

MPA Whole Person Health Subcommittee-20230614_130128-Meeting Recording

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54m 6s

● **Newland, Laura** started transcription

JM **Jacqueline Miller (Guest)** 0:08

She has been with awasis 11 years and has been a master trainer and several evidence based programs.

The show me falls free, Mission Free Missouri coalition leader and managed several fall prevention grants, two of which are statewide.

👤 **Weitzel, Kelsey** joined the meeting

JM **Jacqueline Miller (Guest)** 0:23

She teaches intro to public health for community health worker students at Saint Louis Community College and as a regular guest speaker at the anti Ageism for Washington University Medical students.

She serves on the board of directors for the Horizon Housing Foundation, an organization creating affordable housing for older adults and families across Missouri and beyond.

👤 **Hussey, Kelsey** joined the meeting

JM **Jacqueline Miller (Guest)** 0:47

Miss Simone has received her masters in public health from the University of Minnesota and Masters of Business Administration from Webster University.

She is a returned Peace Corps volunteer who was stationed in Rural Mountain village of Peru where she worked with local women to serve public health issues in the area.

👤 **Matt Finton (Guest)** joined the meeting

JM **Jacqueline Miller (Guest)** 1:08

So welcome.

We're excited to have you as our Co chair.
So thank you so much for joining.

JS Juliet Simone 1:14
Thank you so much.

JM Jacqueline Miller (Guest) 1:14
All right.
Awesome.
So it's official.
We will have our scheduled meetings the second Wednesday of every month at 2:00 PM and each meeting will be recorded.
So if there's a time where you cannot.
Attend the meeting.
You can certainly look at the recorded version a little later on and over the next several meetings, the subcommittee will discuss what should be included in whole person health.
So for our June meetings, UM, of course.
Today at 2, what we thought we would do is have actually three different presentations that will involve.
Basically, some of the topics that we'd like to cover with our whole person Health subcommittee, and we thought that maybe with some of this background in the upcoming meetings that will help us narrow our focus as to what program and ideas we would like to send up to the master plan on aging.

 **Leah Moser** joined the meeting

JM Jacqueline Miller (Guest) 2:16
Any questions so far?
Awesome to see such a good crew recognizing a lot of faces.
So thank you.
Thank you.
OK.
So we are going to start with Doctor Heidi Miller on holistic health and preventative

health.

And she's going to go ahead and share her screen with us.

DM **Dr. Heidi Miller** 2:51

Alright, can you and me just put this in presentation mode?

Alrighty.

So can you hear me in and see the screen?

OK, see my slide.

JM **Jacqueline Miller (Guest)** 3:04

Everything looks great.

F **Frank (Guest)** 3:05

Yes.

JM **Jacqueline Miller (Guest)** 3:06

Heidi, thank you.

DM **Dr. Heidi Miller** 3:07

Excellent.

OK, so I just want to thank you for the opportunity to share these thoughts about thriving as we age, taking preventative, holistic and healthy behaviors into account, especially as we're thinking about policy writing with our master plan on aging.

So when we think about health, so often this image comes to mind of receiving the best health care with all those sorts of technology and pharmaceuticals.

But it is so important that we think upstream and I think we have an opportunity here with this master plan on aging to.

Move upstream in the continuum of health in a way that benefits the Missouri public in a in a immediate and long standing way.

So you've heard this term health and all policy.

I think this should also be considered for health in all policy for our aging population, including ourselves, and I wanna touch on four different components to keep in mind.

One is mobility, so.

I Emma.

I service the chief medical officer for the Department of Health and Senior Services, but I am also a primary care doctor and over the past 25 years in practice I have just seen how immobility is really harmful.

Everyone can find a way to move that they love, and in fact many of our older population have chronic pain and think that they can't move because of that. But in fact, moving through the chronic pain with guidance, with physical therapists or chiropractors or trainers can give people a much more fulfilling life.

There is a big there's a significant amount of chronic pain in our older population and any kind of movement helps.

One of the most joyful things that I can do with my patients is to get them to exercise without using the word exercise.

Like literally, just not sitting still is healthy and it's so cool to find out that every single person can find some way to get physically active that they like.

Like I've had, I had a patient turned down every single option that we discussed and then at the end she had a walking competition at work and she was on the team and she got nominated to be the team captain and she couldn't stand the thought of being the team captain and having the fewest steps and so that peer pressure and that slight competition was very motivating for her to walk.

 **Leslie DeGroat MO-DMH DD (Guest)** joined the meeting

DM **Dr. Heidi Miller** 5:49

And she got fit that way at another patient who was quite immobile. But she had a girlfriend, dragged her to a dance class at the YMCA, and when I saw her months later, she was many pounds lighter and was much happier. So mobility is extremely important and of course that involves access to parks and being able to, umm and I have a housing situation that encourages mobility.

 **Kevin Drollinger** joined the meeting

DM **Dr. Heidi Miller** 6:16

Here's a patient of mine who told me that he rode his bike to his doctor's appointment. And he kept talking about how incredible his bike was and how beautiful it was. And I had to come out and take a picture of it.

But I knew that him riding his bike was more powerful than any of the pharmaceuticals that I could give him.

The next is nutrition.

We just, this is just so incredibly important.

Avoiding sugar factory process produced highly processed food and excessive salt. Just going back to what our ancestors used to eat, which was just wholesome food, here's a patient of mine who proudly is showing me all the healthy food that he produced that he made for himself and he would.

And he also showed me his perfect blood pressure.

The third one is mental.

Well being, this includes sleep we have like especially for our older folks like sleep, we call it sleep hygiene, but many people underestimate the value of sleep for mental Wellness and alertness.

Obstructive sleep apnea is very undiagnosed and sometimes we think that people have dementia when they actually have untreated sleep apnea.

We also need to understand trauma normalized therapy, teach meditation, emotional regulation, and foster spirituality and resilience building tools.

And again, this is more powerful than anything that we think in a very medical setting and they help to prevent disease.

And when someone is feeling good there, even if they have congestive heart failure, they are more likely to take their medications and eat healthy food.

You may have seen this expression that that meaning having something to do someone to love and something to hope for are things that sustain our older generation.

So the last one is social building community and pairing children with elderly fostering pets or support animals is incredibly important.

 **Matthews, Yvonne** joined the meeting

 **Dr. Heidi Miller** 8:13

Here's another one of my patients and his his dog, who was 20 years old, has been really sustaining in him, growing old in his home and not suffering from loneliness. So what do we mean by holistic?

I just wanna make a few other points in the short time I want us to focus on any kind of intervention that is person centered and not organ centered.

And if you look at a lot of different initiatives, you'll see something from, you know, a long association about lung cancer or you may see something from aging organization about polymers and the American Heart Association.

But dividing people into organs is not holistic care, because we can help prevent and treat those disease.

But only if we move upstream and think about the entire person who contains all of those organs and all of those organs are at risk.

Here's an example of something that is person centered.

So if you think about nicotine, instead of thinking about Nick like, we want to reduce nicotine in order to reduce lung cancer.

Well, actually, nicotine affects the entire body.

So I just wanna encourage us to think about the whole person centered approach to everything that we do.

And I also want to make sure that when we say person centered, it means it's not disease centered.

Here's an example of the site and Cancer Center had done 8 at some messaging about eight ways to prevent cancer and what I like what they did is that it's eight ways to stay healthy and prevent cancer.

So these are all very legitimate evidence based ways to reduce the chance of cancer.

So keeping ones weight healthy, exercising, not smoking, eating a healthy diet.

And but it's not just cancer prevention messages.

This is exactly how you prevent stroke and heart attack, which are the biggest killers.

So really again thinking about the whole person and not just dividing our efforts into organs or diseases, and that can be true for research funding, grant funding, health associations are public health messaging.

The policies that we design and our healthcare delivery and so as I this is my concluding slide, as we think about thriving as we age, let's focus each healthy aging policy recommendation through this lens with three components.

Whatever we're doing, whatever we're recommending, can we intervene upstream as much as possible?

#2, let's think about the wonderful, beautiful basics of mobility. Nutrition.

Mental Wellness and social connection and #3 every time we come up with a new idea, let's really focus on making it person centered.

And that means that it's not only organ centered or disease centered.

We of course need to educate about organs and diseases, but that if we focus on

that excessively as we have historically, we end up carving the body into parts and I can attest that through 25 years and thousands of patients, not only do all my patients have all those organs, but they have multiple diseases at the same time. So moving upstream in a holistic way can actually help all of their organ systems and help them thrive.

I'll stop there and thank you so much for letting me present.

JM **Jacqueline Miller (Guest)** 11:53

Party.

That was amazing and excellent because it really brings into focus a lot of the things that I think will be.

Yeah.

Juliette, shaking your head, all these things that if we look upstream, then aging the aging process in and of itself, will be a much easier, acceptable situation as well as healthier for everyone and still allow social interaction and times to be with family and friends.

And just the ability to age gracefully.

And I thought it was great when you mentioned the nicotine because as you said, it affects all parts of the body and oral health wise the majority.

If somebody has nicotine through a lifetime, they will lose the majority of their teeth. So it affects absolutely everything I'm going to open it up.

Are there any questions anybody has for Heidi about her presentation?

DM **Dr. Heidi Miller** 12:56

I did want to add something that when I say to to intervene upstream, I should clarify that I'm not.

I'm not talking about be healthy when you're young, so that when you're old you'll be healthier.

I'm talking about right now, like an 86 year old living alone.

What do they need to do right now to, you know, prevent that fall, prevent that congestive heart failure exacerbation, to prevent that pre diabetes from developing into full blown diabetes.

F **Frank (Guest)** 13:24

Umm.

JM **Jacqueline Miller (Guest)** 13:26

Solutely very great point.

Thank you. OK.

Ohm.

Let's see.

Laura, I'm going to have you introduced for the falls prevention mobility or was that you, Juliet?

I apologize.

JS **Juliet Simone** 13:41

Umm I am happy to introduce Kelsey if if Laura would like. Yeah.

JM **Jacqueline Miller (Guest)** 13:44

Awesome.

Thank you.

JS **Juliet Simone** 13:47

So I'm so Kelsey Whitehills, our next speaker and she is a she's almost finished with her pH.

D from the University of Missouri in Columbia and you'll forgive me, my friend.

I did forget exactly the title of your your upcoming degree, but she is the current leader of the show Me Falls Free Missouri coalition and I've had the pleasure of working with her on one of our statewide falls prevention grants from the administration for Community Living.

And she does an excellent job in all of her work.

WK **Weitzel, Kelsey** 14:23

Thank you very much, Juliet, and thank you for having me here today.

I'm and I'm working.

I am an expert.

I'm an exercise physiologist by trade and working towards my degree in education psychology, so kind of combining the psychology as well as exercise.

So and thank you for opening with kind of that whole person health perspective because I think that puts a really good frame for how we need to approach our year

approach our efforts and everything.

And so today I will kind of dive into more of the specifics around fall prevention and what we have been currently and previously working on in terms of preventing falls holistically as well you, if I can get this set up here.

I'm used to zoom, so forgive me for.

There.

OK, everyone, see it.

OK, I'm already so show me falls Free Missouri coalition and Juliet as you heard and her.

JS Juliet Simone 15:24
Yeah, you got.

WK Weitzel, Kelsey 15:33
And the introduction previously led the group and that kind of started from, I believe the Falls prevention grant that was received through the administration for Community living.
And so they kind of task to do with also getting the Falls Prevention coalition going statewide.
And so there might also be local chapters of fall prevention coalitions around the state.
And I know there's a very active one in the Kansas City area, but an overview for for what we're going to talk just briefly about today, we'll be kind of the state of Missouri falls, the brief prevention efforts and the kind of the history of where we have been.

 **Jill Cigliana** joined the meeting

WK Weitzel, Kelsey 16:16
And then a little bit on how it can get involved.
So this was the most recent update actually just came out about falls reported by state.
And as you can see for Missouri here, we aren't necessarily in the lowest percentage of reported falls.
We're about in the middle there for that percentage and we're hoping that

eventually we can kind of bring that number down.

But as we all know, health, it did not have desirable effects for our aging population or any of our a lot of our health aspects.

So in and also the deaths from older adult falls were a little bit higher as well, but again not the worst and it kind of looks like the more northern areas were a little bit higher in terms of deaths from older adult falls as well.

And this is from the CDC and so and we've been waiting for the updated reports for a while as well.

So it was nice to see that they had to come out with some of the updates as well.

So we also put together a graph of deaths or deaths due to unintentional falls throughout the years in Missouri.

And as you can kind of see here in 2016 through 2019 falls the deaths due to those falls actually remained quite steady.

And then we see that sharp increase in 2020 and then and you can kind of see now that in 2021 the trend has started to go down, but we can all kind of imagine what might have happened in that 2020 time frame.

And so there is also the efforts that were put in place during these 2016 through 2019 and even into 2022 that we can see here.

So the ACL grant was spearheaded by Oasis and Juliette's team, and they partnered with us over at MU Extension and also a lot of community partners throughout the state to be able to enhance fall prevention programs and efforts across the state. State.

Uh, so a matter of balance was one of the is one of the most popular fall prevention programs and it is a more holistic approach to fall prevention and decreasing that fear of falling.

And that one's very widely implemented across the nation and in Missouri as well.

And so that program addresses things like removing rugs from room, making sure that your home is safe, like taking up rugs, making sure you have well lit areas.

And then there's a brief exercise component as well.

And then we also were able to enhance the Tai Chi for arthritis and fall prevention program in Missouri as well with the grant.

Umm.

And that was kind of that program is more based on the efforts of mental health awareness as well as exercise and fall prevention and decrease in pain as well related to arthritis.

And so the grant allowed us to kind of deliver those programs as well as put in place and sustainability efforts.

And there were a lot of participants reached through those efforts and over the years and so at the beginning, Oasis was kind of the spearhead there and their partners. And then with the help of MU extension, we were able to reach even more people after we got another grant in 2018.

So that just ended in 2022.

So then there was the number reached with the increased number of partnerships and the increased number of folks delivering fall prevention programs across the state.

So the point here is that it really does take a big team effort to be able to reach as many people as we can with our efforts related to fall prevention.

And then I also wanted to highlight and New Missouri grown program that has been recognized as the highest level evidence basis.

It was the home Hazard Renewal program from Susie Starks team over at Washington University in Saint Louis, and so being designated as this highest level evidence based program for fall prevention is a very highly regarded recognition within fall prevention world.

So that one is available now for the nation and is under our title.

3D funding can be utilized to offer programs that are on this the highest level list, so matter, balance and Taichi are on there.

A lot of other programs as well, and then this home Hazard removal program too.

U some of the other programs that are approved are walk with these stay strong, stay healthy is also in Missouri ground program.

It's approved at the state level to use Title 3D funding to implement that.

It's a more of a strength training program working towards a national designation there as well.

Bingo.

Size and capable are some other fall prevention programs, and then also just thinking of the local fall prevention coalition efforts that are taking place in some areas of the state.

So if you're interested in fall prevention efforts throughout the state, feel free to email us at preventmobiles@gmail.com and we can get you involved in some of our efforts.

Currently we are meeting regularly and speaking with experts in the field related to

fall prevention to be able to expand the knowledge and the reach of some of the local providers in area agency on aging or senior centers or any of many folks who are working with the with the aging adults.

So do you have any questions?

JM **Jacqueline Miller (Guest)** 22:56

Kelsey, I was curious.

With your numbers of death due to unintentional falls, is there a certain time frame they look into with that that it's an immediate umm, death?

Or is it months after a fall and complications due to the fall?

WK **Weitzel, Kelsey** 23:15

That is a great question and we're only, you know, it's only as good as the data shows.

But I would assume that it would be all, umm, all related deaths, whether reported by hospitals or care systems and things like that.

So and it could be, you know, fall is related to other types of or injuries and deaths from other related falls.

But generally they are just from I think.

But yeah, I think the data mostly comes from hospitals and those sorts of systems as well.

But I can look more into that.

JM **Jacqueline Miller (Guest)** 23:57

No, that was a wonderful presentation and it was just perfect the way it tied into Heidi's first point about mobility, that was, that was fantastic and the fact that we have these different programs around Missouri that some may have been aware of, but certainly I was not aware of and just the idea of finding more ways to increase your mobility where you're at at this time, umm, and that may be one thing that we'd like to pass on to the committee is just the whole idea of all these programs that are available and they're importance.

As Heidi noted that working with where we're at at this time in an adults time and ways that they can be able to look at mobility, nutrition, their mental health as well as social Heidi, it looks like you have a question.

DM **Dr. Heidi Miller** 24:58

I yeah.

So thank you so much it I I have two questions actually.

One is that program over a finite period of time and funding, or is there ongoing sustainability?

And then my second question is UMM, I I was really excited to hear about the Johns Hopkins.

They have an aging in place program and they send out nursing occupational therapy and a handyman.

And I just love that innovative expansion of the medical team that it, I mean, that's just a brilliant idea.

And it sounds like you're OTS probably did something similar, but curious about whether or not I think that program is probably close to getting Medicare reimbursement or maybe it has already and I'll stop there.

Thanks, Kelsey.

WK **Weitzel, Kelsey** 25:47

So yeah, most of the programs mentioned are like a series type of program where they're offered for maybe 8 weeks or depending on what the evidence basis is for those programs.

Umm.

And so they, a lot of them are covered right now through the title 3D funding for sustainability efforts.

But I know there are also ongoing efforts in terms of third party payers to be able to support these efforts as well and to kind of get those into the regular fold of promotion and coverage there.

But it there's and then some.

Some folks are also working on waivers in terms of Medicaid and Medicare type waiver situations to be able to help cover and sustain these types of programs.

Yeah, but it is an ongoing effort and it's kind of, you know, working to get all of that under those umbrellas.

So Juliette might be able to speak to it a little more, too.

JS **Juliet Simone** 26:46

Yeah.

No, that's right on Kelsey and I, I just, I I wanna say that there is you know we never found a saturation point during these two grant periods where where people were like, yeah, we've had enough.

We had the need far exceeded or the demand far exceeded the resources that we had even with this extra boost and funding, which was only which only amplified what the which what the senior centers you know were already providing.

So we are sort of in a deficit now without additional funding from ACL for this and they have very limited resources.

So they spread it around the country.

Umm but yeah, and I do.

I do know my camera went into party mode so and we also do know that there's been, you know, really tremendous effort from community based organizations.

And right now I know that mark in Kansas City is really spearheading a lot of that reimbursable mechanisms.

But it is not a clear cut, simple or streamlined process for community based organizations to become reimbursed and it's still very piece meal and it never covers all the costs, even though the cost for implementation are pretty miniscule compared to the savings and health.

Umm, you know, down the road that they demonstrate.

DM **Dr. Heidi Miller** 28:10

And I I would just add that it it it decreasing falls is incredibly important because the morbidity and the mortality, but everything you're doing to decrease falls are also reducing chronic disease, heart disease, yeah, a stroke risk etcetera.

JS **Juliet Simone** 28:28

Exactly.

Heidi.

And that's why you're like, stop talking about one organ at a time.

Message really rings true for for those of us in the public health sector and upstream and all of you know, I mean all of that.

It's you're speaking my language, lady.

And yeah, I hope that this subcommittee can really put some energy and recommendations into that.

Thank you so much, Kelsey.

That was awesome.

You've done a great job.

JM **Jacqueline Miller (Guest)** 28:57

OK.

Thank you all.

Now our third topic was cognitive health, but we are going to put that off to another meeting.

But we would like to talk about vision and aging, and we were hoping that Frank from the Legends project would step up and give his presentation.

And if it's okay, would you like to make your own introduction, please?

F **Frank (Guest)** 29:21

Well, I thank you very much, Jeff.

I tell you what, after following these two presentations, I feel like 1/3 grader because I when I accepted this I thought well, I I should be ready.

 **Amand Fahrendorf (Guest)** joined the meeting

F **Frank (Guest)** 29:30

But I have been all over the United States talking to organizations and groups, trying to raise the funds to really make this a something to look at.

So I apologize. I'm not.

I don't have all the videos stuff that I wanted to show you, but I will get that to you because I want to share that with you later.

But I want to thank you for allowing me to speak about what we are seeing as a serious aspect of aging and Missouri, and I would consider a pronounced public health concern.

My name is Frank Taylor and I am the project coordinator for the Legends project here in Springfield and we are a nonprofit that's uniquely created to address the challenges being faced by those in our communities that are experiencing vision loss, especially those entering their golden years.

Men and women aged 65 and older, and I include veterans into that group as well, because we we do a lot with the veterans, the Americans, as we know, are living

longer than ever, which is the good news.

But the bad news is that currently we have a population of individuals 65 and over that total more than 55 million or 17% of the total population.

And everywhere I'm turning to and looking experts are agreeing that in less than 15 to 18 years that number will reach 85 million, or about 22 to 25% of the total population.

And the main reason for that is the generation known as baby boomers.

They're starting to make themselves known.

That's important to understand because vision loss increases with age among all demographics.

According to the CDC, recently the main culprits that they're identifying are cataracts, glaucoma, diabetic retinopathy and macular degeneration.

Glaucoma alone is expected to rise 90% by the year 2050 and cases of AMD, the leading cause of irreversible blindness, are expected to double by 2050 as well.

And as already stated, vision loss is becoming a major health concern and I think as a group, we need to recognize that and integrate that into anything we do.

 **4efbdfd1-6a40-41f1-8cac-3ce65b93d8d8** joined the meeting

F **Frank (Guest)** 31:37

When it comes to aging population, vision needs to be recognized as a key part of overall health discussions.

There's mounting evidence indicating that vision loss it affects more than how people see and has implications for physical, cognitive and mental health.

It can even compound inequalities and employment, health access and income, and as a result, research cannot just be limited to prevention, treatment and cures, because there is an urgent need to identify strategies that we believe will equitably maximize the health and opportunities of people with vision impairment as they age. These are some things that everybody that looks at this field are are noticing.

 **Lynn Lewis (Guest)** joined the meeting

F **Frank (Guest)** 32:22

But one thing that is kind of becoming apparent is that there is a general lack of awareness overall and an urgency among public providers of services to maintain

independence.

If vision loss occurs, the needs of older people who are blind or visually impaired.

 **4efbfd1-6a40-41f1-8cac-3ce65b93d8d8** left the meeting

F **Frank (Guest)** 32:38

And not being met by Medicare, Medicaid, or private insurance companies and many older adults that we're finding out at the street level, basically or not even aware that there are services out there that they can turn to and when they do, that doesn't seem to be enough service providers or supports to go around.

Although there are national programs designed to help older adults with vision loss maximize their independence, these, for the most part are underfunded and they only provide services to approximately about 2% of their potential clients.

So it is a.

It is a problem.

It is an issue that everybody is looking at, not just here in Missouri, but I think we need to focus on it through this committee because we're focusing on that age group, keeping just the focus locally, though I wanted to, I wanted to express one thing that really astounded me.

The state of Missouri is beginning in somewhat ways to make people more aware of these future issues and their addressing them now.

The following information here that I have is it was submitted from the Missouri State Libraries 5 year plan for 2023 to 2027, submitted to the Secretary of State by the state librarian Robin Westfall, and part of its mission statement is to strive to ensure all Missourians have equal access to library services.

And in this report are the following facts, which I found very interesting for a library to according to the 2020 American Community Survey data, over 150,000 individuals in Missouri right now have substantial or total severe vision difficulty, and these numbers are more than likely to double in the next 5 to 10 years.

And that is just truly outstanding for those of us who work with blind and visually impaired individuals.

And as the population ages, substantial increase in blindness, low vision and other print impairments is expected.

Couple the current needs level with projected increases in the senior population and the necessity for continued services for people with print disabilities becomes readily

apparent.

The library is seeing that the future is going to be a problem for them and it's already showing itself up.

As I said, there's over 151,000 totally blind or severely visually impaired in the state of Missouri.

I actually talked with somebody from the Wolfner library and I asked them how many people are you currently utilizing in your services?

And they told me at the last two years it's averaged around 45 to 5000 patrons.

And I said, OK, so you have 5000 patrons and we have over 150,000 who are.

What is wrong with that picture?

And they said they just don't have the funds.

They just don't have the the the manpower to get the word out, to get it to let people know.

So we're we're doing something proactively as much as we can.

We have started a workshop where we literally go into Senior Center, senior any places that we can get in front of seniors, we're teaching Grade 1 Braille in a fun workshop.

That's kind of fun.

It's kind of exciting.

It kind of makes them engage and they're loving it.

I've done it with several veterans organizations and veterans of the hardest group to even penetrate when it comes to anything like this, but they all had fun because I would just give him a hard time about me.

You know, I've taught a monkey.

I've taught a grapefruit, but as a veteran I don't know if I can teach it.

And then what do you mean?

We can learn, and so I've taught them, and they've learned this and what we're doing is we're helping them to become independent and their own households helping to label things that they use every day.

And it gives them a sense of hope and everybody here should probably understand that the age 65 and over is the highest rate of suicide in this country for veterans.

We're looking at 17 to 22 a day that are committing suicide, so we started looking at this overall and we're seeing that a lot of these numbers are relating to the fact that they are losing their eyesight and they're losing hope.

And so I felt it was important that when this committee got together, that we at least

look at that there's another part of this whole puzzle that we're trying to put together here.

And I wanted to share this as much as I could with with you guys, because I think it's something that if we look at it outside of the box of where we're at right now, we're gonna see this effects everything that we're talking about in one way or another.

And so I appreciate the opportunity to be able to at least share that.

And I, like I said, I hope to be able to put some things down together in a video that I want to send out to everybody so that you can kind of get a more overall view of what's really going on in the state of Missouri and what we need to do to to focus on that.

So I appreciate giving me this opportunity to hopefully get you a little bit educated on what's going on in the aging population when it comes to vision.

 **Jacqueline Miller (Guest)** 37:36

Right.

Thank you so much.

That was it was very good.

You did great and and we really appreciate that.

So it it just brings to mind you know all of the many things that we need to be considering within this whole person health subcommittee. You know granted we don't want to necessarily focus on organs.

But we do have to admit the fact that we have a huge aging population and a huge issue when it comes to loss or limited vision.

And knowing about some of those different programs you have going on is incredibly impactful for our job.

So thank you so much.

I'm looking in the meeting chat and Kelsey.

Yes, we'd be happy to share Doctor Heidi slides.

We have a copy of those and what we'll do is Laura, Juliet and I will get together and we will kind of put out maybe a little bit of a summary of this meeting that we're having and we can include the slides and we'll also include the John Hopkins model of home nursing, OT and handy worker.

That's great.

And then, umm, Frank, if you would share with either myself or Juliet or Laura or all of us, what different programs are going on, we can put that together and.

Basically, come with a summary of today's meeting and that will help us to look back when we're looking at different recommendations that we can offer to the.

To the whole policies, first of all, thank you all three for your wonderful presentation hiding and Kelsey and Frank.

I think the one of the things we really need to do, at least on this committee, is to come together and learn about what programs are out there and learn about the different, umm, uh, subjects that are are basic, different topics that we face as an elderly population and programs that are out there to assist in those areas.

We'd also like to we have some ideas for July 5 meeting, but if you have any ideas of challenges, solutions, gaps, anything that you'd like to personally present to our group, that would be amazing, especially if you have a special topic within your own area of expertise that you would like to bring to the table and bring information to this group that will help with our whole process and project.

Uh, any topic whatsoever?

Please bring that to us and we'll just ask that you give a 5 minute presentation so that we can all be informed as to that particular topic.

Is there any questions for Frank?

Does anybody have any questions?

OK.

JS **Juliet Simone** 40:42

Hey Frank, I do have a question is I know you talked about rail is one, you know I guess obvious or well known you know solution for visual impairment for for reading it is there room for technology to also create more opportunities for people with vision impairment to engage?

F **Frank (Guest)** 41:07

Yes.

Actually, we're working with a couple of different agencies.

Technology is is just incredibly throughout the visually impaired community, especially those who are blind.

One of the things that we're finding out though is that right now in Missouri alone, probably about 85% of individuals who are blind or have severe visually impairments are what we would consider illiterate because they don't know how to read or write.

And so when you look at that, the 15% remaining out of that, 90% of that 15% that

are employed in the state of Missouri, no Braille.

So it's we feel like it's a basic tool for anybody.

However, when we're looking at the aging population, we're talking about individuals in some instances where, you know I'm a grandfather, I love to read to my, my, my grandchildren and I woke up one day and I can't see what do I do.

Well, we want to give you options.

There are a certain percentage of seniors who utilize technology.

They have a smartphone, but there is a greater percentage that have a phone that they just text and they can call.

They don't understand the technology.

They don't know how to use it, So what we're trying to do is to create ways to engage everyone.

We're working with Missouri State University to create a program that literally after our fund little workshop that we do that we can find out through a survey who wants to learn more and go further and then we can plug them into that to where they can understand technology more and understand if they want to read to their grandchildren and they want to utilize Braille, they can learn that at a higher level as well.

So we're trying to make it accessible in every area that we possibly can to give every senior hope that's that's the bottom line with us is to give seniors hope.

If we can reduce that rate of suicide and desperation for seniors, even 1%, we've done something.

JS **Juliet Simone** 43:10

That's really terrific.

F **Frank (Guest)** 43:11

Like.

JS **Juliet Simone** 43:11

Thank you.

Umm, I was at a conference just yesterday the UM Annual National Council on Aging conference in DC, and they had a presentation about visual impairment and resources and it was also through the lens of matter of balance.

Kelsey, which we both know well and having large print etcetera and the website I

just dropped in the link, I'm trying to find it cuz they presented this live during their presentation but they have videos that they've created and then you can adjust like on a continuum.

What it would look like for somebody with macular degeneration or, you know, a splotchy Ness, you know, different kinds of visual impairments.

And it was really, really cool to give a sense of what what those folks experience.

And it did kind of give you that whole range.

So I'm trying to find it.

F **Frank (Guest)** 44:06
Right.

JS **Juliet Simone** 44:07
I can't find out to have in my fingertips here, but I would like to reach out, yeah.

F **Frank (Guest)** 44:11
Yeah.
And Juliette, I will.
I will.
I will say we do have in in our presentations, we do presentations all the time.
We have a from a optimal commentry association in.
Believe it's Ohio.
They send us some things and actually you can hold it up to your eyes and look through it to get that perspective as well.
And we've found that, you know, presentations, a lot of seniors are leaning forward or whispering them, say, do you have a question?

JS **Juliet Simone** 44:29
Ah, cool.

F **Frank (Guest)** 44:35
Well, no, I see that.
What does that mean?
I said means you need to go to your doctor and tell them about it and we're seeing

that more and more every time that a lot of seniors just, well, it's just part of getting old.

JS **Juliet Simone** 44:40

Yeah.

Yeah.

F **Frank (Guest)** 44:46

I guess I'm, you know, and we're trying to encourage them.

You need to get in.

You need to see the doctor.

You need to get tested to see exactly what's going on, because we're hearing case after case after case that people you know went to bed one night the next morning I woke up and I have no site.

What do I do?

Your past the point of what you need to do, you need to be proactive and get into a doctor.

JS **Juliet Simone** 45:07

Great.

Thank you.

JM **Jacqueline Miller (Guest)** 45:13

Absolutely.

Thank you so much.

Any other questions?

And I have a call for topics.

Does anybody have any ideas on topics that they would be interested in doing?

A 5 minute presentation?

For our next meeting in July.

OK then umm.

If you do have any, certainly, contact us and I think you know too, you know, I see Debbie Walkenhorst, who has joined us and Debbie is here in my hometown and we may wanna possibly have a presentation as to what options there are out there for home health care and focus on options that are available for that.

So we might ask somebody to do that in the future because the more conversations we have about these issues and topics, the more educated we are.

 **Dr. Heidi Miller** left the meeting

 **Jacqueline Miller (Guest)** 46:16

And then we'll have the better opportunity to be offering.

Ideas on to the Committee on Aging itself, so we'll go into that. OK.

So let's go ahead with it being almost 10 till we know that our next meeting is in July and it is always we're going to keep it on the second Wednesday at 2:00 PM and again we will record it.

We hope everybody attends because it's a very, very important for each of us to be available to educate ourselves on these, and then we can certainly start making once we feel we have covered most of the topics, when it comes to whole person health, then we can look at what recommendations we'd like to bring forth from our subcommittee.

Laura, what's that?

Next date in July.

Then I don't.

I guess I could get a calendar in front of me so everybody can get that on their calendars and.

 **Newland, Laura** 47:17

Yeah.

The next day is July 12th at 2:00 o'clock.

 **Jacqueline Miller (Guest)** 47:22

At perfect.

OK, alright.

And then again, like I said, we'll come together and we'll find three more topics and three more wonderful people to present on these topics.

And these issues and we will kind of form the meetings around that.

But again, I'd also like to give a summary as to what we have done and what we've learned here at these particular meetings.

Is there anything else we need to address at this time, Laura?

NL **Newland, Laura** 47:58

I think this is great.

JM **Jacqueline Miller (Guest)** 48:00

OK, alright.

Does anybody have any other suggestions as to how to go forth in these meetings?

Basically, cover a range of topics and then come together on recommendations.

DW **Debbie Walkenhorst** 48:16

Uh, Jackie, I have question.

This is Debbie walkenhorst.

So is this the first?

JM **Jacqueline Miller (Guest)** 48:19

Sure.

DW **Debbie Walkenhorst** 48:22

This is the first meeting I've been on.

Is this the first meeting overall?

JM **Jacqueline Miller (Guest)** 48:27

We've had one other meeting where we introduced everybody and so if you have a second, could you go ahead and introduce yourself and a little bit on your background and thank you.

DW **Debbie Walkenhorst** 48:29

OK, a.

 **Heather Swymeler** left the meeting

DW **Debbie Walkenhorst** 48:37

Sure.

OK.

So Debbie, sorry to slow the meeting down if everybody was wanting to get off.

So I, Debbie Walkenhorst, I live in Washington, MO, have lived here all my life. I'm a nurse by background and I have human resources, experience, and five years ago I opened a local home care agency home instead, which is a franchise, but definitely see a but the the the demand for more services as well as all the challenge. I love the presentation because knowing all the resources is really important and that's when I asked if this is the first meeting or the 2nd. What meeting this was, it was just like, how much do I have to catch up with? So right. Thank you. OK.

JM **Jacqueline Miller (Guest)** 49:22

Not too much, luckily.

So you're you're hitting the ground running, so we appreciate that.

So OK.

And anything else other than we look forward to our next meeting.

Laura, Juliet and myself will be reaching out to see if we can have some of our wonderful people cover some of the topics.

If not, we might bring some people from outside of our group to the topic table and be able to continue to inform ourselves.

Yvonne, you have a question?

MY **Matthews, Yvonne** 50:00

Well, I think I do not know if I've been to this meeting.

So do you all know me?

JM **Jacqueline Miller (Guest)** 50:10

Please introduce yourself.

We'd love to learn more.

Awesome.

Thank you and welcome, Amanda.

Put in the chat.

Are there any minutes from the last meeting?

Laura, I know we had a slide show at our initial meeting.

We can certainly share that in fact, we'll share that slide show.

The slide shows from today and any further information Frank can offer and we'll get

all that out for the 1st and 2nd meetings.
UM, of course.

MY **Matthews, Yvonne** 50:56

May I ask another question?

Will we have contact information for the?

Speakers for everyone, but especially for the speakers.

We are hosting a conference called Missouri Institute on Minority Aging and August and some of the presentations done today.

Excuse me, I said.

Some I meant to say all of the presentations done today would be excellent for our seniors.

The majority of them are ethnic minority, particularly African Americans, some Latino and.

Umm or 65 plus the majority of them.

And so these presentations would be.

Exceptional for them to hear at this year's theme is on brain health.

JM **Jacqueline Miller (Guest)** 51:57

Fantastic.

I I think Laura has all of our contact information, our names and contact information and we'd be happy to share that if that's OK with everybody.

I think we have everybody's names and emails and we'd be happy to share that.

Let's see.

Kelsey, do you have a question?

HK **Hussey, Kelsey** 52:19

And I don't have a question.

I just wanted to also introduce myself.

I was not on the call last meeting.

Umm I'm Kelsey Hussey.

JM **Jacqueline Miller (Guest)** 52:26

Thank you.

HK **Hussey, Kelsey** 52:28

I'm the whole health director for healthy Blue Missouri, so I just wanted to say thank you for inviting me to be on the series of calls and look forward to our meetings.
Thanks.

JM **Jacqueline Miller (Guest)** 52:41

And if we could take before I, I admit we have 6 minutes.
If everybody could just put in your name and contact information into the chat, we will record that and then we'll send that out to everyone.
So everybody has contact information of their fellow.
Participants and there's a great recommendation.
It might be helpful to organize our recommendations by the priority areas that Doctor Heidi Miller mentioned.
Absolutely.
And that was certainly a framework I was looking at as well.
So Jordanna, thank you for mentioning that that's a very good point and there's a lot of things that can go under those specific mobility, nutrition, mental, social.
And so those would be a great way to framework are recommendations, OK, if there is nothing else, we look forward to seeing everybody in July.
Thank you everybody for putting your contact information in.
And once you've had a moment to put in that information, we look forward to seeing you at the next meeting and we'll, umm, uh adjourned at this time.
So thank you again everyone and have a great rest of your day and rest of your week.

 **Laura L. Kozeny-Fraser** left the meeting

JS **Juliet Simone** 53:59

Thank you. Bye.

 **Jordanna McLeod (Guest)** left the meeting

 **Amand Fahrendorf (Guest)** left the meeting

DW **Debbie Walkenhorst** 54:00
Thank you. Bye.

NL **Newland, Laura** 54:01
Thank you.

 **Lynn Lewis (Guest)** left the meeting

A **Angel Surdin, MO DHSS OMMHE (Guest)** 54:02
Thank you.

 **Kevin Drollinger** left the meeting

 **Teresa Eppers** left the meeting

 **Leslie DeGroat MO-DMH DD (Guest)** left the meeting

F **Frank (Guest)** 54:03
Like.

 **Leah Moser** left the meeting

 **Juliet Simone** left the meeting

 **Hussey, Kelsey** left the meeting

 **Debbie Walkenhorst** left the meeting

 **Jill Cigliana** left the meeting

 **Sylvia Malta** left the meeting

 **Weitzel, Kelsey** left the meeting

● **Newland, Laura** stopped transcription