Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County
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MONTHLY MEETING MAY 12, 2017 MEMBERS PRESENT

City of Seattle	King County	Public Health/United Way
Molly Holmes	Mayor David Baker, Kenmore	Marsha Andrews
Debra Juarez, Sea City Council	☐ Bev Heyden	☐ Eric Martenson
Florence Klein	Carolyn Heersema,	□ Lorna Stone
☐ Kathe Matrone	☐ Cindy Snyder	Sue Weston,
Mac McIntosh	⊠ Dick Woo	☐ Tom Minty
	Ava Frisinger, SCOA Rep	
Sue Shaw	□ Dave Rogers	
\(\sum \) Larry Low	☐ Irma Farsch	

Excused Absence	Debra Juarez, Marsha Andrews, Carolyn Heersema, , Kathe Matrone, Bev	
	Heyden, Irma Farsch, Eric Martenson, Sue Weston	
Guests:	Diana Thompson, ADS Contracts and Administrative staff	
Staff	Gigi Meinig, Lori Sanford, Maria Langlais, Andrea Yip, Winters, Irene	
	Stewart, Angela Miyamoto, Karen Winston	
Speaker	Dr. Jim De Maine	
United Way Staff		
King County Staff	Scott Nineman,	
Public Health	Mary Snodgrass	
City of Seattle	Maureen Linehan, Wayne Barnett, Jenna Smith	

Welcome and Introductions - David Baker

Minutes were approved as written

Advisory Council Program: Our Lives our Choices Dr. Jim deMaine

Dr. Jim deMaine, retired Pulmonary/Critical Care physician from Group Health began his presentation with a quote:

"Everybody has go to die, but I have always believed an exception would be made in my case" William Saroyan

End of life conversations, discussions with family and medical team members about advance care planning, end of life care, living arrangements, and who will speak on your behalf lead to a positive end of life outcome. According to Dr. deMaine "More than 50% of people are unable to speak for themselves at the end of life." Making those decisions ahead of time are important for peace of mind and will assure your wishes will be honored.

What is advance care planning?

An opportunity to clarify values, quality of life, treatments, a spokesperson, and complete advance directive forms. Jim suggested patients write down their hopes, fears and what makes life worth living then attach it to the Advance Directives.

What's a good death?

- Pain and symptom management.
- Wishes known and honored.
- Preparation for death spiritual and natural.
- Completion of goals.
- Legacy contributing to others
- At peace surrounded by loved ones.

What are the leading causes of death?

In 2010, the leading causes of death were heart disease, and cancer. However, Alzheimer's Disease has recently become the fastest growing cause of death.

Sudden death occurs in less than 5% of cases. Most people experience a predictable steady decline with a short terminal phase (examples include cancer or Alzheimer's), or a slow decline punctuated by a periodic crisis (heart failure, emphysema).

What are the pathways of care for the very sick:

- <u>Life prolonging care</u> includes the use of breathing machines, artificial fluids, nutrition and CPR. The survival rate for life prolonging care in the general population is 15 people out of 100, yet for the frail elderly it is less than 5 out of 100 people.
- <u>Limited medical care</u> may include antibiotics which can save lives by treating infections, however, they may not work or could prolong the dying process.
- <u>Comfort care</u> focuses on the patient's wellbeing. It helps people achieve quality of life, provides support for patients and caregivers. There are two types of care:

- a. Palliative Care relieves symptoms, controls pain, provides emotional support and guidance for complex treatments.
- b. Hospice supports people with advanced terminal illness. It can be administered inhome or in a facility and Includes treatment for pain and symptom management, specialized nursing care, social services, care training for family support, counseling and bereavement support.

What documents are needed to make your wishes known?

- A Living Will, also known as an Advance Directive allows people to document their wishes concerning medical treatments at the end of life. It speaks for patients when they can't speak for themselves about the type of care or actions to be taken when they are no longer able to make decisions. Before a living will can guide medical decision-making two physicians must certify:
 - a. The patient is unable to make medical decisions.
 - b. The patient is in the medical condition specified in the state's living will law (such as "terminal illness" or "permanent unconsciousness")
 - c. The form must be signed by two witnesses not related to the patient or part of the healthcare team.
- <u>Durable Power of Attorney (DPOA)</u> is a legal document for health care that identifies the person designated to make medical decisions at some future time, if a patient is unable to make decisions. The designee may be a close relative or friend, but should be someone the patient knows well and trusts. Dr deMaine suggested notarizing the document and including a back-up person(s).
- What hierarchy takes over if a person does not have a DPOA?
 - a. Spouse or WA State Registered domestic partner
 - b. Adult children of patient (all must be in agreement)
 - c. Parent of the patient
 - d. Adult siblings of patient (all must be in agreement)
 - e. Health care providers will make decisions until a legal guardian is assigned.
- <u>Physicians Orders for Life Sustaining Treatment form (POLST)</u> is used when people are chronically ill or near the end of their lives.

WA Death with Dignity Act

Passed on November 4, 2008 and went into effect on March 5, 2009. This act allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. About 1 in 500 deaths in Washington State are due to the implementation of the DWD law. The person must be competent and certified by two physicians to be terminally ill. No one other than the patient may make the request, and no one can give the meds to the patient.

Care in America

- Cures illness in the young and healthy.
- Often extends life to older persons.
- Helps people live longer, but often with one or more chronic conditions.
- Most Americans live long lives with an increasing burden of medical problems and eventually they become very sick before they die.

Question and Answers:

Question: Is hydration critical at the end of life?

Answer: The question should be: Are they suffering? Good mouth care is critical.

Question: How effective is CPR?

Answer: Seattle is the best place to live in the country for people experiencing a heart attack. There is a 55% survival rate. For some people, especially the most vulnerable, CPR can lead to brain damage or broken ribs. Many people wear a bracelet "do not resuscitate" or place a tattoo DNR on their chest.

Question: What is the best way to feed people with dementia?

Answer: Spoon feeding is best. Tube feeding is can be very uncomfortable and frightening.

Question: Should staff at the hospital enforce Advance Directives if family members protest? Answer: If there is a conflict then staff should call the hospital ethics committee before deciding to not carry out the wishes of the patient.

Question: Should the DPOA be renewed?

Answer: The DPOA should be fine, but people are advised to update periodically to make sure it still reflects their wishes or if they travel.

Questions: When should people with dementia fill out Advance Directives?

Answer: They should make those decisions in the initial stages of dementia. Some people may opt to voluntarily stop eating and drinking or other options that might hasten their death.

Business Meeting

Minutes: Were approved the following changes

- Florence Klein was absent
- Dick Woo should be marked absent
- Mac did not abstain from the motion

Partner Reports

King County, Scott Ninneman,

On Monday May 22^{nd} , 10:45 AM at 2106 2^{nd} Ave. Seattle a news conference will be held for the Veterans and Human Services levy

Public Health – Mary Snodgrass

Mary represents Public Health and will bring more information about public health planning and aging policies to the next meeting.

City of Seattle - Wayne Barnett

Wayne gave an overview of the City of Seattle's Democracy Voucher Program approved by voters in 2015 and funded by property taxes. The program is designed to make it easier for Seattle residents to have a voice in their government, encourage new candidate participation, and increase campaign contributions. Each voter received four \$25 vouchers (\$100 total). In 2017, \$200,000 is available to contribute to qualified City Council and City Attorney candidates. The Mayor's race is not one of the races eligible for vouchers.

To become qualified candidates must agree to collect the following

- City Attorney 150 signatures
- City Council At-Large 400 signatures
- City Council District 150 signatures, at least 75 signatures must come from within the candidate's district.
- Each signature must accompany a contribution of at least \$10, but no more than \$250.

Wayne will continue provide outreach to community groups and encouraged Advisory Council members to contact him in order to connect him to community groups in Seattle. For more information about the programs click the link http://www.seattle.gov/democracyvoucher.

Director's report

- Cathy Knight has been hired as the ADS director. She will begin May 31st. Cathy served as
 the W4A Director and has a long history in aging services policy and advocacy. She
 continues to build strong relationships in the aging community and has many connections
 throughout the state.
- Maureen's retirement party will be held on June 2nd from 3-5 PM in room 4060 of the Seattle Municipal Tower. An informal gathering will be held from 5 PM 7 PM at the Arctic Club.
- Maureen reported the 2017 congressional budget passed. While a few federal aging programs received a small increase, nationally, aging budgets are at risk during the 2018 budget process. Advocates are concerned funding for the Older Americans Act and many other programs serving seniors are at risk of being zeroed out if the Trump administration prevails in increasing defense spending without raising taxes. Below are highlights of the 2017 budget affecting aging programs:
 - The Older Americans Act received a \$3 million-dollar increase.
 - Congregate nutrition received a \$2 million-dollar increase.
 - Home delivered nutrition received a \$1 million-dollar increase.
 - Research Institute on health received an additional \$2 billion.
 - The Senior employment program lost \$34 million.
 - The SHIBA/SHIP program lost \$5 million dollars.
 - Section 202 Housing for seniors received \$69.7 million increase.
- ADS is partnering with Kelley Ross Pharmacy on an Award winning drug senior drug education program. Adverse drug events (ADE) are responsible for over 700,000 emergency department visits yearly. The risk of an ADE increases as the number of medications a person takes increases. Older adults take more medications than any other demographic in the US. As a result, they are twice as likely to present to the emergency department with an ADE and nearly seven times more likely to be hospitalized.

The program provides assistance to older adults' with managing their medications in their home to help prevent ADEs. The program uses a holistic approach to involve the patient, their housing provider, and pharmacist in their day to day health at home. It links patients to their health care providers to ensure coordination of care. Kelley-Ross Pharmacy Group provides group education and in-home medication coaching to adults 65 years of age or older on-site at 7 low-income housing buildings in Seattle. During in-home medication coaching visits, the pharmacist identifies each resident's health- and medication-related

needs and then works with the on-site resident services team to ensure each resident's needs are addressed.

Maureen congratulated a team of planners for a sixth successful Care Transitions Conference. Each year the conference becomes larger and more popular. Keynote speaker Tim McNeill gave an enlightening presentation on value based purchasing and described how Area Agencies on Aging can play a big role as partnering with medical providers to create positive patient outcomes.

Planning and Allocations Committee

Sue Shaw reported

• **A motion** was made/seconded/passed to approve the expansion of the adult day service area to align the programs with the Medicaid Transformation project (formerly the 1115 waiver).

• 2017 ADS RFPs

- a. The Nutrition RFP was released on April 10, 2017. The process will close at the end of May. Approximately \$3.6 million dollars is available.
- b. The Community Shuttle RFQ closed March 31, 2017. Approximately, \$1.1 million dollars is available to provide community-based demand-response transportation service for seniors and people with disabilities in Seattle and South King County. ADS received two applications. The final award will be announced mid-May.
- Area Plan 2018-2019 Proposed Objectives

The committee received a list of proposed objectives. The committee is especially interested in ideas for the Livable Communities section. Let Karen Winston know if you have ideas for new objectives.

Advisory Council Site Visits

There are two upcoming opportunities to observe Full Life Care's adult day service and Memory Care and Wellness program. The visits are scheduled June 14 at their south Seattle office and June 28 at their Kent Program. Karen Winston is coordinating transportation please let her know if you are interested in attending.

Advocacy Committee

Ava Frisinger reported

VHSL

The committee agreed to support the current Veterans and Human Services Levy. **Motion:** A motion was made, seconded and passed to send a letter to King County Council members supporting the current Veterans and Human Services Levy proposal which includes an emphasis on seniors.

• American Health Care Act

The committee suggested writing a formal letter of thanks and an informal personal note signed by Advisory Council Members to Congressman Reichert thanking him for his no vote on the American Health Care Act.

Motion: A motion was made seconded and passed to write Congressman Reichert a formal letter of thanks for his no vote on the American Health Care Act.

State Council on Aging (SCOA)

- Ava Frisinger reported SCOA members are writing letters to the editor to "Age Out Loud" to dispel outdated perceptions of seniors as a group.
- Ava passed out an information sheet from the Governor's office about the "Impact of the Affordable Care Act and the Potential Impact of the American Health Care Act" in Washington State.

Age Friendly Update

Irene reported

- The Age Friendly initiative is breaking down silos among the City of Seattle's departments.
- The Transportation Department is completing a sidewalk assessment. Sixteen interns are walking Seattle sidewalks to complete a physical assessment of every mile.
- Mayor Murray's "find it fix it" neighborhood walks are underway. Irene will send more information to the Advisory Council next week. The next walk will be held in West Seattle's Highland Park Are on May 25 at 6:30 PM beginning at the Highland Park Improvement Club 1116 SW Holden St. Seattle.
- Advisory Council members were invited to attend a free event "Aging the LGBTQ Way" on Saturday, June 3 from 10 AM to 5 PM at the Seattle City Hall. Lunch and dinner will be included. RSVP.

Florence Klein reminded Council Members about the Dr. Bill Thomas Changing Aging event.

NW Universal Design

Tom Minty reported

- The June quarterly meeting will be held in Bellevue and will bring together transportation and NW Universal design.
- Tom is collaborating with the Multiple Listing Service to include accessibility as a searchable field. The MLS is developing realistic standards to include in all listings.

Mayor's Council on African American Elders

Karen Winston reported five new members were appointed. Chair Mattie Talpin is planning a caregiver forum on October 21st.

Adjourn – 2:00 PM

NEXT REGULAR MEETING:
June 9, 2017
Noon- 2:00 PM
Seattle Municipal Tower
Room 4060

700 5th Ave, Seattle

http://www.agingkingcounty.org/advisory-council/