

COMMISSION ON AGING
January 20, 2022, Virtual Meeting
10:00 a.m. to 12 noon

Call to Order: The Chairperson Dr. JoAnn Burke called the meeting to order and asked everyone to take a minute of silence to reflect on all who are needing some comfort today because they're not feeling well and to remember all the wonderful caregivers we have across the state both formal and informal. She has been on several calls, and she is really concerned about healthcare workers getting burned out and tired, so let's just take a moment of silence and in our own way reflect on the situation and be in solidarity with our state. JoAnn said she would do a roll call to see if they have a quorum today. Margaret Smith absent, Katie Ehlman is present, James Goen is absent, Jennifer Lantz is present, Deborah Lambert present, Dan Mustard present, Bob Bischoff absent, Judith Schoon is present, Sue Grossbauer absent, Megan Springer is present. JoAnn said they have 7 including her and they need 9 for a quorum, so they can't do any official business. JoAnn said the minutes for the November meeting were sent out, does anyone have any additions or corrections if not they will simply file them and approve them at the next meeting?

JoAnn gave a membership update. They've had 2 resignations; Laurie Mullet is now on the CHOICE Board and resigning from the Commission on Aging and Michael Sullivan has also resigned. JoAnn asked Erin if they can say they now have 12 out of 16 which leaves them with 4 vacancies. Erin said 2 applicants are pending with the Governor's office and have been for several months. One is to fill a vacancy in Congressional District 9, and one is an At Large position, so the 2 remaining vacancies due to the resignations are for an At Large and a Congressional District 2. Because of the requirements for the composition of the Commission these 2 new vacancies must be filled by Republicans and not from a resident of Allen County. She has asked that the DA website be updated with the 2 current vacancies and probably over the last 6 months or so she has had a couple of people reach out with interest in serving on the Commission but at the time they didn't have any vacancies, but she is planning to reach out to them to see if they may be appropriate applicant for either of their 2 vacancies.

JoAnn said this means that our Commission member who was working with new members, Laurie Mullet, has retired, and she was hoping they could have an election of officers today, but they can't because they don't have a quorum. They may be able to have it at their next meeting providing they have a quorum. JoAnn said last year they had a number of appointments to the Commission, and they really need a full Commission in order to do the work that they're trying to do in support of the Governor of the state. She will talk about their 2022 COA meeting topics, but she will tell them for the election of officers they can be thinking about this between now and then for the next meeting. The current slate of officers, except for Laurie, has been willing to put their names forward in nomination and they invite other nominations, and they will vote on it when they have a quorum. JoAnn asked if there were any questions. Katie is currently their Vice President for programs and is going to discuss some of the meeting topics for 2022.

Katie Ehlman said in her role to support Dr. Burke and Erin and the work of this body, she is looking for ideas on the programming and the presentation sessions that they have at the meetings. She has been on the Commission for a little bit over a year and she looks at these presentations that they've had at

each particular meeting as something to educate all of them and also to allow them to help connect the dots on what's happening in the state of Indiana. So, she thought they would have a short brainstorming session or just an opportunity for all of them to provide some suggestions on possible topics as they look to the calendar year of 2022. To give them some ideas they would review the topics from 2021. They had Dr. Burke talk about Living Longer/Living Better collaborative efforts across the state with the document she prepared, and they endorsed. They had a session on supported decision making by Melissa Keys from the Indiana Disability Rights. This is not a comprehensive list she is just throwing out a few sessions that they had in 2021 in conjunction with their meetings, Alzheimer's disease programs initiatives session lead by Dr. Counsell, those are a couple of ideas on programs that they had in 2021. Do they have any suggestions on what they can do to grow their knowledge as a Commission and to better understand what's happening in the state?

Jennifer Lantz said that we've had them once before, but she thinks Advancing States, should be brought back in to speak. With Indiana moving to managed care system for our aging folks, she thinks it's going to be a big year, they're providing training throughout the year. It might be helpful for the Commission to hear from them at some point this year. Katie thanked Jennifer.

Deb Lambert said she is on the agenda a little bit later to speak more specifically to this, but she emailed Dr. Burke a couple weeks ago and what she is interested in the concept of an emergency elder abuse shelter. Our population is aging rapidly but as we move towards the managed Medicaid with the goal of getting 75% of folks out of long-term care, her concern has been to make sure that wherever we care for our seniors they're in a safe environment. Katie said we have 2 suggestions thus far any other ideas come to surface. Anybody else have any suggestions? She asked Dr. Burke is she had any suggestions in her role.

JoAnn said she is looking to the other Commissioners to come up with some ideas. They're trying to make this a very democratic process on our Commission and there may be some things that simply emerge. She thinks as the state moves along with what she's calling "a culture change" here in Indiana, as they're looking at the care of older adults who need some supportive services. It's probably an iterative process so some things will probably emerge as the year goes on. And they will be asking the Division of Aging to continue with the updates, it's most helpful for the person doing programs to have some ideas from the Commission because you sit there and kind of scratch your head and wonder where people are and what they think is important to discuss. If people don't have anything right now, they can simply email Katie with their idea. Katie said this is a decent start, we've got 2 solid suggestions and we have 5 more meetings this year.

Deb Lambert said she is still very interested in helping to move forward in whatever way they can, the shared decision-making policy. She thinks that is going to be very important for our folks in the future. JoAnn said she thinks the other thing that they are attempting to do here with the Commission is to create advisory committees around certain issues, and we have the authority to do that. We work in an advisory capacity to the Division of Aging, and we can put together advisory committees like she has done with the Living Longer Living Better Guide, and they have an advisory committee now that Judith Schoon is chairing which is working on supported decision making. She doesn't know where they'll go with the issue of older adults and homelessness, but that may be a presentation and go to an advisory

committee. She said that by statute they are to look at the well-being of older adults in Indiana. She thinks they can do some things by using advisory committees and get active on some of these issues. By statute that is what they are supposed to be doing, they've been a busy Commission and still have a lot of work to do so it's just how they focus their energies and that's why she thinks its so important that they get these vacancies filled.

Katie Ehlman said she had an idea that might also go on the list of programming, perhaps a summary of the state's Alzheimer's plan. It might be helpful to learn more about it as it moves through the process. She will be sharing a little bit about GWEPS and what's going on at the University's level related to aging, and perhaps an expanded version of this topic would be of interest. So that's 2 other suggestions that she'll add to the list so now they have about 7 or 8. Thank you Dr Burke.

JoAnn said that Deb did contact her and is raising some concerns about what they're doing with older adults in Indiana who find themselves homeless and how we are bringing services to them or around them and getting them connected.

Deb Lambert said it's actually not about elders and homelessness, although she thinks that's very important as well. It really is emergency elder abuse shelter; they actually have the first formal program in Indianapolis already up and going at Hoover Wood. They've started a pilot program in Fort Wayne but there's not a formal structure and what she would like to see the Commission do is help the state put together a formal structure. And they can use the current kind of structure at Hoover Wood as a pilot program and then also they could do one potentially out of Fort Wayne. As is typical for many states, Indiana has all the right pieces, but the pieces don't know the other exist. So, what Deb is envisioning is putting a structure together where everybody knows where all the pieces of this puzzle are and whose piece is responsible for what and how they can fit together to create a seamless emergency elder abuse shelter program in all the Triple A regions. She is fortunate because she has a good relationship with their adult protective services group up in Allen County. For example, she got a phone call from a person who worked with Adult Protection Services. The police were called for a welfare check, and they went into the home and found the mom deceased and she had 2 adult special needs children that were nonverbal. They knew sign language, but they didn't have anybody to take these 2 adult children and they asked Bryon if they would work with them, she said as long as they promise to help with their financial situation such as work with Medicaid to make sure they have a payer source, they will feed them, house them, and keep them safe, just continue to work with them to find out what the long-term plan is. They were in their community about 10 days before Family Services found them housing that was most appropriate for them, that's the kind of stuff she is talking about. They had this emergent need and unfortunately some of the other places that could have taken them didn't take them because they weren't guaranteed this or that. If we had just had a better structure and placed them from an emergency room to temporary housing until they could better assess the situation and may be continuing to try to find family members who may have lost touch. This is where she sees the shared decision making coming in place because it wouldn't have to be a long term guardianship situation, they could have had a temporary guardianship so they could get some stuff done. That's the kind of stuff that she is talking about an emergency placement system.

JoAnn asked Deb if she could work with Katie and get the Hoover Wood people in for a presentation or however they want to do this. And then they'll see with the support of the Commission if they can get an advisory committee and she can work with the Division of Aging to pull it together. She asked if anyone else had anything to add or discuss. JoAnn said they have a presentation from 2 of their geriatric workforce enhancement programs, they are very fortunate 2 of these and she is looking forward to the presentation.

Presentation: Katie welcomed Dawn Butler who is the co-director of the IU GWEP. They are formally known as the Indiana Geriatrics Education and Training Center, but they are more comfortably known as IU GWEP. They are fortunate to receive funding during the first round in 2015 and now to be part of the second round and have funding through June of 2024. What's really exciting is for those of you who work in the grant world you know to have 7 years of being able to have funding and support to work on a particular area is really exciting.

To give them a little bit about the broad purpose of these GWEPs, HIRSA came out and said that they're really hoping to support and develop a health care workforce that can help improve the lives of older adults with a focus on 3 primary areas. How can we help to integrate geriatrics with primary care, maximizing patient family engagement and helping to transform the healthcare system? Fortunately, they picked easy things, otherwise this would be really challenging work. But with that purpose they have really divided that into 4 primary goals for their IU GWEP. First is to help train the current primary care providers in the healthcare workforce with really with a focus on the underserved population of primary care. Secondly it is to really look at the future so not just who is currently practicing in healthcare, but what does the future health care workforce look like and helping to ensure that they are providing geriatric's education, experiences for them to have interpersonal clinical experiences and have exposure to that geriatric primary care. Thirdly and this is what's really exciting and its partnering with their community based partners to address gaps in health care for older adults with a focus on social determinants of health, helping to promote age friendly health care and dementia friendly communities. Lastly the 4th goal is to focus on Alzheimer's disease and related dementia is really kind of an umbrella goal and embedded in all the of the work that they do of helping to ensure that they are paying particular attention on education, training, and resources for all that they are touching to better understand Alzheimer's disease related dementia and the resources that are available to them.

To help in this work they've partnered with a number of organizations. Some have been long time partners of Indiana University and others are new partnerships that have been exciting to be developing over the last several years. For health care they've partnered with Eskenazi Health, IU Health and Health Net for their primary care network as well as for many of their clinical venues. On the community based organizations, they have a partnership with CICOA, and they've been great with IU Geriatrics and excited to be partnering with them again. Over the last 7 years the Alzheimer's Association has partnered with them and has been a wonderful partner and over the last couple years they've developed a partnership with the Division of Aging. They're really excited to be working with Erin and many members of her team at the DA's office. They are partnering with several of their health professions schools on the Indianapolis campus particularly the Schools of Nursing and Social Work, although most of their focus has been here in Indianapolis. They have recently started partnering with

the IU School of Medicine up at the Fort Wayne campus, its been wonderful working with the School of Medicine up there.

They have a particular focus on the underserved population with Eskenazi Health and Health Net, which have been their two key primary care partners. Between the two of them they really make up the bulk of the FQHC network in Indianapolis. They are targeting of broad range of stakeholders with their GWEP. They are working with many of the Triple A's and helping to provide training to care managers and independent care managers, working with Eskenazi Health with the entire interdisciplinary teams that are working in primary care. At Health Net they're working with community health workers, for their future health care workforce partnering at the graduate level for the schools of medicine, nursing, and social work. And working with direct care workers at Central Indiana and then ultimately their primary target audience is helping to ensure help to improve the care of older adults, families, and their caregivers.

Dawn shared a little bit about some of the work that they've been doing in their primary care work. Age friendly is kind of the key phase that has really been guiding a lot of their work within primary care and the age friendly framework has been really the framework they've used for their educational sessions, but also helping many of their clinics receive the age friendly designation of level one at least acknowledging that they are using that age friendly framework in their care. So, they have several clinics that have received that already and they hope by the end of the project to be able to continue to move the other clinics forward to have them receive that designation as well.

They've been really excited to kick off an ECHO series, bringing together the social workers and community health workers of Eskenazi Health and Health Net together for some cross learning and sharing around geriatric topics and that's been really rewarding. They are probably most famous in primary care at Eskenazi for providing what they call our GLEE sessions. GLEE stands for geriatrics learning enhancement exercise and they put on a holiday show that she would be happy to share more about. But the GLEE sessions are really about going out into the primary clinics and capturing a training session for everybody that's there even down to the security officers. They've done 11 sessions going through 8 community health centers and they have 2 primary goals; one is to provide an education on a particular geriatric syndrome or topic and what can we do about it. Don't just come in and tell me about cognitive impairment, come tell me about we can do about cognitive impairment. While they're there for GLEE then they shift and talk a little bit about practice improvement and help to identify what activities or processes that are already happening in primary care related to the particular topic that they are talking about. For example, falls they would highlight the fall screens that the medical assistants are doing as part as part of their grooming process. They really try to put a spotlight on what are you doing already and how that impacts the care of older adults and then looking at a little bit of a dashboard to see how are you doing compared to other clinics and is there an opportunity for some further practice improvement and where we could help support that.

At Health Net they have 2 community health workers that are working just with the older adult population. It's been really exciting for just having those 2 women over the last 2 years they've seen over she thinks about 470 folks. And through their work they are doing a lot of the geriatric screening and they're doing home based work as well. For their student trainees they have quite a bit going on

across our schools, we have a fairly extensive list of online modules that have been developed. These interactive modules have a variety of geriatric topics that students can take and many of those modules have been embedded in the curriculum for the Schools of Nursing and Social Work. It has been nice to have it as part of the fabric of that curriculum and having the students receive that education. They have an interprofessional experience bringing together their Master of Social Work and their APN students coming together for those geriatric ECHO sessions where they really have an opportunity to see the disciplines interacting around cases and how the various disciplines work together.

They also have an enhanced elective for their residents of Internal Medicine, Med-peds and Family Medicine as well as 3rd and 4th year medical students. Additionally, within the Medical School they have a geriatric module for all the non-surgery 4th year medical students who receive additional geriatric exposure. Really exciting is their partnership with CICOA and Dementia Friends Indiana where they were able to develop a kind of joint curriculum that brought together a council of caregivers with the Dementia Friends Indiana work and were able to deliver that curriculum for 1st year medical students. Finally for their students they have 10 fellows that come and stay a year with them, 5 Masters of Social Work and 5 APN students who receive clinical experience in one of their training sites, either Eskenazi Health, Indianapolis VA or IU Health. Additionally, they have a monthly interprofessional sessions where the disciplines come together for case based discussion as well as geriatric didactics.

They've had a lot of exciting work with their community-based partners. They were able to kick off an Age Friendly ECHO series in partnership with their DA team. They've been able to touch many of the care managers from the Triple A's across the state and independent care management agencies. Each month they provide a didactic on a rotating set of topics that were identified by the care managers. During the ECHO series they also have a challenging case that's brought forward to help bring apart kind of shared learning and getting everybody thinking and sharing together across the state. At the end of their sessions, they have a wildly popular mindful moment to take a moment to talk about self-care. They have their community based representatives that serve on the hub team from the Alzheimer's Association as well as CICOA and they are paired with members coming from primary care and a variety of disciplines in settings coming together to serve on the hub team, particularly as we talk around most challenging cases. Learners are exposed to the services and the great support that they can provide and then really providing some student experiences and opportunities for our students to learn about our community resources.

As she mentioned about Alzheimer's Disease and Related Dementia, it is embedded in all their project activities. They have several ECHO series sessions which have been on dementia and caregiver support. Several their GLEE sessions as well as some of the online modules have covered caregivers, and they're really excited to be partnering with CICOA to help to move Dementia Friends Indiana forward and bring that to all their learners. They're working right now to identify how to get that into their primary care clinics and then within the School of Medicine, and they piloted that not long ago. But this new curriculum that brought together a council of caregivers with the Dementia Friends Indiana curriculum was so wildly popular in the first showing that they are now looking at expanding this beyond even their initial partnerships on campus and looking for other health professional schools. The Alzheimer's Association has been a wonderful partner in helping to begin in a kind of liaison role bringing forth the education support directly to primary care and then really also helping them QI themselves and having

their expertise at the table has been really invaluable. She listed a few of their outcomes and improvements with more to come and they've been really excited so far in being able to show they've been able to make an impact in primary care to increase rates in screening, develop new processes for screening risky medications and also showing a significant increase in referrals to CICOA and the Alzheimer's Association. They've been able to develop a lot of patient educational material on a variety of topics, so now their primary care clinics and their community health workers have a kind of toolbox available to them that they can pull from to provide that information along with a number of other useful information. They have quite a repository of ECHO sessions if anyone is interested in listening. What's next, they look forward to continuing the work they've been doing, really helping to build the current workforce in the future health care workforce, to be able to better care for older adults with particular focus and emphasis on age friendly care. She said she would stop and looked forward to their conversation and taking any questions. Katie asked if there were any questions for Dawn or they can do that after the USI GWEP presentation.

Katie Ehlman said they will hear some overlaps in some of their purposes between their groups because all 48 GWEPs around the country are working on the same overarching goals. The USI GWEP was funded for the first time in 2019 and she has enjoyed knowing the team. They've been regularly meeting a couple of times a year with the IU GWEP to get to know what's happening and learning from some of their experiences and thinking about how they serve their state together as they are bringing in these federal funds. Their goal is similar to Dawn to improve health outcomes for older adults and underserved communities of Southwest Indiana by developing a workforce to maximize patient and family engagement.

They are fortunate to work with 2 area agencies on aging, Generations and SWIRCA. Their health system that they are working with is Deaconess Health system, they are working with Deaconess Clinics, Deaconess Family Medicine Residency Program and the 2 Alzheimer's Associations that serve Southwest Indiana both the greater Indiana Chapter and the greater Kentucky and southern Indiana chapter. The next few slides are the focus areas of their project. They are working in primary care and innovation and age friendly efforts in primary care and basically what they are working to do and have done in 3 clinics is bringing together both the social sector and the healthcare sector. They are doing this by embedding Triple A case managers in primary care clinics and these Triple A case managers are nearly fully embedded, they're epic trained, they have access to epic there in the office and have gone through all the necessary HR training with the health system. They are working on the workflow together with both the primary care providers, the staff, and the Triple A care managers.

They are working in 3 clinics; their efforts are in Southwest Indiana in the first year of their project they embedded a care manager in Evansville which is down in Vanderburgh County. Second, they moved up to Petersburg in Pike County and they embedded a care manager from Generations and at the start of year 3 this current they embedded a care manager from SWIRCA in the Rio Rockport area. All 3 of these are Deaconess Health Clinics and downtown Evansville is also served by SWIRCA. So, they are working with 2 care managers from SWIRCA and 1 care manager from Generations. As of the end of December 2021 their clinics have referred 288 patients to the care managers in the clinics. The top 3 areas of assistance that the care managers are referring individuals to the area agencies on aging that seems to be the bulk of the referrals, second housing assistance programs and third financial assistance programs.

They've taken all the referrals and clustered them into the social determinants of health and then they earmarked and basically assigned each referral to one of their social determinants of health to get an idea of some of the needs of primary care.

Their Triple A's are also playing a key role in supporting the advanced care planning initiatives. That's happening at all of their 3 clinics and by the end of year 2021 they had reach 3,456 patients with this advanced care planning effort. They are following the age friendly model and today is the day that they are initiating their dementia intervention among their providers and workflow have been developed so providers can make referrals directly to those care managers who have a script in a standardized way to offer support to people living with dementia and their caregivers. There are other efforts going on and she's just highlighted a couple of them. Another area of their of their GWEP has been tele-health and through both their GWEP funding and additional CARES Act funding, their USI GWEP has been able to establish a curriculum resource library for their College of Nursing and Health Professions at USI. They've worked in conjunction with the upper Midwest Tele-health Resource Center to provide this discipline specific and general lesson plans for multiple different disciplines as they think of the future health care professionals and the ones that are touched here at the University of Southern Indiana. They have 9 clinical programs in their college, and they've also used tele-health to develop simulation and educational experiences taught through their curriculum in their college. They've purchased tele-health equipment for in-class demonstrations, and they want to students to get their hands on this equipment, both remote patient monitoring and tele-health provider appointment equipment so they're comfortable when they step out into the workforce.

They conducted a pilot program with the area agencies on aging to better identify when older adults could benefit from tele-health, they've secured tele-health equipment for all for the providers in the 3 clinics that they are working with. And they have supported the expansion of the tele-health initiative of Deaconess' remote patient monitoring tele-health initiative. Another exciting area of their GWEP are their efforts in dementia friendly communities. They have a number of goals related to dementia in their GWEP and in many ways these dementia friendly efforts are embedded throughout their GWEP. Their GWEP is working with 4 communities in an effort to receive a dementia friendly America designation which is a 4-part designation that these communities work to achieve. The neat thing about working in these 4 communities is they develop stakeholder groups, and these stakeholder groups are beyond the healthcare system so they're talking about individuals from these communities who are part of groups that are meeting monthly to look at ways to creatively support people living with dementia and their caregivers right within their communities with active involvement in leadership from the Triple A's.

They are also working to destigmatize dementia though different educational programs and innovations. For example, they honored caregivers through programming and a caregiver month and many of those programs were geared towards supporting people living with dementia and their caregivers. In their smart home they are doing work that promotes aging in place with a particular focus on artificial intelligence for people living with dementia. They are working to strengthen skills of direct care providers and family caregivers and a positive approach to care certification. They also worked with 3 regional long term care health companies, American Senior Communities, Miller' Health System and Signature Healthcare of Terre Haute to offer multiple online events last year to reach 120 direct care

providers. And they are leveraging support with ADRC resources in Southwest Indiana by bring together their partners that are working with them in dementia and Alzheimer's disease, like the Alzheimer's Association like positive approach to care and their Triple A so bringing their groups they believe creates synergy that they may not have found when they work in isolation. At USI they've made a couple of changes to their curriculum and added a gerontology course, and they are accelerating their work in their administrator and training program at USI. They're moving through the adoption of an activity director certification so students who take 4 classes at USI can get 10 credits and they can receive their activity director certificate and they'll be ready to work in either a nursing home or a licensed assisted living. They've modified their health administer program to include both acute and post-acute care. They are pleased with the 4 curriculum pieces, and they have one more curriculum piece to work on over the next 2 years.

They are embedding different modules and some other simulations that are kind of a one and done sort of thing. They have this neat program called IGAC Interprofessional Geriatric Assessment Clinic and this is offered one to two times a month during the academic calendar year in conjunction with the Deaconess Family Medicine Residency program in their clinic which is in downtown Evansville. This clinic serves 4 patients in each 2-hour period, each 4-hour period and each patient have a 2-hour appointment, 20 minutes with each of the disciplines that they listed on the slide. They have an area agency case manager who assesses the social needs of each particular patient, and then the other disciplines, so this is a small group. But they feel like what they are gaining in these experiences does impact their educational experience and their understanding of older adults. Its worth noting that 43% of their students reported that they came from disadvantaged backgrounds either first generation or rural backgrounds and 23% of these students reported no prior and or professional experience. It's worth noting that patients coming to their GWEPs are coming from medically underserved zip codes.

Their building they call the Minka was built in 2018 in conjunction with Dr. Bill Thomas, an international geriatrician, he worked with Eden and his work with the greenhouse. He worked with USI in 2018 to build a Minka on their campus to promote living in place and they used the term living in place intentionally instead of aging in place. So, they use living in place and what they've done through the support of GWEP they've able to turn this into a smart home lab. They have a number smart home technology, basically it's an integrated smart home technology lab right now and what they are working with is student groups who come in and do simulations and other things in the lab. They want them leaving USI knowing what is out there and what they could do when they move into the workforce to enhance livability in their own communities, and they are welcome to subscribe to their Minka newsletter on their website to stay up to date on what's going on their Minka learning lab.

We have students actively involved in their GWEP and they couldn't do what they do without the students and one of her favorite things to do is go to the Minka and get a student lead tour of the Minka and she would invite this whole group if they're in Evansville feel free to reach out and she'll be happy to arrange that with a student or herself. They have been working heavily with evidenced based programs that are really coming out of their Triple A's. Their Triple A's are on the ground working to integrate these evidence-based programs community wide, and they're also looking at how to connect these evidence-based programs in primary care, so she looks at that kind of a 2-pronged approach, which distinguishes how they were offering these evidence-based programs in the past. So, can we

integrate recommendations to evidenced based programs into workflows in primary care? They've been able to train coaches in rural areas in their Southwest Indiana area so they can carry out these evidence-based programs and then in addition to Vanderburg county and Warrick County which you wouldn't consider rural areas. They have a podcast that they've started called the Bolder People Podcast and she can share that link. The podcast explores the dynamic lives of older adults and the picture that they are looking at is an older adult in Spencer County, he's 95 and his interview was fantastic. He talked about growing up in the depression and Spencer County and they are connecting GWEP initiatives to the podcast. She hopes that gives them a general sense of the innovation and the workforce issues that they're trying to address through their GWEP. They have 2 ½ more years and they are looking to weave goals and objectives together to continue to meet their goals and hopefully to accelerate their work. She thanked them for their time and gave her contact information. She opened it up for questions, comments or suggestions for her or Dawn if anybody had any.

JoAnn said she is very excited, some of them have heard her say this before with an undergraduate degree in nursing and then graduate degrees in social work when she would go to get a job in healthcare, they'd always want her to do both in one position. It was really interesting but then social work and nursing were in 2 different silos in the institution and it's just been a horrendous challenge through many years of professional experience on putting this together. It is so exciting to see interprofessional approaches now using evidenced based means to do so and to see us truly taking into account the importance of social determinants of health. We haven't always had that language, but this is so exciting and the work you're doing to train people and we are so fortunate here in the state of Indiana to have 2 GWEPs. One area of concern for her is the part of the state that the GWEPs are on, you could only work in a certain geographic area. She means our whole state could benefit from the work they're doing, but the good thing is the people that they are educating in healthcare, in social services will be going out and working across the state. JoAnn said Deb has a question or comment.

Deb Lambert said unfortunately they aren't close to the University of Southern Indiana, but they do have a lot of IU nursing students and social work students that come and do internships at their community, and they loved having them. They are a great part of it. Most people don't know when they are 16 or 17 what they want to do when they grow up. You never hear anybody say, "I want to work with senior citizens." So, her question is, they're doing a great job of developing these programs for college age students, what are we doing to somehow light the fire of our juniors and seniors in high school, so that when they enter college being in senior health care or working with seniors is something that they absolutely want to do? They are going to start the pilot program there in about 4 weeks, so they're super excited about that, but their industry is like every other industry we need more people, and we have to find them somewhere. Dawn your comment but if we could just light fire for some of these 16, 17, 18-year old's, she thinks that would help. Any thoughts?

Dawn said she agrees wholeheartedly, she thinks that was one of their early kind of "ah ha" moments even the curriculum that we're working with now is at the graduate level. They've already moved on and wanted to be probably in a clinical setting and so they've had discussions from the School of Nursing saying we've got all these nurses who are in their bachelors and baccalaureate training who maybe don't know where they want to go yet or aren't sure and kind of following her thought of even going further and helping to get folks that are in high school and want to become nurses or nurse aides and

targeting them early and getting them excited about what they are doing. She would love to learn more and maybe partner and learn more from her because she thinks they're really on to something.

Katie said her university partners with the Medical Professions Academy connected with Vanderburgh County, so they are into high schools not through their GWEP but through other University efforts as she's sure all university are from a healthcare perspective. Katie said Laura Holster has something in the chat too, whereas she says Generations the Triple A out of Vincennes is working with high school students who volunteer with community service projects and do internships.

Tauhric Brown said he finds that its easier to make inroads in those parochial or private school initially because we know many of those high school seniors will have service hours that they've got to complete in order to graduate and so that we see as the entry point to the younger 15, 16 year old folks. Another strategy that they're trying to work on as little bit on now is more community center involvement. So, when he thinks about Urban League of Indianapolis great partner of theirs, they want to infuse and engage with them more intimately with younger people so that they can bridge that gap, get them learning aging now so that as they make their decision of higher education, they want them thinking aging professions. Those are the additional kinds of things that they're talking about internally at CICOA.

Deb said they are working with a local private high school that's an alternative high school and part of their focus it getting people oriented in careers and being successful in life. They are working with them, and they are also working with the Boys and Girls Club in their community where they have trades programs. The question becomes, "So why not healthcare?" it's not just nurses but social workers and activity and program staff. Their launch program is like a mini ART program so the people in their launch program will rotate in each of their disciplines, laundry, housekeeping, dietary all of them except the medical, actually some of them are training to be CNA's so they'll do their rotation in that. Their goal is to find excellent employees and hire themselves and ultimately funnel some of them through to other long term care communities and help them fill their staffing gaps. They also have a women's shelter that they are working with for the launch program as well, and working with different organizations that are trying to give people a hand up not a hand out that's what their launch program is.

JoAnn said thank you for your presentation this was a wonderful conversation, and she is very excited. And its wonderful to have these 2 GWEPs in Indiana and will be sending out people into careers in Indiana to professional work. JoAnn asked Sarah how she sees the GWEPs working with changes in professional trainings so that it reflects more of a professional approach and more of an inclusion of social determinants of health, how might that be reflected in the policy developments for managed long-term services and supports that's going forward. Could she comment on that at all or someone from the Division of Aging.

Sarah said the great news is that they've been partnering with IU GWEP for a long time and understand the value of workforce training and collaborating with entities such as Triple A's. She knows they've benefitted greatly in the adult protective services program from being able to learn together from the Triple A's on topics like dementia and social isolation over the past year so it's been a wonderful opportunity in an area where they can come together and realize value together. Wherever they're headed she thinks this will always be a part of our work together.

JoAnn said thank you she hopes she didn't mind her calling her out, to her this is really an important move within the state of Indiana to see this kind of work in academia that will impact so many health care professions. Its very encouraging to see these changes, its lots of people working very hard to make some changes that aren't very easy to change but working together we are making improvements.

Jennifer said she just wanted to comment on something that the Division of Aging recently did in the line of workforce development. They've recently broadened who would qualify to be a care manager. They took the approach of allowing a few more degrees to qualify to be in that care management role and she thinks going forward that's important as we broaden the scope of who is qualified to do various positions. If you have a very narrow scope its much harder to find that workforce so she thinks it's been great that the Division of Aging is taking a look at that on the care management side.

DA Update: Erin Wright said she had been keeping a check to see if any more Commission members showed up since she did the initial role call but she hasn't seen any pop up so they will have to table those items until next time. She has a couple of general updates related to the state's LTSS reform efforts. The DA has been meeting with the Triple A's and I-4A in both group and individual meetings to discuss potential roles and functions of the network and the new managed care environment. No decisions have been made but they are working collaboratively to ensure that the strength and expertise of the Triple A's are considered in the new system design. At the last meeting and in prior meetings they talked about the community assessment survey for older adults or Qsource needs assessment. This is a statewide needs assessment that is being conducted in partnership with the Triple A's. They will be using the data which will include information on community strengths and needs as reported by older adults themselves to help inform their 2023-2026 state plan on aging which is due to the Administration for Community Living later this spring. They expect to receive the statewide results soon, and they plan to share some of the data at the March meeting. They are continuing to work on drafting the state plan, working to make sure it aligns with the state's efforts related to LTSS reform and the dementia strategic plan among other things, it'll be much broader than that in accordance with ACL's guidelines. She does appreciate the feedback that they provided in November, if they have any additional thoughts or ideas that they would like to elevate to share during their drafting phase please do not hesitate to contact her.

Erin said there is one other new development within the Division of Aging through the American Rescue Plan. There are 2 additional grants awards that the state has already received or will soon be receiving. They are just now learning the specific detail of these funds so they are still in the planning phase, and this might be new information for the Triple A's on the call, one of the grant awards is for expanding the public health workforce within the aging network for states. It's also from ACL and it totals about 1.26 million dollars to be used through September of 2024 and it is to be used to cover wages and benefits and related staff costs for public health professionals and for public health activities related to the aging network and it is to be distributed to the area agencies. The second grant award is similar in purpose, but it's targeted to the state and the dollar amount is between 80 and 100,000 dollars. They are just now learning the details of these funds so they're very much in the planning phase. But it's an exciting opportunity to have a specific focus named for public health activities and staff to do the work. Erin asked if there were any questions.

JoAnn said the next thing on their agenda are some updates on some of the activities that the advisory group committees are doing here with the Commission. The first one is the Living Longer/Living Better Initiative. She has been asked to do a presentation at the Senior Center Coalition of Indiana Conference in March and she'll be talking about the Living Longer/Living Better initiative and how it can be used by senior centers to take a lead in local communities and do some grassroots work in the local communities to help enhance and or initiate age friendly and dementia friendly initiatives. JoAnn said it's exciting and thank you Dan Mustard for the opportunity. She had another ask and that was a Qsource (the quality improvement organization for CMS) nominated her for a presentation on the Living Longer Living Better Guide to the CMS National Quality Conference that will be held in April, and it was accepted. Yesterday she prepared a presentation for them, and it was submitted to CMS and that's what's happening with the Living Longer Living Better Guide at this point it's still ongoing. They have a lot of things going across Indiana and all our state organizations working with our aging issues very actively across Indiana.

JoAnn asked Judith Schoon to give an update on what's happening with the shared decision making advisory committee. Judith wasn't available so Dan Mustard will give his update on the Senior Center Coalition of Indiana.

Dan Mustard said last month at their meeting he presented a little bit about senior centers role in living better living better. One of the things that he mentioned was that developing a local care coalition doesn't necessarily have to involve a new group of people, but rather piggyback on some of the work that's already being done. A good example is they're working currently with the Financial Literacy Coalition of Bartholomew County which is here in Columbus and it's a group that pulls people together from a lot of different disciplines to talk about financial literacy, for youth, adults and older adults as well. This is being done in partnership with Thrive Alliance which is their local Triple A and Mill Race Center. Those 3 entities in particular are pulling together a financial literacy or financial wellness conference that they're looking at doing in June. Sue Lamborn, who is the Outreach and Community Relations Manager for Thrive Alliance, has been spearheading that effort to pull together this conference that will deal with financial literacy for older adults. They've got several topics. One of his favorite phrases is "post retirement employment", which is kind of an oxymoron but it's really about encore careers and the fact that seniors are really the fastest growing segment of the workforce right now and there's a lot of information that people really need to have as they look a working after what we would consider a traditional career. They are also looking at the cost of caregiving, its not just the financial aspect but the emotional cost and social cost of caregiving. They will have a segment on elder fraud as well. A similar conference was held pre COVID and it was well attended.

There's a lot of information that can be covered, and one of the things that they try to avoid is the idea that it's all about financial planning. Many times, people see financial wellness and they automatically assume that they're going to talk about investments, which for a lot of people isn't even a reality. It's really how do we use the resources that we have at whatever income we are, to enhance our financial wellness as we age. They came up with a tentative date of June 17th and they are looking forward to that. The second item, as Dr. Burke had already mentioned, is that on March 4th they will be doing a Senior Center Coalition of Indiana Conference pulling senior center leaders from around the state and it will be hybrid as well as in person. The silver lining of COVID is that a lot of them have learned how to

harness the technology and it has really benefitted the formation of the coalition to have access to virtual technology to be able to bring people together without having to be in the same room. We can still share information and not have that drive so we're looking forward to that and at the same time they are also looking forward to at least having some people in the same room for networking opportunities. He believes Kristen will be presenting so they're really excited about that. In the past senior centers haven't always worked well with the Triple A's and so they're hoping that as they move forward that they're able to craft a lot of ways that they can all work together for the folks that they serve. He believes that pretty much covers everything that's happening with senior centers around the state. JoAnn thanked Dan and asked if there any questions or comments with there being none she then called on Kristen for her update.

I-4A Update: Kristen LaEace that she has packets, but she hasn't had time to mail it out yet so expect that. She is going to start with the state legislative update. The Indiana Association of Area Agencies on Aging Public Policy Priorities and primarily they cover a broad spectrum of issues that affect older adults and people with disabilities as they do every year. She thinks one of the big things that they've added this year is they've included broadband connectivity in the past, but they've also revised that to include a focus on digital inclusion. It's not just about having broadband but it's about having devices and training and connections to the broadband and things like that. They also do an education piece each year as part of their public policy document and this year it's focused on managed long-term services and supports. At the last meeting she believes that she shared a 2-page document that represented their vision for MLTSS related to the area agencies on aging network. This document condenses that vision to more of a postcard size that they send out and hopefully there's not anything new related to MLTSS in terms of their vision for they network. But if there is anything new related to MLTSS let her know and they can talk about it one on one after the meeting.

Kristen said some of the bills that are moving, they're tracking the waterfront, there are hundreds of bills out there that potentially could affect them. There are only a small number of them that are moving and so that's what she tried to pull out the ones that they are interested in. First off there is one that is big on the Republican agenda, and they are really happy about that, HB 1003 nursing programs and licensing matters. This is a comprehensive bill related to the nursing workforce and so it's definitely something that they all should be supporting. It deals with licensing she believes it has to do with clinical preceptors, it lays out trying to expand the educational capacity related to nursing and set standards around that, it's on its 3rd reading in the house. The next 2 bills on the agendas 1087 and 1123 are offered by the Alzheimer's Association of Greater Indiana and one thing in that plan is that there would be full-time dementia services coordinator at the state and housed within FSSA. It was heard and passed out of Committee but because it would have a fiscal impact it is now in the House Ways and Means Committee. Another one that affects Medicaid, the Alzheimer's Association is being asked to be appointed to the Medicaid Advisory Committee. The Medicaid Advisory Committee if you look in the code it has lots of specific appointments made in code, it includes a lot of providers, it's very provider focused and so this is an attempt by the Alzheimer's Association to get more of a consumer advocacy focus, an older adult focus, and a dementia focus onto the Medicaid Advisory Committee. That bill successfully passed Committee and it is now on second reading. Another bill that I-4A was actually able to testify on in person is closed captioning, this would require businesses that have television sets on display in any place of public accommodation that the television when on would be

required to turn on the closed captioning. The Committee found all kinds of ways to monkey up with the bill and they testified in support of the bill, and she thinks the bill is being amended to remove the civil penalty that's there if a business might not be in compliance, which they think is a bad idea.

A bill that is being heard today is the tax credit for Able Account Contributions and this would enhance the tax credit for the Able Account Contributions which is kind of a college savings plan for people with intellectual and developmental disabilities and they are supportive of that. Another one that they would have liked to have testified on but have supported and actually would probably like to see is a housing taskforce that looks at housing shortages in Indiana. They would want the taskforce to consider the need for affordable housing for older adults and people with disabilities as our population is going to be age 65 and older by the middle of 2030, so we need to worry about those folks as well as younger folks with disabilities. Senate Bill 5 has addresses reciprocity and licensing and healthcare professionals, generally they are supportive of this kind of bill because it makes it easier for qualified people to practice in Indiana and it's on its second reading. Another bill that her board asked her to offer their support on was absentee voting for the elderly and disabled. This bill allows an elderly person or a person with disabilities to apply for permanent absentee vote status, so they would automatically get sent their absentee ballot rather than having to request them every year and every election. This bill received a hearing and was only for hearing they didn't take a vote on it.

The housing tax credits is a perennial bill that Sen. Holdman keeps putting out every year and it gets stopped in the House. This would piggyback a state tax credit onto a federal tax credit, it makes it more likely and more affordable for developers to develop affordable housing and some of that housing could be for senior housing and they always weight in and support of that. The telehealth SB 284 last year was very focused on people with licenses and this year they're expanding the persons that could participate in telehealth and once again they're trying to say they need to have care managers with the ability to participate in telehealth. Sen. Charbonneau remembered part of that and included care managers for the intellectual and developmental disability population, but somehow forgot to remember the aged and disabled and TBI waiver. So, they're fighting for their place in that bill and testified on that yesterday. Senate Bill 316 is a I-4A's bill, and it really tried to get all those things they've been talking about in terms of their vision for the MLTSS for the Triple A network and MLTSS, they're just trying to get into code, so it mirrors that vision.

They've been following SB 352 and participating in news conferences etc., on payday lending and other kinds of predatory lending. The coalition working against payday lending is fighting against it, they don't testify just offer their coalition support. Senate Bill 365 psychological interjurisdictional compact is just another health care compact that they were going to stand up on and say yes, they want to have that available. And finally, risk based managed care and integrated care. This bill that's offered by the nursing facilities associations and they want to really see the state look at some other models related to care integration. The state is looking of course at MLTSS with a traditional insurance carrier model and the nursing homes want the state to look at some other options, so that's the first part of the bill. The second part of the bill has a lot of what they consider to be provider safeguards. The reason they are following this is because there were some things in there that if it went through would mess up or could have messed up the community based organizations ability to participate and service coordination and care management in traditional MLTSS. They are working with the Health Care Association to amend

the bill to focus the language more on what they are really interested in which is utilization management and not so much the broad practice of care coordination. The bill was heard yesterday, and they are working on some amendments to the bill. SB 316 is out there basically it mirrors a lot of the language that is in the vision statement that they gave to them. It is not yet scheduled for hearing, and they are hoping that it will be heard next week. If you have an interest in helping them, you can contact Senators Becker and Leising or you can contact Sen. Charbonneau the chair of that committee and request that he hear the bill. She added in 1343 which is not moving but it is the study of emergency placement of endangered adults. There are hearings through the first part of next week and those hearings haven't been posted yet so there might be some bills they're interested in that start moving and she will provide an update in March. The other thing that she has included are bullet points related to the Governor's agenda, he has that Public Health Commission to improve the delivery of public health services across the state and this certainly can include healthy aging, prevention programs and services for older adults and people with disabilities, so watch for that Commission as it moves forward. She said she would stop there for any questions. Deb said she's very interested in that one and if there is ever anything that she can do let her know. Kristen said she would try to send her the link, the bill has not yet been scheduled for a hearing, but you need to contact the Committee chair and ask that it be heard and contact your representative for your district and have then contact the chair and ask for it to be heard that's kind of the first step and advocacy step that you can take. She will follow up with her on that.

Kristen said she would talk a little bit about what is going on at the federal level. They've been following vaccine mandates and the Supreme Court blocked mandates for large employers so that mandate would have covered most of the Triple A's in Indiana because of the size of their workforce. The mandate still applies to health care facilities, such as nursing facilities, hospitals, etc. the mandate applies. Another thing that's happening that the Commission participated on in past years is the US Aging and Policy briefing and Capitol Hill Day it is happening in person this year. She will be going to that in DC and they're using all the money to send her, so they will not be offering sponsorships like they did when it was virtual last year. But if anyone is interested in going perhaps you have access to professional development funds at your employer please reach and she can coordinate your planning. What they are going to try to do however, since congress has gotten used to doing Zoom hill visits, is to do those mostly virtually so they can continue to include more of their Triple A's, as well as the Commission on Aging and CHOICE Board members.

Kristen said we've talked a lot about the fact that there's stuff in the Build Back Better plan that affects the Triple A's, primarily all the ARP funding that would have come through the Older Americans Act that got passed requiring a match and that wasn't supposed to happen. Congress has kind of stalled on the Build Back Better plan, it stalled in appropriations so that's all still up in the air and the state budget agency has not released the ARP money for the Older Americans Act because of that as far as they understand because of this match requirement the state isn't releasing it. So, if you want to do any federal advocacy you may consider talking with your senators and representatives particularly about Build Back Better.

CMS has released its Medicaid long term services and supports annual expenditures report, and this shows the national and state by state trends on MLTSS spending particularly as it focuses on home and community based services versus facility services. The good news is that Indiana very slightly increased

its percentage in 2019 on its spending on HCBS compared to facility based services. But we are still not doing well compared to the national average, we spend more on per person and MLTSS than a good number of states. It's a long report but interesting and you can take time later to give it a good review.

JoAnn said thank you any other comments or questions. We've had a very busy morning and we will meet again in March. She suspects they will continue to at least have hybrid programs and probably will be virtual for a while. They will be meeting in March and if anybody has anything they wish to bring up please send her an email, the meeting is adjourned.