HEALTH CARE ADVISORY BOARD
Meeting Summary
June 10, 2019

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Philippe Beauchene
Tim Yarboro, MD
Rosanne Rodilosso
Dr. Michael Trahos, DO

STAFF
Sherryn Craig

MEMBERS PARTICIPATING REMOTELY
None

MEMBERS ABSENT
William Finerfrock, Vice Chairman
Shikha Dixit
Ann Zuvekas

GUESTS
Jerry Liang, Senior Vice President of Investments and Development, Sunrise Senior Living
Juli Navarette, Vice President, Clinical Practice and Education, Sunrise Senior Living
David Schneider, Associate, Holland & Knight LLP
Patricia Rohrer, Long Term Care Program Manager, Health Department
Tanya Disselkoen, Health Department
Karla Bruce, Chief Equity Officer, Office of the County Executive
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director for Public Health Operations, Health Department
Diana White, League of Women Voters

Call to Order
The meeting was called to order by Marlene Blum at 7:30 pm.

May 13, 2019 Meeting Summary
The names of Erickson Senior Living's representatives were added to the hearing summary. The meeting minutes from May 13, 2019 were approved as corrected.

Neighbor to Neighbor/Village Model
Patricia Rohrer and Tanya Disselkoen provided a short presentation on the Neighbor-to-Neighbor (N2N) or Village Model. N2N initiatives aim to provide support to older adults who want to stay in their communities. N2Ns promote independent living and may delay or prevent the need for institutional care.

N2N programs involve neighbors joining together to form a volunteer group that offers support and access to services for their older neighbors. They can be part of a neighborhood association, another community group or completely independent. Some programs include fees to provide services that include vetted service providers; however, most are free and rely on volunteers.

Each village or N2N can be grassroots organized, unique, and hand-tailored to fit local needs. Some examples of what N2Ns provide include rides/transportation to medical services, groceries, appointments; social activities, walking clubs, tea, organized events; handyman services like changing light bulbs in hard to reach areas; and technology assistance.

People who are interested in forming a N2N can contact the Health Department or access the N2N website at https://www.fairfaxcounty.gov/health/neighbor

Public Hearing to Review Sunrise Senior Living (SE 2019-DR-009) Assisted Living Proposal.
Jerry Liang, Senior Vice President of Investments and Development, Sunrise Senior Living, Juli Navarette, Vice President, Clinical Practice and Education, and David Schneider, Associate, Holland & Knight LLP presented Sunrise's proposal. Sunrise's proposal has been zoned a Special Exception in a Commercial Revitalization District, not a Medical Care Facility, so the applicant was not required, but volunteered to appear before the HCAB.

The HCAB reviewed a previous Sunrise proposal for the McLean community, located about one mile from the current proposal. While the HCAB recommended approval, the application did not advance because of land use concerns. According to Mr. Schneider, the current proposal has broad community support.

The application includes 140 beds, approximately 60% assisted living and 40% memory care, but allocations will remain flexible to meet community needs.

Sunrise's market research shows strong demand for the project. Using data from the Senior Living Industry Association National Investor Council (NIC), Sunrise reported that the top 99 markets have a 17.6% combined average penetration rate for assisted living and memory care. For the proposed property, the current market penetration rates within a three-mile radius are 13.5% and for a five-mile radius, 14.1%.

According to Sunrise, the high concentration of adult caregivers (over 35,000 within five miles of the proposed community) ranks in the 92nd percentile of all Sunrise communities; the high concentration of senior households (approximately 7,000 within five miles of the proposed property) ranks in the 91st percentile of all Sunrise communities. According to Sunrise, the McLean market area should support 1,500-2,000 beds of assisted living/memory care, but current data suggest a lack of supply with 950 available beds.

The applicant also maintained that there is minimal competitive supply and high occupancy levels within the three-to-five-mile catchment area. Sunrise describes its most proximate competitor – Chesterbrook Residences – as serving a lower acuity assisted living profile and noted its inability to support residents with memory care needs. Sunrise also feels Chesterbrook's focus on "lower income clientele" removes it from the competitive market of providers as Sunrise's proposed community will be private pay with rates supported by income levels of the residents living in McLean.

Like Chesterbrook, Sunrise felt that the next closest competitor, Vinson Hall – a continuing care facility (CCF) – will not compete directly with Sunrise as Vinson Hall's capacity is mostly independent living. The two remaining providers, Sunrise of McLean and Kensington of Falls Church, both of which serve assisted living and memory care residents, are at 90% and 100% occupancy, respectively.

A high degree of physical accessibility characterizes the site: bike lanes and a bus stop are in front of the building. To maximize the size of the property, a parking garage will be constructed underground. One acre will be dedicated to open space that will be publicly accessible and another portion will be secured and gated, allowing memory care residents and their family members to enjoy the outdoors.

With respect to financial accessibility, the applicant committed to participating in the Auxiliary Grant (AG) Program, providing 4% of the community's assisted living beds to

residents who are AG recipients. Sunrise's affordable beds will not be fixed to a physical unit within the community, but rather specific to the resident. If an assisted living resident in the AG Program requires memory care services, the resident will be able to transition to a higher level of care.

Trends in senior living show that older adults enter assisted living facilities later in life, either because they cannot take care of themselves or they require assistance managing co-morbid conditions. Residents are older and stay a shorter time period because they are sicker.

Sunrise aims to provide a home-like atmosphere and delivers targeted programming that focuses on mind, body, and spirit. Sunrise staff try to understand who the resident is and what they enjoyed doing (e.g., cooking, baking, gardening). Sunrise's policies and wellness procedures are evidence-based, and staff are always reading the latest research and reviewing CDC and National Institute on Aging best practices.

All care members are trained, including non-direct care workers (e.g., cooks, maintenance/janitorial, concierge), so that everyone knows how to respond to changes in residents' health and how to report these changes.

Residents care and service needs, including activities of daily living (ADLs), cognitive function, and medication administration, are assessed frequently. These assessments inform the community's staffing levels. Sunrise underscored that the formula it uses to calculate staffing levels and assignments ensures that both the right type of staff and the right number are available. Each care level is assessed a time, which then determines labor need. For example, memory care is more resource intensive than assisted living; while administering 6-12 medications a day may take one hour in assisted living, it can take 90 minutes in memory care.

Memory care residents will be located on the third floor. Egress alert bracelets are available and may be used for any resident who displays continued intent to exit the secured neighborhood or building without supervision. The egress alert device will alarm should the resident attempt to exit the building. All doors in the memory care neighborhood signal when they have been breached through both an auditory alarm and to a team member communication device (pager/scout phone). Residents will be assessed monthly as to their continued need to wear an egress alert device. Procedures to secure approval for egress bracelets (family/guardian, physician, and Vice President of Care) are secondary to residents' safety.

Sunrise also uses elevator vestibules so that memory care residents do not see people coming and going, a contributing factor to elopements. A heritage garden will be constructed to celebrate McLean's history.

Sunrise representatives acknowledged that state regulations are nuanced state by state but are generally left to providers to interpret implementation. The most prescriptive requirement Sunrise was aware of was the mandate to have two staff-persons on the overnight (11 pm – 7 am) shift.

The community will be managed by an Executive Director who will be a licensed Assisted Living Manager in the Commonwealth of Virginia. There will be seven other department heads, including an assisted living coordinator, memory care coordinator, and health care coordinator. The RN Resident Care Director and Executive Director will always be on call when they are not in the building. Coordinators typically work hours that cover two shifts; nights to days or days to evenings during the week and with weekend rotations. Sunrise's overnight staff will include a supervisor who is a Licensed Practical Nurse (LPM) or a care manager (i.e., a direct care aide that has completed additional training).

Despite questions from HCAB members, Sunrise representatives maintained that 93% stabilized occupancy can be achieved within 24 months. Sunrise acknowledged that its McLean property has averaged lower occupancy levels but stated staffing turnover and a director vacancy has contributed to declining rates. The applicant does not believe it will cannibalize direct care staff from surrounding providers and that the market can support its new community.

According to Sunrise, it pays its employees a higher wage than its competitors. The industry turnover rates for direct care givers is 35%. Sunrise remains in that average and has challenges recruiting and retaining its nursing teams. Because Virginia does not require ALF providers to hire Certified Nursing Assistants (CNAs) or geriatric nursing assistants, Sunrise has a broader pool of candidates to recruit from and train for direct care positions. Sunrise requires candidates to have a high school diploma. There is a behavioral profile that Sunrise uses to screen applicants and experience caring for older adults is preferred, although experience in a service-oriented industry is acceptable.

The applicant stated that Sunrise targets affluent adult caregiver households, defined as adults ages 45-64 with $100K income, and senior households, defined as seniors ages 75+ with $50K income to support up to $12K a month for care. Sunrise said that its

residents are independently wealthy and spending down existing assets or that their wealth is concentrated in their homes' equity.

New employees receive comprehensive onboarding training, vis-à-vis Sunrise University, which meets all Virginia Department of Social Services (DSS) Assisted Living regulations. Onboarding is specifically tailored by position and "learning maps" that outline the required training available. Sunrise employs a blended learning approach that incorporates facilitator-led classes, on-line training modules and hands-on training.

Ongoing and annual continuing education, as required by DSS regulations, is completed using standardized modules that are delivered via web-based or facilitator-led training in each community. Resident Care Directors provide all required continuing education for registered Medication Care Managers (MCMs) and provide "just-in-time" training for identified areas of opportunity/correction.

Sunrise also has a robust catalog of additional training modules, skill validation checklists, and other continuing education modules and curriculums that are used by the Resident Care Director and other leaders to meet the individual training needs in each community based upon the needs of the resident population.

With respect to deficiencies noted by the Department of Social Services (DSS), Sunrise acknowledged that staff did not follow policy regarding private duty aides, which resulted in miscommunication, inadequate or excess care. While Sunrise does allow resident companions, all care needs are provided by Sunrise staff.

Phil Beauchene moved that the Health Care Advisory Board recommend the Board of Supervisors approve the applicant's proposal. Dr. Trahos, DO seconded. The motion passed unanimously.

One Fairfax
Karla Bruce, Chief Equity Officer, presented on the One Fairfax policy.

Reports from PolicyLink, Northern Virginia Health Foundation, Community Foundation of Northern Virginia and Urban Institute document variances in opportunity and vulnerability within Fairfax County and across region. Places where people face multiple challenges are interspersed among some of the county's wealthiest communities.

Diversity refers to the wide array of differences among people and their perspectives on the world. It is an important organizational goal, but a diverse workplace is not necessarily an equitable workplace.

Inclusion is reflected in organizational culture where diverse peoples can raise their perspectives authentically, and where those voices matter and impact decisions. Promising a broader view of the world and a more democratic process of decision-making, inclusion is an important organizational process goal. But it does not automatically guarantee equity in an organization's results.

Equity refers to results where advantage and disadvantage are not distributed based on race and ethnicity. Strategies that produce equity must be targeted to address the varying barriers experienced by different racial-ethnic groups and communities. Equity requires informed policies and practices, intentionally designed to promote opportunity and rectify disparities, as well as informed people positioned to implement them effectively.

Many people conflate equity and equality. The difference between the two is equality is sameness, treating everyone the same, and while that's important, not everyone is not situated the same, socioeconomic status, physical abilities, geography, access to resources, etc.

Equity is fairness. Fairness is about equal access and opportunity. It demands remedies to redress historical injustices that have diminished access for some people. While equality requires uniform distribution. equity requires affirmative action to redress the imbalances. Equity ensures people have what they need to thrive.

There are 3 different levels of racism. Recognizing the different forms racism can take is important to bring about change. Recognizing that racism operates at the individual, institutional, and structural level will lead to overcoming individual anxiety and focusing on institutional and structural change.

Individual racism is pre-judgment, bias, or discrimination by an individual based on race. Individual-level racism includes both internalized racism—private beliefs and biases about race and racism that are influenced by our culture—as well as interpersonal racism, which occurs between individuals interacting with others.

One Fairfax focuses and emphasizes institutional and strategical racism. Institutional racism includes policies, practices and procedures that work better for white people

than for people of color, often unintentionally or inadvertently. Institutional racism occurs within institutions and organizations such as schools, businesses, and government agencies that adopt and maintain policies that routinely produce inequitable outcomes for people of color and advantages for white people.

Structural racism encompasses a historic and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color. Structural racism is racial bias among interlocking institutions and across society, causing cumulative and compounding effects that systematically advantage white people and disadvantage people of color.

This structural level of racism refers to the history, culture, ideology, and interactions of institutions and policies that work together to perpetuate inequity. Today in the United States, structural racism drives outcome gaps between people of color and white people across every indicator for success, from birth to death, from infant mortality to life expectancy. The multiplied effects of these structural drivers create deeply entrenched racial inequity.

The One Fairfax Resolution is the Board of Supervisor and School Board's public acknowledgement that inequities exist in Fairfax County and that to achieve equity the boards must work collectively, across systems, and with the community. It is a public commitment to the creation of access to and the dismantling of barriers to opportunity so all Fairfax County residents can reach their highest level of personal achievement.

The One Fairfax Policy operationalizes the resolution, committing the county government and school system to intentionally consider racial and social equity when allocating resources, making policies and in the planning and delivery of programs and services.

The Chief Equity Officer is charged with advising and supporting county leadership and staff in strategically shaping the structure of opportunity across the county through the consideration of equity in decision-making, alignment and leveraging of investments, and the development and delivery of policies, programs and practices.

To become One Fairfax will take continued leadership and intentionality in examining the county's policies, practices, and resource decisions, particularly in the areas of:
- Cradle to Career Success: Ensuring that all children and youth, pre-birth through young adulthood, have access to the education and supports that will allow them to achieve their highest potential.

- Community Health and Well-being: Promoting physical as well as emotional health with consideration given to the conditions in the environments in which people are born, live, learn, work, play, worship, and age in that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Just and Safe Communities: Building trust and nurturing legitimacy across all perspectives/roles to address injustices and threats to one's sense of safety.
- Community Development: Enabling participative democracy and the sustainable development of built and natural environments, transportation/mobility options, and economic opportunities that promote employment and affordability of housing plus other amenities that promotes a high quality of life in every neighborhood.
- Inclusive Prosperity: Genuine opportunities to build assets that enable people to support their basic needs, invest in themselves and their families, and contribute to a strong and growing economy.

Through One Fairfax, the county is challenging the belief and narrative that people of color and low-income are responsible for their disadvantage or that disadvantage is based solely on the actions of bigoted people. Though many overtly discriminatory acts are now illegal, policies applied in previous generations still linger (Who could own a home or a business? Who has wealth to pass on?) Exclusion from opportunity, whether intentional or not, has long term consequences. One Fairfax shifts us to an expanded view of inequity and its basis in structural barriers to opportunity. Inequities must be challenged and dismantled through the collective action of government and community.

With the support of County leadership, Ms. Bruce is working to build an infrastructure to support One Fairfax. It is comprised of the following components:
- Equity Leads are provided with learning opportunities to build their foundational understanding of key concepts and are being guided and supported through the process of engaging their departmental leadership. They will guide leadership and teams through an Equity Impact Planning process involving understanding current context, considering opportunities for impact, determining intended results (in the community), outcomes (within their agencies), and metrics. Other elements of the process include Community & Stakeholder engagement, Communications, and Implementation planning.
- Core Group will bring technical assistance and support to the work of departments (Training, Budget, Procurement, Data, GIS, etc.) and facilitate incorporation of equity focus into key countywide initiatives (Diversion First, Health Integration, Health in All Polices, Economic Success, etc.).

Department Equity Action Plans will be completed by end of calendar year and updated on a TBD schedule.

Residents and community organizations have a vital role to play by embracing the strategic importance of achieving equity for ALL residents, articulating how the doors of opportunity have been opened or closed to them and their neighbors, shifting the narrative, and co-creating the solutions that will shape the structure of opportunity in Fairfax County.

Questions that help individuals and groups apply an equity lens are included in the slide presentation and will be distributed to HCAB members electronically.

One Fairfax is not going to become a reality through the actions of a single person, single department, single organization. It will require collective action and shared accountability. It will require consideration of what we do, why we do it, how we do it, who we do it with, and ultimately the level of impact we have in the wide range of roles and functions we play

Ms. Bruce also recommended the PBS 3-part documentary *Race: The Power of Illusion*, and in particularly the *House We Live In*.

HCAB members welcomed One Fairfax's guidance in documenting the need for affordable senior housing. Ms. Bruce will look for areas of intersection in order to advance the discussion.

Other Business
Dr. Trahos, DO shared a groundbreaking study on the association of early-onset Alzheimer Disease with elevated LDL cholesterol levels.

There being no further business, the meeting adjourned at 9:38 pm.