

**District of Columbia Commission on Aging
Meeting Minutes for
Wednesday, October 24, 2018**

Attendance

Commissioners: Carolyn Nicholas, Chairwoman; Guleford Bobo, Vice Chairman; Barbara Hair; Charles Hicks; Barbara Lee; John Giacomini; Carolyn Matthews; Mary Taylor; Nancy Miranda; Hattie Pierce

Ex-Officio Members: Mary Terrell (DOES)

Members of the Public: Irene Kang (DC Council); Dr. LaQuandra Nesbitt (DOH); Vivian Guerra (DDOT); Sylvester Bush (Coalition to Restore DC Pension Benefits); Janet Reid (Ward 5 Resident)

D.C. Office on Aging (DCOA) Staff Present: Laura Newland, Executive Director; Tanya Reid, Administrative Support Manager; Garret King, Chief of Staff

I. Call to Order

Carolyn Nicholas (Chairwoman) called the meeting to order at 10:15 am.

II. Review and Approval of Minutes

The meeting minutes from the Commission's September 2018 meeting were reviewed and approved without corrections.

III. Presentations

DC Health

Director Dr. LaQuandra S. Nesbitt gave an overview of DC Health. DC Health has an employee that sits with the Emergency Management Agency to listen and survey to anything that happens in the city that has a public health or health impact on the city such as events like the Arthur Capper fire. DC Health is also involved with health regulation and licensing. They ensure that people who provide healthcare services are health professionals of the highest quality in standard in terms of licensing this includes healthcare facilities such as hospitals, assisted living, skilled nursing and to certain extent some group living facilities. They operate a health and wellness center that provides services for tuberculosis and STDs. They have a new office, "The Office of Health Equity." In that office, they work with other agencies like the Department of Transportation and the Office of Planning. This is where DC Health plays a role the aging-in-place.

Dr. Nesbitt highlighted two of DC Health's five major goals.

1. Strengthening Public-Private partnership to ensure that community has all the resources and programming they need.
2. Focus on health and wellness. DC does not want to focus on disease and addressing disease processes when it occurs. Focusing on health and wellness is not just important to have a long life but to ensure that the quality of life is high.

Dr. Nesbitt also highlighted a few important issues related to seniors as well as a few initiatives.

- Fall Risk is extremely important falls or injuries can setup several debilitating consequences. Falls can cause not only broken bones but also head injuries. Falls are higher among whites and blacks in the District. Women tend to fall more frequently than men, which can partially be attributed to overall fitness – how much a person exercise, maintain bone mass, etc. Residents in Ward 4 has a higher fall risk. There are Fall's Free Coalition and Safe at Home to help reduce the number of falls.
- The Commodity Supplemental Food Program – focuses on improving the health of low-income seniors 60+ by distributing healthy food boxes to over 73 sites and home delivery. It serves over 5,000 seniors per month.
- Senior Farmers' Market Nutrition Program (SFMNP) – the program has been increasingly popular. Essentially every year since Mayor Bowser has been in office additional financial investments have been made to the program. The goal of the program is to increase access to fresh fruits and vegetables to seniors 60+. Seniors receive \$40 in checks. It is a one-time investment from June 1st – October 31st. It serves over 5,800 seniors per season.
- DC SNAP Ed – this program helps to increase the likelihood that seniors spend their SFMNP funds. The goal of the program is to provide education around healthy food choices and physically active lifestyles. DC Health does outreach at senior apartments, senior centers, and faith-based centers. They served nearly 11,00 District seniors.
- Produce Plus – participants of any of the District's financial assistant programs can go to participating Farmer's Market on any operational day, show their proof of financial benefit and receive \$10 to spend that day.
- DC Senior Dental Services Program – is a new initiative launching this year. It is because of legislation Councilmember Brandon Todd introduced after receiving feedback from seniors. This has never been done before, partly because most seniors have Medicaid dental health benefits but do not use it. In 2016, only 28% of seniors used their preventive health benefits, 78% did not. The data is similar for seniors who had insurance from their employer that converted over once they retired. Dental health is important because it affects your overall health. DC Health this program will increase utilization of comprehensive benefits. It is for seniors 65+ and have an adjusted gross income of less than \$100,000 per person.
- Adult Immunization – every person needs to have at least flu shot yearly, seniors need to receive their shingles immunizations, pneumococcal immunizations. The importance of these vaccines increases when seniors live in congregate settings like assisted living facilities.
- Self-Management Education and Support Programs – this program is for people with chronic conditions like high blood pressure and diabetes. Over 5,000 District seniors participate in this program.

- DC Quitline – helps people quit smoking. It’s free for DC residents. There is no such thing as too late to quit.

DC Health also does policy and regulatory work. Recently, they have been working to improve the conditions of assisted living facilities, they have made it required to have a registered nurse available at all times, increasing the requirements for abuse, neglect, and exploitation, including financial exploitation, and reporting of unusual activities in assisted living facilities. Some assisted living facilities in the District have only six beds.

Dr. Nesbitt reported that DC Health have been very involved with the Age-Friendly initiative. They were lead on Domain 8 – Community and Health Services. They held a lot of meetings in different communities and languages. They also had meetings focusing on LGBTQ seniors.

Commissioner Hicks thanked Dr. Nesbitt for an informative presentation. He asked if the reason the “falls” data is low for populations like Latino or Asian is because they are isolated and is difficult to reach. Dr. Nesbitt responded that the data from DC Health is complete and accurate; however, the numbers are based on people who presented at the Emergency Room for care. If they did not present to the Emergency room they were not represented in the numbers.

Commissioner Hicks asked if a senior is living with family how will they know what they qualify for. Dr. Nesbitt said DC Health that eligibility is based on the individual.

Chairwoman Nicholas also thanked Dr. Nesbitt for her presentation. She asked if DC Health provide oversight for in-home caregivers and do they license them. Dr. Nesbitt responded that they provide oversight to nursing personnel and home health aides. Assisted nursing personnel are a service to be regulated and the agency is promulgating those regulations now. All healthcare professionals go through mandatory criminal background investigation.

Chairwoman Nicholas asked if DC Health is responsible for health conditions in rental apartments. Dr. Nesbitt responded that they did not, that falls on DCRA.

Vice Chairman Bobo said he was informed back during the summers by seniors who was on the Produce Plus program that the process had changed. He said it was reported to him that seniors in wheelchairs was sitting out in 95-degree heat to get their vouchers. Dr. Nesbitt asked Vice Chairman Bobo to shoot her an email with the particulars; Produce Plus is not an advance pick up program.

Commissioner Hair asked what can be done about the people in line when the vouchers run out. Dr. Nesbitt stated that they invest a lot of money into the program; it is wildly popular program.

Commissioner Hicks asked if Dr. Nesbitt could comment on efforts with the HIV/AIDS, and Hepatitis not just LGBTQ but the whole framework for seniors. He also asked what DC Health looks at addressing Providence Hospital situation. Dr. Nesbitt responded that DC Health has very specific efforts around HIV/AIDS as it relates to seniors. The strategy is decrease the stigma of HIV/AIDS across all senior populations. Seniors are not excluded from the PrEP conversation. As it relates to the closure of Providence, there is still a bit of confusion. Council passed a law

the week before that indicated the Mayor had the authority to prevent the closing of Providence. It is a little misleading to the public. The closure of hospitals does not fall under the Mayor's authority; it falls under the State Health Planning and Development agency (SHPDA) which by law is not under Mayoral control. DC Hospital Association has been working on a contingency plan since July. Some hospitals have already reported that they can absorb the volume. The outlying question is how ambulances are going to move patients across the city.

Commissioner Miranda asked what the budget for Produce Plus and if it was distributed evenly among wards. She also asked what Produce Rx was? Dr. Nesbitt responded that she did not know the exact budget, but it was over a million dollars, also the funds are allocated to wards based on need. As far as Produce Rx, it is a program that allows physicians and healthcare providers to write prescriptions allowing patients to get produce.

Vice Chairman Bobo thanked DC Health Ex-Officio Member Veronica Longstreth for coming to the meetings and her help.

Department of Transportation (DDOT)

Vivian Guerra from DDOT presented on accessibility and inclusion, which is small part of what DDOT does. DDOT has over 1,000 employees and 20 different divisions. DDOT focuses on Title II of the American Disability Act, which is State and Local Government which includes an element of public transportation. DDOT makes sure they are compliant by ensuring that people with disabilities have access to the public right of way, such as sidewalks, parking, curb ramps, and bus stops.

WMATA selects the location for bus stops based on need; DDOT will install signage and bus shelter if WMATA thinks it is warranted.

People are encouraged to call 311 to report accessibility issues and/or their wards DDOT Community Engagement staff person.

DDOT has an annual report that they give to the Federal showing how the District is moving towards being ADA compliant.

DDOT is looking into introducing adaptive bicycles such as tricycles as part of the Bike Share program. They are currently doing a survey to see what seniors may like.

D.C. Office on Aging Update

Director Laura Newland (Director) started off by thanking Chairwoman Nicholas for her service. Director Newland said if you leave a rule and have fulfilled everything you wanted to fulfill, your dreams are too small. Chairwoman Nicholas is leaving with many things left on her agenda, it is not a reflection of the Chairwoman effectiveness it reflects how grand her scope and vision is for District seniors. Like a true advocate, the Chairwoman is never satisfied.

The Director gave an update on Arthur Capper. The relocation efforts are ongoing, progress is being made. DC Housing Authority is taking the lead. The Director has to get up-to-date numbers but out of DCOA's 49 clients close to 20 of them have received housing numbers.

There will be a roundtable for Arthur Capper before the DC Council on October 25th. The District will be represented, the Administration will have a representative from the Deputy Mayor's Office for Health and Humans Services, Human Services, Fire and EMS, and DC's Homeland Security. DCOA has served as a support agency; however, the agency has responded to its questions. The fire has opened the Director's eyes on things the agency can do better.

Commissioner Hicks asked if it has impacted the agency's budget. The Director responded that they were the agency's people and have been able to bring them in the fold. In the worst-case scenario, if everyone affected needed home-delivered meals, the agency would be able to absorb it. As far as case management, it raises the need to re-evaluate the current service provision. Currently, the Case Management services are done as a ward-based model; however, when it comes to emergencies like Arthur Capper, it needs to be Citywide.

The Director informed the Commission that there are two bills going before the DC Council on November 2nd, one that would make the agency a department and one for the 10-year strategic plan. Chairwoman Nicholas encouraged everyone to testify.

IV. Goals and Objective Status Update

Chairwoman Nicholas informed the Commission that Goals 1, 2, 7, 8, 9, 10, 12 were not accomplished.

Goal 3 was somewhat satisfied, but more work still needs to be done. Irene Kang from Councilwoman Bonds' office informed the Commission that the bill for the Elder Abuse Prevention Campaign will probably die because the word "campaign" has a temporary meaning; however, language was added to the Department bill as part of the mission statement.

Goal 11 was accomplished in Ward 7, Wards 2, 3, & 6 still need Mini-Commissions.

Goals 4, 5, 6, were accomplished.

Commissioner Hicks moved to accept the report given by Chairwoman Nicholas. All were in favor.

V. Interim Leadership

Commissioner Hair moved to nominate Vice Chairman Bobo as Interim Chair, Commissioner Hicks second the motion, all were in favor. Mr. Bobo accepted. Commissioner Pierce nominated Commissioner Hicks, Commissioner Hicks declined. Commissioner Hicks nominated Commissioner Miranda, Commissioner Miranda declined unless there were no other parties interested. Chairwoman Nicholas nominated Carolyn Matthews for Interim Vice Chair, Commissioner Miranda second the motion, all were in favor.

VI. Public Comments

Sylvester Bush is with the Coalition to Restore the DC Pension Benefit. Mr. Bush informed the Commission that the Coalition has been working for two years to get bill 22-0321, “Pension Exclusion Restoration Act of 2017”, passed that would restore up to \$20,000 of Civil Servants pension. The bill is in Councilmember Evans’ Committee. Councilmember Evans will not call the bill for a vote. Mr. Bush pointed out that Maryland residents can exclude \$29,000 from the Federal tax, DC residents can exclude anything. The bill has two-tiers, ages 62 – 64 to deduct up to \$10,000, ages 65+ can deduct up to \$20,000. Mr. Bush asked the Commission to join the Coalition and let the Council know that bill 22-0321 is a priority.

VII. Adjournment

The meeting was adjourned at 12:34 PM.

These minutes were recorded by Tanya Reid, Administrative Support Manager, Office on Aging, and were formally approved by the Commission on Aging on November 28, 2018.

Respectfully Submitted,



Tanya Reid
Administrative Support Manager
District of Columbia Office on Aging