Outdoor Spaces and Buildings:

- Housing significantly overlapped with this domain. Commenters suggested accommodation and housing issues are of significant concern in terms of accessible and safe design.
- Commentors who broadly considered outdoor spaces and buildings focused on the design, affordability, accessibility, safety, availability of amenities, and utility of communal spaces, and the availability of essential amenities and facilities in outdoor areas including park benches, public restrooms, and disability-accessible features.

Q: Could you speak to the concerns around the cost penalty for Alzheimer's and dementia, particularly when it comes to long term support services?

A: Yes, often it costs a lot more. There are a lot of beautiful facilities offering memory care that are only affordable to people who are rich. That's a great point to highlight.

Q: Did you get any comments on accessibility for medical equipment?

A: It wasn't as prevalent as the top five here, but we certainly did have comments. If you participate in that work group, explain it and raise it and talk about it as an issue, we do have opportunities to raise other issues in this.

Q: I'm not quite sure where the perception of a lack of accessibility on public transit comes from, because PennDOT is only funding accessible vehicles.

A: Well, we can touch on it later to clarify, but it's definitely a prevalent perception. Hundreds and hundreds of these comments were related directly to public transportation.

Q: How do we ensure that the technologies we are using are compatible with the latest and greatest new accommodation technologies?

A: Libraries can act as a clearing house for accessible information, exploring accessible technologies. For example, two libraries, one in Pittsburgh and one in Philadelphia, hooked up with their their local universities including CMU and Drexel and all of the other universities in both cities to keep an eye on emerging technologies.

Q: So for employment, did you get any comments on accommodations for employment or and also the shift from like shelter workshops or segregated to more community based.

A: So we didn't hear that much from the intellectual disability advocacy community about shelter workshops, if that's what you're asking. But we did hear a lot about especially older adult accessibility when it comes to the workplace looking for more flexibility and also accommodations based on changing needs as people get older.

Q: How do we get access to the raw data?

A: We can make the raw data available to you (the LTCC.)

Breakout Sessions

LTCC members will be participating in breakout sessions during today's meeting wherein you will work together to identify potential initiatives to include in the plan in accordance with each priority identified from the analysis of the stakeholder engagement data.

- These initiatives should be specific, but remain high-level. Don't get too prescriptive/detailed,
 we are looking for big-picture ideas. They should not be pie-in-the-sky ideas either, though,
 make sure they are realistic, not purely aspirational.
- The consultants and subject matter experts on the MPOA project are here to participate in and
 facilitate your breakout sessions. Each breakout session will have a consultant assigned to
 support you and capture information from the session. They will use the ideas generated in
 today's sessions, combined with the data from the stakeholder engagement process, to develop

- recommendation reports. The recommendation reports will then be brought back to the LTCC for review and feedback.
- You may not finish the content of the breakout sessions by the end of the meeting today; you may want to do a follow-up meeting, and that's fine. The intention of the breakout sessions is to initiate the process of building out the policy initiatives around the priorities identified for the Plan in the stakeholder engagement data.

Adjournment

The meeting was adjourned following the breakout sessions and a working lunch.