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Fairfax County Board of Supervisors Older Adults Committee, Tuesday, March 14, 2023

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[00:00:05] All right. Welcome to the Older Adults Committee meeting. We've got, I think, a full agenda, but only one thing on the agenda. So we've left plenty of time for discussion. What I'd like to do, since we don't get together with the Commission on Aging very often, is just to go ahead around the room and let them introduce themselves.

[00:00:28] And why don't we just go ahead and have the board do it very quickly as well. So we'll start over here and just work our way around. Walter Alcorn, Hunter Mill. Dan Stork, Mount Vernon. James Hawkinshaw, Braddock. Penny Gross, Mason.

[00:00:45] Rodney Lusk, Franconia. John Fass, Rainsville. Dahlia Peltrick, Providence. Mike Perel, Braddock District. Kathy Cole, at large, and chair. Carolyn Sutterfield, City of Fairfax.

[00:01:04] Diane Watson, Mount Vernon District. Jim Kirkpatrick, Springfield Rep or Commissioner for the Commission on Aging. Irv Katz, Commission on Aging, Mason District.

[00:01:20] Kathy Muha, Vice Chair, Sully District. Hi there, Tara Turner with the Fairfax Area Agency on Aging. Good afternoon, Brian Hill, County Executive. Good afternoon, Beth, to your County Attorney. And Jeff McKay, Chairman at Large.

[00:01:38] And Pat Herity, Chairman of the Older Adults Committee and Vice Chair, James Walkinshaw. And I usually like to have the Commission on Aging be full participants in this. They spend a lot of time dealing with these issues, so I'm going to have them actively participate as they see fit.

[00:01:58] So this is what you've got in front of you as an iteration of many drafts that staff have poured into, including feedback from the Commission on Aging. They've been through it. We've moved forward pretty quickly, so I want to, from the delay to get the survey done post-pandemic, as we all know, we had to take a pause.

[00:02:16] So I want to thank staff and the COA for being dedicated and getting the feedback in the plan. This isn't the last time the board's going to see the draft. Before Tara dives into an overview of the plan, I want to share kind of one of the key points that frames the why behind the plan.

[00:02:34] Our survey found that 92% of older adults felt like Fairfax County is a great place to live, but we ranked last out of 84 communities for the likelihood of retiring here. What I see is this plan's primary function is resolving that tension and answering the question, how can we get older adults who love living here and still love living here want to stay here when they retire?

[00:03:03] And that's kind of the key thing we're trying to address in this plan. I think that parts of the plan answer that question, but we still have some work to do. With that, I'm going to turn it over to Tara for the presentation, and then we'll get into Q&A and board comments on the draft plan that you've received, I think, Wednesday.

[00:03:23] Tara. Thank you so much. I'm Tara Turner, director of the Fairfax Area Agency on Aging, and I'm happy to be here with you today amongst our dedicated Commission on Aging members, talking about the needs of older adults in our community and the development of our Shape the Future of Aging plan.

[00:03:40] As a quick reminder before we dive in, the SHAPE in our Shape the Future of Aging plan is an acronym, and each letter of shape represents a category that contributes to quality experiences in the community for older adults. I've placed the graphic on the title page for quick reference and a refresher of the categories approved by the board. The goal of the Shape the Future of Aging plan is to act as a North Star, not only internally as we evaluate the needs of our older adult population and their caregivers, but also for the community-based organizations that serve and support the same population. The county alone cannot meet all of the needs that exist in our

[00:04:19] community, and we know that the work of community-based organizations is imperative to older adults, adults with disabilities, and their caregivers being supported in a way that allows them to thrive in our community. As you heard last time we were together, we brought on Health Management Associates, a vendor who has extensive consulting experience in the development of strategic planning and aging and human service spaces. The plan that has been drafted for your review includes quantitative data, but it also includes a hefty amount of qualitative data because we were intentional about hearing from and being inclusive of the population that needs to

[00:04:53] be served, as well as the internal and external organizations that serve them. The plan was also intentionally designed to be in alignment with the countywide strategic plan and One Fairfax, which I'll talk a little bit more about shortly. In October and November of 2022, Health Management associates in collaboration with the department of family services all of you and the commission on aging hosted town

halls community gatherings focus groups and key informant interviews it was important to us to reach out to our community with a lens of diversity to age race ability gender

[00:05:29] culture and language to ensure that all voices were heard and that this plan was developed with the community's voice behind it adding value and depth to the scope of work between december 2022 in February 2023, drafts, collaborations, revisions, and input were received to create the draft product that you all have received for review. We've provided a text-only version for ease of review, and we will format and design and add design elements after feedback is completed.

[00:05:58] Input has been received at the agency level, the data analytics team has had the opportunity to weigh in, departmental input has been received, and the Commission on Aging has had the opportunity to provide input. And because this plan is to serve older adults across the county, it truly is a county plan. It's bigger than something that sits solely within one department. In recognition of the magnitude of that fact, we were intentional about partnering with and soliciting input and feedback from the countywide strategic planning team to ensure this plan was reflective of the community outcome areas that the county executive and this board have prioritized. It's important to

[00:06:35] us to be striving towards alignment and being part of a system that creates opportunity for older adults and residents and all residents to thrive. In that vein, we also intentionally partnered with the One Fairfax team to ensure alignment of language and consideration of the persistent disparities that exist in outcomes. We invited both the countywide strategic plan and the One Fairfax team to educate us and partner with us in this work. Both teams came and talked to the Commission on Aging, so the commissioners could be prepared to be extensive partners in this meaningful work as well.

[00:07:10] You will find strategic plan alignment alongside themes and gaps identified, as well as a crosswalk in the appendix that was created in partnership with the countywide strategic planning team. This brings us to where we are now. March and April of 2023, the Board of Supervisors Older Adult Committee has had an opportunity to review the draft plan and provide input today and in coming days.

[00:07:33] We're here together today to present themes and recommendations provided to us by the consultant, and there's also an April Older Adults Committee meeting on the books for further discussion if needed. By May of 2023, we will have a product that we hope to have approved by you, and it will be right on time to celebrate Older Americans Month.

[00:07:54] Part of Health Management Associates' role was to analyze the collection of quantitative and qualitative data received to identify themes and gaps and make recommendations based on their expertise in the field. I will go over the major themes and gaps identified and share drafted recommendations by the consultant.

[00:08:11] They were charged with approaching these recommendations through a lens of being affordable, actionable, and achievable, and also a lens that ties back to the fact that, again, we want this to be a North Star for internal and external stakeholders alike. So recommendations should not just be from the lens of what can the county do, but also from a lens of what should stakeholders and community-based organizations who are looking to plan for the future be thinking of as they develop those plans. I want to note that recommendations are not always one for one. There will be some areas where you will see fewer or more recommendations than there were

[00:08:46] themes. This is because one recommendation could address several themes or in some instances you may see an additional recommendation that goes above and beyond themes identified. Before we dive into the shape categories, I want to share with you that there were two overarching themes supported by both quantitative and qualitative data, and we heard over and over again at all or nearly all of the community engagement sessions. First, Fairfax County's older adults generally enjoy living in their communities, but have diminished hopes of aging in place because of the ever-high cost of living in our community. Residents' concern about the

[00:09:23] affordability of living in Fairfax County are evident in the CASAWA data and were discussed at nearly every inclusive engagement session. Second was that Fairfax County has an impressive array and diversity of available aging services, but there is distressingly low awareness among its older residents and other stakeholders about many of the services, as well as the sources of information to learn about them.

[00:09:49] This was also a theme that we heard over and over again throughout the community engagement phase. Okay, as we dive into the shape categories and the themes uncovered within them, you will find the theme identified. You will also see the outlined outcome areas, and you will find the corresponding page number in the draft report that the theme discussion starts on in case you'd like to follow along. The report contains data along with themes, but because we discussed data in our last meeting together, my focus today will be to share with you the themes and recommendations.

[00:10:21] So three themes emerged specifically under the category of services for older adults and family caregivers. Theme one, many of Fairfax County's older residents have adapted to advances in technology, but some still lack in-home computers and smartphones, struggle with tech literacy, or lack English proficiency. Sharing information about aging services and events in multiple formats and languages is critical to keeping all individuals informed. Theme two, family caregivers provide essential support that enables older adults to age in place, but these caregivers

[00:10:59] have been under tremendous pressure in recent years. They face the dual challenges of a prolonged pandemic, which for many has resulted in disruptions to livelihood and social impact, while also caring for an older loved one. Caregivers would benefit from increased support services, including training, respite care, support groups, and help with navigating benefits, resources, and information. Theme three, Fairfax County has embraced equity as a foundational principle to improve quality of life for all residents. Nonetheless, further study is necessary to determine to what extent various segments of the older population are marginalized,

[00:11:39] including aging adults with disabilities and individuals who belong to racial and ethnic minority groups. Providing enhanced services specific to their needs as well as increasing their awareness of those targeted resources would increase the sense of belonging and access to care from trusted providers. Health Management Associates has identified some recommendations based on these themes uncovered in their analysis. Recommendation number one, public, comprehensive, easy to access information in multiple languages about services and events for older adults.

[00:12:15] A few of the strategies proposed by Health Management Associates to achieve this recommendation include things like providing multiple avenues of communication like online and print materials, but also broadcast and social media. They propose doing this in several languages.

[00:12:31] They suggest researching how older adults are learning about resources and identify gaps that could help reach additional residents. They suggest producing a senior resource handbook available in

multiple languages and utilizing existing dissemination networks to share information. Recommendation two is to increase support and guidance for family caregivers.

[00:12:54] That includes training, respite care, support groups, and help navigating benefits, resources, and information. Proposed strategies to achieve that recommendation include things like creating a caregiver peer-to-peer program, increasing services to underserved areas of the county, and establishing guidelines for new businesses that are setting up dementia-friendly training for their employees.

[00:13:19] Recommendation three is to increase support and awareness for needs for Fairfax County older adults with disabilities. This can be done through researching best practices and use of peer supports for older adults with disabilities and expanding older adult education opportunities.

[00:13:38] Themes identified under the housing and neighborhood supports category included housing affordability being a significant concern for Fairfax area residents of all ages, including older adults who want to remain in their homes or downsize to smaller houses or apartments nearby.

[00:13:56] Although the county has several established programs to assist community members with financing, more resources could be directed towards providing relief to older homeowners and renters to help them age in place. We know from the data that many older residents have lived in stable housing in Fairfax County for many, many years, but despite this evidence of housing stability, many older adults are being priced out of the market for downsizing when they need to.

[00:14:23] Theme two, high housing costs disproportionately affect older adults with low income and limited savings, especially if they are in declining health or if they lack family support. To help them remain in their homes and avoid the worst case scenario of becoming homeless, they need additional supports. Theme three, increasing numbers of older adults in Fairfax County appear to be curious and open to being educated about shared housing options that exist, such as home sharing, but many still need greater assurance that their privacy and personal safety will remain secure when considering living with individuals whom they do not know. People seemed interested

[00:15:02] in learning, but not necessarily interested in plunging into taking action. This theme of providing education and home sharing is consistent with prior board discussion around this matter. As people age, their need increases for environmental accessibility and accommodations, such as single-floor living, wide hallways and doorways, and no-step entry to home and shower.

[00:15:27] Greater access to low-cost or free home modification services to address these needs is essential. Even when a home is already accessible, maintaining it is often a challenge for older residents. Recommendations included advancing opportunities to reduce housing costs for older adults so they can remain in their homes.

[00:15:50] The consultants proposed strategies to achieve this included things like convening a multi-sector and multidisciplinary work group to study strategies for positively impacting affordable housing challenges. Affordable housing is a crisis in many regions of the country.

[00:16:06] Because of the complexity of the challenge, developing effective strategies for meeting it will require studying the impacts of multiple policies and approaches. Another strategy proposed under this recommendation was to educate consumers about home sharing.

[00:16:23] Recommendation two, increase support and partnership for older residents who are housing insecure. HMA's proposed strategy is to seek ways to develop braided funding opportunities through federal and state grants and health care and academic partnerships to increase service-enriched housing.

[00:16:41] Such housing resources could be targeted for low-income, community-dwelling older adults who are at risk for hospitalization, nursing home placement, or homelessness to reduce Medicaid and social service costs. Recommendation three, assist older results in accessing resources to meet their home accessibility needs.

[00:17:02] Partnering with universities and nonprofit community-based organizations is one way to expand resources to assist older adults in home modifications to meet their accessibility needs. Also, adopting innovative, evidence-based models for increasing housing accessibility and advancing aging in place.

[00:17:24] Themes identified under access to mobility options. I think I'm going to do an executive, what do you call it? Should we, would you like to, the board, go through each of these as a separate section or should we go through the whole presentation and do them one at a time?

[00:17:43] Do you want to go through the whole thing? I just figured I'd check with you. I just had the thought we might want to hit it one at a time. We're going to do what the board pleases. You got it. Okay. Themes identified under access to mobility options include when older adults no longer feel safe walking or driving in their communities, their isolation increases, and quality of life declines. Some older residents reported finding it difficult to walk in certain areas because sidewalks are not level, construction too often obstructs walking paths, and roads lack shoulders.

[00:18:23] Theme two, improvements in Fairfax County's public transportation system are ongoing, but for multiple reasons, the county's mass transit system is not always adequate to meet the needs of older residents. Public transportation is available along major routes across Fairfax County, but options within many communities are limited. Community engagement input also reflected the fact that some bus stops do not have shelters where older people can protect themselves from harsh weather conditions, which sometimes presents additional challenges for their travel. Theme three, buildings and facilities should be universally accessible and navigable.

[00:19:02] This goes beyond standard accessibility. Some community members reported that even in medical health facilities, there sometimes are not proper assistive devices and technology to get on a scale appropriately if you have to transfer, say, from a wheelchair to a medical bed or a scale.

[00:19:20] Some similar challenges with accessibility were noted about group homes. Recommendations regarding themes identified in the access to mobility options category included increasing walkability and accessibility in neighborhoods.

[00:19:38] One proposed strategy was to continue to encourage planning consideration around accessibility, walkability, and navigability when planning for new sidewalks, maintaining existing sidewalks, improving street and path lighting, and repainting any faded crosswalks and road lines.

[00:19:55] Another recommendation was to increase the viability and convenience of transportation options for older adults. Proposed strategies from the consultant included things like expanding existing transportation networks and increasing older adult awareness of alternative transportation options that are affordable and accessible.

[00:20:17] Multiple transportation options currently exist for individuals who no longer drive and are in close proximity to public transportation. considering options for things like Uber Health, Lyft Healthcare, and private ride sharing because these services provide low-cost transportation to healthcare appointments.

[00:20:39] Themes identified when it came to personal well-being were plentiful, and they included Fairfax County values its rich diversity and strives for greater equity. Evidence suggests, however, that older adults from some racial, ethnic, religious, and sexual and gender minority groups have greater needs and less satisfaction.

[00:20:59] Some older residents from minority groups also reported facing discrimination and feeling unwelcome in their communities. Some residents from minority groups in general said that the discrimination they have experienced in their community has led to feelings of disconnection. Theme two, local older residents have a long and impressive record of community engagement and volunteer service through the county, local organizations, schools, and villages.

[00:21:27] Older adults, however, expressed a desire that information about volunteer opportunities be more readily available to a diverse range of older adults. Theme three, during many of the inclusive engagement events, older residents reported feeling lonely and isolated in their communities and expressed a desire to reconnect with others as the pandemic restrictions end.

[00:21:50] Enhancing opportunities for increased connectedness through in-person, telephonic, or online interactions will help relieve social isolation. Theme four, older residents reported difficulty accessing physical and mental health care in Fairfax County for multiple reasons.

[00:22:08] Some of these include challenges finding health care providers who accept specific insurance plans and can offer appointments in a timely manner. Too few health care providers could communicate in languages other than English and understand culturally-based beliefs and behaviors.

[00:22:25] Time pressures on health care providers and their office staff members that preclude them from listening to older and understanding older residents' health needs and answering their questions. and difficulties finding reliable transportation to health care offices. And lastly, stigmas that were attached to seeking mental health care.

[00:22:46] Theme five, participants expressed inadequacy with the availability of long-term supports and services, including assisted living and skilled nursing facilities and home and community-based services. Community engagement highlighted that several participants noted that the federal and state funding for long-term supports and services is insufficient.

[00:23:05] Theme 6. Some older residents and key informants identified food insecurity as a pressing issue for Fairfax County. They said they want greater access to affordable, healthy food options and education on how to make better dietary decisions. Food insecurity was a much publicized national issue during the pandemic, and it affected older residents in Fairfax County as well.

[00:23:31] Recommendations from Health Management Associates to address these themes included increasing inclusion, acceptance, and support for all older residents. Strategies recommended included things like expanding the role and numbers of the 50-plus Community Ambassadors Program, increasing LGBTQIA plus aging cultural competency by having the Fairfax Area Agency on Aging consider becoming SAGE Care certified, Considering peer programs like Neighborhood Champions as part of the Community

Ambassador Program, and educating community and community-based organizations against ageism and other discriminatory practices and behaviors.

[00:24:11] Recommendation two was to increase access to engagement with physical and mental health care for all residents. Some proposed strategies were to convene multi-sector gatherings to collaborate on initiatives for recruiting providers to Fairfax County, encouraging local health systems and behavioral organizations to train culturally competent health care providers with experience and expertise with the specific populations within Fairfax County, increasing community education in multiple languages, and integrating more health services co-located into places like senior centers.

[00:24:46] Lastly, launching an effort to address the stigma around seeking mental health services would also be helpful. Recommendation three was to increase community engagement and decrease social isolation of older residents. Proposed strategies included increasing the publicity of volunteer opportunities for older residents and tailor marketing efforts to reach older adults from a more diverse range of communities and enhance partnerships with the library system as a social engagement hub for older adults.

[00:25:19] The last recommendation in this section was to expand nutrition and wellness activities for older residents. Proposed strategies included providing resources to improve awareness of free food options and enhancing residents' knowledge of nutritious food and affordable options and benefits.

[00:25:37] Themes identified in the area of economic stability and planning. High inflation is negatively affecting the ability of older adults living on fixed incomes to pay for their basic needs, such as housing, transportation, food, and health care, and technology-related costs, such as computers, cell phones, and broadband.

[00:25:59] Inclusive engagement participants expressed many concerns about the impact of inflation on their continued ability to make ends meet. Participants described competing demands for their finances, including long-term care costs, living alone without family support, transportation, food, medical co-payments, and other expenses, while also helping family members.

[00:26:21] Older adults have their own financial responsibilities, and yet some are also supporting their children and grandchildren. Some older adult Fairfax residents are considering reentering the workforce to supplement their fixed incomes and better meet their financial needs. But significant barriers exist that limit employment opportunities for older adults, including age discrimination, the digital divide, lack of timely or convenient transportation, and physical and cognitive limitations.

[00:26:50] As the incidence of financial exploitation of older adults has risen nationally and regionally in recent years, Fairfax County's Adult Protective Services has developed programs and partnerships with many others to prevent its older residents from falling prey to scams.

[00:27:07] These programs should be periodically reviewed and strengthened to counter the increasing dangers. Older residents and community engagement events expressed concerns that becoming a victim of a scam could truly be financially devastating to them.

[00:27:21] Recommendations within this category included to increase awareness and education for financial security strategies and proposed strategies from HMA on how to do that included providing financial planning seminars at senior and community centers, identifying and advertising locations where

older adults can get discounts, and identifying and advertising how older adults could get access to low-cost technology.

[00:27:49] Recommendation two was to increase awareness on prevention strategies to reduce the risk of financial exploitation to older adults. This can be done through increasing awareness, visibility, and reach of the Fairfax County Silver Shield anti-scam program and researching scam awareness programs used by other counties as well as national resources to ensure best practices.

[00:28:11] Recommendation three was to increase employment prospects for older adults who are interested in joining the workforce by developing a messaging campaign to combat ageism and to enhance the opportunities to partner with our job coaching programs for older residents. Recommendation four was to increase the percentage of older residents completing end-of-life planning.

[00:28:32] Creating an end-of-life planning task force and many communities and health systems have boosted their efforts in recent years to provide education and encouragement about end-of-life planning because it allows people greater choice and frequently reduces their health care costs.

[00:28:49] A multi-sector task force to study the initiatives of other nearby counties and create a uniform process for engaging older adults in end-of-life planning would be impactful. Another strategy suggested was to train 50-plus community ambassadors to educate residents of the importance and benefits of end-of-life planning and then refer them to primary care providers and other professionals for planning guidance.

[00:29:16] All right. As I wrap up talking about the themes and recommendations that came out of the qualitative and quantitative data collection phases, what comes next is probably on your mind. The board received the text-only draft on March 9th, and today we have the older adults committee meeting. We ask that the board of supervisors send their feedback to DFS staff, myself and Jackie Woodruff, by noon on Thursday, March 23rd. Once we receive feedback, we will move into final edits, and based on that input, we will begin working on the formatting and design of the plan.

[00:29:52] Additionally, our consultant is working on an executive summary to be included with the plan because we know that some people will want that high-level summary. Each of those items will be sent to the board on or prior to April 20th in advance of the April 25th Older Adult Committee meeting.

[00:30:09] That will have us moving towards a May approval of the Shape the Future of Aging Plan, which we hope may be able to take place on May 23rd. We plan to work closely with our Commission on Aging on the accountability of the plan initiatives, and we hope to model some of the strategy after the scoring key and potential ownership models that existed in the previous 50-plus Community Action Plan.

[00:30:34] Once we receive plan approval, we will be moving into working with the Commission on Aging to develop strategy and systematic reporting of progress on these recommendations in the future. Thank you so much for your time and your attention to meeting the needs of older adults, adults with disabilities and their caregivers in our community.

[00:30:52] Thank you so much, Tara. That was a lot to get through in a short period of time and a lot of work that's going into this. I'm going to make a couple high-level comments and save my specific comments more towards the end. Clearly, we talked about there's going to be an executive summary that was in the email that was sent, so that's going to be coming.

[00:31:13] I think the other overall comment is we probably need to add a table of contents to it. i think is would be very very helpful just to get people because the first time i looked at it the recommendations really begin on page 27 and unless you get kind of all the way through and that's really what i think a lot of people are interested in um and then i will get into i'll get into my specific comments in the middle of the board discussion but i'll go ahead and turn it to chairman mckay to see if you've got any specific comments questions mrs hits thank you thank you

[00:31:51] you pat i i think a lot of hits uh first of all great job getting through all that um but also uh thank all the folks who have worked on this so far i think the you know the survey that was done here is so key um and helping us understand you know some of the issues that are out there um i will say as i i read through some of the the stats and some of the concerns that are in here many of them are not dissimilar from concerns that everyone in the county has um and i think obviously there's some that are specific and acute to our older residents, but affordable

[00:32:27] housing, inclusivity, affordability, transportation access, a lot of the same things that we really hear from all demographics across the county, it really sticks out to me. I do think that, and I have felt this way for a while at a county level, when I look at the data and it says that the county ranked high in safety, physical health, and social engagement. I think we undersell ourselves for a long time in terms of just marketing the opportunities that exist here in the county. And I think it's particularly acute among our older residents because we go along

[00:33:05] living in the county for a long time doing our day-to-day stuff. And a lot of people, and I know this in taking care of my own folks, a lot of people don't think about what they're going to do when they're retired until they're retired. And at that point, they're already challenged with trying to hook up electronically and trying to find these opportunities and navigate.

[00:33:24] And so I guess one of the high-level things I would say is that the communications piece, I think, has to be targeted to the whole county. I'd like to get people to start much earlier in their lives thinking about how they can envision themselves being in Fairfax County because of ranking high and safety, physical health, social engagement, a lot of the things that are in here, and I think many of the things that we're working on in terms of affordable housing, inclusivity, affordability with expansion of senior tax relief, some of the other things that are happening should be being marketed now countywide so that people who are thinking about what is retirement going to look

[00:34:04] like for me, am I going to be able to stay in the county, you know, they're a lot of times stressed out about some things that they're concerned about, but not necessarily balancing a lot of that with the opportunities that we offer here, why people would want to stay and live here. And so I think it's increasingly important when you look at the statistics that, you know, the people age 65 and older in the county as a percent are going to increase from 13.4 in 2019 to 17.7 in 2035. That's right around the corner. And it's in all of our interest to make sure that increased percentage

[00:34:39] of seniors want, as their first choice, to stay in Fairfax County and to be getting them thinking about that earlier in their time living here, I think is important. But, you know, the survey was great. The plan is great. I appreciate the fact that we did get it ahead of time and that we have an opportunity to get back specific comments to you by March 23rd, which is just a little bit more time to let it sink in and also to hear from some of the folks who were involved in it some of the concerns or issues they have. But good presentation and well done. Thank you very much.

[00:35:17] Let me turn to Vice Chair Walkinshaw real quick. Yeah, thank you, Mr. Chairman, and thank you for your work on this. It's been, well, years going back to COVID and the pause there. But we want to get from process to action, but I do want to praise you, Tara, and Jackie, and the Commission on Aging on the process. Chairman McKay mentioned the survey, which was great, but also the in-person focus group sessions that I know a lot of board members attended were really valuable and well

[00:35:49] attended. I know it took a lot of work to put those together, so thank you. Page 18 really jumped out at me, and the responses from older Asian adults, I mean, that just really jumped out at me, and maybe it was a function of the time at which the survey took place and some things that were going on locally and nationally, but still really important to be cognizant of and address.

[00:36:20] You know, one of my priorities throughout this process has been making sure we are fully taking advantage of the resources that older adults are in our community and making sure they have access to the opportunities to get engaged and volunteer. And I appreciate that that's a recommendation. And one thing that I think is happening is volunteer Fairfax and our volunteer management system are in the process of merging the systems or updating the systems to improve them. And I think it'll be really important to have older adults at the table as that process

[00:36:56] move forward to make sure that they're comfortable with the new system to engage with volunteer activities. And then just final thought, I think it will be important before this is finalized or shortly after that, the recommendations are mapped to somebody or some agency that's responsible for executing them, can't be just you for everyone, right? So for each of these recommendations, who are we going to be tasking with following through on them? So when we get those progress reports, we can know who's accountable for delivering them. And I think the plan is,

[00:37:34] just like on the 50-plus community action plan, to have a community champion as well as, because some of these we want driven by the community, as well as a staff champion. So Very, very good suggestions. Thank you.

[00:37:54] Very extensive report. Thank you. There were several things that you had said that I'd like to see us do more on. And some of it may be part of this committee, but also it could be other agencies in the county.

[00:38:13] As some of you know, I have been dealing with my husband's decline over the last several months. and I have discovered that when you're pushing somebody in a wheelchair, and I think I learned this when I was pushing kids in strollers too, doctor's offices do not have automatic doors.

[00:38:33] It is really hard and really awkward. You know, like entering a door rear end first because that's the only way you can get into the room. It's really stunning that so many medical offices do not have those accessibilities.

[00:38:52] And the ADA accessibility of our ramps, even at the Mason District Governmental Center where the ramps have been changed twice, at least, you can't push somebody up in a wheelchair on some of those angles. Those angles are not right. So I think we need to do a lot of work on the accessibility side to make sure that whatever has been defined by law actually works in practice, because quite often and I find it does not.

[00:39:27] And the housing and neighborhood supports or maybe there's accessibility to mobile. The design of certain rooms and houses are not conducive to even putting in grab bars. Has anybody noticed

that? As we're doing universal design, it's not just being able to put, you know, having a lever or a grab bar, but the room has to be designed to be able to accommodate that grab bar.

[00:39:53] And I can tell you that mid-century bathrooms are not. And I suspect that's not something some of our folks really want to talk about, but it's absolutely the reality. So I think that's something we have to be aware of as we're trying to improve things in the future.

[00:40:10] And then two other things, dementia-friendly training for employees, dementia-friendly training needs to be for everybody. And I think we need to do, we're way behind, way behind on that. Goodwin House Bailey's Crossroads has done a great program on dementia-friendly training.

[00:40:29] We need to expand that to a lot of places, to a lot of people. It will make life better for everyone if we can get more dementia-friendly training out there and for people to understand what it is you need to do, what it is you need to recognize.

[00:40:45] I think that's going to be a big thing for us in the future. And then the last one is on the isolation piece. I didn't see anything in here about the loss of a spouse, widows and widowers. I know that many times, and maybe you all have that same kind of situation, you will have constituents come to your office. They don't know what to do. A woman has lost her husband. Her husband came, you know, maintained all the financial records. She doesn't know what to do. I had a gentleman come to my office one time whose wife had been in the hospital, and he said, I didn't realize how much

[00:41:23] my wife, how much work my wife did at home. So these are the kinds of things that contribute to isolation, and I'm not sure they've been identified in the report, and I think it is something that we need to be a little more aware of when we're looking at this, because not everybody is going to be at the same level of ability of, we know, of income, but also of family supports. So we need to make sure that we're recognizing all of that as we move through this really good report lots

[00:41:59] of work to do no questions mr chairman just a long commentary did you want to address the um the isolate well i think one of the things we're looking to do and one of the keys again on the uh the end of the end of life planning and that's that's really it's if you can get them before they get to the point where there's which is hard because nobody ever thinks your spouse is going to die first but it's you got to we got to try to get them before and that's one of the i think key recommendations in the plan that and that and that's kind of why it's there and i'm going to when i get to my comments the design and housing on the grab bar i think there's some some

[00:42:38] recommendations that can work there to to help that out i'll save that i think we will work our way out of the the spouse issue because we're we're getting to generations where women are in the workforce and have more abilities, but we still have a number who never really were able to do that or ever had that opportunity.

[00:43:01] Yeah, and even in some houses where the women stay home, they do the bills, they take care of all that, so you never can tell. It's when one person handles all that that gets you in trouble. I'm going to keep going down this way. Supervisor Lusk.

[00:43:17] Thank you, Mr. Chairman. I appreciate the report as well. It's very thorough and detailed, so this is extraordinarily helpful. I'll say it's gut-wrenching to hear some of the comments, especially around the food insecurity. Not being able to afford to purchase healthy meals, this is a really tough thing to have to hear.

[00:43:40] And I think, you know, we certainly have to figure out how we can help address that concern as it has been identified. I know there are programs and services that we offer, but we have to figure out, you know, how do we make sure that this isn't a situation for a number of our residents.

[00:43:58] The other thing that's gut-wrenching, too, is this idea that they can't afford to live here and they have to consider going and getting employment. So they need access to additional training and employment so that they can pay their bills. This is another one that's hard to imagine.

[00:44:19] I grew up with my grandparents in the city of Alexandria. My grandparents worked extraordinarily hard over the years. And when they retired, they retired in their late 60s. And for them to think about them having to go back to work after that would have been just really difficult.

[00:44:42] So I definitely want to figure out what we can do here specifically and I guess to figure out how we can better support the residents who have identified this issue and thinking about ways to help.

[00:44:59] And the last point I'll make, which is one that we've been talking about a lot as it relates to our students in the public schools and thinking about the isolation of just so many people as a result of the pandemic, mental health. And to hear the inability to access the mental health services and the health services is also just very difficult to read and to think about.

[00:45:27] And to the point that Penny made, which I, Supervisor Gross, sorry, Penny, but to the point that Penny made, specifically about the spouse, I saw this firsthand and didn't anticipate it myself.

[00:45:43] and the doctor actually tried to explain it to me that if you're a husband and you are married for 50 years or more and your wife passes away before you do, it is extraordinarily difficult for the husband to continue. And I saw that. My grandfather, just an amazing man and strong and

[00:46:15] saw the difficulty after he lost my grandmother and his wife and he decided, I think there's a switch. The switch went off. And we've got to figure out, to the point that Supervisor Gross made, supporting those who have those needs and that isolation after they lose their spouse.

[00:46:43] It's just tough. It's just really tough. And I think there are just a number of things that we can do around mental health as well, because we can support our residents. We can do a better job.

[00:47:00] And I know that some of this is related to the state, but I think we have to figure out what role we can play here locally as we get additional supports from the state around some of the programming and the inpatient facilities, the outpatient facilities.

[00:47:15] But I just want to make those points. I'm very much impacted by the comments and by the findings in this survey and this report. And I just appreciate us being able to know kind of where we have opportunities to make improvements.

[00:47:33] And we just have to figure out how we do implementation. So now we know what the issues are. We have some recommendations. So the question now is how do we move towards implementation? Thank you very much. Just real quickly on that point, because Supervisor Lusk experienced the same thing I did, only the genders were reversed.

[00:47:57] you know it's you're married to somebody for 50 plus years you really don't know what that means until all of a sudden they're not there and and you know I think focusing a little bit on the the pros in the report about social engagement that the county ranked that high you know we're coming out of COVID and I think what happened in COVID was a lot of people started to feel like what happens to seniors

way before COVID hit, which is this isolation piece that leads to mental health. And we're seeing it in our kids now. And we're acting like, you know, isolation is this

[00:48:34] brand new thing. And, you know, people are struggling as a result of it. But it has nothing to do with COVID, the fact that that has existed for a long time with our older seniors in the county. And there is a direct connection between the social engagement piece and the mental health piece, especially if you're in isolation. And I think any of us who have visited an older person in isolation, the excitement that they have to just see somebody else and talk to somebody else can be life-sustaining. And so, you know, I really think we need to be thinking about that

[00:49:09] isolation piece. And so much of this plan is really focused a lot on that, right? Mobility being a big issue that keeps people isolated. Food insecurity, isolation leads to that. So there's a lot of things here linked. But to me, the isolation piece scares me the most because we're seeing what happened to everybody, and we're seeing the effects of it.

[00:49:33] But it's been going on for a long time in our senior population well before COVID hit. Very good point. Anybody else down that side? Supervisor Palchuk. Well, I'm hard to follow that, but I'm happy to follow that.

[00:49:52] I think going back to just starting with the report, and I think I shared this the last time we all met. I mean, I think this is the gold standard of what we're looking for. The mixed methods are really diving deeply into understanding where a diversity of groups are coming from.

[00:50:12] I think from the individual interviews to the larger group conversations, not only are seeing a lot that we're seeing across the county but I think we're able to see some very specific things in here and I think some of the quotes really stand out I don't want to repeat a lot of the ones that were said there's a lot here to me some of the and I want to read this probably five times I have read it once there's it is so deep and really want it sorry thank you Tara and your

[00:50:47] entire team are incredible uh as we did this work in my town halls so mobility i think mobility for me is something that really stands out because when we talk about isolation i see i have two parents where my mom never drove on the beltway here when she learned to drive and my dad can no longer drive um and so as you see the limitations even being in the center of the county when there's more access to transportation we really haven't been built that way um and so we had our Transportation Committee earlier. I think buses are a huge way, micromobility, larger mobility,

[00:51:23] that we have a lot of programs out there, whether it's Envy Rides, or I've seen some very culturally specific private companies popping up and going around, or senior specific private providers, but not everyone is able to access that. The costs do add up. And so I think knowing that we won't be able to build housing everywhere all the time, right on transit, that's affordable,

[00:51:47] While we continue to chip away at the accessible housing, the universal design housing, the ADA compliant housing, I think anything we can do on the mobility front is pretty drastic, both for being able to access services, but also for the isolation piece.

[00:52:11] I think the housing options definitely you know we have some new things and with our new zoning ordinance there are definitely opportunities that I know in our family we've looked at and we live with my mother-in-law and so how do we think through that what is there I totally hear that seniors aren't necessarily going to feel safe living with a stranger so that's one piece but I think there's not one model fits

all right and so that might fit some people. So how do we look at the different models? And it's exactly the kind of study I want to do

[00:52:45] for early childhood, because I think we want to really hone down on those issues. Dementor-friendly, something else that we've seen and touches so many lives. Even before being a widow or widower, you might be touched by a spouse of 50 years who can no longer do a lot of the things that they were able to do and did before and so i think whether i know um online it links to insight memory care i don't know if they're the primary person doing that but definitely you know i asked this on my ride along with police on friday how do you address and how do we train for dementia

[00:53:21] friendly um services in the county so absolutely we're seeing a rise there um and want to make sure that we look at that um and then two other ones that for me really stood out i don't think have been mentioned yet uh one is inclusion um you know and and i've seen this in my family like supervisor let's have said in his uh some people have asked me if my parents have considered retiring elsewhere and i even looked at living elsewhere but how far we've come it's we're not

[00:53:53] perfect but how far we've come in a county and being inclusive and accepting and not feeling like you're constantly looked at as an other there's still some of that but um so much better than so many other communities um but i know that there's a lot of work to be done i think we see that and especially the maybe people who haven't all grown up together in this very diverse community it's a little bit harder it feels a little bit stranger um and i i want to make sure that we focus on that piece of it the culturally inclusive the socio-economically inclusive the

[00:54:30] geographically inclusive piece I think makes a big impact. And for my community, if it weren't for the Jewish Community Center having that, I think it's harder to connect and find some of those services. And then finally, the other one that I find really helpful becoming one of these now is the caregiver piece.

[00:54:53] I really appreciate-- I will probably butcher this quote. I don't remember if one of you said it at our town hall. Everyone either has been, is, or will be a caregiver, or will rely on a caregiver. That's just the reality of life. And so I think accepting that, if you're not a senior, accepting that sooner and understanding what that means, what that will mean, how that impacts you, what you need to be a more successful caregiver, and what someone needs from a caregiver in order to do that.

[00:55:24] It is extremely challenging and draining and often a shift in relationships that is very difficult. So I think this is extremely comprehensive. Again, I feel like I only did a very superficial reading, and I think being able to really understand where we're going with this, and there's so many strategies, and I appreciate that you brought in the strategic plan and the One Fairfax policy.

[00:55:51] Where do we bring this into all the work we do? How are we going to think, what are the easier things that we can do quickly, I think is my question, and then what are the ones that we will take a bit longer, and maybe we have to create longer-term plans for us. I don't know if that was discussed, and sorry if I missed it, but that's kind of my final question.

[00:56:11] Yeah, no, thank you. I appreciate all of that. So what will happen after this, and this is what Supervisor Herity was alluding to, is that we will convene with our Commission on Aging once the plan itself is approved and we know that you're on board with the recommendations, and we will determine kind of what is the low-hanging fruit, like you say, and who's going to own those things, and how do we

move those forward, and then how do we systematically report out to you all on what's been completed and what's in progress.

[00:56:44] and what is kind of for down the road. And I appreciate it because I think it reminds me of so much of the work that we do, right? You shouldn't be the only one owning it. Your agency and your commission should not be the only ones owning this, right? To be more inclusive and make sure that we're investing in what we need to do, absolutely knowing is it co-ownership or is this going into other agencies or organizations.

[00:57:07] I think that's very excited. A lot of work to be done, but very excited at the opportunities there. So thank you all so much for your work. Yeah, and it's going to take a lot of agencies. And you mentioned mobility, and there's a lot of different answers to mobility. I think ride share is a piece of that, but seniors aren't always comfortable with ride shares.

[00:57:26] And how do you integrate that to improve both the efficiency and the flexibility of those services? You know, when you look at the cost per ride on FastTran versus the cost per ride on a ride share, and the fact that they get better service for a reduced cost, I mean, there's a lot, but that's not for them to figure out.

[00:57:49] That's probably a transportation department. Or NCS. NCS. Sorry, Chris. Let me go down this way. Well, thank you.

[00:58:07] I think the discussion's been excellent, and obviously the report is incredibly comprehensive and is really, in fact, that's maybe the good news, the bad news. It's just so comprehensive. It clearly highlights and identifies so many different things that could and should and think are needed to be done in lots of different ways, whether it's by county or private sector or community members, et cetera.

[00:58:30] So my biggest challenge, and you addressed some of it, Tara, just a minute ago when you were talking about what the next steps are, we have recommendations here. Obviously, we'll be looking at that, thinking about that more, but how do we activate or prioritize or move that forward in terms of, I know I understood the lowing fruit part of that, but there's also what's the most impactful, valuable, how is that process going to be put together and automatically engaged with all of us in the community as well?

[00:59:04] Thank you for the question. Yes, so as I think in the last iteration of the 50-plus community action plan, what happened as the plan was approved and then and this is what we will do this time as well there was a strategic planning group that kind of came together and determined next steps in terms of what is the low-hanging fruit what can we identify that we can address right away and then systematically who do we put over ownership of these things and so that process is is what comes next we will be sitting with that strategic planning group to kind of outline what that

[00:59:41] looks like that would not that's not part of this plan um as it is written right now but it is the next step of the plan how do you how do you visualize that is it county specific county schools parks you know housing authority specific or agencies private sectors state federal i mean how does where does that all not that i need the detail at the moment but what how do you see the picture for that so this plan is really not only what can the county do so we really have to

[01:00:19] just like we went out into the community and heard from community-based organizations they they need to be part of kind of discussions on how we achieve these recommendations too as a community at large um so yes it will be it will not just be county driven and not just one department. We

will bring in partners that touch, as you know, all of the things that touch an older adult's life touch many departments in the county. So we will be working strategically with other departments and also with the community. And the private sector? Not-for-profit sector? Yes. So in

[01:00:58] the 50-plus community action plan, we had community champions. We had champions from the Commission on Aging, and again, they were very, very helpful in implementing and keeping on track the 50-plus Community Action Plan, and we are hoping for the same kind of model here, and then we'll report back to the board on whether they're met, they're in process.

[01:01:20] We gave up on that one because not all ideas are good ideas or achievable. You get into them, and you have to adjust. So that's the plan, I think, for staff and for the Commission on Aging. speaking for you but and for for I think this committee I'm gonna go down this way supervisors Alcorn yeah just to follow up first of all thank you I'll just echo what my colleagues have said and all the work and the great job pulling this together and I want to go back to timing on the question you asked at the very beginning which is the table of contents and the title page what's

[01:01:57] the timing on when would that be added because I'm looking to get this circulated and frankly get some feedback from folks understood yes so um that would be included in the finalized version of the draft that will be sent to the board on or before april 20th okay yeah okay that's fine uh i mean i think people can find it before then but uh but this is extremely well done uh and there's a lot of great stuff in here so thank you supervisor smith hard to find something to say. I appreciated the questions about how you're going to prioritize and move

[01:02:35] forward. The core to everything we do is the communication piece, right? How do you know? How do you find out? Where do you get that help? You lived your whole life. You kind of figured out everything yourself, and now you need help and support. And I think in so many things we do as a county, that's crucial to getting to all these pieces. And we know, I mean, Supervisor Herity was talking about ride share. I look back at my dad who had trouble getting out of the house and if you didn't have the right kind of car he couldn't get into it and so these are very

[01:03:08] complicated issues. I appreciated reading all the comments because you know especially the ones sharing your house right and you read comments I'm afraid to do that and so to work through these ideas and see what is something that people will want to do that that we move forward and which things, let's wait a little bit and get to that discussion. For my own information, I would like to know with the focus groups how many people showed up, if you have that data and information.

[01:03:42] I don't mean right now. Yeah, I think that would be great. So I appreciate all the work. It's difficult. It's hard to read it because we do want our older adults to feel like this is somewhere they can live, but I appreciate all the work. Okay, and I'll give a couple of specific comments And I'm going to turn to you guys, so if you're ready.

[01:04:06] You know, it's interesting in the beginning we talked about, you know, we've got an impressive array of services, but, you know, low awareness of those. And it just hit me, I'm wondering, how much of that is generational?

[01:04:23] We've got a generation of people that are self-reliant and don't really look for help. And I don't know how we address that, but I don't know if we've kind of like pulled that thread and seeing if that's one of the reasons for low awareness and then how do we attack that.

[01:04:39] That was a thought that just came to me in this meeting. So some specific comments, and I went back through a bunch of old notes and thoughts. And, you know, in the recommendation, the report uses could a lot instead of should.

[01:04:56] And I'd want to get maybe your all's feedback on the could versus should, including the board. It says we could look at this. I think if we're going to do a recommendation, that should probably say should, and we can decide not to, even if it says it should.

[01:05:12] But that was one of the things that, sorry, came late. You know, page 32, which is, what is that one? Under personal well-being, under bullet three, translation devices in our senior centers, or just the use of translation devices is something I think would make things a little more inclusive.

[01:05:44] I don't know that we have that kind of thought covered, but I would want that considered. Page 34, I'm trying to remember where I made all these notes. But the recommendation three, increase community engagement and decrease social isolation of residents.

[01:06:08] the the opportunities increasing opportunities for lifelong learning by partnering with organizations like ollies we've got a bunch of ollies but to to actually you know give people a reason to get outside and and do the lifelong learning i i don't know that we hit enough of that and i think to go back to supervisor gross's point on you know homes and you know it's easier to keep seniors in their home it's cheaper for the county to keep seniors in their home um but like other jurisdictions across the country, I think we should, Fairfax County, should make grants

[01:06:48] for critical home repairs and accessibility modifications eligible for CDBG funding because we don't do that in the county and we're a little different than other jurisdictions. So I think that's something a little money, a little money invested in a home can go a long way to keep a senior in the home, whether it's wheelchair ramps and or fixing major things that we've all, we've all seen in our low-income neighborhoods including in areas like Clifton where you've got houses that have been there for far too long and then the work of organizations like Rebuilding Together

[01:07:24] just to pick one but we don't open up CBG CDBG funding to that and again a little bit of money would go a long way to preserving some of that housing for seniors. I think that's kind of all the specifics. I'm going to see what the commission, if anybody has got any other comments, and if not, we're going to be out here a little early. Go ahead, Catherine.

[01:07:54] Thank you. I just wanted to say that I'm very grateful that you see, you recognize these issues and that information is probably the critical thing because people don't need, don't know until they need to know and then they don't need to find out.

[01:08:13] And if you think back, you think of all the little jingle jangles that you've heard all through your life, you know, look for the union label, litter bug, litter bug, you know, I'm really dating myself, I realize that. But these are all things that we remember.

[01:08:29] And to invest a little bit of our effort in a public service campaign to combat so many issues of isolation, of ageism, of inclusiveness, just to have an awareness education campaign.

[01:08:44] And then publicizing the number that I will recite in my dementia, 703-324-794-- 794-- 784. No, I won't remember it. See? Exactly the problem. The problem, exactly.

[01:08:59] But luckily for all of us, we have a dementia-friendly trainer right here in our midst who could provide training for all of us. We are all chomping at the bit to get to the initiatives and to get to the meat of the program, what we can put together. We have transportation, we have housing, we have dementia friendly, we have a new commissioner who works with Afghan refugees, we have intergenerational housing in isolation and working seniors into everyday life interactions. We have nutrition and we have so many ways that we have already thinking about doing that we are ready

[01:09:38] and we want to go so just say yes and we'll do it also that so many other agencies can be involved in this because this is not just a triple-a problem this is going to be in transportation and housing and even pulling in places like Metro where I'm Greeley Boulevard really Boulevard they they closed down all the the bus stops on Greeley that's probably a hot pocket of older adults sitting right there off of Greeley and there's no bus service on Greeley Boulevard so these are things that we've just got to pull in

[01:10:15] sorry yeah that was Metro bus or James would have had it fixed by now and James and Ronnie since that's their district now I think I just heard her sign up the commission of aging herself to come up with the jingle did she just do that or was that we'll work on it i'm just kidding um but to echo what i said earlier your your your dedication and your commitment and your enthusiasm to to wanting to take this plan into implementation um but we

[01:10:53] we really couldn't do it without you and i appreciate all the work all of you do and look forward to working with you to get it done, supervise your power. I just want to, you reminded me of one thing I want to say. When we speak about agencies, a different use of the word agency, and I want to make sure that we ensure that. I know DFS is very committed to that, but that there's agency when we're looking at these plans, when we're looking at these recommendations, that our seniors have agency and those decisions and the input and the actions, so it's not just driven by us, and I just think that's critical, and I assume you agree with that. Yes, and that was one of the hallmarks

[01:11:30] of the previous 50-plus action plans, is that they were partnerships with many community groups, and V-Rise is an excellent example of how that worked. Anyone else for the good of the order? Yeah, Kathy forgot to mention when she mentioned all the topics, pickleball as a...

[01:11:50] We have a new pickleball court in our neighborhood because of... Socialization, I mean, I don't have to, you've read all this, okay. But on a serious note, you know, since the home sharing topic has come up, I would caution how some of that got interpreted because I don't think it was explained to some of these people how a good system would work where you would vet people.

[01:12:13] You're not just going to throw strangers together. So I just, you know, read that concern that knowing it can be solved if you wanted to pursue that. Thank you for that comment. Just real quick on that point, because it was said by others, and I think it's so true, that the housing piece is individualized.

[01:12:36] So there's people who, that's not their concern. There's people who, now that we wrote ZMOD and allow accessory dwelling units in houses in part to help seniors living in their houses, there are people who will be comfortable doing that. There are people who will be comfortable having someone come into their home and care for them.

[01:12:54] and then there are other people who will only be comfortable if they can relocate. And so I think one of the things we have to be thinking about is having all the tools in the toolbox available and people can understand what those are, because there isn't one size that accommodates all. And I think

your point is so well taken, and I think one of the good things about the report that we have is it points out some challenges, it points out some answers to those, but it also puts us in a position of thinking of what all the answers are to address these complex issues.

[01:13:24] And certainly on housing, what might be acceptable to one person for whatever reason is going to be soundly rejected by another. That doesn't mean that that second person then doesn't have other options to pick from that we can help facilitate. Anything else for the good of you?

[01:13:43] Let's go over here. As somebody that spent a greater part of my working world in the health care profession and home care, I got to see up close and personal about the loneliness and isolation. When you go in to see somebody, to treat somebody for a particular area, and when you tell them they're going to graduate them, and they develop something else so you can stay in a little bit longer, you know, you get the idea.

[01:14:10] When we're talking about who's going to own it, you know, agencies, county, whatever, the bottom line is everybody's going to own it, you know, from the neighborhoods, the villages, the neighbors that don't fall in. There's been, she mentioned about the Dementia-Friendly.

[01:14:27] I've been involved with the Dementia-Friendly Fairfax initiative since 19. Allegra and I have done the champion informational training two times a month since July of 2020. And we've made several friends, but I have to say, for the most part, some of those numbers were very low.

[01:14:47] You know, you have 20 people registered, and you might get 5 or 10. The last one we did was like 40. So I think people are getting the idea that dementia is not something that affects just family members. The bottom line is the caregiver.

[01:15:04] It's not just somebody who is within a family. We all become caregivers of our neighbors and friends, especially if they're elder solos and things. So as somebody who didn't know what they were going to do when they retired, you know, getting involved just sort of goes one thing into another, into another.

[01:15:23] It's all interrelated, and you sort of have to find out what you feel like you can best do. But the peer-to-peer, a lot of time you hear that term, it's somebody that's substance abuse helping somebody that's getting over. Somebody mental health, trying to help out.

[01:15:41] Basic older person to older person, just, you know, friend to friend. We can all help each other and learn from experience. And I probably could say more, but that's what I have right now. Thank you very much. I want to see how good Diane is, too.

[01:15:56] She's an awesome representative of our community. She truly is. Thank you. Jim? I think what Diane said, we use the term isolation a lot, but loneliness, studies have looked at loneliness, how it impacts mental health, physical health, and how many times have you heard people say, younger people are middle-aged, I don't know my neighbors.

[01:16:19] Well, but they can go to work and see a lot of people and go to plays and move around, But an older person can be in a neighborhood full of people but be extremely lonely. My mother-in-law, she didn't want to leave her house. But that meant, in her case, the chances you'd get in a community where there's people and activities, she didn't benefit from that.

[01:16:40] And so I think it's the loneliness issue that goes right along with isolation. And the other comment that was made, there are definitely seniors who aren't proficient in Internet and computers. But

when you look at how big this county is and what has to go on the county website, anybody has a problem trying to find things because look at the links to take you from one page.

[01:17:04] And sometimes they don't work. I mean, the county's done a great job in trying to modernize. But it's not just those that can't use a computer, but it was mentioned making it more accessible so you could type in, I need food, or, you know, something basic.

[01:17:21] And it takes you to the right place rather than the search you have to make. And probably all of you have been through not just the county website, but many trying to navigate. So I'm glad that's in the report. That keeps our office staffs busy, too, because that's who they call when they can't get it on the Internet.

[01:17:42] Anything else for the good of the order? I didn't quite do as good as the last two committees, but we're 10 minutes early. Thank you all for everything. And remember, the 23rd for comments. Thank you. We're adjourned.

