**City Hall, 495 S. Main St.**
**Council Chambers**

**August 6, 2020**
**1:00 PM**

# Senior Citizens Advisory Board Agenda

Items listed on the agenda may be taken out of the order presented; two or more agenda items for consideration may be combined; and any item on the agenda may be removed or related discussion may be delayed at any time. Backup material for this agenda may be obtained from LuAnn D. Holmes, City Clerk, at the Office of the City Clerk, 495 South Main Street, 2nd Floor or on the city's webpage at www.lasvegasnevada.gov.

The public is encouraged to send comments electronically prior to the meeting via e-mail to meetingcomments@lasvegasnevada.gov. Emails MUST contain the meeting name, date and item number in the subject. Emails received up to an hour before the meeting will be considered public record, read during the meeting where appropriate and will be included in the backup. A time limit may be imposed on the reading of comments as is done during meetings when comments are made in person.

1. **Call to Order and Roll Call**
2. **Announcement Regarding: Compliance with Open Meeting Law**
3. **Public Comment:** Comment during this portion of the agenda must be limited to matters on the agenda for action. If you wish to be heard, come forward and give your name for the record. The amount of discussion, as well as the amount of time any single speaker is allowed, may be limited.
4. For possible action to approve the Final Minutes by reference of the Regular Meeting of July 2, 2020
5. Presentation by Dr. Chad Kingsley, Regional Trauma Coordinator, Southern Nevada Health District, regarding COVID-19 – All Wards
6. Report by Gregory Gray, Community Program Technician, Office of Community Services, regarding senior issues received by the Office of Community Services – All Wards
7. Report by Board members regarding events and senior issues within their Council Wards and at large – All Wards
8. Discussion regarding topics for future agenda items of the Board's Senior Living and Senior Outreach Subcommittees. Comments made during this portion of the agenda by individual members must refer solely to proposals for future Subcommittee agenda items and any discussion must be limited to whether or not such proposed items are within the purview of the Board and its Subcommittees and whether such proposed items shall be placed on a future agenda. No discussion regarding the substance of any such proposed topic shall occur and no action shall be taken.
9. **Citizens Participation:** Public comment during this portion of the agenda must be limited to matters within the jurisdiction of the Board. No subject may be acted upon by the Board unless that subject is on the agenda and is scheduled for action. If you wish to be heard, come forward and give your name for the record. The amount of discussion on any single subject, as well as the amount of time any single speaker is allowed, may be limited.
10. **Adjournment**

Facilities are provided throughout City Hall for the convenience of persons with disabilities. Reasonable efforts will be made to assist and accommodate persons with disabilities or impairments. If you need an accommodation to attend and participate in this meeting, please call the City Clerk's office at 702-229-6311 and advise of your need at least 48 hours in advance of the meeting. Dial 7-1-1 for Relay Nevada.

THIS MEETING HAS BEEN PROPERLY NOTICED AND POSTED AT THE FOLLOWING LOCATIONS
IN ACCORDANCE WITH THE STATE OF NEVADA EXECUTIVE DEPARTMENT
DECLARATION OF EMERGENCY DIRECTIVE 006
The City of Las Vegas website – www. lasvegasnevada.gov
and
The Nevada Public Notice Website – notice.nv.gov

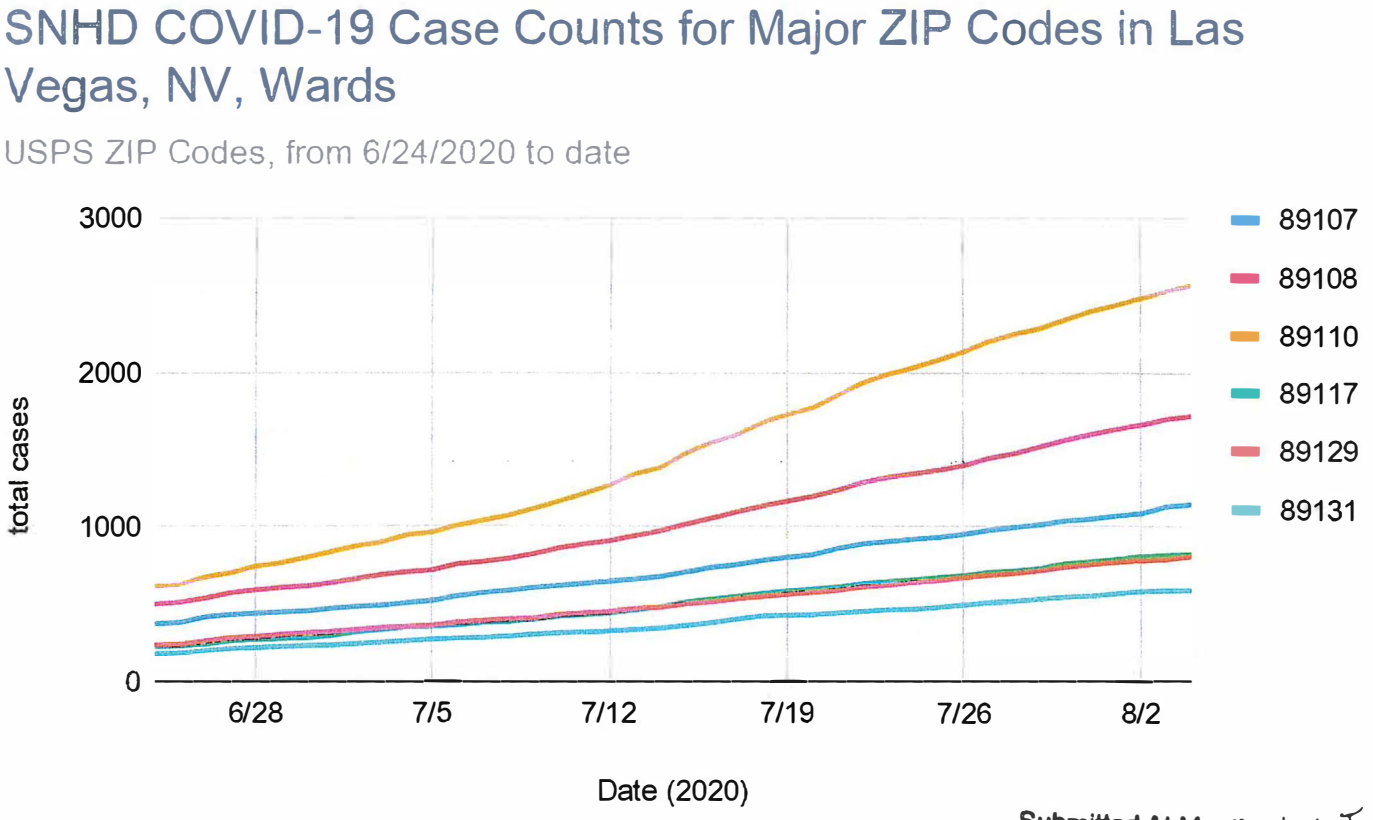
John A Perazzo
Report to City Senior Citizens' Advisory Board
1 PM, Thursday, August 6th, 2020
Ward 5

Madam Chairwoman Dianne O'Rear Cameron, Liaison Gregory Grey, Members, Support staff, and Public,

Thank you for arranging for Dr. Kingsley to be here today. Thank you, Dr. Kingsley, for coming and sharing. There is an excellent article in the Review Journal last March that gave me a brief introduction to Dr. Kingsley. "Clark County officials discuss coronavirus prevention among homeless" By Briana Erickson, Las Vegas Review-Journal, March 11, 2020 - 6:21 pm[1] I have shared a short list of questions with Dr. Kingsley I'm hoping he can address in his presentation or afterwards, but one question missed the list.

One of the challenges I felt since I joined the board is **senior citizen isolation**. I have no measure or clear definition of that term other than, unable to get help if needed. I do not expect that there are very many, if any at all, who fit that description. Nevertheless, have you seen any perceived isolation of senior citizens to have been **helpful** so far in this pandemic?

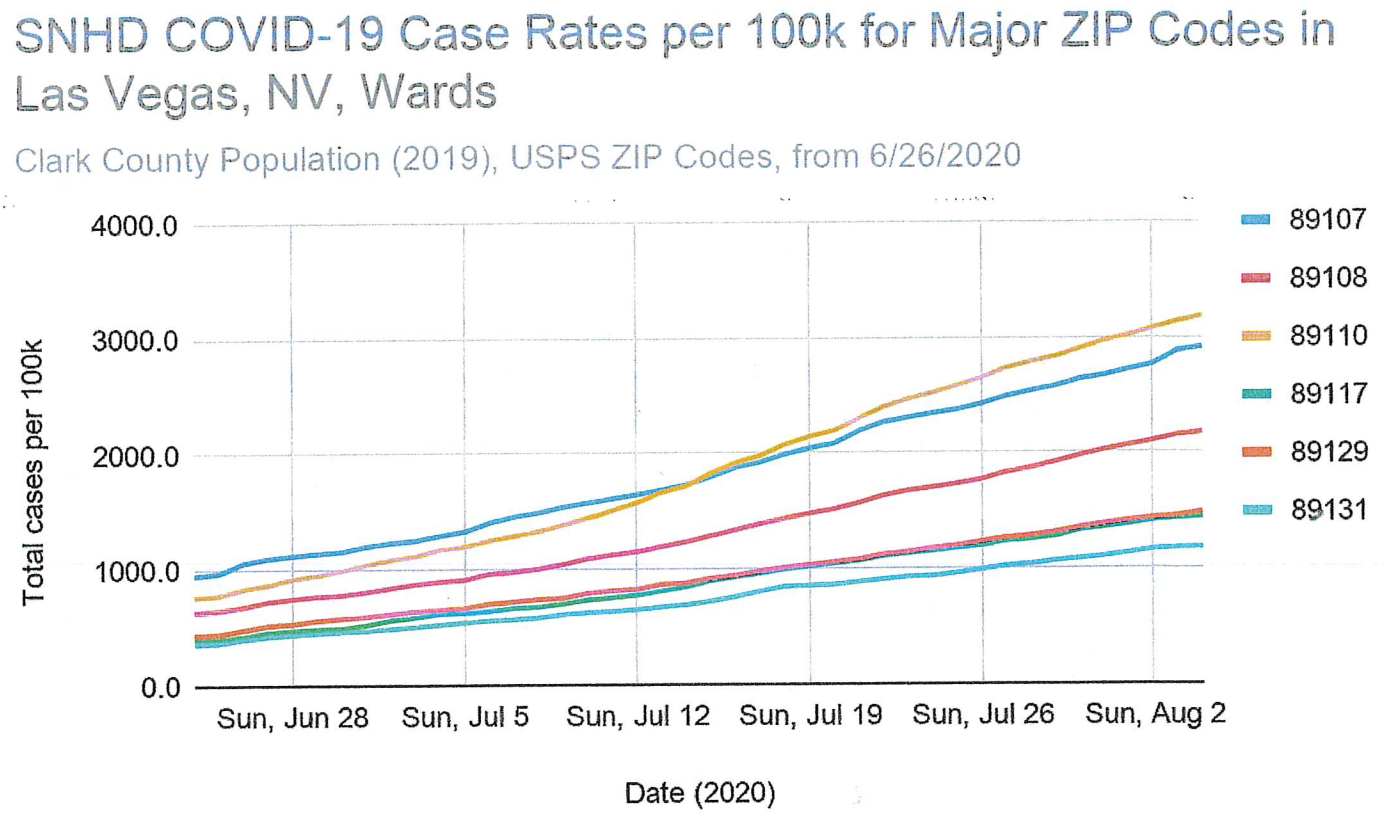
Last month, I shared my graph of Major ZIP Codes in City Wards. These are the latest data, both total cases and per 100,000 population rate.[2] What is happening in Ward 3 and how can we help slow the spread?




Submitted At Meeting by John Perazzo
Date 8/6/2020 Item 5

[1] https://www.reviewjournal.com/news/politics-and-government/clark-county/clark-county-officials-discuss-coronavirus-prevention-among-homeless-1977729/

[2] https://docs.google.com/spreadsheets/d/[illegible]OaWXbhFFLitmcfM/edit?usp=sharing




As mentioned in the introduction in the handout, "Capacity - Building Toolkit…", "the nation works to address the reality that emergencies do not discriminate in terms of impacted populations."[3] I deeply regret that I have not been more forward thinking in helping us prepare for this day. At what point do we approach Module Nine: (Recovery) and begin to answer the questions suggested there?

Public law, 42 USC 300hh-1: National Health Security Strategy provides for "Preparedness and response regarding public health emergencies" in general. Would the city be willing, perhaps in concert with other cities, to review that law and see ways for improvement? (Perhaps even a friendly lawsuit would speak the language of our dear leader peacefully.)[4]

This is a quote from the introduction to a paper at the National Institutes of Health on the Building of Profound Knowledge. These are the fundamentals I know will keep our country great.

> *Health systems are complex. Understanding the interrelationship among the four components of W. Edwards Deming's System of Profound Knowledge (theories of systems, theory of knowledge, understanding variation, and psychology of change) allows us to begin the work of quality improvement. Each system is perfectly designed to deliver the results it produces. One must gain knowledge of the system through small tests of change (Plan-Do-Study-Act Cycles). We also need to understand and prevent undesirable*

[3] https://www.naccho.org/uploads/downloadable-resources/NACCHO_Aging-and-Functional-Needs-Planning-FINAL.pdf
[4] https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section300hh-1
Text contains those laws in effect on July 30, 2020.

*variation and encourage desirable variation. Leaders must understand the motivations of people and their behavior and provide the appropriate skills training for people to change and succeed. All four components of Deming's System of Profound Knowledge are necessary for the quality improvement work that will enhance the health care delivery system.*[5]

Respectfully Submitted,

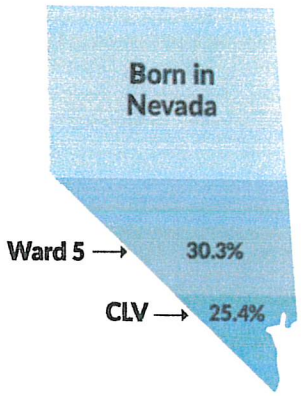
John A Perazzo
Member

Enclosures: Questions for Dr. Kingsley
Capacity - Building Toolkit (Pages i to 3)
ZIP Code and Ward maps with pie charts from Community Survey justifying use

PS I just saw Mr Hopler's email from the US Census Bureau with his follow up questions. At this point, I don't think we've / I've done anything with the data. In fact, I've stopped using the Census data because it isn't as accessible as "zip-codes.com". This is a serious step down in data quality. I'm at a loss here. This is the email with excellent questions for us to consider.

> *"I wanted to follow up on your story and see if you could provide any outcomes? You explained that using ACS data, you were able to form subcommittees to strategize assistance to senior citizens related to their health, safety and welfare. Do you know how many senior citizens were assisted by these subcommittees as a result of using ACS data? Or perhaps the number of communities now being served by these newly formed subcommittees? Were any non-profits, for example, contacted by the subcommittees to provide more specialized care or assistance, or perhaps activities to bridge the gap between isolated senior citizens?"*

Richard Wassmuth, Statistical Analyst, Department of Planning, has used the U.S. Census Bureau, American Community Survey (ACS) 5-year data, 2013 - 2017 in preparation for the City Council Brochure Ward 5 ("Ward 5 Facts and Statistics").[6] The only issue I would recommend reviewing is the "Born in Nevada" graphic. Generally area is considered in comparing two proportions. In this graphic, it seems only one dimension is used. I like using the outline of the state, but the larger area with a diagonal side line is misleading. Ideas for improvement? Perhaps use the top of the state or pie charts around the outline of the state?




[5] https://pubmed.ncbi.nlm.nih.gov/30266381/

[6] https://sawebfilesprod001.blob.core.windows.net/council/Ward_5_2019/City%20Council%20Brochure%20Ward%205%20FINAL.pdf?sv=2017-04-17&sr=b&si=DNNFileManagerPolicy&sig=ivcECznkK3%2F4ciQT%2FXUrQ6em1yydIvzkjFktfePHoYo%3D

Submitted at Meeting by John Perazzo
Date: 8/6/2020 Item: 5

# Capacity-Building Toolkit for including Aging & Disability Networks in Emergency Planning

Developed by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response

AUTHORED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) IN COLLABORATION WITH THE HHS OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) AND THE HHS ADMINISTRATION FOR COMMUNITY LIVING (ACL)

# Table of Contents

# Introduction

As natural and human-caused emergencies increase, the nation works to address the reality that emergencies do not discriminate in terms of impacted populations. Using the social determinants of health, it is possible to predict which populations are less likely to be prepared to effectively respond to, cope with, and recover from an emergency based on preexisting vulnerabilities.[1] Examples of pre-emergency vulnerabilities that align with the social determinants of health include availability of resources to meet daily needs, access to healthcare services, transportation options, socioeconomic conditions, etc.[2] Research studies published after Hurricane Sandy underscore the reality that pre-emergency vulnerabilities translate into post-emergency recovery challenges for at-risk individuals.[3,4] For example, emergency departments saw increased numbers of older adults requiring dialysis, experiencing electrolyte disorders, and needing prescription refills after Hurricane Sandy.

In the following pages, the authors use the term "access and functional needs,"[5,6] which is increasingly common in emergency planning vocabulary, to broadly describe populations that may need assistance due to any condition (temporary or permanent) that limits their ability to take action, or may limit their ability to access or receive medical care before, during, or after an emergency. For example, older adults and people with disabilities are considered populations with access and functional needs for emergency planning purposes. *Access* refers to the accessibility of information, services, and support during an emergency that is critical to keeping the community healthy and safe. *Function* refers to restrictions or limitations an individual may have that requires assistance before, during, and/or after an emergency.

1 Office of Disease Prevention and Health Promotion (ODPHP). (n.d.). Social Determinants of Health. Retrieved August 28, 2018 from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

2 Cutter, S. L., & Finch, C. (2008). Temporal and spatial changes in social vulnerability to natural hazards. *Proceedings of the National Academy of Sciences of the United States of America*, 105(7), 2301–2306. Retrieved August 28, 2018, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2268131/

3 Lee, D.C., Gupta, V.K., Carr, B.G., Malik, S. Ferguson, B., Wall, S.P., et al. (2016). Acute post-disaster medical needs of patients with diabetes: emergency department use in New York City by diabetic adults after Hurricane Sandy. *BMJ Open Diabetes Research & Care*. Retrieved August 28, 2018, from https://www.ncbi.nlm.nih.gov/pubmed/27547418

4 Malik, S., Lee D.C., Grudzen, C.R., Worthing, J. Portelli, I., Goldfrank, L.R., et al (2018) Vulnerability of Older Adults in Disasters: Emergency Department Utilization by Geriatric Patients After Hurricane Sandy. *Disaster Medicine and Public Health Preparedness*. Retrieved August 28, 2018 from https://www.ncbi.nlm.nih.gov/pubmed/28766475

5 42 U.S.C. § 300hh–1(b)(4)(B)

6 DHS Lexicon Terms and Definitions, 2017 Edition (October 16, 2017), pages 6-7: https://www.dhs.gov/sites/default/files/publications/18_0116_MGMT_DHS-Lexicon.pdf

Federal law, including Sections 2802 and 2814 of the Public Health Service Act, requires taking into account the public health and medical needs of at-risk individuals, including older adults, individuals with disabilities, and other individuals who have access or functional needs in the event of a public health emergency.[7] Furthermore, lessons learned from recent emergencies highlight the need to better integrate local community-based organizations (CBOs) with programs that support populations with access and functional needs, including older adults and people with disabilities, into emergency planning.

Increasingly, older adults and people with disabilities live and work in varied settings; many rely on programs through CBOs to ensure independent living in the least restrictive setting. In 1999, the U.S. Supreme Court's landmark decision in Olmstead v. L.C. found it is unlawful to keep people with disabilities in segregated settings, when they can receive services and live in the least restrictive, community-based settings.[8,9] This transition to increase availability of community-based services allows more people to live independently in the community. Likewise, emergency planning must address the access and functional needs of older adults and people with disabilities who live in the least restrictive, community-based setting, and receive supportive services.

Through inclusive emergency planning, the "whole community" approach ensures that communities are better prepared when they engage the capacity of the private and nonprofit sectors and other community partners to work together to address access and functional needs.[10] The whole community approach, which includes residents, emergency management, public health, organizational and community leaders, and government officials, promotes collective understanding and assessment of community needs to determine the best ways to organize and strengthen assets, capacities, and interests. Implementing the whole community approach to emergency planning should include CBOs that serve older adults and people with disabilities, either as direct service providers or advocates, as well as consumers. To enhance community resilience, or the ability to withstand and rapidly recover from disruption due to emergencies and adapt to changing conditions, CBOs should be recognized as emergency planning partners working to collaborate with consumers, emergency management, public health, and healthcare stakeholders to ensure that older adults and people with disabilities are able to withstand and recover from adversity.

[7] 42 U.S.C. § 300hh–16

[8] Department of Health and Human Services. (2018). Serving People with Disabilities in the Most Integrated Setting: Community Living and Olmstead. Retrieved December 3, from https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html

[9] Olmstead v. L.C., 527 U.S. 581 (1999).

[10] Federal Emergency Management Agency. (2011). *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action.* Retrieved August 31, 2011, from https://www.fema.gov/media-library-data/20130726-1813-25045-0649/whole_community_dec2011__2_.pdf

The purpose of the *Capacity-Building Toolkit for Including Aging and Disability Networks in Emergency Planning* (hereafter, the "Toolkit") is to serve as a resource to guide the aging and disability networks in increasing their ability to plan for and respond to public health emergencies and disasters. For organizations already engaged in emergency planning, this Toolkit can help expand and improve their capabilities. For organizations new to emergency planning, this Toolkit will help orient them to the process. Both goals are accomplished through content that guides programs that serve people with access and functional needs, including older adults and people with disabilities, through the emergency planning process of preparedness, response, recovery, and mitigation activities.[11]

Throughout the Toolkit, the authors use the term "consumers" to broadly describe the population of older adults and people with disabilities that live independently in the least restrictive, community-based settings, including individuals who receive person-centered programs and services through the aging and disability networks. This population includes consumers currently engaged with the aging and disability networks, as well as individuals not yet connected to local CBO programs, who could potentially be at greater risk during emergencies. The authors wish to acknowledge that in addition to being consumers, older adults and people with disabilities are also self-determined individuals who are active participants in decisions about their safety and well-being.

This Toolkit comprises two sections. Section I addresses Assessments and Emergency Planning, and Section II addresses Working in Tandem with Consumers to address a range of considerations that arise before, during, and after an emergency. Supplemental tools and suggested resources are included at the end of each module. To help members of the aging and disability networks understand the terms used by emergency managers and public health officials, a Glossary of Terms is included in the Toolkit appendix. These terms will be hyperlinked to the Glossary so that readers can easily jump to the definition if they come across a term that is unfamiliar to them.

The primary audience for this Toolkit is organizations within the aging and disability networks that receive funding from the HHS Administration on Community Living, most of whom provide advocacy and/or programs to older adults and people with disabilities. However, other CBOs that support emergency planning will also find the Toolkit helpful. In addition, emergency managers and public health officials using this Toolkit may find it helpful on two fronts. First, it can expand understanding of the unique challenges facing older adults and people with disabilities during emergencies. Second, this Toolkit can help emergency managers and public health officials to understand the capabilities and expertise of CBOs within the aging and disability networks and welcome their partnership in emergency planning activities.

[11] There are alternate terms to describe "emergency planning" using various combinations of terminology including: disaster, emergency, preparedness, planning, readiness; and incorporating various stages of the disaster cycle: preparedness, response, recovery, and mitigation. For the purposes of this toolkit, the term "disaster planning" is used throughout for simplicity and consistency.

https://www.naccho.org/uploads/downloadable-resources/NACCHO_Aging-and-Functional-Needs-Planning-FINAL.pdf