

**Healthy Aging Partnership  
Meeting Minutes  
Nov. 27, 2007**

**Those attending the meeting were:**

Alan Abe, King County Emergency Medical Services, [alan.abe@metrokc.gov](mailto:alan.abe@metrokc.gov)  
Debbie Anderson, Senior Care, Overlake Hospital, [Debbie.anderson@overlakehospital.org](mailto:Debbie.anderson@overlakehospital.org)  
Marcia Appleton, Community Services for the Blind and Partially Sighted, [mappleton@csbps.com](mailto:mappleton@csbps.com)  
John Barnett, AARP volunteer, [ybyb1@verizon.net](mailto:ybyb1@verizon.net)  
Ruth Eggers, UW HPRC, [eggerr@u.washington.edu](mailto:eggerr@u.washington.edu)  
Lillian Hayashi, Kawabe Memorial House, [royhay@verizon.net](mailto:royhay@verizon.net)  
Kathy Hultquist, Senior Services, [KathyH@seniorservices.org](mailto:KathyH@seniorservices.org)  
Robin Knudson, RSVP, [RobinK@solid\\_ground.org](mailto:RobinK@solid_ground.org)  
Tara Lee, Washington Dental Service Foundation, [tle@deltadentalwa.com](mailto:tle@deltadentalwa.com)  
Karen Lewis, CHEF, [karenl@chef.org](mailto:karenl@chef.org)  
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Pam Piering, Aging and Disability Services, [Pamela.piering@seattle.gov](mailto:Pamela.piering@seattle.gov)  
Lindsey Roy, YMCA, [lroy@seattleyymca.org](mailto:lroy@seattleyymca.org)  
Lani Scheman, Jewish Family Service, [lscheman@jfsseattle.org](mailto:lscheman@jfsseattle.org)  
Linda Wells, KC DCSH/CSD-Aging, [linda.c.wells@kingcounty.gov](mailto:linda.c.wells@kingcounty.gov)  
Karen Winston, Aging and Disability Services, [Karen.winston@seattle.gov](mailto:Karen.winston@seattle.gov)

**Next meeting:** Jan. 22, 2008, 8:30 – 10:00 a.m. (No meeting in December!)  
**Location:** Senior Services, Lillian Rice Center  
2208 Second Avenue, Board Room  
Seattle, WA 98121

**Agency Presentation – Community Services for the Blind and Partially Sighted (Marcia Appleton):**

Marcia passed out goggles that simulate various eye conditions. Volunteers around the table wore the goggles. Every step of the way we use our vision to get us here today to this meeting. For those of you wearing the goggles, try to imagine how you would have done that with vision loss. All the tasks of daily living we take for granted when we are sighted become a challenge when there is vision loss. In the course of our daily life we use our vision in about 90 percent of tasks as we go through our day.

Learning to function with vision loss is where CSBPS comes in. Our agency was founded in 1965 when three agencies came together to form CSBPS. We were in the red brick building at the top of Queen Anne Hill. (See handout for more info.)

Vision loss affects 9 percent of those 45 and older and 21 percent of those 65 and older, with women experiencing more vision loss than men. One out of every two

people in their 80s has significant vision loss. Caucasians have higher rates of vision loss than people of color, primarily because of age-related macular degeneration. The average age of diagnosis is 60 and seems to be getting younger. Risk factors are hereditary, smoking, living or having grown up with a smoker (for both macular degeneration and cataracts), ultraviolet light, and light pigmented eyes.

Today, ophthalmologists refer their patients to CSBPS for services. The agency helps them deal with the emotional and practical aspects of “how do I” do all the things in daily living? The agency provides its services primarily through home visits. Our staff goes to homes between Enumclaw and Anacortes because people learn better in their own environment. Our real focus with folks is helping them to get the independence to manage in their own setting. A typical client is an elderly woman living in her own home who wants to stay there. We get information out to lots of people in senior centers and retirement communities. Our core services are:

- Counseling
- Training (orientation and mobility)
- Managing around your home
- Low-vision clinic where people come for specialized magnification systems – we are the clinic for the Puget Sound area
- Assistive technology (adaptive technology for computers – screen enlarging programs, speech programs, etc.)
- Volunteer program: Volunteers go to people’s homes and assist with shopping, reading mail and being the eyes when vision diminishes
- Sight Connection Store: It is the only one of its kind on West Coast with talking scales, phones, etc. The store is online so there is a national base of customers.
- Telephone information and referral service

CSBPS is a nonprofit. We are the folks who call you at dinnertime and ask you if you have used items to donate. We work with Value Village for resale and that is the primary funding source for the agency. We are also a United Way agency, but UW funding has declined or remained flat over a number of years and is just 12 percent of our budget.

Our population is aging and there are no breakthrough cures for vision loss on the horizon. Research now is all pharmaceutically funded, so even though there is good research, it is targeted at treatment and not cause and cure. Baby boomers are a vocal generation and will demand accommodations in ways our grandparents and parents haven’t, so we will push for research to deal with the problem.

We are the only organization in the Puget Sound area that provides these services. We are moving ahead with development and marketing strategies to respond to the need as it grows.

How do you interface with other organizations that deal with the blind? There is a state agency, Department of Services for the Blind, which is primarily vocational rehabilitation. They also operate a program called Independent Living, which is federally

funded. Our agency works more with the older generation and those who fall through the cracks, such as those with complicated health situations like diabetes or multiple sclerosis. Another organization is Lighthouse for the Blind, which is a work center.

Is adaptive technology affordable? Medicare and Medicaid provide no funding for any adaptive equipment or technology.

**January agency presentation:** United Way King County (Linda Woodall)

### **Volunteer job description**

See steering committee recommendations.

### **Falls workshop report (Lani Scheman)**

More than 100 people attended our fall-prevention workshop Oct. 24 at the Tukwila Community Center. According to the most updated figures, we brought in \$7,150 (\$4,600 in registrations, \$1,800 in vendor fees and \$750 from Gentiva sponsorship). Minus the \$4,760 in expenses, we made a \$2,390 profit (not including the \$4,000+ it cost Moore Ink. for coordination services). We thought we'd have more for-profit vendors, but had more nonprofit. The facility worked out well. We had a 50 percent return on evaluations. Most people were enthusiastic and rated everything excellent to good; comments were mixed. Overall, it was a positive response. We sent certificates of attendance to all participants and thank-you notes to presenters. Many of the presentations have been posted on the HAP Web site.

### **Financial Report (Karen Lewis – CHEF)**

HAP's total estimated revenue for 2007 is \$72,685. Expenses through the end of the year total \$57,050, leaving an estimated \$15,635 carry-forward into 2008.

### **Steering Committee recommendations (Karen Lewis)**

The steering committee talked about having a volunteer take over administration work that is currently done by Moore Ink. PR. To keep things running smoothly, the committee decided it would not serve HAP well to parcel pieces out to other organizations and volunteers. We would like to use more volunteers, but our thinking is that we would use this \$16,000 budget and contract with Moore Ink. to work with HAP at least through March 2008 to do the ongoing project coordination, falls prevention opportunities, Active Options, and planning for the possibility that HAP won't secure additional funds. We need to develop a transition plan the outlines next steps for the Partnership.

Priorities we discussed included emergency preparedness and the need to help elders prevent problems that might occur when we are homebound in a natural disaster. There's a gap between what people know they need to do and have and what they

actually do. We plan to invite representatives from the American Red Cross and Public Health Seattle/King County to help us learn more about what we can do. There is a Public Health Seattle/King County grant around emergency preparedness which is due December 3. Karen will look into that.

Another priority will continue to be falls prevention, building upon what we have done. There is an opportunity to work with King County EMS to partner on fire and falls prevention. Currently, the Fire District and EMS have \$50,000 and another \$40,000 for falls prevention. We are working together to decide how to use it. Early ideas are workshops, education and media relations. There is a great need for coordination. Please send your campaign ideas to Teresa Moore at [teresam@mooreink.com](mailto:teresam@mooreink.com).

There was a recommendation for a subcommittee of HAP to focus on falls prevention. When there is more content developed on the fire and fall prevention campaign, we can put out a notice to interested parties to help with the formation of the campaign. Interested people include Debbie Anderson, Ruth Eggers and Kathy Hultquist. Others?

**Discussion: Ideas on a map/model for disseminating HAP information and messages through its partner organizations (Pam Piering, Aging and Disability Services)**

We have the best senior organizations in the area around this table. We have a lot of power in who we are together. What can we do within our own processes and agencies to advance the HAP mission? How can we keep the work alive? For example, could we ask each HAP partner agency to publish two of our “evergreen” news releases (available on our Web site) in their own agency newsletters each year? How can each agency bring health promotion into their service model? What other ideas do you have on expanding or extending what we do through your own spheres of influence?

Ideas:

- Have HAP agencies commit to publicizing corporate sponsors support in their newsletters. HAP should determine which of our partner agencies have newsletters, who they go to, how many people they reach, etc.
- Have HAP represented at National Association of Area Agencies on Aging conferences
- Bring a health promotion message and/or volunteer recognition to your own agencies’ annual meetings
- Have HAP represented at Washington Association of Senior Centers annual meeting, which is before Memorial Day.
- Put something on our Web site where we can log in and share what we’ve done and with whom so we can track our outreach and our agency activities.

- We are more attractive to potential funders if we show what all the partner agencies have done.

### **Legislative report (John Barnett)**

In 2008, the Washington State Legislature will meet for nine weeks and prepare a supplemental budget. The Elder Care Alliance is an association of a dozen organizations. They have sent a letter to the governor that outlines their agenda: vendor rate increase for community-based long-term care services; obtain funding for original DSHS plan for family and respite care; funding for low-income elders; funding for nutrition programs and expanded geographic coverage; funding for challenge grant to expand adult day services; funding for dementia care and training; WDS Foundation to help with Medicaid programs to improve dental care access for people 55 and over.

### **Announcements**

The county veterans and human services grant has an RFP on depression among seniors. Contact Linda Wells for more information.