

Health Planning Council Long Term Care Committee
Long Term Care Council for NY Connects
Friday, May 7, 2021 12:00 - 1:15 pm (Virtual)
Minutes (DRAFT)

Attending: Sarah Askew (Outreach Counselor Statewide Senior Action Council), Diane Bradac (Cornell), Edna Brown (Hospicare), Donna Bugliari (Cornell Benefits), Caryn Bullis (COFA), Stefania Buta (Statewide Senior Action Council), Marlo Capoccia, CNA/HHA (Clinical Assistant, TST BOCES), Beverly Chin (HSC Staff), Teresa Craugh (Cayuga Health Partners), Ashley Earll, LMSW (FCS GMH), Casey Gallagher-Licitra, RN (Cayuga Health Partners), Beth Harrington (SPCS Board), Frances Horner (TST BOCES Nursing Assistant, Health Occupations), Amy Jackson (COFA), Danielle Jones (Cayuga Health Partners), Evelyn Kalish (former Kendal employee), Heidi Love (Cayuga Health Partners), Emily Mallar (Cayuga Health Partners), Grace McCartney (Cornell University), Angela Mennitto (theartofdyingwell.com), Jeremy Midgley (Regional Outreach Coordinator, Nascentia Health), Lisa Monroe (COFA), Kelly Quinn (Foodnet), Lin Khant Oo (Cornell University & presenter), Paul Phillips (Longview), Teri Reinemann (FLIC), Lisa Richards (Ithaca College Gerontology), Anna Rosenblatt (Cayuga Health Partners), Lenore Schwager (community), Ted Schiele (TC Health Department), Sherry Smart (Kendal at Ithaca & presenter), Dawn Sprague (COFA), Sue Ellen Stuart (Visiting Nurse Service), Deb Trauntstein (VNS AIM), Robyn Wardell (Cornell University & presenter), Mildred Warner, PhD (Cornell University), Taylor White (Longview), Nicole Zulu (Director-Health Planning Council).

Topic/ Discussion	Follow Up/ Action
<p>Welcome, Introductions, and Announcements Lisa Richards, Committee Chair, called the meeting to order at 12:05 pm, reviewed the agenda, and asked for announcements:</p> <ul style="list-style-type: none"> • Stefanie Buta of the Statewide Senior Action Council – The CNY Health Access Task Force meeting will include a presentation of the telemedicine study conducted by Laurie Miller and her graduate students from Cornell’s Institute for Public Affairs on May 10 at 3:00 pm. The link has been placed in the chat. • Lisa Monroe of the Tompkins County Office on Aging – The fourth and last workshop of the series, <i>Age Friendly + Tompkins County: Why it Matters to All Agencies, Residents, and Visitors</i>, is scheduled for May 11 from 1-2:30 pm. The registration link can be found on the COFA website (https://www2.tompkinscountyny.gov/cofa/cfe-training-series) • Jeremy Midgley of Nascentia Healthcare – announced that Nascentia, an organization based out of Syracuse that offers Medicaid long term care plans, Medicare health insurance, and home care services is hosting a networking meeting – <i>Resources and Advocacy for the Aging and Disabled</i> – on May 26 for organizations in Tompkins and Cortland. He will provide a flyer to the group that has the contact information. 	<p>Share Nascentia flyer with the Long Term Care Committee.</p>
<p>Review of February 5, 2021 Minutes Approved as written. (Angela Mennitto/ Teri Reinemann)</p>	
<p>Tompkins County: Promoting Age Friendly Communities Project- (PowerPoint presentation is posted at https://hsctc.org/health-planning-council/ under the Past Presentations tab)</p> <p>Grace McCartney introduced herself and colleagues, Robyn Wardell and Lin Khant Oo, as students from the Regional Planning Department of Cornell. The project being</p>	<p>Post presentations and recording on HSC website.</p>

presented addresses how communities can become more age friendly through the planning process. Information was gathered about community assets from Municipal Comprehensive Plans in Tompkins County, results from the survey of 14 municipalities in 2019, and key informant interviews. Their framework for analyzing this information was based on concepts from UNICEF, WHO, AARP and the Tompkins County Age Friendly for Excellence to analyze. The data was consolidated into the categories of community, services and land use; each of which embodies the ideal characteristics of age friendly areas. Depicting their framework as a “flower” design shows the overlap in services across domains. A new domain of cross-agency collaboration, not currently a part of existing frameworks, was introduced in their analyses. They began with town level information so they would have a better understanding of the rural aspect before addressing village, city and county level plans.

Lin Khant Oo continued the presentation by discussing the analyses of Tompkins County. He noted major differences in how age-friendly activities are conducted in rural versus urban municipalities. Services and community cohesion are essential in rural areas. Hamlets address the lack of housing density, and the availability of transportation dictates the ability to age in place. As the county looks at nodal development, towns without villages can focus on hamlets that can integrate land use and services. He referred to an examples of cross agency collaboration in the Town of Ulysses where youth, health and police services are shared. School districts, libraries, and fire stations can offer opportunities for collaboration and as places to meet. Lin addressed obstacles with collaboration at different levels of services (i.e. consolidated school districts versus smaller ones, mismatch of program targets, programs that are offered on a town level versus those working with schools).

Robyn addressed the access to services that are particularly critical in rural areas. The ability to access one type of service may influence another, for example, poor cell service may impact the ability of a resident to find a bus schedule that is necessary for planning how to get to a physician appointment. Their study also uncovered a heavy reliance on volunteerism in rural areas. The smaller program staffs are unable to cover all services, so volunteers are necessary – for example in distributing food and addressing fires. Funding is bifurcated for residents in the city versus rural areas so that programs available in the city are not as available to residents in rural areas due to physical distance or eligibility requirements.

She shared the results of a mapping study conducted by one of their colleagues who compared the location of senior living residences (market rate and affordable) with critical services like pharmacies and food markets. The lack of either in certain areas underscored the need for delivery services. She reviewed the Town of Caroline 2020 Comprehensive Plan and highlighted many of their challenges which include the need to increase cell service, accommodate changed traffic patterns as the area has evolved from one that was primarily rural to one that is a bedroom community of Ithaca, and effect of COVID on food distribution which historically relied on older volunteers. Finally, Robyn summarized the main findings and emphasized the role that collaboration across sectors and areas holds for improving age friendliness.

<p>Paul Phillips and Marlo Capoccia asked questions. Lisa Richards thanked Dr. Warner and the students.</p>	
<p><u>Kendal at Ithaca’s Navigation of the Pandemic: Impact on Mental Health</u> (PowerPoint presentation is posted at https://hsctc.org/health-planning-council/ under the Past Presentations tab)</p> <p>Lisa introduced Sherry Smart, a licensed Masters of Social Work, has worked with people across all ages in a variety of settings. She currently works with the residents in the independent and assisted living sections of Kendal.</p> <p>Sherry began her presentation with an overview of Kendal. She showed slides of the campus, described its services, and shared Kendal’s vision and mission statements. Kendal is a Continuing Care Retirement Community (CCRC) with independent and assisted living options for residents. They offer comprehensive, onsite health care for life which doesn’t separate members of couples if each has different needs. Residents have access to a broad range of medical providers and services and living arrangements as well as transportation. The Kendal community is fit and active with over 40 resident-driven activities and committees. There are multiple options to be healthy including access to the pool, tennis courts, indoor facilities, and community gardens. Going into the pandemic, they already had access to many resources to support mental health: psychologist, collaboration with Columbia University’s geriatric psychiatry program, social workers, therapeutic recreation, engaged volunteer residents, established connections with home care agencies, and technology.</p> <p>The Cascadilla House is the assisted living facility with the capacity for 36 people. Their skilled nursing facility is the Taughannock House which was remodeled several years ago and can accommodate 48 adults.</p> <p>Sherry recounted that day in March 2020 that they had to close their doors to visitors including spouses of residents in the Cascadilla House and Taughannock House. They suspended group activities, closed dining rooms and began to deliver all meals. Residents feared not being able to see their children. Just prior to the pandemic, they had just trained their staff in a trauma-informed care model. It wasn’t until July that NYS allowed residents to have outdoor visitation.</p> <p>The darkest period began in October when they started to experience COVID cases (6 in total). During that time, they had to implement their strictest measures for staff and residents. Hospicare’s end-of-life visits were conducted virtually. Staff who had been exposed to COVID had to be quarantined which impacted patients who were used to working with specific people. Residents stated that they felt imprisoned; all daily routines were disrupted.</p> <p>Kendal countered this period with all of their resources. They created walking programs and held outdoor activities such as a physically distanced art opening. Their daily hospitality cart had festive offerings. They also trained residents in how to use Zoom and offered televised group activities. Psychologists used an IPAD to connect with their patients. The hair salon, a prized service among residents was</p>	<p>Post presentations and recording on HSC website.</p>

offered through a creative work-around. It was critical to ensure that family members were kept in the loop through virtual conferences. This focus on keeping residents and their family members informed helped Kendal to maintain trust and connection. Family members were further comforted once companion aides were able to return onsite.

End of life care was difficult during this time. The NYS Health Department did eventually allow in-person, end-of-life visits from clergy and family members. With respect to the Kendal staff, families and residents expressed their appreciation in a myriad of ways. As employers, Kendal ensured that there was adequate PPE. Testing for COVID was offered onsite by Cayuga Medical Center. They had special food for staff, provided hardship funding, and used the practices of the Stress First Aid Tool Kit that Dr. Barbara Ganzel of Ithaca College Gerontology introduced.

Sherry addressed the changes in the use of certain psychotropic and anxiolytic medications during the pandemic. She did observe increased use during the quarters when the most precautions were taken.

Starting January 2021, the pharmacy began with vaccinations for staff and residents. On March 25, the restrictions on visitation were greatly reduced and residents could begin to see their family within their rooms. One hundred percent of residents and 80% of staff are currently vaccinated. The dining room for residents and communal spaces also opened. The impact that COVID had on the mental health of patients, family members, and staff cannot be underscored.

Meeting participants commented that the Kendal’s experience during COVID is universally understood and shows what happens to people when the ability to socialize and make connections is disrupted. In response to a question about staff attitudes, Sherry noted that many employees acted heroically and took on additional responsibilities. Bev added that the decision to have Sherry present on this topic was related to May being the month for mental health awareness. Lisa and the meeting participants thanked Sherry for her excellent presentation.

Committee Reports:

- Advance Care Planning – Anna Rosenblatt stated that Dr. Bomba and Meg Greco from Excellus BCBS attended the most recent meeting and offered a Q&A. They provided details on starting E-Molst programs and reported about the status of E-Molst programs in other organizations.
- Age Friendly Steering. The fourth training workshop is next week. The Committee will be regrouping soon to determine next steps. The Age Friendly Practices booklet compiled by Serena Stern under the guidance of Teri Reinemann, was referenced. Teri thanked everyone for their time in talking with Serena.
- Home Care Workforce Group – Bev reported that the first meeting on April 30 was attended by Workforce Tompkins, BOCES, COFA, Ithaca College, TC3 and community members. They discussed the challenges of recruitment and retention. At this point, the committee does not have a set direction in which to proceed, but has just begun to outline issues. Everyone who is interested in this topic is invited to be part of this. Lisa (Richards) commented that the

<p>meeting illustrated just how complex the home care industry is. She found that the issue of wages particularly interesting since the assumption has been that this is the primary issue for workers. One of the providers in the area is paying an above average hourly wage, but employees express the desire for more autonomy. Teri Reinemann shared that the registry for private pay staff dropped off drastically during COVID, but has picked up in the last few days. What she is seeing are clients who are looking for short term, specific assistance. However, when the client lives further away from Ithaca, finding help is more complicated. Deb Traunstein confirmed that this appears to be true at VNS as clients often ask for specific task-oriented help, that may be an hour in duration. Teresa Nix of Comfort Keepers shared that they implemented a new option where they can charge a per visit, rather than an hourly rate. Paul Phillips suggested offering training and a certification program to people who may not want to enter the workforce as a home care worker, but are willing to offer services neighbor to neighbor on a grassroots basis, similar to a village model. Lisa Monroe added that COFA used to work with the occupational therapy program at Ithaca College for this training, and Teri stated that they refer consumer directed staff to the short demonstration videos on the COFA website. She cautioned that Long Term Care Insurance Programs often will only reimburse formal and not informal caregivers. Mildred also noted that it's a challenge to link formal with informal care.</p>	
<p><u>Adjournment</u> Lisa Richards adjourned the meeting at 1:21 pm. The next meeting will on August 6 and the topic will be determined.</p>	