

**Allegheny County Department of Human Services
Area Agency on Aging (DHS/AAA)**

November 16, 2021 Advisory Council Meeting Minutes

10:00 a.m. – 12:00 p.m. (Virtual Meeting)

Council Members Present: Jessica Adams, Regina Andrews, Kathi Boyle, Ethel Cobb, Holly Dick, Eunice Nelson, Lycia Neumann, Michelle Pepitone, Laura Poskin, Daphne Retter, Mary Ann Sander, and Carrie Stott.

Council Members Absent: Floyd Cephas, Lisa Story, Fengyan Tang

DHS/AAA Staff Present: Matt Beall, Administrator Officer, Kim Hall, AAA Deputy Administrator, Sue Niziol, Administrative Assistant/Office Manager

Other: Lauri Fink, Program Officer, Home and Family Foundation

Mary Ann Sander opened the meeting with a Moment of Silence and Pledge of Allegiance.

Approval of the September 28, 2021 Meeting Minutes: Approved by Laura Poskin, Chair, and Seconded by Holly Dick @ October 3, 2022 Advisory Council Meeting.

Lauri Fink: I work at the Hillman Family Foundation. I've been there for about 13 years, and in that time, we've funded older adult services very little. We recently, shortly before the pandemic, were coming to the conclusion of our most recent strategic plan. And in that strategic plan, it indicated the region as a whole is getting older and smaller. Older adults and their caregivers were coming up so within the Henry L Hillman Foundation, which is the largest foundation that we manage, there is now a specific portfolio called the Aging Well portfolio. How do we capitalize on those strengths of population in our region but also recognize that there are gaps in services for caregivers and for older adults because we haven't funded in this area a lot?

Laura Poskin: I just want to say we're really glad that you're here, Lauri. I just think it's wonderful that Hillman has stepped up in this realm, and it's so needed as you found out when you did your listening.

Mary Ann Sander: Thank you so much, Lauri. This is my last meeting with the council after 8 years of being with everyone. I really want to thank all of you for this opportunity to participate in this group to work with the AAA, and it's been a joy and a privilege. I'm also very excited to be passing the torch so to speak over to Laura.

Kim Hall: I wanted to say thank you to you as well Mary Ann for your leadership and for sticking with us for 8 years. That may have felt long at some point, but we are very grateful for your work with us, and we will miss you and we wish you well.

Laura Poskin: Yes. I'm really honored to be selected as the chair. I think we need to continue to diversify the voices that are on this Advisory Council. I think you all know this, but I am going to be on maternity leave. I'm really excited and thank you Mary Ann for your service over the last 8 years.

Mary Ann Sander: Laura and I have been talking. We certainly have been trying to make sure that we're being intentionally inclusive. We really do need the client's voice loud and proud at these calls to make sure that we're doing the right thing. OK, I guess the next thing is, we have an update from the administration.

Report from Deputy Administrator: Kim Hall

Kim Hall: I have 2 major things to report on, one of course, is an update on the Independent Enrollment Broker award. On November 12th, all 3 of the bid protests filed by P4A on behalf of the AAA network have been denied. The next step is that P4A is preparing to file an appeal of the final determination of the protests with the Commonwealth Court, and I believe with the Department of Hearing and Appeals, and work has already been underway to submit this within 15 days of the final determination notice. It's actually due to the Department by November 27th. As part of the appeal, they will be requesting a stay to all actions pending court ruling so that if the stay is granted, it will keep everything in place as is until the court ruling, which means that the Department of Aging would not lose any of their work or have to make any changes until a final ruling is made regarding the appeal process. We will still pursue and would just encourage the council to advocate for the AAA network every chance you get.

Mary Ann Sander: I'm certainly sorry to hear that, but I know you know appeals are a very common practice. I don't know if you've a sense for what they're thinking.

Kim Hall: We did hear that the attorney that P4A is using to file the appeals has had experience with winning appeals at the Court of Commonwealth levels. It sounds like they're doing whatever they can to make sure that we are in the best position possible to be successful with this appeal. And the second update that I had was really just on the status of the search for the AAA Administrator. I also wanted to share that Latoya Warren our interim Acting Administrator departed from the Department of Human Services on October 29th for an exciting new opportunity, and as a result of that, I've been appointed Acting until our new administrator is found.

Laura Poskin: If the enrollment goes to Maximus, then that means we have to downsize a lot. Can you just explain really what you think that will look like?

Kim Hall: If we lost this award, it would be detrimental to the 52 AAA 's in the network. It would basically eliminate the Area Agency on Aging's ability to be involved with the Assessment function of our work that we've been doing for years. This would mean that approximately 25 jobs for our AAA would be in jeopardy. Of course, we would certainly try to find ways to reassign staff, but you know this is a big part of what we do. It would eliminate any retained earnings from the performance of assessments because it is fee for service. So, it's pretty significant what we're at risk to lose considering that we've been managing this role very effectively with 99.75% compliance rate in meeting our timelines, and our performance standards. We want to keep this,

and we would be happy to just be able to continue in our role of Assessment. That is one of the potential outcomes that could happen where the Department of Human Services could either pull back the RFP and just revoke it completely or decide to just allow things to be as they were with the AAA 's completing the assessment function and Maximus completing the enrollment function.

Lycia Neumann: Kim, what is the rationale behind the state valuing more than the experience that we've always had? Are they expecting the independent broker is going to charge less?

Kim Hall: Well, there obviously was a rate proposed by each bidder, and we don't know what rates were proposed other than our own at this point. I would assume that rates have something to do with it.

Lycia Neumann: You normally go for who has the expertise, experience, and a relationship in the community. Why would they risk losing all of that even if it's cost? I think the more transparent they could be on that, then a better solution could be found.

Kim Hall: The interesting thing is the expertise was split in that Maximus had done the Enrollment piece prior and the Aging Network had done the Assessment piece prior. The Assessment piece and the work that was done and 100% done well and just data to show that in the work done by the enrollment broker prior not necessarily done well over the history of time that they've been doing the work.

Lycia Neumann: But if there is anything I can do as an evaluator to help. I don't know maybe build some case studies. You know, spotlight a few intangible outcomes that people tend to balance with costs because we should always think on cost effectiveness not only on costs.

Kim Hall: Thank you I will express your offer to P4A. I know there has been a lot of collateral documentation and case studies submitted as part of the protest, and I'm sure there will be more information submitted as part of the appeal. We'll definitely share that offer with them.

Mary Ann Sander: Thank you. I think you summed it up so well. Well, you know it's those intangibles that are so hard to quantify they don't show up on the profit and loss statements. Thank you for your offer to help. I think Laura you were going to give an update on an app from the nominations committee next.

Report from the Nominations Committee: Laura Poskin

Laura Poskin: Lisa Story and I are the nominating committee. We had nominated Amrita Chhetri and Joe Angelelli for this council, and I believe last I checked with Kim, the 2 nominations had been moving through.

Kim Hall: They were submitted. There were 5 appointments total, 2 of them are ours for our Aging Advisory Council. County Executive Fitzgerald submitted these appointments to the Council during the October 12th meeting. The committee moves to approve or deny and then in the final step, the council puts them on the agenda and then it's in. I will make sure to share them in real time with Laura so that she's aware of where everything is standing.

Laura Poskin: Thanks, and I reached out to Amrita and Joe just to let them know that they should be hearing from council soon. Just a reminder we had wanted to have more representation from caregivers, and so both of them are current. Both live in multigenerational households where

they're caring for older loved ones. Both of them really bring a lot, and I'm excited to have them on board. I really want to look back at the list and make sure that we're kind of aligning folks up for the next nomination, especially given that it takes so long to get them all through.

Lycia Neumann: I noticed because I had to report at my work all the volunteer work that I'm doing, and I noticed that on the website the list is still outdated. I needed a letter to state that I am part of this board, and Sue sent me a letter. She was fantastic. I don't know if she's still here, but I want to thank her for that, and I don't know how easy it is to update the website. I'm just thinking that if people want to check who is on the committee, then it's not updated there.

Kim Hall: Thanks for bringing that to our attention. Sue, is there a way that we could work with the Office of Equity and Engagement like Mark Bertolet to try to get our list updated there?

Sue Niziol: Yes, I'll check into that.

Laura Poskin: I mean, definitely you have the latest list of names, but also when we were looking through, I want to make sure that all the council members have their correct titles. I think we just need to all make sure that we have our correct information that we then put online. Sue, if that's something that you can do, too. You have everybody's email, and if everybody can do a good job to look at that info you have and reply in a timely manner.

Sue Niziol: Well, what I'll do is send the membership list out to everybody with their contact information. If anything needs corrected, they can let me know.

Mary Ann Sander: I know Floyd couldn't be with us today. Floyd Cephas is a Vice Chair. I will reach out to him to thank him for his service because he's also cycling off as well as Fengyan Tang, who could not be here today. Fengyan Yang is the Secretary of the committee. There will be a lot of positions for heads of those committees available. That might be something you would want to see if you can find some volunteers for. But I certainly want to thank them for their service, and I'll send them a note to thank them since they couldn't be on the call today.

Kim Hall: I just wanted to jump in and see that Carrie Stott volunteered to be the Secretary. I'm not sure if she's taking minutes today or not.

Carrie Stott: Hi, I did agree and I'm not taking minutes today just because I didn't think that started until January. And I wanted to make sure that there was some sort of training. So, who can tell me exactly what that role entails so that I'm on the right track?

Mary Ann Sander: Carrie thanks for being here. It's very helpful if Suzanne, I know it's a lot of work, but if you could continue to do that and then maybe have an additional draft that you could send to Carrie, I would recommend that. If for some reason Carrie isn't able to attend a meeting in person, then I think you record the meetings if you could continue to do that. Okay, Matt is here to give us an update on in-home services.

In-Home Services Update:

Matt Beall: I'm going to share a PowerPoint. If you're on the phone, don't worry. What I'm talking about is what's being called a home care crisis. It's affecting the entire country. We have our personal care and home support services for the Options Program, and I thought it would be useful when talking about this to go back in time to a presentation that I gave in September of

2020. At that point we were about 5 months into coronavirus, and we had been looking at about a 3% decrease in our average monthly service delivery. We were having a lot of participant driven service cancellations because people were concerned about coronavirus. We found a way to compensate our providers through those instances, so we could factor those numbers out of our percentage. We were looking at about a 10% decline in those services. The other thing we noticed at that time that was starting to creep into the system was staffing shortages. It was very difficult for providers to hire new staff. Existing staff were being hit with some containment pandemic related challenges of their own while trying to maintain their caseloads. That being the case, we were seeing our hard to serve list start to grow, and that's just the wait list for services. Generally, our wait list for this program is very low. Prior to the pandemic, we were averaging 70 or so people, and those people would tend to be folks that have either a geographic challenge or behavioral challenge, something that makes them difficult to serve. Five months into the pandemic, we were creeping up on 400 participants on that list. If we update to look at the picture 20 months into the pandemic, this is where things get really challenging. Once you get to July/August of 2020, every single month is a decline. You're talking a 30 to 40% decrease in our personal care in-home support, and that's the service that we would deliver in one month. We're asking what's the cause of this decline that we're seeing month over month. There are a billion headlines about this right now, and I pulled one off of MSNBC. And this is saying America's 100 billion dollar home health care system is in crisis as the worker shortage worsens. Alongside that, we're seeing months and months of little to no hiring in the system. We have 17 providers that do these Home Care Services, and they're all in exactly the same place in terms of having close to zero applicants for jobs and very close to zero new hires for months. What's causing the shortage? Erica Bartolomeo and I were just out talking to these 17 providers over the last month doing visits to their place of business. But everybody's got theories right. I'm sure you've all thought about other industries and other things happening in our economy. Maybe people are still scared of the transmission of the virus. Maybe that's causing some hesitancy to get back into this line of work. Maybe it's the pay rates. We know the pay rates aren't what they need to be, and they never have been. That's always been an issue with staffing home care. So maybe that's part of it, maybe its stimulus savings that people are still living off of now and not entering back into the workplace yet. Still, maybe it's other federal benefits and credits out there that are allowing people to again keep from entering back into the workplace. One thing for home care in particular, a lot of people are thinking about childcare. Maybe it's still the case that a lot of folks can't secure childcare or that they have a child that's in school, so they're not going back to the workplace yet because they keep having to be prepared for those quarantines. In that last phase that everybody has been hearing recently is the great resignation. Maybe it's just this bigger existential crisis that seems to be sweeping the nation in terms of people prioritizing what they want to do with their life, what they want to do with their job, or something of that nature. It's probably some combination of all of those things. But we do know some things. Of course, we know there was a nationwide crisis of recruitment and retention in home care looming prior to Covid, so what we're seeing now seems to be an accelerated timeline for a challenge that we were dealing with before, and we knew was going to get worse. We know the pay rates are an

issue, but interestingly at this time, we know they're not the sole issue, and they've never been the sole issue. Even before Covid, it's a combination of factors for home care. It's the pay rate, which is too low. We know that, but it's also these jobs don't tend to have a lot of benefits. These jobs don't tend to reimburse you for travel even though you have to travel every day to make your appointments. These jobs don't have a lot of stability in terms of scheduling. When you compare them to competitor industries like your entry level retail food services, you're not getting your 40 hour a week schedule. You're doing an hour here, an hour there. Then somebody cancels. We maybe don't get paid for that cancellation. So, we know there's more going on than just the pay rates. What else do we know? We know that right now our network is being sustained by a core of exceptional people. This is true of all of our 17 home care providers. They're down to the skeleton crew of workers that are just frankly special people. These are the people that are sustaining our system right now. What happens next for us? We obviously have to continue to serve as many consumers as possible with the current resources in our provider network. We're just scrambling and finding a way as we always do. We are increasing the rates for all our 17 providers so that they can offer a little bit more.

Mary Ann Sander: Thank you. Matt. It's important for the council to hear the good news and the news of what the reality is. I would suggest or think about having people in higher level positions actually shadowing with some of the care workers to see what it's like and helping them out. Many people go into the field of aging for those very personal reasons. It's kind of mission driven work, but I did want to ask how much you guys increased the rate?

Matt Beall: I'll give you the complicated answer, but you're right it's not just the money, but the money problem doesn't get solved without the money. We have a few providers now that are already paying 15, so we're doing a 5% increase right now. We are also doing an RFP for the service next year. There are rules around the types of increases that you can do without an RFP so we have something that we can do right now, which is about the maximum that we can do for right now to raise those rates.

Kim Hall: Cancellations that are consumer generated so that if a caregiver or a consumer cancels an appointment, the agency can get paid for that whereas in the past, they could only get paid for the first hour. I think we've heard consistently through all of the visits that Matt and Erica were making to these providers that that's the one thing that could help them right now. In addition to giving them a little more money. So, we're hearing what they're saying, and we are trying to be as responsive as we can be within the constraints of what we can do, so we're exploring to make sure that this is all good. We've gotten the OK from the state knowing that there's no restriction that allows us to not do that. We're all in to do whatever we can to try to help improve this crisis for the providers right now.

Mary Ann Sander: I'm certainly delighted but not surprised that you guys are doing everything that you can. I think one of your other barriers might be the need for the staff to have their own transportation to get to places and especially if that's not being reimbursed.

Jessica Adams: This topic hits home for me. Today after this meeting, I'm actually going to a consumer's home to help them clean their apartment because they don't have any caregiver, and I'm not getting paid for it. Our agency just received a state contract to provide Support

Service Provider services called SSP. Unfortunately, the restrictions for that is an individual has to have hearing and vision loss. They call it deafblind. Each individual is allowed to have up to 10 hours a month free, but there is a limit with what we can do with those consumers. We can go grocery shopping with them. We can do laundry with them. We can't do things for them. It's to provide more independence and access to their community and environment to make their own decisions and lead their own services. I admit through this program we're finding a lot of individuals that can't get the home care services they need, and they've been on waiting lists for a year. Plus, there are also a handful of people that don't qualify for programs. There are still people that are falling through the cracks.

Lycia Neumann: Thank you Jessica. Matthew I actually want to congratulate you for your presentation. I watch a lot of presentations, and it's very rare to see one that is so objective and that also encompasses all different aspects of the issue. Maybe we should have a new hire, someone representing diversity here on the board, and they could interview focus groups or home care workers who are still there and those who left to try to see what are the key points that are actually driving this decision.

Laura Poskin: I want to echo Lycia as far as how tremendous the presentation was. Thank you, Matt. Lycia, we are really fortunate to have researchers right within our midst that are working on caregiving.

Kim Hall: We've worked with our Analytics, Technology and Planning folks over at DHS who are very data and research focused. We've done some past focus groups with this group, and we've talked about doing some future work with them, but I think where we get hung up sometimes is we hate to be asking the same questions that don't have answers. It feels like we're just spinning our wheels, but we would welcome any new strategies and opportunities to relook at this and help this network.

Mary Ann Sander: It might be better to do a trial. Some interventions and research. What are most effective? You know you can only analyze the problem so much. What are we going to do about it, and what are other places doing about it because it certainly isn't unique?

Laura Poskin: I wonder if there are any counties that are getting it right. I know that Linda Domain at Eastern Area has a pilot going through the AAA, but they're still having trouble even though they're doing brand new things to elevate the job. They've had 2 applicants or something.

Matt Beall: Here's where things get so strange right now. They're one of the providers that started at \$15.00 an hour, and it has made literally zero difference. If you have these jobs that are so vital to the functioning of the community, then pay the benefits and pay the travel. Give the person a 40-hour a week schedule, and if they get a bunch of cancellations, give them a paycheck. How do we find them? When do they come back?

Regina Andrews: My clients can't get health aides to come in and do things for them or take them shopping so what they do is rely on the senior companion, and we aren't allowed to shop for them. I sometimes get really frustrated because they can't get what they need.

Matt Beall: You have to feel for them. You know they don't understand. They don't understand it's different programs with different rules so that's a tough position for them to have to be in.

Mary Ann Sander: Is there any way the clients could get a meal delivery service? There's so much that you can have delivered.

Matt Beall: We certainly have the traditional meal service, which is something different from the grocery shopping. Those types of meals can be delivered.

Mary Ann Sander: It would be nice if the home delivered meals program could also bring milk, bread, and coffee and whatever people are looking for.

Ethel Cobb: Is there any way you could have companions that are not sitting with the person run errands for the person? It may be a different pay rate.

Kim Hall: Now I can jump in and just say that the senior companion role is pretty prescriptive based on the grant that we administer the program through so unfortunately, it's more around the socialization aspect and they're prohibited from doing anything hands on like errands and chores in the home. It's not even about the pay rate because there really isn't a pay rate. It's a stipend that's given to each of the senior companion volunteers for their volunteerism. So, we don't have a lot of flexibility. Unfortunately, Ethel to do those kinds of things and recognize that it is a need, that's when we do try to connect those individuals to Care Management and Options services.

Mary Ann Sander: So maybe if you want to look for some innovation or some research, adding flexibility to some of these roles, I think everyone gets frustrated with bureaucracy when that's the reason red tape can't meet basic services so maybe proposing a pilot to whatever that grant is to try to expand that role might be something worth funding. Then also meeting the needs and then if you have the research behind it to see the cost benefit of it, I think you have to look at where you can innovate and see where those frustrating points are and what we can do about them.

Laura Poskin: It's a great idea to try to modify what the senior companions are able to do, especially if they're willing. I just wanted to say that there are a few volunteer programs in our county like Wesley Family Services and North Hills Community Outreach that do have volunteers who do grocery shopping. Are there enough volunteers who can handle an influx of people saying please grocery shop for me? Some people are more willing to do something like that, like run an errand versus sit with someone and chat for a couple of hours.

Mary Ann Sander: Or even if it's a big grocery store. You might be able to get Giant Eagle, too. If you're going to do a grant, then maybe they could kick in some free service delivery people or whatever it is. Corporations like that do charitable giving and would be interested in looking for new ways to serve their community and give back. It's great PR for them, too.

Jessica Adams: There are a ton of different services available with a ton of restrictions. There's Uber Eats that deliver food. There's Giant Eagle. There's Target. There are a lot of services out there that can help with food, but a lot of the people I work with don't have the technology or that information and aren't able to connect to get those services, or they don't have the money to pay the delivery fee. They're not cheap either. If there's some way to get these resources located in a central location, then we can help people get connected to the right services. There's a wealth of information out there.

Mary Ann Sander: Daphne, I know you're such a great resource, and I always put you on the spot. I'm so sorry, but do you see any role for our legislators in this as far as someone that can help facilitate getting some flexibility to some of these grants?

Daphne Retter: No, that's a great question, and I'm happy to look more into it. I'm not an expert on the grants. If you could let me know which particular grants you are talking about, then I can see. We can always talk to the administration about what the parameters are on grants and if we need different ones or if those were somehow not meeting our needs effectively. We can try to influence that but probably don't have a lot of power individually. We can start those conversations and we're really happy to do that.

Regina Andrews: I have 2 blind clients and I normally call the day before I go there to see if they need anything picked up from the store or if they need prescriptions picked up. I will pick up bread, milk, juice, fruit or whatever they need, and I take their receipt and they pay me when I get there. I'm just saying a lot of them don't have the extra money to pay for the Grub Hub delivery or these other optional places.

Mary Ann Sander: Thank you for doing that. The stories that I'm hearing today of how everybody is going above and beyond. It's just really admirable.

Ethel Cobb: This is Ethel. The part about that is a lot of the seniors are not computer savvy. All those companies are using credit card numbers. They ask you 1,000,000 questions, and it's not feasible for them to do that.

Matthew Beall: That's a good point. We hear that from a lot of our folks. I don't like using that stuff myself, so I get it. It's a good point.

Unknown: I don't have a lot to say. I'm just extremely concerned about the lack of workers. I know the research is being done by that group at Pitt, but I still think your first mention of the focus groups was really a good one to talk about. You know to do groups with people who have not come back to work and with those who have remained amazingly at work to come up with some combinations of things I'd still like to see if it's feasible at all.

Mary Ann Sander: OK, good discussion. Laura, I think you were going to talk about the results of the Age Friendly Survey next.

Age Friendly Survey

Laura Poskin: I'm joined by my colleague Randy Vega. Randy, do you want to introduce yourself to the group?

Randy Vega: Sure, I'm Randy Vega. I'm the Community Engagement Manager at Age Friendly Greater Pittsburgh and I've been working with Laura for just over a year.

Laura Poskin: We've been working on this survey that I have talked about in this council many times. We've been going around doing survey share out sessions where we did 5 of them. Our final one was on Friday in the Hill District. A lot of you have been involved in different ways. The Area Agency on Aging really helped us get this out through their Senior Companions. Thank you to the Senior Companions on the line for being part of this. I also have to give a shout out to Dr. Newman who helped us analyze this survey. We had a really great participation rate. We did this

survey, and it was open to Allegheny County residents ages 45 and older. It was available in the winter of 2021 online, print and by phone. Our goal was 500 respondents. We ended up reaching 1,646.

Randi Vega: We wanted to find out how people were aging in the community, so we asked a few questions that would help us get to that answer. We found that 20% of them had lived in the same community for 45 or more years. We asked how they felt about their community, and 56% of our respondents rated their community as excellent or very good as a place for people to live as they age. We wanted to dig into that number just a little bit more, so we separated out the respondents who were 45 to 64 years of age and the older adults who were 65 and above. Older adults who were 65 and above rated their community at 65% as excellent and very good as opposed to the younger adults ages 45 to 64, 50% rated their community as an excellent place to live as they age. We dug a little deeper into that because we wanted to see if there were any disparities around race. We saw that in the African American community, 39% of the respondents rated their community as excellent or very good as opposed to a whiter neighborhood who rated their community at 67% as excellent or very good, so there is a disparity in how people are viewing their community.

Laura Poskin: We asked respondents to rate community features, and the top 3 features that rose to the top were well maintained parks, accessible and convenient public transportation, and free access to computers and the internet in public places. Job training opportunities for older adults, a range of flexible jobs for older adults, and well maintained safe low income housing were the bottom 3 features. He also asked about housing and 70% of our respondents were living in single family houses and 77% were owning. Again, as Randy was talking, we wanted to make sure that we looked at who was owning and seeing if there were any disparities and certainly there were. Our black neighbors, 50% of them were renting versus 21% of our white neighbors. We asked folks about how they travel around their community and 87% said that they drive themselves, 38% walk, 28% use public transportation, 23% have someone else drive them. The vast majority of people were saying that they drive themselves. Again, we have to remember that this was January to March of 2021, very much in the middle of the pandemic. We are still in the middle of the pandemic, but it was before wide availability to the vaccine and so you just have to be mindful of that when you look at this number.

Randy Vega: Another issue we wanted to examine was how people are connecting with each other, so we asked questions about interactions. We saw that 95% of the African American who responded as opposed to 91% of the white community had someone to help anytime of the day or night, and 78% of our respondents said they have contact with family, friends, or neighbors every day or several times a week.

Laura Poskin: We also asked about loneliness. We utilized the UCLA scale of loneliness, which is a trusted tool among folks in academics. Also, RPA Department of Aging has really wanted us to use the UCLA scale of loneliness so that we have data to compare across the state and across the nation. So, we used the 3 point scale. There's also a 20 point scale. We asked folks how often they feel that they want companionship, feel left out or feel isolated from others, and the combination of those 3 questions reveals a score. You either score as lonely or not. In the

younger category, 24% of them scored as lonely, and 22% of our older adults 65 and older scored as lonely.

Randi Vega: Another area we wanted to examine was work and technology for Allegheny County residents ages 45 and above, and we saw that 39% of our respondents were retired and 54% were employed either full-time or part-time. We asked the group that was still employed how likely it was that they would continue to work as long as possible rather than choosing to retire and no longer work for pay. From that group that was still employed either full or part time, 64% said they were extremely likely or very likely to continue working after retirement age.

Laura Poskin: We also asked folks 45 and older to rate their technology skill level, and 52% rated it as excellent or very good. When we broke that down by age, we see that our older adult respondents 65 and older, only 29% of them are answering that their skills are excellent or very good versus 69% of the younger folks. Breaking it down even further, our black neighbors ages 65 and older, only 14% rated their skills as excellent or very good versus our white neighbors 65 and older, 29% were saying their skills are excellent or very good. It was interesting to see all the things that people said that they had been doing online during the pandemic, so almost 70% of our respondents said that they had Telehealth appointments with medical professionals. About half of them had ordered groceries or medication online, and 42% had attended religious services online. At this point, we've definitely reached over 200 people with those share out sessions. I think we had 163 going into our Hill district sessions. Lisa is compiling that report and she's here, and I don't think she's planning to present but we could talk about those at another meeting.

Lycia Neumann: The main result of the survey is the report and what we are learning is that actually capturing people's reaction to the data has been wonderful, and in some cases, they wanted to discuss ways to improve the survey. I would say this combination of collecting the data in one way but also sharing it, giving opportunity for people to talk about not only the findings but the topics that have been covered in the survey has been an amazing experience. I'm excited to work on the report and will be happy to share it with you soon.

Mary Ann Sander: That's terrific thank you.

Unknown: How large was your sample?

Laura Poskin: We had 1,646 people respond. And again, I think some of you have been at our share out sessions.

Unknown: Can I ask the question? What two areas were those this is the Hill district and what else though.

Laura Poskin: We did 5 sessions total. The first 2 were countywide, and they were held virtually. You could join on the phone or via zoom. Then we did 3 distinct neighborhoods. We went to Plum, Verona, and Penn Hills. It was kind of like a combined eastern suburbs. Then we went to McKeesport, and it was at the height of the Delta variant. The IME Church where we had planned to present was closed to the public, so we decided to do it online. We actually had a lot of people join us. And then we just had the Hill District.

Lycia Neumann: The way I'm organizing the report are people 's reactions to the data and then a little bit of context and the ideas they shared on things we could do. I would just say there are a lot of ideas and requests for opportunities for active engagement in the community.

Kim Hall: I'll just say that I don't know that that would have stuck out to us so much. You know that information about the employment opportunities. Unless we had had that previous discussion.

Mary Ann Sander: It's hard to believe two hours have gone by. I thank you all for hanging in the whole time. I wish you all the best. Please reach out to me if there's anything I can do. If you want to keep in touch, I would love that. I hope you all have a very joyful and peaceful holiday season. Be well.

Unknown: Thank you for all you've done Mary and for all these years. Thank you.

Meeting Adjourned (1:59): Next Meeting March 15, 2022