

MPA Whole Person Health Subcommittee- 20230809_131821-Meeting Recording

August 9, 2023, 7:18PM

41m 10s


- **Newland, Laura** started transcription
- 👤 **Hussey, Kelsey** joined the meeting
- 👤 **Hussey, Kelsey** left the meeting
- 👤 **Jeff Richards** joined the meeting
- 👤 **Mindy Ulstad -DHSS (Guest)** joined the meeting
- 👤 **Leah Moser** joined the meeting
- 👤 **Matthews, Yvonne** joined the meeting
- 👤 **Debbie Walkenhorst** joined the meeting
- 👤 **Angel Surdin, MO DHSS OMHHE (Guest)** joined the meeting
- 👤 **Teresa Eppers** joined the meeting
- 👤 **David Kelly (Guest)** joined the meeting
- 👤 **Jordanna McLeod (Guest)** joined the meeting
- 👤 **Donna Thompson (Guest)** joined the meeting
- 👤 **Srivastava, Rashmi** joined the meeting
- 👤 **Kevin Drollinger** joined the meeting

 **Heather Swymeler (Guest)** joined the meeting

 **Weitzel, Kelsey** joined the meeting

 **Jacqueline Miller (Guest)** joined the meeting

 **Jill Cigliana** joined the meeting

 **JC** **Jill Cigliana** 21:35
Capture that ohh.


 **Hussey, Kelsey** joined the meeting

 **Nicole Brueggeman** joined the meeting

 **Juliet Simone** joined the meeting

 **Amanda Landsbaum** joined the meeting


 **Sylvia Malta** joined the meeting

 **AL** **Amanda Landsbaum** 21:37
Like education for to them, for cognitive health, so that they can maybe incorporate it better into their practice, you know?

 **Amanda (Guest)** joined the meeting

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

 **Karen Will-DMH (Guest)** joined the meeting

 **JC** **Jill Cigliana** 21:42
Ohh.
Ohh here we are.

NL **Newland, Laura** 21:47
Hi, everyone.

AL **Amanda Landsbaum** 21:47
We over.

NL **Newland, Laura** 21:48
Welcome back.

JS **Juliet Simone** 21:49
OK.

NL **Newland, Laura** 21:49
Sorry, I know it's a little jarring.

JC **Jill Cigliana** 21:52
Like time travel.

NL **Newland, Laura** 21:54
That's right.
That's right.

JS **Juliet Simone** 21:55
It is.

DW **Debbie Walkenhorst** 21:55
It is.
It is.

JS **Juliet Simone** 21:57
It is, and Amanda kept a thought going seamlessly through the different rooms.

JM **Jacqueline Miller (Guest)** 21:58
OK.

JS **Juliet Simone** 22:02

Good for you friend.

JM **Jacqueline Miller (Guest)** 22:06

OK.

Do we have everybody back, Laura?

NL **Newland, Laura** 22:11

Everyone is back.

JM **Jacqueline Miller (Guest)** 22:11

Oh my gosh, that that for me was an amazing experience.

That was so cool.

OK.

So we kind of just to bring everybody up to speed.

We kind of missed out on the physical because we need to get, I think, between vacations and people having other things scheduled.

We might have had the situation in which we just didn't have enough people, so we are going to revisit the physical room, a space next time at our next meeting next month.

I was put in with healthy eating.

It was an amazing group and I'm going to have Jordana.

Yeah, I don't know if she can put them in the chat or not because it was just so quick taking notes, but I'm going to have Jordana report from the Healthy eating group, which I was just so excited to be part of.

So thank you everybody who participated in that group.

JM **Jordanna McLeod (Guest)** 23:13

All right, I'm going to see if I can share my screen with the notes because I'm a visual person.

Can you guys see that?

It says I'm sharing, but it's still showing me you guys.

MY **Matthews, Yvonne** 23:24

That not, we don't see it yet.

 **David Kelly (Guest)** left the meeting

JM **Jacqueline Miller (Guest)** 23:27

Real quick, David, thanks for being with us.

JS **Juliet Simone** 23:28

Yeah.

JM **Jacqueline Miller (Guest)** 23:30

We understand jumping to a different meeting.

JM **Jordanna McLeod (Guest)** 23:34

Alright, well, I think for whatever reason, it's not gonna let me.

MY **Matthews, Yvonne** 23:38

Oh, we see them.

JM **Jacqueline Miller (Guest)** 23:38

There it comes.

MD **Mindy Ulstad -DHSS (Guest)** 23:39

There.

JM **Jacqueline Miller (Guest)** 23:39

Good job.

JM **Jordanna McLeod (Guest)** 23:39

OK, perfect.

So the three areas we really focused on with healthy eating were education, Nutrition Assistance programs and the physical ability to eat healthy foods.

And so under each of those, we had some some kind of some ideas and things to

really focus on with education.

We talked about really the importance of that face to face education and outreach whenever possible and utilizing community healthcare workers to get not only that nutrition education, but dental resource education as well.

Umm.

And then we we were aiming really big.

I'm not sure if education is the place where this one belongs, but it was where I put it to get simplified nutritional information.

That's easy to read and understand on food packaging.

It's because it is so small and it is so convoluted that it's really it can be super hard to even if you're even, if you want to eat healthy, it can be difficult.

And then with the Nutrition Assistance programs really looking at improving the programs that we have and increasing awareness of those programs that we have and having statewide access to nutrition education with the programs.

So one of the things that was brought up was you can get snap and you can't use it for alcohol and you can't use it for pet food.

But beyond that, and you can't use it for hot food.

But beyond that, the really the sky is the limit, so getting that nutrition education of what are healthy foods, you can use that limited resource to purchase.

Same with food pantries and food banks.

Making sure that you know there's some nutrition education and healthy foods available, and then the last one was the physical ability to eat food.

This is where dental health and dental care really comes into play.

Looking at, you know, getting, you know, some of those policy changes to get reimbursement for things like telehealth to get funding for dental programs from ACL through the older American Act and just really educating about how medications and aging and in fact to taste and can affect the production of saliva, which makes not only leads to dry mouth, but makes it more difficult to maintain oral health.

Help think that was kind of the the main focus of ours and I will save these notes to our whole person health box folder as well.

So everybody has access to those.

 **Jacqueline Miller (Guest)** 26:11

My gosh.

Wonderful job.

That was just amazing.

OK, just FYI, looking through the time frame, we're probably not gonna get through everybody's group, but let's go to behavioral and then we can save some of the reports for next meeting just for future.

OK.

Who would we like to hear from concerning behavioral?

KD **Kevin Drollinger** 26:42

Well, I can jump in. Good.

JM **Jacqueline Miller (Guest)** 26:42

In.

LD **Leslie DeGroat DMH-DD (Guest)** 26:42

Umm, I can go.

Ohh sorry Kevin, you can go.

You're well spoken.

KD **Kevin Drollinger** 26:46

Ohh, I'd like now I'm embarrassed because the the wonderful set of notes from the first group and we just had a lively discussion.

So if if we might tag team this so we we come from disparate parts but that would turned out to be a real advantage I think because we still found some common themes and we spent time talking about more aspirationally big picture, the kind of things we might want to see in a statewide plan and one that seemed to resonate for us a lot was similar to one of the comments made for the first group which is there are so many resources that are unintentionally siloed for older adults in the state of Missouri.

LD **Leslie DeGroat DMH-DD (Guest)** 26:55

I yeah, yeah.

KD **Kevin Drollinger** 27:26

It's not like we're just sitting there, you know, hiding that.

But we just don't know about each other.

Don't link and even those of us that are in the field, let alone consumers.

So what we talked about was if we were dreaming big and thought if there was a statewide database that would be that for both providers and consumers where one could query by any kind of search engine that we that would be automatically updated at least four times a year where folks could reach out and find linkages for different sorts of things.

Because we can't always phone a friend, we can't always do something like that.

There are a couple of models here in Saint Louis, and there may be others within the state too, but the ones that came to mind for me of more recently is the Community Information exchange, which is hosted by the Saint Louis United Way, where a whole different group of providers are feeding information to that database and updating it regularly.

And providers and consumers can access that any time of the day and and get linkages where that might not be possible if we had that available on a statewide basis, so that if I wanted to check on somebody for a relative in Kansas City or Marshall or whatever, I wanted to look at, we could do that.

So we thought that might be a really nice goal, another one that we talked about briefly, didn't get a whole lot of meat on the bones of and that was we all seem to share the desire to encourage aging in place.

And so to the extent that first of all, we need to get some metrics and some data about how are we doing now in the state of Missouri and figuring out sort of the determinants of that.

But then also figuring out what are the the key factors that contribute to aging in place, and we can probably surmise some of those from all of our shared experiences, but there may be more rigor, some of you may be aware of things that are more indicative of the ability to age in place, for example.

So just building, building that out and then setting metrics about as part of this 10 year plan, let's increase the percentage of older adults that can age in place here in the state of Missouri.

So we know if somebody we want people to retire in Missouri and stay in Missouri, you don't have to move to Florida because if you stay in Missouri, you're going to be able to age in place and we're going to support you.

And then the third one and then I'll turn it over to other members of the group.

We all had a passion for teleconnect teleconnections telehealth, and we said if there

was a silver lining in COVID, the fact that we all had to pivot and develop technology and supports to reach out to more rural parts of Missouri, that's something that we see as an advantage.

We want to do everything we can to support that going forward.

I talked a long time.

Any other members of the group want to add anything.

LD **Leslie DeGroat DMH-DD (Guest)** 30:07

No.

Kevin, you did awesome.

You nailed it.

I mean, thank you.

You eloquently spoke to what we had discussed, so thank you for doing that.

That yeah, it was.

KD **Kevin Drollinger** 30:17

It was a fun group, but no fancy notes.

LD **Leslie DeGroat DMH-DD (Guest)** 30:19

I concur.

KD **Kevin Drollinger** 30:20

I'm sorry.

JM **Jacqueline Miller (Guest)** 30:23

Well, that's OK, Kevin.

We're going to give you exactly a week to make fancy notes to send in to Laura, Juliet and myself.

But yeah, outstanding, just it even if you just want to take a picture of it and email it or text it to us, that's amazing.

KD **Kevin Drollinger** 30:32

That's OK, I wrote it all down, so I'm good.

JM **Jacqueline Miller (Guest)** 30:43

Great job, everybody.

Way to go that that's some fantastic ideas.

I love it.

Let's see social connection.

And again, we've gotten about 10 minutes.

I don't wanna limit how long you talk, so if you need 10 minutes, take 10 minutes and then we'll do cognitive and HealthEquity at our next meeting.

But whoever took notes on all of these groups, please send them in to us so that we have them.

And then that way we've got some guidelines for next the next meeting, so social connection, who is our favorite person who's going to report on that, please?

DW **Debbie Walkenhorst** 31:18

Just Debbie walking her as to where you report on it and team, please add in here because it's a very broad topic.

So, and there's many reasons why people are limited for to maintain their social connectivity.

I think our LSR 3 start points were first of all we need to identify the barriers of social collection by capacity, capacity of cognitive, behavioral and physical, so to in order to get started, to figure out where to go from there.

The second one, I'll say it's the second one.

It ended up being our third one.

But is that there is a report by the US Surgeon General?

It's our epidemic of loneliness and isolation, and our thoughts is that that provides a lot of good information about the the impact of of social limitation to see if it can, we can get to a preventative cause.

It also identifies by Ohh by stakeholders what they they believe, including state, local governments.

What we can do to advance social connections so it's a good start.

Uh, and I just it came throughout the group.

I had not read it, but I'm just glancing through it and anxious to read it in detail, but I think it helped me a guide and then the third thing we talked about was how do we reinvent someone senior centers to be more like community sellers because part of the lack of some of the structural situations that are out there that are funded.

Uh, uh, people that qualify.

Don't believe they're old enough to participate because that's it's categorized by the age.

So if you go back and look at the reframing, reframing, aging, that's a good example of why people they don't identify with that because that doesn't relate to them.

So those are three very high level things that we talked about, but this is a pretty complex section, they all are, but it's pretty complex, but social collections.

So team, if there's anything else you'd add to it, please do that now so.

JM **Jacqueline Miller (Guest)** 33:53

Maybe that that was great.

You guys, each of these teams have been so hard working.

That was awesome.

Is there anything to add to that any thing that you feel might need a little deeper dive?

DW **Debbie Walkenhorst** 34:08

Umm, you know, I I think it all needs a deeper dive reality because this is very high level.

JM **Jacqueline Miller (Guest)** 34:12

But.

DW **Debbie Walkenhorst** 34:15

You know, first time this group has worked together, but came together pretty, pretty fast on these things.

But it's it's.

I think it's a place to start so that if we wanted to make a final recommendation, we may wanna start thinking about, you know, looking at that, uh, uh, that report, you come back with some phyla recommendations there too.

JM **Jacqueline Miller (Guest)** 34:37

OK.

And that actually brings to mind Debbie, we may want to bring that report to the entire committee and maybe.

DW **Debbie Walkenhorst** 34:45

Ah.

JM **Jacqueline Miller (Guest)** 34:47

Yeah, well, let's make a point.

We will send out the connection cause I remember looking at that because I, you know, I hate to say it, but I just went straight to oral health but it but if we could, we will send out a no.

What am I trying to think of?

Basically where it's at and the link hello the link to it and then that way everybody on this group has it and we may even devote a whole meeting to it, possibly in the future, so.

DW **Debbie Walkenhorst** 35:07

At Lake the lake.

Yeah, yeah, yeah.

I think I think that that would be worthwhile for my perspective, but.

JM **Jacqueline Miller (Guest)** 35:23

Awesome.

Awesome.

OK, let's see.

The next one is cognitive.

Whoever is reporting on cognitive and we can go either way.

We've only got 7 minutes left.

I can certainly wait until next meeting.

Or do you think you can give kind of some high level and then send us your notes and then we can kind of bring this stuff together for our next meeting?

Who's speaking about that, please?

JC **Jill Cigliana** 35:51

This is Jill and I'm I'm our secretary so and I think I can give the high level in just a few minutes and then if we are looking for a deeper dive, we can pick up with this next week or next month and and I think we'll have an A lot of overlap because the

you know the factors that contribute to good cognitive health are well represented by nutrition and social connectedness.

JM **Jacqueline Miller (Guest)** 36:04

Perfect.

Thank you.

JC **Jill Cigliana** 36:20

So it looks like we'll be able to combine and condense some of these, but the first priority that we discussed were increasing resources to educate the public and increase awareness about the importance of cognitive impairment, risk reduction, early screening and detection, accurate diagnosis and access to person centered care models, all related to cognitive health.

Our second priority was to and and this is again I'm a lot of overlap, but to ensure that older adults in their communities have access to programs to stay mentally stimulated with opportunities for lifelong learning and social connection.

3rd that we'd we'd recommend implementing long term supports and service services for older adults and their informal care partners to support aging in place for people who are experiencing cognitive declines in cognitive health.

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

JC **Jill Cigliana** 37:32

And last, and in some of these could be objectives or what these were just our priorities.

We didn't get to the point of, you know, some some of these could support each other.

But our final priority was to establish and enhance a multidisciplinary cross sector workforce of community providers, public health workforce, private sector and health care, and a coordinated fashion to better address the needs of people living with or at risk for cognitive decline.

JM **Jacqueline Miller (Guest)** 38:06

Those are all excellent.

I'm telling you guys are hard workers.

Everybody did such a great job.

OK.

So, Kevin, Jill, Joanna and Debbie, I think Johanna, and if you guys could all send in your notes to me or to Laura, prefer Julie, just send them to me and then we will bring those together and we'll kind of have an outline next time of what all we talked about HealthEquity.

I have no doubt you guys worked your tails off.

You guys will be first to report next time and I think what we'll do is maybe bring back at the beginning of next meeting or even send it out ahead of time, basically bringing all these notes together and kind of putting them in the form that we have that form that we use with healthy eating, bring those into that form and and start getting some objectives, priorities, things together.

And then HealthEquity, who's going to report on that?

Maybe if they could send their notes in ahead of time.

Who?

Who took notes for that group?

A **Amanda (Guest)** 39:17

I did this is Amanda Mines, not in the it's not in the pretty format.

JM **Jacqueline Miller (Guest)** 39:18

Ah, awesome baby.

A **Amanda (Guest)** 39:21

It's that Heather.

I just took a bunch of notes.

So uh.

JM **Jacqueline Miller (Guest)** 39:24

You know what, Amanda?

You've got my email.

Just send it my way and we'll we'll make it pretty.

Laura always seems to make everything pretty.

So anyway, I am going to let you guys have two minutes of your time left.

We will be meeting again. Laura.

You got that date for Tuesday?
I should have this ahead of time.
I apologize.
Do you have that date?

NL **Newland, Laura** 39:46
Umm, I can pull it up.
Just give me a second.
It's September 13th at 2:00 o'clock.

JM **Jacqueline Miller (Guest)** 39:56
OK.
Our right is that during the summit.

TE **Teresa Etters** 40:01
It's.

NL **Newland, Laura** 40:01
It is so we can we can certainly move it, we can skip it.

JM **Jacqueline Miller (Guest)** 40:03
OK.

NL **Newland, Laura** 40:06
We can talk about that.

JM **Jacqueline Miller (Guest)** 40:09
OK, real quick.
Can can we move it to the next week?
Maybe will that work out or we.
Right.
Yes, OK.
Some people are saying yes, let's move it to this two o'clock time frame on the
Wednesday the next week.
If you guys make it great and then we'll bring it back to the original dates that we

have set, I just didn't want it to interfere with that summit.

And I am gonna draw it to a close and I can't tell you guys how much I appreciate all that you are doing.

The the participation has been amazing and I think these breakout groups have been tremendously fruitful and we will summarize and look forward to sending the information out and we will see you in September.

Then everybody have a great rest of your day.


Great rest of your week.

Thank you for all you do.

 **Kevin Drollinger** left the meeting

 **Jeff Richards** left the meeting


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

 **Newland, Laura** 41:04
Bye.
Thank you.

 **Teresa Eppers** left the meeting

 **Sylvia Malta** left the meeting













 **Weitzel, Kelsey** left the meeting

 **Juliet Simone** 41:05
Thank you. Bye.

 **Jacqueline Miller (Guest)** 41:05
I thank you.

 **Leah Moser** left the meeting

 **Amanda (Guest)** left the meeting

-  **Jill Cigliana** left the meeting
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-  **Amanda Landsbaum** left the meeting
-  **Hussey, Kelsey** left the meeting
-  **Mindy Ulstad -DHSS (Guest)** left the meeting
-  **Newland, Laura** stopped transcription