Age-Friendly Kansas

Advisory Committee
Meeting #3: Age-Friendly Communities – Addressing Social Isolation and Choosing Rural
Oct. 17, 2024
1:00 pm -2:15 pm

MEETING NOTES

Action Items

- Age-Friendly Kansas (AFK) Advisory committee members: Please select working groups through the link below. Please submit feedback by October 31.
  - Link removed for external posting.

Meeting Materials:

- Agenda
- Slide Decks
- Draft Domains and Strategy Themes from AFK advisory committee application (see below)

Resources and Topics Mentioned with Links:

National Rural Health Association

Social Isolation and Connection

- [Disrupting Disparities in Kansas: A Review of Social Isolation Among Older Adults](#)
- [Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community](#)
- [How Communities Around the World Are Connecting Social Isolation and Health](#)

Dementia and Alzheimer's Care

- [What is a Memory Cafe?](#)
- [A VISUAL GUIDE: Mood and Behavioral Challenges in Dementia](#)
- [KU awarded grant for minority Alzheimer's disease research](#)

Agenda:

1:00 pm – Welcome
1:05 pm – Choosing Rural: Alan Morgan, Chief Executive Officer, National Rural Health Association
1:20 pm – Creating Social Connection in Rural Kansas: Benjamin Anderson, President and Chief Executive Officer, Hutchinson Regional Healthcare System
2:10 pm – Looking Ahead: Working Group Sign-Up; Upcoming Meetings; New AFK Landing Page
2:15 pm – Adjourn

Meeting Attendees

Below are advisory and steering committee members that attended the meeting. Title and organization were gathered from survey responses where registered members self-identified. If this information is not correct, please email euridge@khi.org for correction.

Age-Friendly Kansas Advisory and Steering Committee Members:

- **Adrienne Byrne**, Health Director, Sedgwick County Health Dept
- **Andrea Bozarth**, Associate State Director for Outreach and Advocacy, AARP
- **Chanda Gross**, Research Analyst, KDHE
- **Dagmar Birgit Jung Lemke**, Program Manager, KDHE
- **Desima Dawdy**, Owner/Pilates Practitioner/Corrective Exercise Specialist, Pilates Performance & Rehab
- **Jackie Halbin**, Director of Community Life & Wellness, Lakeview Village
- **James Stowe**, President and CEO, Center for Practical Bioethics
- **Julie Sergeant**, Deputy Bureau Director, Kansas Department of Health and Environment
- **Karen Wilson**, Executive Director, Northeast Kansas Area Agency on Aging
- **Kari Baesel**, 50 Plus Department Manager, Johnson County Park & Recreation District
- Lorna Jarrett, Owner, Pneuma Pilates and Wellness
- **Michelle Coats**, Director of Mobility Management, North Central Kansas Coordinated Transit District
- **Stephanie Sherode**, Financial Navigation Program Manager, Masonic Cancer Alliance
- **Tamara Neff**, DPT, Pilates Performance and Rehab
- **Tim Wholf**, Director, Johnson County Department of Aging and Human Services
- **Tina Robinson**, MDT Coordinator, Office of Attorney General Kris W. Kobach
- **Tori Gleason**, Clinical Analyst, LMH Health
- **Travis Rickford**, Executive Director, LiveWell Northwest Kansas
- **Tyra Quintin**, ADRD Program Manager, KDHE
- **Paul Schuster**
- **Bessie Tolbert**
- **Lainey Faulkner**, Bureau Director of Community Health Promotion, KDHE
- **Michelle Niedens**

KHI Staff: Emma Uridge, Kari Bruffett, Wen-Chieh Lin, Rebecca Andrade

LOOKING AHEAD: UPCOMING MEETINGS

Next Meeting: November 21, 2024, Age-Friendly Community and Neighborhood Development – Determining Metrics and Measures of Success.

Presenter(s): Shauneequa Owusu, Chief Strategy Officer and Tina Ansong, Senior Planner at ChangeLab Solutions

PRESENTATION SUMMARY: ALAN MORGAN, CEO OF THE NATIONAL RURAL HEALTH ASSOCIATION (NRHA)

Alan Morgan is a fifth-generation Kansan, born and raised in Holton, Kansas, and has spent the last 30 years working in Washington, D.C., with the last 20 years as the CEO of NRHA.

Overview of NRHA:

Morgan described the NRHA's mission to improve rural healthcare across America through education, networking, policy development, and identifying best practices for replication. He focused on the NRHA's "Choosing Rural" initiative, a theme central to his presentation, which promotes rural healthcare by emphasizing the unique strengths of rural communities.

Age-Friendly Rural Initiative:

The NRHA launched a national Age-Friendly Initiative in January 2023, funded by a grant from the John A. Hartford Foundation. This initiative aims to improve access to age-friendly care for rural older Americans by promoting best practices and collaboration across sectors. The initiative follows the "4M Framework" (Matters, Medications, Mobility, Mentation) and focuses on identifying opportunities where NRHA can lead or support rural health efforts.

Community Health Worker Program:

Morgan highlighted the development of a rural Community Health Worker (CHW) program with an age-friendly focus. In the planning year, 100 CHWs were trained, and NRHA plans to expand this in the future. He also shared NRHA's goal of creating a compendium of rural age-friendly best practices and a dedicated resource page on their website.

Choosing Rural Approach:

Morgan emphasized a shift in the narrative, from discussing the challenges of rural healthcare to highlighting the advantages of rural communities. He pointed out that many people are choosing rural life intentionally, and rural areas have competitive advantages in healthcare delivery, often seen in "blue zones" where people live longer, healthier lives.

Four Key Components of Rural Success:

Morgan identified four essential components for creating successful age-friendly rural communities:

1. Healthcare presence (e.g., rural hospitals, clinics).
2. Leadership that bridges sectors (healthcare, business, aging centers).
3. A culture of health and community engagement.
4. Strong community connections that contribute to better health and longevity.

Discussion and Q&A:

Marysville Memory Care Farm:

One member mentioned the Memory Care Farm in Marysville, Kansas, and asked about integrating healthcare and agricultural grants. Morgan stated that NRHA has worked with AgriSafe and emphasized the importance of crossing sectors, such as healthcare and agriculture, to improve community health. He encouraged collaboration at both local and federal levels.

Blue Zones:

The group discussed the concept of blue zones. Morgan detailed how blue zones are areas where people live long, healthy lives, typically reaching their 80s, 90s, and beyond. He mentioned that there is only one officially recognized blue zone in the U.S. (California) and emphasized the importance of community, outdoor activity and a plant-based diet in these areas. Morgan also noted research identifying similar rural areas, particularly in the Midwest, with high longevity, although not officially termed "blue zones."

Funding for Community Health Workers:

One member asked how community health workers (CHWs) are funded, especially since a Kansas CHW program through KDADS recently ended. Morgan explained that CHWs are often viewed as a bridge between patients and healthcare providers and are important in rural areas lacking primary care clinicians. He mentioned that some states are reimbursing CHWs through Medicaid, and some insurance companies are beginning to cover their services due to cost savings and improved care outcomes.

PRESENTATION SUMMARY: BENJAMIN ANDERSON, CEO OF HUTCHINSON REGIONAL HEALTHCARE SYSTEM

Benjamin Anderson began by discussing the issue of loneliness among the elderly in rural Kansas, highlighting its growing prevalence and impact. He emphasized that loneliness is a public health concern exacerbated by cultural shifts, social media and the increasing isolation caused by technology and broken relationships.

Three Stories of Loneliness Solutions:

Community (Hutchinson, Kansas):

Anderson shared how Hutchinson has tackled loneliness by partnering with various health and social organizations. A unique collaboration with Clay Works at Disability Supports offers "prescriptions for friendship," where healthcare providers can refer lonely older adults to art and community activities. These individuals gain unlimited access to a coffee shop and weekly art sessions, promoting social connections. The impact is measured using the UCLA Loneliness Scale, with results showing improvements over time.

Organizational Systems (Kearny County Hospital):

Anderson recounted a story from his time at Kearny County Hospital, where a man, Ted Morgan, sought help for his wife, Dottie, who had dementia. The hospital was using chemical restraints to manage dementia-related behaviors, which left Dottie lethargic and disconnected. The hospital leadership implemented a plan to reduce the use of chemical restraints by 75% within a year, focusing on listening to residents' stories and understanding their needs. Through creative solutions, such as allowing residents to engage in familiar tasks (e.g., washing dishes), they significantly reduced the use of medications and improved residents' quality of life. Ted Morgan was able to reconnect with his wife before her passing, and the program became a model of patient-centered care.

Family (Uncle Paul's Story):

Anderson shared a personal story about his uncle, Paul Moyer, who experienced deep loneliness after his wife's death. They arranged activities to help Paul reengage with life, including attending a concert and receiving recognition for his state trooper service. Anderson highlighted that addressing loneliness involves creating meaningful connections and empathy, which requires intentional behavior change.

Discussion and Q&A:

Prescriptions for Friendship

The committee discussed the origin of the prescriptions for friendship program. Anderson explained that the idea came from a doctor who realized traditional prescriptions couldn't address loneliness. The concept was inspired by a food pharmacy program in Texas that allowed doctors to prescribe healthy food, which Anderson adapted to social needs. The ClayWorks program now provides a community space for individuals struggling with loneliness, fostering friendships through art.

Program Setup

One member asked about the partnerships required for setting up the program. Anderson outlined the need for a host site (e.g., Clay Works), funding (provided by the United Way), and sources of referrals (local healthcare providers). He emphasized that the solution was simple and inexpensive, and other communities could replicate the model.

Burnout in Healthcare:

Another member asked about staff recruitment and burnout. Anderson explained that recruiting for rural healthcare requires understanding the motivations of potential staff, such as a sense of mission or local ties. To address the burnout, Hutchinson Regional Healthcare has been overhauling work environments, including reducing on-call hours and fostering a supportive culture among staff—but it is an ongoing challenge that has not been solved yet.

Reducing Chemical Restraints in Dementia Care:

One member expressed appreciation for the hospital's efforts to reduce chemical restraints in dementia care. Anderson agreed that such practices are often the result of insufficient advocacy and noted that addressing the underlying causes of patients' behavior—through listening and creative engagement—can lead to better outcomes.

Access to PET Scans for Dementia Diagnosis:

Another member raised concerns about the difficulty in obtaining timely PET scans for early-onset dementia diagnosis, which can delay proper treatment. Anderson acknowledged the challenge and emphasized the need for better coordination between healthcare providers and systems to ensure early intervention for dementia-related symptoms.

REVIEW – DRAFT AFK STRATEGIES FOR ADDRESSING HEALTHCARE ACCESS AND ADDRESSING SOCIAL ISOLATION

Members received high-level strategies from the AFK advisory committee application. The following strategies were proposed by advisory committee members and will be revisited during working groups. These strategies are not final and can be expanded on, combined or removed depending on the group's consensus.

Social and Community Engagement

Create Intergenerational Programs: The current ecosystem is very segregated in how we support various age groups. If we truly wanted to support people across the lifespan, we would provide this support in an intergenerational way that integrates support for all ages in innovative and creative ways. Segregation promotes ageism and is not age-friendly.

Expand Social Networks for Seniors with Physical and Mental Challenges: Expand social networks for those with various physical and mental challenges, including promoting informal systems. Create a program to partner with neighborhoods, including neighborhood to neighborhood challenges/community to community challenges with defined benchmarks and dashboards.

Promote Dementia-Friendly Practices in Public Spaces: Promote dementia friendly practices in entities such as hotels, restaurants - many of the dementia friendly practices are also general aging practices and also support inclusion of those with other physical and intellectual challenges.

Foster Community Engagement Programs: Provide organized social meet-up groups, hiking groups, shopping excursions, and partner a buddy for well-fare checks. Develop community-based programs tailored to older adults' social and recreational needs, ensuring they are accessible, inclusive, and supportive of diverse interests and abilities.

Advance Equity: Seeing that upstream to downstream with health equity lens for this population is crucial for us to meet goals we all have.

Healthcare and Mental Health Services

Increase Funding and Support for Healthcare Providers: Kansas can better support the health and wellness needs of its aging population by enhancing accessibility to healthcare services, promoting age-friendly housing options, increasing public transportation availability, and fostering community engagement programs tailored to older adults' social and recreational needs.

Expand Community-Based Palliative Care Services: As the aging population in Kansas continues to increase there are several areas in which we can better support health and wellness. These would include increased funding and staff for support services, case management services at a community level for resource connection, community-based palliative care, and developing a plan around mental health in our aging demographic.

Develop Mental Health Programs for the Aging Population: Provide opportunities for mental health interventions and develop a plan around mental health in our aging demographic, integrating mental health services into primary care settings and training professionals in geriatric mental health.

Enhance Access to Preventive and Emergency Care: Provide easy access to affordable preventive and emergency care throughout the state, including education on the need for such care. Improve availability of accessible and affordable housing, transportation, leisure opportunities, and supportive services.