Mayor's Council on African American Elders

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Members Present – Dr. Benjamin Abe, Charlotte Antoine, Dr. Brenda Jackson, Claudette Thomas, Pamela Williams, Paula Williams. **Members Absent** – Sheila Mary, Paul Mitchell
Guests – George Dicks, Tricia Diamond, Rita Howard, Charlotte Jacobs, Kibibi Monie, Helen Sikov, Elizabeth Williams
Guest Speakers – Edwina Martin-Arnold, Equitable Strategies Manager, Mayor's Office; Jeff Sakuma, Health Integration Strategist, HSD/ADS
HSD/ADS Staff – Mary Mitchell, ADS Interim Director, Charisse Jordan, Dinah Stephens, Irene Stewart, Karen Winston

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I. Healthy Seattle Initiative

Edwina Martin-Arnold, Equitable Strategies Manager, Mayor's Office, and Jeff Sakuma, Health Integration Strategist, HSD/ADS, presented information on the development of the Healthy Seattle Initiative.

In January 2022, Mayor Harrell expressed his desire to explore and establish a Healthy Seattle Initiative. The mayoral priority has two components. One is to **expand access** to medical care for everyone. The second component involves **indicators**, that show whether or not Seattle is a health city.

To establish what is it that we as a city can have an impact on in this effort and to really make sure that people are not only insured but have been actually making it into our health care system, we first have to understand that healthcare in the United States is up to two of entities—the federal government and our state government. The federal government sets the large context, with Medicare with Medicaid, and then oversees all the private insurance that most people have. At the state level, the state is responsible for a large part—Medicaid, that is ensuring that people who are lower income have access to both insurance and health care. But we know it is an imperfect system and therefore, in this country, we have many, many people who are uninsured and unable to get insurance or cannot afford insurance. We also have a system where even when people are insured, that they still may not be able to access the health care system to get the care that they need. Washington is a very progressive state when it comes to healthcare. When the federal government expanded Medicaid, Washington expanded Medicaid even further and expanded Medicaid access to children in our state.

One area that our state has not been able to have an impact on are individuals who are undocumented because the federal government has had restrictions on states being able to offer Medicaid to people who are undocumented. But during the past legislative session,

a lot of that has changed. Currently, the state is creating a program as part of the Cascade Care Program, to bring in people who are undocumented to into an insurance program run by the state for people who are living at 137% of the federal poverty level. For people who are making more than that, but are still unable to buy private health care, the state has requested a waiver from the federal government to begin to run a program to offer insurance to those individuals as well.

As we work on the Healthy Seattle Initiative what we want to do is bridge some of those gaps and make sure that people who are uninsured and/or are underinsured have insurance and the means to meet the coinsurance costs, copays, deductibles, etc. That is the problem that we are looking to solve. Our goal at this point is really looking at what we can do and for the people living in our city.

Currently, Seattle has a safety net system in place through our community clinic system. There are the many community clinics that exist throughout Seattle, e.g., Neighbor Care, the International Community Health Services, SeaMar, etc. All of these entities are federally qualified health centers with a special designation from the federal government to serve people on Medicaid and anybody who needs health care but cannot afford it, including uninsured individuals. They are able to do this through use of a sliding fee scale that makes healthcare costs very affordable.

As part of the mayor's health initiative, our goal is to bring in as many people as we can over the coming years into the healthcare system. We have spoken to administrators who run the community clinics and they tell us they have capacity but, like a lot of businesses, they are having staff issues due to work force challenges in our area. Medicaid is currently paying a higher rate to help these clinics hire more staff, but our goal is to increase access to more patients/consumers.

We plan to do this in partnership with Public Health: Seattle/King County, who operates a very broad and effective Community Navigator Program. Our focus will be to fund a number of different agencies who have community navigators. Community Navigators are individuals who are part of the communities they serve. They are trusted members within their communities, who work with residents to help them get the health care they need. They also follow up with clients to ensure they are following the advice health care provider.

The second objective for the Healthy Seattle Initiative is to look at indicators to determine if Seattle is a healthy city. Currently, we are working to identify the most important indicators. For instance, tree canopy—are we planning for an equal number of trees and in South Park as we are in North Seattle? And, if not, we need to examine why. Do we have access to parks and open spaces all over the city? Does everyone have access to healthy foods? This is more of a long-term process to determine the indicators. Then we have to monitor the indicators and make decisions based on what the indicators are telling us. Right now, we are working with a King County epidemiologist to narrow down and figure out which indicators are most important monitor.

Comments/Questions

Comment – I thought we were going to deal with the challenges of being an elder in Seattle and King County. I thought we would talk more about our health and how a place like the Carolyn Downes Clinic is being threatened to be dismantle.
Response – The Carolyn Downes Clinic is also a part of the FQHC system. So as a part of the FQHC, while we are also working on access, we obviously will be working with these entities to help make sure they have the capacity and the ability to see patients.

Comment – Another concern is access to transportation. So, does that also mean that we're not dealing with access and accessibility of transportation for senior citizens to help them get to where they need to go? What are we doing about those problems?
Response – Access mean addressing anything that helps/hinders someone from getting the care they need, and that includes transportation. That is a part of the process of working with Community Navigators. They work directly with the individuals and work to really understand what the barriers are and then determine what they can do to resolve the barriers. What we're trying to do is get funds to bolster the navigator system. We want navigators who are culturally competent when they work within their community to provide rides to health care or, if it's a virtual visit, they bring a computer. That's what the role of a Navigator is. We're aiming to support the King County system to bolster their navigator system to reach more people.

Comment – We were invited to talk about how health care, specifically around seniors, and I'm not hearing that as a focus in the presentation so far. That's an issue for me as well. I sit on the Board of Commissioners for the Seattle Housing Authority, and I know that we have seniors in our senior buildings who have great difficulty in getting the kinds of health care that they need. It isn't a matter of insured or not insured. There's a lot of the issues. I'm not expecting that we're going to get into the minutiae of those details now, but I would like to hear this conversation focused on seniors, because that's what we're here to talk about.

Comment – I also concur, because I'm failing to see how the Community Navigators are involved in the planning and the leadership. It feels as if Community Navigators are going back to their respective communities and telling clients how to navigate the system that has been planned by others, versus addressing the challenges that they have. So, how are they collaboratively involved in the actual planning and the leadership? Are there plans to include Community Navigators with an intersectional identity—for example, Black elders who are unhoused or have housing insecurity? Is there a specific navigator for that? Or are you just having general navigators for each identity? Specifically, how does this help Black elders navigate the current healthcare landscape versus one that is being designed? I would just like to hear more about how Black elders will be involved in the leadership of this, versus having someone who looks like them.

Comment - Earlier this year, the MCAAE received a presentation from a Public Health epidemiologist regarding the health status of BIPOC communities in King County. The data show that there's a growth in the population of older adults age 60+ in urban and rural communities. It also showed that older adults of color, experience, higher rates of

disability, and poverty, especially in South urban and rural areas. Housing costs burden is also an issue, as well as chronic diseases which have only intensified during the pandemic, and we really seen the disparities. The MCAAE is advocating for health equity—it's every person's right.

Comment – Since this commission focuses on Black elders, it would be nice to see more data and information specific to Black elders. What is this program doing to help their needs based on data?
Response - We have looked at data from King County and it tells us we have a 4.2 percent uninsured rate among residents in King County. The uninsured are mostly from the BIPOC, low-income communities, and from working class people ages 19 to 64. For example, people are working, but their employer does not offer insurance. So that is what the data is telling us regarding a healthy Seattle.

At this time, however, we are not presenting any of the details that we have. We are trying to get input about how to move forward. We have looked at the data and there are subpopulations that we will focus on, and older individuals of color are definitely part of that subgroup. Your comments are spot on really super helpful. That's exactly what we're just trying to—take a large concept and bring it down to activities that really impact the most disenfranchised folks or folks who are really not getting the health care that they need. We're looking at any thoughts, specifically around older individuals, that may have experienced barriers to really getting care so that we can begin to focus on these with this initiative.

Comment - You're saying that we're putting together a pilot for all the seniors that will fit our needs. But the priority is not people who come BIPOC communities. We've done these things for many years. You know our complaints, but our needs are still not being met. And we keep saying it over and over. We keep being told that we are finally going to get the attention, but what are we really doing other than making a program that is already in existence a better program? We, as Black descendants of slaves have not gotten reparations and there has not been anything done to correct the wrongs that have been done to us. This is why I think a lot of us might be here because we are looking for our issues to be taken care of, looked at, examined, and changed. We've been told certain things and not given anything. We're not going forward, we're going backwards, in my opinion, and it's time for us to stand up and say enough. It's time for you to correct the wrongs that have been done. I'm also talking about our educational system and our children not getting an equal education. We need to help them thrive. I'm passionate about us breaking these chains and not being quiet about our existence, and how our children are suffering. We're never going to have a future if we don't start saying—what the hell you're talking about? It's time to pay attention to the Black people on this planet!

Comment – I want to thank everyone for speaking up and sharing your concerns and your passion. I think this is a wonderful opportunity because this hasn't rolled out to the public yet. The energy and the additional people here today, gives me hope for us to be at the table. This is the Mayor's Council on African American Elders, and their priorities have been

outlined and they tie exactly into the presentation that was given today. They also tie into the work that the Area Agencies on Aging (AAA) directors are doing at the state level. This is an opportunity to help lead and make sure that the voices of our African American community members are heard. So please don't apologize for your passion, your feedback, or your frustration. The time is now! So, we just need to be clear on what our ask is, and work together on making some advancements on behalf of our African American elders.

Comment - One thing that this group is highly concerned about are the disparities have always existed. Yes, we're learning about the social determinants of health, but what are we doing to correct the disparities? Will they be addressed in the plan?
Response: We are addressing the disparities because we are looking at the data of the 4.2 percent who are the uninsured. It's showing us that it is the BIPOC and low-income communities. So that's how we are trying to address disparities by looking at the data.

It is fully based on both health disparities and access to health care. It's not only based on disparity by disease, which is really important, but it's also about the next step. It's one thing just to say, we know about the disparities, we need to figure out how to address it from both an environmental perspective including air quality, and transportation. It is all of those pieces and also the micro piece—that is really about getting to individuals that have the greatest needs and the greatest disparities and making sure that they are getting all of the health/medical care that they need. It's also a lot of other things like access to food, access to housing, etc. All of those pieces that contribute to a person's health.

Comment – I'd like to comment about the mental health resources that are really universally needed in our community. I always hear people talking about doing more for behavioral health, but that rarely happens, and the budget has been shrinking consistently over the years at both the County and the City levels. I remember when United Way stopped funding senior programs. What are we doing to rebuild that system? How are we creating resources and partnerships that can really address the needs, particularly of African American seniors?

Comment - I would like to make sure that everyone here today continues to show up for MCAAE meetings so that we can dig deeper into developing plans on what you would like to see. The African American Elders Program at Catholic Community Services provides services now, but where are the opportunities to expand those services? There's the Tubman Center that is working to get their federal certification to get set up, and it's going to be an African American Health Center. So, there are opportunities, right now, but we have to have clear plans on what the ask is for our community and put it on paper so that we can then say, here's a plan that comes from our community and expresses what we want to have implemented. I would like to ask everybody here, commit to showing up monthly at these meeting here to help to develop those plans.

Comment - We see other BIPOC communities get a lot of what they know they need as a community and it's time for us (African Americans) to start getting the same attention.

Comment – Right. Our Asian and Latino brothers and sisters have great programs in place. So, the blueprints are there. We just need to determine what we want and shape it to make sure that it works for our community.

Comments from the chat box – How does this specifically assist Black elders in navigating the health care landscape? Because I want to lend my support to something that is specific to Black elders without apologizing for the fact that we're doing this for Black elders. So, when we're saying using BIPOC, are we specifically talking about black and indigenous, or black, indigenous and people of color? When we're using data for all BIPOC, it's disingenuous then to apply that data to black people.
Response - Yes, the data is more detailed.

Comment – I want to reiterate the concrete example we they have, the Latino community has something called SeaMar, which has an extensive network of medical, psychological, housing, recreational, and criminal defense resources. I don't know of any equivalent organization in the Black community.
Response – We are leaning heavily on groups like SeaMar and have spoken to Mr. Reyes, extensively about how to address this. He is the one who told us that you need people to send out into the communities to speak with people to find out what their barriers are in order to help them.

Comment - We also have a research community here—the Health Promotion Resource Center that Margaret and I have been very involved in with Winona Hollins-Hauge. I don't see her here. And Dian, from Central Area Senior Center is also actively engaged in consolidating relationships with these organizations that both provide research and clinical services. The PEARLS Program is an example of a program that started as a research project that moved into the community. It now has specific elements for the African American population, and it's going to be a national program. So, again, we do have the connections and resources to really enhance the value of this program.

Comment – I'm wondering if it is possible to think about how those of us on this call can contribute towards this effort besides attending monthly meetings? Is there something more concrete that we could be doing that would move towards solutions. Like speaking with community members to find out exactly what the real needs are and what would be needed to address those needs. It seems like that is something we could be doing. I could come to a monthly meeting, but just to sit around and talk once a month about these things is not all that interesting to me.

Comment - If we can hear from other organizations in the African American community about what the needs are, and then bring that information back to, to this group, that would be very helpful.

Response – This is the first group that we've reached out to, so we are in the development stages. This has been super helpful. The mayor has not made a formal announcement yet. Edwina and I will go back to the leadership and provide them an update about what we heard today. This is not the end of us reaching out. Will we return with more information. Thank you so much.

II. ADS Updates

Mary provided the following updates.

State

- We are looking at the Title-19 Medicaid case management program decision package. The goal is to ensure that the Area Agencies on Aging (AAA) rates adjust with the state and that it is ongoing. The AAA's have not had the increases at the same pace as the state, so last year, several of you participated in advocating with others on increases, and I think hearing directly from you was the turning real point. During the last legislative session, we receive $25 million for the state and ALTSA advocated for $14 million. The $25 million is ongoing, so now the state is focusing on making the $14 million ongoing.
- AAA's are tasked with getting our caseload down to one to 75:1. To achieve that, more clients will be going to the community agencies and ADS will be hiring additional staff.
- The state has also set aside funds to look at diversity, equity, inclusion and belonging, and how to compensate communities for their engagement. They asked AAA directors—What have you done? How have you compensated the community when asking the community for their participation, ideas, thoughts, and solutions? It's good to see the state is being proactive and aware that you can't keep asking people for their time and energy without some type of compensation.
  Question – When will they let us know, especially the seniors, about the Carolyn downs clinic? Is it still in jeopardy?
  Response - I will do some research into that and will let you know.
- We also put together several workgroups at the state level, to look at the Nutrition Standards, the Information and Assistance Standards, the state funding formula for the Older Americans Act budget, and the case management rate for the Title 19 Medicaid program. The question is, when we are looking at the budget, how do you decide the unit rate paid per client, when each county in Washington state is so different? A workgroup will take a dive deep into that, and examine the different challenges around the state to determine how to have a unit rate that can provide accurate compensation for very different area?
- WA Cares – Is the long-term coverage that we all are paying into now. We have a workgroup that I am participating on, and we are looking at the role of the AAA in WA Cares. Beginning July 2026, benefits will be available for people to tap into. We are working to determine how to strengthen the hospital transition support and connect people to things they need upon returning home, e.g., modifications to your home, or if you need a caregiver, or physical therapy, etc. Right now, we are providing support with the hospital care transitions, but we want to dive deeper, because we know that

the WA Cares is not restricted by age. We want to make sure that we are in position to help with transitions out of the hospital.

- Seattle Times article re Harborview Hospital – The hospital is operating at overcapacity. Patients are lining the hallways and the ambulance service is severely impacted with increased wait times. The hospital cannot take any more patients. We met with the discharge team to see how we can offer support and we are in the process of scheduling a meeting with Harborview leadership. We want to see if ADS can get a contract with Harborview to place a case manager there to connect with clients and, again, address hospital transition work to make sure people have access to the services that they need in order to get out of the hospital, and free-up hospital beds.
- We are also doing a lot of work internally. We are working to fill several vacant positions and also have new team members on board. My assistant, Jane Crum, has announced her retirement. She has supported several ADS directors for many years and has been a long-standing pillar in the ADS division. We want to give her good quiet sendoff. Lena Tebeau, my new executive assistant, has recently joined the ADS team.
  Question – Is ADS currently hiring case managers?
  Response – Yes, we do have some vacancies and the posting for the position is a continuous posting. If you know people who may be interested, encourage them to apply.

III. Seattle Age Friendly Updates

Age Friendly Seattle manager, Dinah Stephens, provided information on a few upcoming events.

- First, are two upcoming congressional events that are being co-hosted by our team at ADS, HSD, and Karen Winston is supporting on behalf of the MCAAE. Mary Mitchell is going to moderate these events, as well as AARP and the Washington State Association of AAA's (W4A). Feel free to join us!

  Event #1 – Friday, August 26. We will have a conversation with Congresswoman Del Bene, and it will focus on health. Topics covered will include Medicare, some of the changes that just passed under the Inflation Reduction Act, pharmaceutical pricing, nutrition, SNAP, climate change, and its impact on older adults.

  Event #2 – Thursday, September 8. We will have a conversation with Congressional members Pramila Jayapal and Adam Smith. Topics covered will include economic security including Social Security and the Older Americans Act funding.

- The next Civic Coffee will be on August 25. It will feature staff from the King County Prosecutor's Office who work in elder abuse and fraud. We are looking forward to a fantastic presentation. If you haven't seen their presentation before, it's worth checking out.

IV. Celebrating Margaret Boddie

Members took time to honor Margaret will be retiring from her position at Catholic Community Services as the program manager for the African American Elders Program (AAEP). Following are comments on her behalf.

"I will forever by grateful for Margaret! She took me under her wing when I started working at ADS in 1992. I have always been impressed with the way she knows the case management program, like the back of her hand, and I learned so much from her. I had the opportunity to work closely with her, as we work together advocating for the African American Elders Program, which she has directed since its inception and has been the program manager for the past 18 years! She retired from ADS but came out of retirement to be the program manager for the AAEP. It's really been her baby! We are so proud and so grateful for everything she has done to make the program what it is today, and for all the help that she has provided to elders in our community. Thank you! I love you and I wish you a happy and healthy retirement!" – *Karen Winston*

"I am going miss you! I love talking to you. You are really down to earth woman." *Claudette Thomas*

"Margaret, I love you! You have been my hero! I met Margaret through the MCAAE in the year 2000. She invited me to participate in building the AAEP program for African American elders. Margaret's assertiveness, clarity, commitment, and her willingness to share her ideas and participate in all aspects of care for the African American community besides the program that she is so noted for. Margaret started this effort with Mayor Rice on a personal level, and out of that grew what is now a model program. We don't have to invent something new. We just have to beef-up what already exists to make sure it [AAEP] stays healthy and powerful. I also appreciate her leadership on the Health Promotion Research Center's Community Advisory Board. I am so glad to have shared this community work with you and also the love you have for our community. Thank you so much, Margaret!"– *George Dicks*

"I cannot say much more than what has been said. I just feel so sorry that COVID has limited our ability to communicate with each other in-person because we haven't had any live interaction since 2020. Thank you for all that you have done. We will miss you."— *Omara Abe*

"I met Margaret in 2006, through a former professor who encouraged me to interview for a case manager position. Margaret is an incredible woman and I just love you so much from the bottom of my heart! Thank you for being there for me and helping me survive two back surgeries. I am back at work, and you are still giving me encouragement! Thank you so much."—*Charlotte Jacobs*

“There is so much I could say because I’ve had many, many personal conversation with Margaret just because she is really down to earth. It's been great! I met Margaret in 1989, when I came to ADS, and she took me under her wing. Margaret, you've taught me a lot. You helped pull me through. If it wasn't for you, I'm sure I wouldn't be where I am today. I am so grateful! Thank you! You're a wonderful person! I appreciate you. Thank you, Margaret.”—*Charisse Jordan*

“Miss Margaret is not done yet! I need all y'all to move over because I'm the newest duckling coming under Margaret's wings! I appreciate her wisdom, her fire, and her passion! What a legacy she is building as she moves on from the African American Elders Program! We are excited to see where her next journey will take her, but I’m sure she will continue to advocate for our community. I feel my job is to take the baton, and my marching orders, and keep moving it forward! love you!” –*Mary Mitchell*

“I met Margaret about 21 years ago and I returned to CCS just a year ago on the invitation. I appreciate Margaret's wisdom and Christian walk. She is just awesome! Thank you.” –*Elizabeth Williams*

“I appreciate Margaret. She's gotten me through more things than most of you could even understand, and I appreciate Margaret so much! She has been a great supervisor, a great friend, and a great confidant. Thank you.” –*Sina Jackson*

Margaret’s response – “It has been a thrill! It's what I want to do and it’s what I have done it. I didn't have a lot of things and people to try to stop me, but I'm not done yet! Thank you so much. I appreciate it.”

V. September Meeting – The next meeting will be on Friday, September 16. The agenda will include a presentation on Black older adults and mental health.

The meeting adjourned at 3:35 p.m.