

## PAC Social Isolation Webinar Transcript

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00:00:05.040 --> 00:00:17.910

Belinda Rogers: Fonda good circle top walking my dogs with girlfriends and Lori clean director post acute care from the University of Iowa Hospitals and Clinics in a zoom. So doing this quite a, quite a popular platform.

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00:00:20.820 --> 00:00:22.050

Belinda Rogers: Welcome, Robin.

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00:00:23.160 --> 00:00:23.940

Belinda Rogers: And

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00:00:25.020 --> 00:00:33.270

Belinda Rogers: Megan from English Valley care center exercise and putting a sunshine time and Wildman like hunting.

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00:00:35.310 --> 00:00:38.220

Belinda Rogers: Dogs include therapy dog that visits.

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00:00:40.200 --> 00:00:44.070

Belinda Rogers: Welcome, Martha zoom with coworkers and distance families.

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00:00:46.470 --> 00:00:56.670

Belinda Rogers: Are just joining us, if you could please chat. Your name, organization, and one thing you're doing to safely combat loneliness or social isolation during Copa night.

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00:00:59.220 --> 00:01:00.690

Belinda Rogers: We'll get started shortly.

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00:01:19.230 --> 00:01:36.690

Belinda Rogers: Friendships in your option encouraging participation and virtual exercise classes. Wonderful. Thank you for sharing and carry the block walking with one for an outside in the early morning perfect early morning before it gets too hot. Thank you for sharing Carrie, welcome.

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00:01:43.260 --> 00:01:58.380

Belinda Rogers: Good Samaritan society for a small outdoor social gatherings with families and friends barbecues can't be said that sounds wonderful and nice welcome spending as much time in the pool of possible. I'm with you. That sounds really good on a hot day.

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00:02:01.860 --> 00:02:04.440

Belinda Rogers: If you're just joining us, please check your name.

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00:02:05.850 --> 00:02:10.410

Belinda Rogers: And when things are doing to safely combat loneliness or social isolation during

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00:02:12.630 --> 00:02:25.980

Belinda Rogers: We'll get started shortly. Karen when men are lots of connecting by social media PHONE TEXT Marco Polo or dress also social distance outdoors visit others who are on board for being sick. Yes.

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00:02:27.810 --> 00:02:30.600

Belinda Rogers: It is a big concern. Thank you for sharing.

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00:02:31.770 --> 00:02:32.640

And granted,

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00:02:34.470 --> 00:02:43.410

Belinda Rogers: Virtual FaceTime enjoy family one on ones in residence drink, that's very nice fancy bonus and path. But while staying in touch with

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00:02:43.920 --> 00:03:04.350

Belinda Rogers: Friends exercising and working in the yard working in the yard gardening good therapy. Something about having your hands in the dirt in the earth. So welcome, we'll get started in just a couple of minutes. Welcome. Hi, I think, oh, OK. Sorry, sorry, Belinda.

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00:03:04.380 --> 00:03:16.080

Meredith Koob: It says America. Thank you so much for being our official breeder this morning. So this morning, or this afternoon, depending on where you're located on here in Denver. So it's still moving for us.

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00:03:16.740 --> 00:03:24.030

Meredith Koob: We're going to go ahead and get started. That we can wrap this up online. Be respectful for all of your time.

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00:03:26.040 --> 00:03:32.820

Meredith Koob: Alright, so thank you so much for joining us today. My name is Meredith to and I'll be your facilitator today.

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00:03:33.360 --> 00:03:43.830

Meredith Koob: This topic of social isolation is heavy at all times, but especially now during the pandemic. We're really fortunate to have best representation today.

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00:03:44.730 --> 00:03:59.910

Meredith Koob: From panelists and experts from each of our four states with varying exposures to those impacted by social isolation. I look forward to introducing each of them here in a few minutes. And it also takes a village.

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00:04:03.690 --> 00:04:13.890

Meredith Koob: Excuse me, takes a village to pull these sessions off and I have a great one with me here today. So we have both Lisa and Risa helping with chat today.

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00:04:14.250 --> 00:04:25.860

Meredith Koob: We also have both of our outstanding intelligent medical directors, Dr. Jane Brock and Dr. Christine rocket to support us and Mary is helping us with technology today.

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Meredith Koob: So intelligent to I connect as a resource for health care quality Innovation and Improvement in each of the four states.

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00:04:34.650 --> 00:04:47.250

Meredith Koob: That we cover to bring resources that are valuable to you as indicated by you. At the current time sessions like today are open to any and all of you that like to join us because we're an open enrollment.

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00:04:47.940 --> 00:04:54.420

Meredith Koob: Everything we do comes at no cost to you, however, open enrollment will end later this year.

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Meredith Koob: And at that time, our offerings will become available only to those who have formally joined us so you can easily sign up using the link that will be added in chat if you haven't joined us already.

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00:05:08.580 --> 00:05:16.140

Meredith Koob: Or you can just simply shoot me an email. Let me know that you want to sign up and I'll do that work for you.

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00:05:17.790 --> 00:05:26.490

Meredith Koob: As you all know, information is rapidly evolving with coven 19 so please be sure you're taking advantage of the avenues listed here on the slide.

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00:05:26.880 --> 00:05:37.410

Meredith Koob: To keep up with those changes. We're here today really to share information and resources, not to give medical advice, so please don't take anything shared today has such

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00:05:38.580 --> 00:05:43.860

Meredith Koob: And we're doing our best to take security precautions very serious week

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00:05:45.150 --> 00:05:55.800

Meredith Koob: And just this in a nutshell says that we're not able to assume liability for any third party content that might be shared via the platform.

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00:05:58.290 --> 00:06:15.960

Meredith Koob: So some of you are here today because you're taking part in our intelligence UI connect age friendly health system learning collaborative breakthrough series not kicked off last week. So you can see here the red arrow on the screen. This is our action one

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00:06:17.250 --> 00:06:22.740

Meredith Koob: Action period one activity. And we also have other streaming us today as well.

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00:06:25.230 --> 00:06:38.790

Meredith Koob: So within the age friendly health system post the topic of social isolation really hits on all four of the M. But most strongly within what matters and mentation

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00:06:40.110 --> 00:06:47.430

Meredith Koob: But weather today is your for your first TV, do I connect session that you've been with us, or you've been so many

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00:06:48.000 --> 00:06:58.470

Meredith Koob: I'm going to again set the stage for today announced that you imagine that we're having coffee or tea with peers and friends. This is not a presentation.

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00:06:58.950 --> 00:07:12.390

Meredith Koob: So the more people we hear from today, the better. We also encourage you to stay tuned up until the end because we have an exciting opportunity for residential and long term care facilities.

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00:07:13.800 --> 00:07:21.300

Meredith Koob: Kind of after the session today. We hope that all of you will be able to differentiate between loneliness and social isolation.

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Meredith Koob: To be able to recognize some of those highest risk for social isolation to understand the impact of social isolation or health outcome and to have collective sharing of resources and solution to address social isolation.

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Meredith Koob: So let's take just a few seconds to hear from all of you. I'm going to initiate this line question if you wouldn't mind sharing your answer to the question.

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Meredith Koob: Which of these activities are you offering or recommending to older adults that you know maybe a tablet or smartphone chatting via zoom FaceTime or other walking yoga polities other exercise talking on the phone regularly with family, friends and our social services.

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00:08:17.460 --> 00:08:25.080

Meredith Koob: All of the above or other. And if you select other you wouldn't mind sharing that in chat.

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00:08:26.460 --> 00:08:29.310

Meredith Koob: And give it just a few minutes to get some good response.

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00:08:44.190 --> 00:08:52.800

Meredith Koob: Very good. Looks like we have a good mix of all of those options. So keep doing your good work. To that end,

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00:09:03.090 --> 00:09:17.430

Meredith Koob: Alright, so the Pam. We have with us today has much deeper experience and expertise even outside of what I'll share here and introductions and their full BIOS will be sent out after the event today with follow up materials.

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Meredith Koob: So Deborah's scope around here are Colorado cumulus is the innovator and creative director of circle pot and evocative conversation program.

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Meredith Koob: Circle talk is based on the field tested and unique curriculum, which introduced introduced this new discussion topics and activities every week.

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Meredith Koob: To engage participants in an experience of meaningful connections forming new community with older adult circle talk is guided by train leaders and has now reached an estimated 1500 older adults. Your Colorado and nationally circle talk happens in many settings where adults gather

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00:09:59.220 --> 00:10:09.330

Meredith Koob: Deb has worked as a program innovator for over 35 years consulting in educational disability juvenile justice and aging system.

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Meredith Koob: And in nonprofit and government sectors her passion is to design and pioneer new concepts that will have a positive social impact.

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Meredith Koob: This includes innovating new best practices and designing training programs and curriculum around these programmatic approaches, she possesses that knowledge in group dynamics organizational development, training and learning systems.

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00:10:34.230 --> 00:10:46.410

Meredith Koob: That believes that we must never underestimate the desire of anyone and, above all, older adults to connect deeply with each other, remain known and continue to tell the stories that maintain their sense of self.

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00:10:48.060 --> 00:10:54.300

Meredith Koob: Dr quail is a grief care and Community Outreach Specialist for seed a memorial and Iowa cremation.

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Meredith Koob: He is an author has extensive experience as an educator and public speaker and as a chaplain for several government agencies, both locally and nationally

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Meredith Koob: Jim is a founding member of the Department of Homeland Security and has been recognized for them for his work during the hurricane crisis in Haiti and Dr qualls recently served as both a first and last responder on West and East Coast.

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00:11:20.550 --> 00:11:37.440

Meredith Koob: At MC 10 was also a loving husband and father at five and proud grandfather have to see their Memorial and Iowa creation. I look cremation rather just passionate about offering innovative and personalized after services.

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Meredith Koob: Jennifer prowess with us from Illinois, and she's a senior living executive advocate and entrepreneur with successful organizations in the older adult industry.

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Meredith Koob: She is the President at elder works educational services and other words offers complimentary services to older adults and their families, including health with navigating senior living option.

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00:12:03.180 --> 00:12:13.470

Meredith Koob: Elder works provides community education support groups but clubs professional continuing education and boots on the ground assistance to any older adult with questions or concerns.

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Meredith Koob: And they also print an expanded expansive, a senior resource directory for all local and federal programming in the one, the wife.

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Meredith Koob: They also have created some programming specific to the pandemic and Jennifer will share a little bit more about that later.

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Meredith Koob: And last but not least we have Heather Duvall joining us from Oklahoma, and she's the Director of Programs for the Oklahoma chapter of the Alzheimer's Association.

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00:12:41.880 --> 00:12:51.930

Meredith Koob: She has over 20 years of experience in nonprofit program management training and higher education field. So in her role she leads the program.

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Meredith Koob: Team to meet their two largest objectives which is increasing the numbers of people reached and improving access to quality dementia care.

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Meredith Koob: One of the things she values most. About her role is connecting caregivers to the resources that will help them navigate the journey of the disease.

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Meredith Koob: As default was raised in rural Oklahoma and has a master's degree in communications from the University of Oklahoma and her bachelor's degree from Oklahoma State University. So

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00:13:21.690 --> 00:13:34.710

Meredith Koob: Thank you so much, all of you for joining us today. So I'm going to kick it off dead, turn it over to you and tell us the difference between social isolation and loneliness.

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Deb Skovron: Well, social isolation is, you know, on a just a very concrete level. It's something that we can see it's very measurable.

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Deb Skovron: And it's a very objective way to look at a person's life and figure out if they are out in the world or not out in the world.

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Deb Skovron: And you can look at things like the size of a person social network, how often people are calling them or they're calling out to family members and friends. Do they have transportation available to get them into social or other kinds of settings and

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00:14:21.090 --> 00:14:33.060

Deb Skovron: Are there resources actually there that a person can take advantage of. So you can just snapshot, look at that and get a sense of whether a person is very withdrawn.

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Deb Skovron: From mainstream life.

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Deb Skovron: Or not. And then loneliness is a very subjective measure. It's when people express how what's going on inside of them and their feelings around connection and whether they desire to have more in their life.

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00:14:54.690 --> 00:14:55.590

Deb Skovron: So that's the

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Deb Skovron: Quick and easy.

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00:14:57.750 --> 00:14:59.370

Deb Skovron: Explanation. You're welcome.

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Meredith Koob: Yeah, that's helpful because we often hear. I think the two terms used interchangeably. So we just wanted to make sure that we called out the difference between those two.

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Meredith Koob: All right, Dr. Brock, the impact of loneliness and social isolation is quite sizable what what really resonates with you to this end.

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Jane Brock: Yeah, thanks. Meredith, and thank you for

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00:15:29.490 --> 00:15:30.330

Jane Brock: Including me

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Jane Brock: In this talk from serious experts, I would just say that in looking at what we know about the health impacts of loneliness and social isolation. It's clear that that both of them.

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Jane Brock: increased mortality and a substantial part of that is related to cognitive decline and mental health outcomes including suicide, which we are going to hear more about on this.

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Jane Brock: Presentation, but it's also strongly associated with all cause mortality and most cause specific causes of mortality like heart disease.

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Jane Brock: And stroke and cancers. So exactly why this is the case, like what is the pathway by which you know social disconnectedness is related to some of these

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Jane Brock: Health outcomes is much less clear. But it's just, it's an exciting it relatively new area of research.

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Jane Brock: Which and so we're now just starting to establish you know standardized ways to measure the severity and degree of things like isolation and loneliness and to be able to use

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Jane Brock: Some of those methods for really assessing the impact of various interventions. And, of course, to develop new interventions. So the pathway is really probably a combination of both practical and as yet unknown.

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Jane Brock: Reasons. So, you know, at least.

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00:16:48.900 --> 00:16:51.780

Jane Brock: Part of the relationship between socially disconnecting

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Jane Brock: And poor outcomes.

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Jane Brock: Is probably circular and iterative so you know people who don't feel good are less likely to feel like socializing.

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00:17:00.180 --> 00:17:11.640

Jane Brock: And people who have who need mobility or sensory support just face logistic challenges in getting to social participation. I want to note that sensory impairments like low vision and hearing deficits.

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Jane Brock: Are not being very well supported by the most commonly use technologies that we are currently relying on in this pandemic to stay connected

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Jane Brock: So, and then, you know, to complete the circle, the less connected. Someone is less likely. There is someone around to notice that they are having a health decline.

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00:17:29.340 --> 00:17:38.160

Jane Brock: Much less prod them to take action, much less potentially provide assistance for getting attention and help for whatever the situation is

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00:17:38.580 --> 00:17:47.850



Jane Brock: So in addition to these practical associations their emerging studies of biomarkers that are showing that isolation and disconnectedness

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00:17:48.450 --> 00:17:56.790

Jane Brock: Increases inflammatory mediators and so inflammatory mediators are associated with vascular damage and response to infections and cancers. So

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Jane Brock: I think this is an area where we're going to see a lot of exploding information over the next few years.

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00:18:01.710 --> 00:18:07.860

Jane Brock: Regardless of what the relationship is and what the biological roots of all of this may or may not be

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Jane Brock: Is also extremely clear that older adults are at much increased risk of having all of these risk factors. So

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Jane Brock: You know, they're more likely to have physical and sensory challenges and chronic disease and that often occurs at the same time.

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00:18:22.080 --> 00:18:36.150

Jane Brock: That they are losing important people in their lives. So anyway, it's a hugely important field and and rapidly developing and I'm just very pleased to be a part of this and to have our guest experts here to help us understand and respond

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00:18:38.160 --> 00:18:39.780

Jane Brock: Thanks so much, Dr. Brock

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00:18:40.800 --> 00:18:49.740

Meredith Koob: So, Jennifer, I'm curious from elder works perspective. What are you seeing in the field with the older adults that you're interacting with during coven 19

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Meredith Koob: Well, we're a little bit different.

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Jennifer Prell: In that one more hand holding up families and seniors. And what we find is those living at home independently without their families are declining much more rapidly than obviously others that are living with family oriented senior community.

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00:19:07.770 --> 00:19:14.910

Jennifer Prell: Without the outside interaction. They're getting sick, they're experiencing memory loss. Some have experienced delusions.

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00:19:16.140 --> 00:19:19.290

Jennifer Prell: They're passing away from the illness is not related to code is

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Jennifer Prell: It is quite distressing. We get seniors calling us just saying please connect me with someone I need, I need to talk to someone, because I can't see anyone

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00:19:28.680 --> 00:19:41.640

Jennifer Prell: senior living in senior communities do receive three meals per day delivered to their apartments, which is nice and at least getting that touch. They also have masks, you know, fun drinking activities which are non alcoholic all the time.

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00:19:42.900 --> 00:19:49.650

Jennifer Prell: And they also get activities delivered to their apartments that they can do independently or they can do from their doorways, which is really made

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00:19:50.880 --> 00:20:04.260

Jennifer Prell: Some of them have tablets or smartphones, they can video conference with their loved ones, which is hugely important. Some have glass windows which I find a lovely, lovely when you can actually talk to them. I love all the videos you see online.

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00:20:05.370 --> 00:20:14.640

Jennifer Prell: In saying that, most social seniors, no matter where they're living our sufferings. We are social beings and those who are isolated are getting depressed.

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00:20:15.300 --> 00:20:26.310

Jennifer Prell: And they do need they need some interactions. So we put some programs in place, we'll talk about later. But if the social seniors aren't seeing their friends and family is going to affect their life negatively as a death, our own

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00:20:28.470 --> 00:20:30.990

Meredith Koob: Thank you Jennifer for sharing that perspective.

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00:20:33.330 --> 00:20:37.710

Meredith Koob: All right, so from the Alzheimer's Association perspective.

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Meredith Koob: Whether we seen that those socially isolated have a nearly 50% increased risk of dementia and the Alzheimer's Association vision and mission clearly call out risk reduction.

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Meredith Koob: Early detection and maximizing support. So can you talk a little bit about the impact of social isolation to caregivers better assisting those with the mentor.

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Heather Duvall: Yes, at the Alzheimer's Association. We look at

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Heather Duvall: Social isolation from a couple of different angles. And so, one would be risk reduction for individuals and then the other one is supporting caregivers and so

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Heather Duvall: And all timers and dementia can be a very isolating disease for caregivers and at initial diagnosis or even throughout the entire disease. There's a lot of stigma still attached to Alzheimer's.

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Heather Duvall: And so sometimes caregivers and families will intentionally shrink their social circle because

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Heather Duvall: They might not want to expose their loved one to others who might be asking questions. I think some of the measurable factors that dead shared are very common and caregivers.

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00:21:46.620 --> 00:21:54.870

Heather Duvall: The size of that network. Maybe the ability to access support groups. So we and with our support groups. We have a lot of support groups.

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Heather Duvall: That connect caregivers to one another so that they can know that they're not alone in the experience that they are having that they can talk through and

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00:22:06.690 --> 00:22:13.830

Heather Duvall: Almost anonymously. But confidentially with people who maybe aren't their loved one maybe sometimes aren't even their family members because

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00:22:14.130 --> 00:22:28.590

Heather Duvall: A spouse caregiver might be very different from an adult child caregiver adult grandchild. And so what they're experiencing is different so offering those different types of support groups are one way that we help connect caregivers to others to reduce that isolation.

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Meredith Koob: Thanks, Heather. And I know every time I lose my keys I get paranoid.

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Meredith Koob: So to that end, what would you have to say to any of us as the age in regards to brain health and deleting that any kind of cognitive decline in the onset of dementia.

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Heather Duvall: Sure. So taking care of your mental health, which would include and depression you know

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Heather Duvall: Managing depression managing anxiety. Those can be seen as factors that can contribute to cognitive decline so managing your mental health.

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00:23:05.130 --> 00:23:14.130

Heather Duvall: And then, increasing the ability to connect with others and we say buddy up you know having that social support system so that you're not alone.

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00:23:14.370 --> 00:23:19.470

Heather Duvall: And whether that's family, friends and people in your congregation, making sure that you're connected

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Heather Duvall: And during you know code quarantine time, you know that we're experiencing everything Jennifer just said you know there and everyone is experiencing some some different layers of isolation but finding ways to connect finding ways to stay plugged in and

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00:23:35.580 --> 00:23:51.660

Heather Duvall: You know, after retirement. A lot of people don't have that same level of social interaction. So making sure that you're finding ways to volunteer or connect is, you know, some of those are all some ways to manage your mental health that can reduce cognitive decline that can lead to dementia.

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00:24:03.030 --> 00:24:04.830

Heather Duvall: I can't hear you, Meredith. I'm not sure.

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00:24:07.320 --> 00:24:14.580

Meredith Koob: Well, let's try this again. How about here about your the resources you have for healthcare professional.

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Heather Duvall: So,

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Heather Duvall: The association has a tremendous free programs and services for individuals caregivers and also for healthcare providers.

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00:24:24.900 --> 00:24:35.130

Heather Duvall: And we have a one 800 number one 802 seven to 3900 that individuals can call to get them connected to any of those resources and I know that we are

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00:24:35.310 --> 00:24:44.790

Heather Duvall: Representing a variety of states. And so the association is national and that one 800 number will connect you to your local chapter which will then connect you to local resources.

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00:24:45.330 --> 00:24:53.460

Heather Duvall: For healthcare providers, specifically, and you saw in our mission statement, you know, you're looking at early detection and diagnosis is a key component to

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00:24:54.060 --> 00:24:59.520

Heather Duvall: Supporting caregivers and to increasing the quality of life for individuals living with Alzheimer's and dementia.

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Heather Duvall: So to do that we need to support the healthcare system. We have a variety of tools diagnostic and management tools we have a free online CME for how to confidently have the conversation around diagnosis detection and care planning, there's

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00:25:16.530 --> 00:25:35.040

Heather Duvall: A code care planning code for individuals to build for and for the care planning for individuals and families facing Alzheimer's and dementia. So a variety of resources there for healthcare providers, a website addresses right there. You can find us and all different ways to

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00:25:36.690 --> 00:25:39.570

Heather Duvall: You have a great resource here as well, which

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00:25:41.340 --> 00:25:46.950

Heather Duvall: Is really helpful to to health care providers. We have a mobile app, there's an app for it. So lots of resources.

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00:25:48.810 --> 00:26:00.750

Meredith Koob: Thank you, Heather. And I just want to mention to participants today that you'll hear a lot of resources mentioned, we will be sending out a compendium document today with all of the resources within the presentation.

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00:26:02.640 --> 00:26:12.540

Meredith Koob: Alright, so there are a few high points I'd like to call out from this information here on this slide, the first being that even prior to the pandemic one in three older adults.

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00:26:12.990 --> 00:26:23.640

Meredith Koob: Were lonely and spending from Medicare is astronomical and estimated \$6.7 billion in additional spending for those that are socially isolated.

153

00:26:24.720 --> 00:26:35.850

Meredith Koob: vulnerable populations that are especially impacted are unpaid caregivers low income individuals and those identifying as LGBT Q

154

00:26:36.630 --> 00:26:46.920

Meredith Koob: So further evidence is needed to directly correlate loneliness and social isolation to suicide ideation. However, you can see on this graph on the right.

155

00:26:47.430 --> 00:26:58.140

Meredith Koob: That ages 65 and up suicide rates do increase. And so there's a lot of cars for many to be curious about that direct correlation

156

00:26:58.950 --> 00:27:18.150

Meredith Koob: So Dr coil from your perspective in providing emotional and spiritual support through grief care and community outreach, you must interact with so many that are just really experiencing wellness and social isolation and really heavy weights. So tell us a little bit about health

157

00:27:19.980 --> 00:27:30.060

James Coyle: Well, first of all, you know, the social isolation isolation due to this cold at 19 endemic has just added a tremendous amount of stressors.

158

00:27:30.540 --> 00:27:37.500

James Coyle: To people that are already suffering with mental health issues and and different things. Because of that separation.

159

00:27:37.920 --> 00:27:47.430

James Coyle: I know I was in New York City for 15 days and saw tremendous amount of suicides even there as a result of everything that was going on.

160

00:27:48.000 --> 00:28:00.060

James Coyle: So I have a picture here of a dog that was stuck. And I've been in Fire and Rescue since 1980 and this is an actual picture of save that we had

161

00:28:00.690 --> 00:28:14.610

James Coyle: To help this dog for being stuck. Now the reason that this picture is so valuable is because there is no way this dog was going to get out of this dilemma without help.

162

00:28:15.300 --> 00:28:25.440

James Coyle: So I had an incredible young lady and she's given me permission to even share her name with your name is Audrey. AUDREY WAS 16 years old is 16 years old.

163

00:28:26.190 --> 00:28:42.030

James Coyle: She found her dad who had completed suicide. A month later, she attempted suicide and I met her at a facility here to to kind of walk beside her, and help her.

164

00:28:42.930 --> 00:28:59.160

James Coyle: Get her life back, so to speak. So we have a diagram here and as you look at this diagram. I want you to notice the individual in the ditch, with a little hearts. So that would be the individual that is stuck.

165

00:29:00.330 --> 00:29:26.040

James Coyle: And there are three types of responses to somebody who is stuck. So the first response you see in the upper left is a person that does not understand the depth in the pain of the isolation and the loneliness that an individual is experiencing. So this person can have a lot of sympathy.

166

00:29:27.150 --> 00:29:41.340

James Coyle: But they might say, you know what, things will get better, you know, and try to comfort with those things, but they just missed the more they don't understand the depth of it. The other individual that you will see down here next to this individual.

167

00:29:42.480 --> 00:29:58.380

James Coyle: This could be a person, a place or thing that becomes part of the problem rather than part of the solution. So if it's a person. This would be a person that could look at and I'm just going to say me because I've been in

168

00:30:00.750 --> 00:30:08.040

James Coyle: This would be a person that will look at me and say, You think you got it bad. Whoa. Well, let me tell you about me.

169

00:30:08.790 --> 00:30:33.510

James Coyle: And then that person becomes almost an anchor to the other person and they're both just stuck it could be a thing like maybe self destructive pattern or behavior or could be an addiction, which could include maybe gambling or over shopping could include alcohol. I'm

170

00:30:35.430 --> 00:30:47.280

James Coyle: That person becomes also part or that thing becomes part of the problem as well. It could be a place. It could be a casino a shopping mall, something like that.

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00:30:47.970 --> 00:30:55.320

James Coyle: But what I really want to focus on on my next couple of minutes. Here is the person that's up on the top, you see that this person is attached

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00:30:55.890 --> 00:31:06.930

James Coyle: To a tree with a rope around the waist offering a lifeline. This person then becomes an incredible resource to the person that's stuck.

173

00:31:07.530 --> 00:31:19.680

James Coyle: So I have an acronym for help this resource brings hope hope allows us to see beyond the circumstances that were in to look above the ditch experience.

174

00:31:20.190 --> 00:31:27.720

James Coyle: The encouragement, as you see the heart there. Maybe you've had somebody giving you a hug and and maybe that not happening now.

175

00:31:28.290 --> 00:31:40.200

James Coyle: But it could be a word of encouragement that just brings a pulse back into a heart that is just not beating and become stagnant and so the encouragement allows us. Now, what

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00:31:41.700 --> 00:31:59.880

James Coyle: The lifelines are those things that we hold on to. And they become that resource, but the P is the most important part that I'm really seeing it in in our situation now with cocoa and that's purpose because people need to have a purpose to live, people can have all the hope.

177

00:32:00.960 --> 00:32:10.710

James Coyle: All the encouragement all their lifelines. But if they don't have a purpose to get out of bed to experience life to want to continue move on.

178

00:32:11.400 --> 00:32:26.010

James Coyle: That becomes the real difficult part. So we, and now I'm including all of you are lifelines to so many people in my world. It's lifelines to elderly who have lost their significant others.

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00:32:26.760 --> 00:32:32.670

James Coyle: But you all of us have this incredible opportunity to be a lifeline. So I'm going to leave you with this question.

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00:32:34.050 --> 00:32:35.340

James Coyle: What is one way

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00:32:36.750 --> 00:32:43.290

James Coyle: That all of you as healthcare providers can determine who most need

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00:32:44.730 --> 00:32:47.430

James Coyle: Your lifeline and other like friends.

183

00:32:48.540 --> 00:32:49.260

James Coyle: Thank you Mary

184

00:32:51.480 --> 00:33:04.050

Meredith Koob: Thanks so much, Dr coil and please pass our appreciation on to Aubrey I know you shared that this was actually her drawing and her depiction of what she was going through in that experience.

185

00:33:05.760 --> 00:33:09.570

Meredith Koob: So really appreciate you painting a picture and that way.

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00:33:12.870 --> 00:33:24.540

Meredith Koob: So identifying who needs the lifeline. There are a couple resources here that we're not going to go into depth with. But here's one of our, our call to action is

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00:33:25.050 --> 00:33:30.450

Meredith Koob: To utilize one of these resources, either for social isolation or for loneliness.

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00:33:31.410 --> 00:33:39.810

Meredith Koob: To maybe start really objectively identifying those that may be at risk or experiencing this and not only with

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00:33:40.260 --> 00:33:46.770

Meredith Koob: The patients and the healthcare system, but also our peers, our loved ones, our colleagues our caregivers.

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00:33:47.490 --> 00:34:02.790

Meredith Koob: And and I just want to make a special point and thinking about care transitions and thinking about those patients who maybe have been in the hospital or they've been in a skilled nursing facility and have had people around them.

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00:34:03.240 --> 00:34:12.060

Meredith Koob: But then become discharged home and maybe they're going to a home where they have no no other person there to support them.

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00:34:13.140 --> 00:34:24.930

Meredith Koob: Especially in these times of Toba really being mindful about those individuals. So, these, these indexes and scales will also be sent with that Compendium document that will share

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00:34:26.820 --> 00:34:40.440

Meredith Koob: Alright. So Jennifer elder works. You mentioned you've come up with a few programs during code to help with this issue of those social isolation curious to hear some of the details about those

194

00:34:42.210 --> 00:34:43.080

Meredith Koob: Well, for

195

00:34:43.110 --> 00:34:54.240

Jennifer Prell: Families are seniors. We put together to make a seniors mile program we bought math and we collect art and drawings and anything that's homemade from children to adults.



196

00:34:54.720 --> 00:34:59.220

Jennifer Prell: And we've been distributing them to low income seniors that are isolated in their apartments or their homes.

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00:35:00.030 --> 00:35:05.490

Jennifer Prell: And and senior communities that don't have activities departments. So it's really independent living and they haven't seen anyone

198

00:35:06.270 --> 00:35:15.390

Jennifer Prell: So that's been very fabulous. We've got we gorgeous cards. We just got a delivery today so simple. I wasn't unfortunately to be distributing those we also

199

00:35:15.900 --> 00:35:24.990

Jennifer Prell: Did some math collection masks for seniors and their homemade math from community members, which means that their mission is to help others we collect this cloth map.

200

00:35:25.530 --> 00:35:34.530

Jennifer Prell: And we distributed over 1700 as a local senior than me. So that's been fabulous, we also started a pen pal program. I know it's so exciting.

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00:35:34.860 --> 00:35:43.350

Jennifer Prell: And a pen pal program for kids to write to seniors and we've actually had people call in saying please connect me with a child. So that's really nice. So those are the three we just put into place.

202

00:35:44.760 --> 00:35:46.170

Jennifer Prell: How fun so

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00:35:46.440 --> 00:35:59.670

Meredith Koob: All of you on the line today. As you've heard, Jennifer talks about some of the things they put into place. We're going to get to a point here where we'll also have sharing from you. So we welcome hearing your ideas and

204

00:36:00.750 --> 00:36:04.170

Meredith Koob: Things that you've tried in the chat as well as we move on.

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00:36:06.330 --> 00:36:15.060

Meredith Koob: Alright, so now, Dad, I'm going to turn it over to you to give us an overview will do more details about circle clock. Okay.

206

00:36:15.270 --> 00:36:16.170

Deb Skovron: Thanks, Meredith.

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00:36:16.920 --> 00:36:17.580

Meredith Koob: Um,

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00:36:18.180 --> 00:36:20.070

Deb Skovron: As we've heard the research.

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00:36:20.280 --> 00:36:44.130

Deb Skovron: Has been really emerging only over the last five to six years that give us a really specific look at the effects of social isolation and loneliness. But one thing that we have been paying attention to are these strategies over on the right that

210

00:36:45.780 --> 00:37:01.440

Deb Skovron: In order for people to feel socially engaged and really valued in their life having purpose and in in the form of some kind of way to connect to others is essential.

211

00:37:01.920 --> 00:37:15.870

Deb Skovron: Of course, having relationships, who doesn't need to have relationships in their life having a stake in the future, or what I would call a reason to get up in the morning is important and

212

00:37:16.500 --> 00:37:37.380

Deb Skovron: Creating community and creating community is is can be very difficult for older adults as they negotiate life transitions of moves and people dying in their lives and just trying to figure out who are the new people in my life. How does that work. So next slide.

213

00:37:39.630 --> 00:37:52.470

Deb Skovron: I'm at circle talk our response in 2011 was a simple one, we said to ourselves that you know we know this law, even though the research wasn't

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00:37:53.730 --> 00:38:00.720

Deb Skovron: facing us the way it is today. We knew that people were suffering from loneliness and isolation.

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00:38:01.230 --> 00:38:12.030

Deb Skovron: And we believe that happiness is the opposite of loneliness and isolation. And so how did we accomplish that. How do we bring that to people's lives. So we created

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00:38:12.810 --> 00:38:28.110

Deb Skovron: A model for engagement, which is a regular meeting once a week for multiple weeks where we have trained leaders that bring people through deep and meaningful discussions.

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00:38:28.590 --> 00:38:46.530

Deb Skovron: That people never thought they would have again in their lives and added that we create healthy groups out of that creates community and friendships and on and on. So that's in a nutshell what we do in circle talk

218

00:38:47.850 --> 00:38:49.200

Deb Skovron: Next slide please.

219

00:38:51.540 --> 00:38:53.790

Deb Skovron: So of course,

220

00:38:55.230 --> 00:39:10.560

Deb Skovron: March of 2020 was just a whack on the side of the head for us at circle talk because everything we did was in a face to face format and the photo. Do you see here is one of our regular groups.

221

00:39:11.910 --> 00:39:28.530

Deb Skovron: That is led by two different train leaders and it's a tight knit soulful group that met for many, many, many months face to face that was not possible. So we pivoted like everyone else.

222

00:39:29.310 --> 00:39:40.620

Deb Skovron: Into a couple of different ways to provide engagement and connection purpose and and just friendships. Next slide.

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00:39:42.930 --> 00:39:47.610

Deb Skovron: So here we are doing a zoom circle.

224

00:39:49.530 --> 00:40:02.820

Deb Skovron: I'm telling you that technical challenges are great, but once we get once we climb that mountain with the help of in senior residences staff people can help us.

225

00:40:03.990 --> 00:40:25.440

Deb Skovron: More and more ways are merging to reach people through we're just, we're going to see an advent of video conferencing that is going to be amazing. In the next year 12 months but I will say that our zoom calls just

226

00:40:26.610 --> 00:40:35.010

Deb Skovron: Bring you to your knees. Because for instance the group we're looking at these people have lived together and assisted living

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00:40:35.550 --> 00:40:48.690

Deb Skovron: For many years, and hadn't seen each other's faces or heard each other's voices and then they are loving getting together in back in our circles again.

228

00:40:49.560 --> 00:41:00.960

Deb Skovron: Sometimes we just see the tops of people's heads, sometimes you know we look up their nostrils because their iPad is in the wrong position, but it works.

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00:41:02.130 --> 00:41:09.240

Deb Skovron: So that's one video conferencing is one way that we're delivering circle talk right now and next slide.

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00:41:10.950 --> 00:41:19.500

Deb Skovron: And phone circles. Yay. Um, I just got off at first phone circle this morning with a group in

231

00:41:20.820 --> 00:41:32.100

Deb Skovron: Boulder County and it was amazing. That connections that can be made with a familiar device we phone into people. They pick up the phone.

232

00:41:32.520 --> 00:41:48.630

Deb Skovron: And it's welcome to circle talk. And then we have a way to order the groups so that people know when they're turned is up and we manage conversations that way. Can I see the next slide, Meredith.

233

00:41:49.800 --> 00:42:10.410

Deb Skovron: And here's what our groups. See we mail them what who's in their group add just follow the follow the arrows, and we have two group leaders at the top, you'll see Meredith that beautiful picture is one of them. Meredith, is actually leading one of our

234

00:42:10.410 --> 00:42:12.270

Deb Skovron: Pilots and

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00:42:12.360 --> 00:42:12.990

Um,

236

00:42:14.820 --> 00:42:15.300

Deb Skovron: And

237

00:42:16.020 --> 00:42:18.990

Deb Skovron: People are finding that they can connect with

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00:42:18.990 --> 00:42:27.480

Deb Skovron: Each other, just using a visual cue like this and then we lead them through our curriculum, again, is someone dinging me

239

00:42:28.620 --> 00:42:30.780

Deb Skovron: Because I could wrap up at this point.

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00:42:32.400 --> 00:42:33.300

Deb Skovron: Now, okay.

241

00:42:34.440 --> 00:42:35.940

risa hayes: Yes, we are a little bit

242

00:42:38.460 --> 00:42:45.210

Deb Skovron: Okay, so I'm going to wrap up. So anyway, video and phone circles and. Next slide. And we'll close

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00:42:46.140 --> 00:43:08.640

Deb Skovron: Up. Here's what we believe we try to live what Desmond Tutu says that a person is a person to other persons I'm human, because I belong, I share I participate. May it be so for all our older adults out there waiting for someone to reach them and connect with them during this time of coven

244

00:43:09.360 --> 00:43:09.990

Thanks.

245

00:43:11.760 --> 00:43:27.000

Meredith Koob: Thank you. Deb, and I'm going to ask for all of your good graces here as I I share just a short two minute video. Let's hear from some that have actually been through circle talk

246

00:43:41.370 --> 00:43:52.770



Oh my gosh, it's wonderful. It sharing it support. It's getting to know people on it on a deeper level. Mainly I think we have talked about our experience is

247

00:43:53.280 --> 00:44:17.070

Where we were born, what what we did. And not only that, but our feelings. How did you feel about this. What was your reaction to this and as we go about our daily business. We don't think about that. But this was a chance for memory to come up

248

00:44:18.420 --> 00:44:19.800

It was just great.

249

00:44:21.420 --> 00:44:28.650

We've learned. We've learned quite a bit about our life's histories and our life experiences and their peaks and valleys.

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00:44:29.790 --> 00:44:30.240

And

251

00:44:32.010 --> 00:44:39.060

It really, we have a better understanding of each other. Maybe shed a few tears together and some laughs and

252

00:44:40.050 --> 00:45:02.370

It really does make a difference. I feel that I can say what I want to say and how I feel. And they protect the safety. I mean that's something that's emphasized feel warm and comforting and and it felt that I belong there. I think I learned that could be part of a group

253

00:45:03.450 --> 00:45:12.630

And I could talk about that. I probably haven't talked about for a long time. The little sign you had and the table.

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00:45:14.280 --> 00:45:20.490

sort of set it all and said we we enter a strangers and neighbors, friends.

255

00:45:22.890 --> 00:45:34.800

You do really created a small community within this ledge community and I never was a joiner. I didn't join things, you know, like other people do and

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00:45:36.930 --> 00:45:43.740

So this community here has meant a lot to me. And it's really enriched my life, my last chapter

257

00:45:52.890 --> 00:45:54.810

Meredith Koob: How about that last statement.

258

00:45:58.440 --> 00:46:06.360

Meredith Koob: With enriching the last chapter of our life is just and having the privilege to lead some of these groups.

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00:46:07.560 --> 00:46:07.770

Meredith Koob: Just

260

00:46:09.090 --> 00:46:09.660

Meredith Koob: It's been

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00:46:11.100 --> 00:46:14.070

Meredith Koob: Been a treasure for me definitely

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00:46:15.960 --> 00:46:20.790

Meredith Koob: And I'm still asking for your patience here. Sorry for the

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00:46:23.760 --> 00:46:27.570

Meredith Koob: My tech glitch will get back on track here.

264

00:46:33.180 --> 00:46:50.490

Meredith Koob: So now it's time to open up and hear from you all. I am not skilled enough to monitor the chat and see what's coming in as we've been talking. So I'm going to hop over to Lisa and see what we have happening in chat so let's

265

00:46:51.750 --> 00:46:54.360

Meredith Koob: Let's open it up for interactive discussion.

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00:46:55.350 --> 00:47:09.360

Lisa Bridwell: Well, I'm going to encourage people if they have any questions to put them in the chat. And the first one that I see here. That's a question and not a comment that we're saying here is how does one become part of the circle talk

267

00:47:15.660 --> 00:47:16.410

Deb Skovron: Is that for me.

268

00:47:17.850 --> 00:47:19.350

Meredith Koob: How does one become part

269

00:47:19.410 --> 00:47:25.410

Deb Skovron: Of circle talk. We go to [circle.talk.org](http://circle.talk.org) we offer virtual

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00:47:25.410 --> 00:47:29.310

Deb Skovron: Courses to train leaders and then we provide you with the entire

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00:47:29.310 --> 00:47:36.720

Deb Skovron: Curriculum and everything you need to know in terms of post training, support to get you started, and virtual circles.

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00:47:42.600 --> 00:47:55.710

Lisa Bridwell: Thank you. And again, I'm not seeing any direct questions here in chat if anybody would like to place a question or we'll, we'll be happy to reach out to you for it.

273

00:47:57.090 --> 00:48:15.150

Lisa Bridwell: Will just give that one moment but Deb. I did have another question that I think came through email. So this is for you again. And the question is, are you doing anything programmatically at this point that is building relationships and interactive

274

00:48:16.620 --> 00:48:19.980

Lisa Bridwell: Opportunity versus like a parallel play type thing.

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00:48:23.160 --> 00:48:29.880

Deb Skovron: WELL, YES. CIRCLE talk is completely in interactive. That's why we

276

00:48:30.240 --> 00:48:31.710

Deb Skovron: Did a little faceplant

277

00:48:32.040 --> 00:48:37.500

Deb Skovron: When coven showed up because we are a face to face engagement program.

278

00:48:38.040 --> 00:48:57.450

Deb Skovron: And now we are developing virtual methods virtual interactive methods over phone conferencing and video conferencing, such as zoom to remain in an interactive not parallel play mode. And I just want to qualify parallel play is

279

00:48:58.680 --> 00:49:15.270

Deb Skovron: Defined is when a group sits and that discussion or the presentation is very one way and and you have receivers and you have presenters were the flip side of that, where it's about interaction discussion and connection. So thank you.

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00:49:19.590 --> 00:49:20.430

Lisa Bridwell: Okay.

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00:49:21.690 --> 00:49:32.520

Lisa Bridwell: Meredith, I think, was an scrolling up. We did have one question here that was shared by Dr. Jane Brock and I think she's just looking for something similar, but she said she's interested

282

00:49:33.720 --> 00:49:51.210

Lisa Bridwell: She's very interested in watching the same movie with her isolated mom, other than being on the phone and agreeing to when you start a movie. Is anybody using a movie sharing apps or How're you remotely doing this together.

283

00:49:53.340 --> 00:50:05.130

Lisa Bridwell: So we're throwing that out there is a question and I'm going to answer that one first. And this is Lisa very well because I am a daily window visitor of my mom in a nursing home.

284

00:50:05.640 --> 00:50:27.870

Lisa Bridwell: And I actually, we tried, seeing if we could watch a movie, not her deal. But what we found that we could do very similar on the phone and watching the same TV show with family feud because we could actually share our opinion of people's responses. And what made it funny.

285

00:50:31.800 --> 00:50:44.790

Jane Brock: Thank you. And someone suggested to me privately, Melissa. I think late them to try Netflix party. And anyway, I this is we should take this offline if it requires the setup.

286

00:50:45.450 --> 00:50:52.140

Jane Brock: Who that's really hard remotely setting up an IT solution with your isolated older adult relatives.

287

00:50:52.590 --> 00:51:04.230

Jane Brock: But anyway, if people have experiences. I just suspect that these kind of technologies are probably starting to explode. I have not kept on top of it. So any and all suggestions would be appreciated, but thank you.

288

00:51:09.450 --> 00:51:24.330

Meredith Koob: Any of you that are with us today, what are, what are some of the things that you have tried in your community, just to gain some type of connection. I know we had a lot of feedback as you are joining this session today.

289

00:51:26.850 --> 00:51:46.770

Meredith Koob: And any other thoughts that come to mind. I know I've heard in one of our northern Colorado communities. They did a kind of a, an appreciation for nursing home workers and did it a haunting car parade essentially went through city and

290

00:51:47.820 --> 00:51:55.410

Meredith Koob: Columns for all the all the workers. Just curious to hear any of your creative thoughts and ideas.

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00:52:02.490 --> 00:52:03.810

Meredith Koob: And so many center.

292

00:52:04.830 --> 00:52:05.730

Jane Brock: Oh, sorry. Go ahead.

293

00:52:06.840 --> 00:52:07.710

Jane Brock: No, go ahead.

294

00:52:09.420 --> 00:52:12.540

Jane Brock: Um, I was curious, Meredith, what with what you know about

295

00:52:13.560 --> 00:52:27.000

Jane Brock: Tablet distribution programs, but believe that that that is ongoing in Colorado, and I assume elsewhere. Do you know how that's going, are we getting actually the that sort of the tools into the hands of isolated seniors.

296

00:52:28.380 --> 00:52:29.820

Jane Brock: There, I think there are a



297

00:52:29.820 --> 00:52:44.310

Meredith Koob: Lot of different both local opportunities and starting to be some national opportunities and actually on our Compendium document. We have a few of those listed. I know, Jennifer, you shared an opportunity

298

00:52:45.780 --> 00:52:50.580

Meredith Koob: And there's another federal under that I believe it's the

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00:52:52.590 --> 00:53:01.800

Meredith Koob: The care is X another federal opportunity, but those, those are specifically included in that Compendium document that will send along after today's session.

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00:53:03.420 --> 00:53:06.780

Meredith Koob: But interested to hear from any participants on

301

00:53:07.860 --> 00:53:20.550

Meredith Koob: The line. If you have taken advantage of any of those and been able to get those devices in the hands of your organization what what means, did you use for that.

302

00:53:27.300 --> 00:53:45.600

Deb Skovron: Meredith, I just want to insert that we of course struggled with the same problem. How do you get devices to people. Do they have internet connectivity, who's going to support them in their home, and that is why we we pivoted to a phone based

303

00:53:46.680 --> 00:53:58.260

Deb Skovron: Option because everybody has a phone. And there's some very nice phone conferencing options that are very low cost that are out there right now.

304

00:54:02.370 --> 00:54:03.390

Lisa Bridwell: Yeah, thank you.

305

00:54:06.060 --> 00:54:07.860

Lisa Bridwell: Jennifer. Yes.

306

00:54:08.250 --> 00:54:14.880

Jennifer Prell: Thank you. I was just going to mention that there's a practice called the grand pad. I make no commission, just be aware

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00:54:15.960 --> 00:54:24.030

Jennifer Prell: But the grand pad is something that's to care for seniors, so they can communicate with our backers their loved ones they play music all sorts of things back and forth.

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00:54:24.300 --> 00:54:29.370

Jennifer Prell: And it's a safe tablet. That's easy for them to use versus just a general tablet.

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00:54:29.760 --> 00:54:39.360

Jennifer Prell: I know a lot of higher end communities have brought tablets in and electronic devices on stands for seniors and older adults, so they can communicate with their families.

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00:54:39.960 --> 00:54:50.430

Jennifer Prell: Unfortunately, when you're talking about the lower income seniors. There's nothing there is nothing that I have seen that is being implemented to help them, which is

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00:54:51.030 --> 00:54:58.200

Jennifer Prell: Very, very sad and troublesome, but unfortunately I don't know about budgets, everyone. Well, we're in Illinois, we have zero budget.

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00:54:59.040 --> 00:55:10.530

Jennifer Prell: About the rest of the country. But if you have the ability to buy a tablet for your loved one or make a donation of a tablet to a lower income community that will be a fabulous. Thanks.

313

00:55:14.400 --> 00:55:16.710

Meredith Koob: I bought in those any marriage. I'm on the

314

00:55:19.020 --> 00:55:19.560

Meredith Koob: Go ahead man.

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00:55:21.360 --> 00:55:27.420

Meredith Koob: Some of the tablet manufacturers themselves have been giving older models.

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00:55:28.440 --> 00:55:31.170

Meredith Koob: Older unsold models. I think Samsung and

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00:55:32.460 --> 00:55:42.750

Meredith Koob: The manufacturer that I specifically thought. So sometimes just reaching directly out to the manufacturers to see if they have any options is

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00:55:43.980 --> 00:55:46.770

Meredith Koob: Available as well. And I see Jim

319

00:55:49.170 --> 00:56:05.190

Meredith Koob: Chatted in about a CMT program. We saw these chat FROM HEIDI that they were gifted to amazon fire tablet for the residents to use by a community member

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00:56:06.120 --> 00:56:22.800

Meredith Koob: I've got an 11 year old and a 21 year old, and I think we probably have five unused iPads and old computers. And so, you know, looking into and research researching who can just scrub those and get them out to folks that need them.

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00:56:25.530 --> 00:56:38.130

Meredith Koob: And then so resigned. What I want to come over to you because along with the devices. The tablets and phones themselves. You can talk a little bit about a neat.

322

00:56:39.210 --> 00:56:42.000

Meredith Koob: ear bud drive that's going on.

323

00:56:43.620 --> 00:56:45.810

risa hayes: Yes, he's me.

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00:56:46.920 --> 00:56:47.730

risa hayes: I'm working with.

325

00:56:49.500 --> 00:56:50.670

risa hayes: A group of folks.

326

00:56:51.270 --> 00:56:52.410

Here in Colorado.

327

00:56:53.850 --> 00:56:56.820

risa hayes: With connections to long term care and other

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00:56:57.900 --> 00:57:10.950

risa hayes: Communities and along with the other technology, some people have trouble just hearing in general just over the speaker on a tablet or computer

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00:57:11.430 --> 00:57:19.440

risa hayes: And need earbuds and some of the homes are obviously seeing that's a problem that's if they're sharing earbuds among several people

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00:57:20.160 --> 00:57:29.490

risa hayes: Having to clean it all the time and they tend to break faster. So we actually just started series fairly simple. Just the earbuds drive, you know, or earphone drives

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00:57:30.300 --> 00:57:40.440

risa hayes: Every time you buy a new phone certainly usually get a pair. And oftentimes if you're like me, I certainly have my favorites. And I often don't use the one that comes with it or

332

00:57:40.830 --> 00:57:50.940

risa hayes: You know, whatever the case might be. We also provided some links to some sites. We tried to be, you know, not endorsing any particular products, but

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00:57:52.590 --> 00:58:03.930

risa hayes: Just to say, hey, if you just want to buy some that seemed fairly decent and are fairly inexpensive and donate them. You can do that as well. And the we set up a

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00:58:05.010 --> 00:58:15.330

risa hayes: Very easy. Google sheets for people to request those earbuds. So you sort of need both the donations. Obviously, as well as

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00:58:16.740 --> 00:58:29.640

risa hayes: Where to distribute them to. So we're trying to communicate on both sides. Please donate your earbuds and if you need air buds, please let us know and we will bring them to you. And it's been working out quite nicely so far.

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00:58:32.430 --> 00:58:34.860

Meredith Koob: Thank you. So, and I in that cm.

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00:58:35.220 --> 00:58:38.730

risa hayes: Encourage you all, it's fairly, fairly easy.

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00:58:41.790 --> 00:58:43.560

risa hayes: I want to hop back over to chat I

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00:58:43.560 --> 00:58:59.640

Meredith Koob: See, Lisa. We familiar. I didn't even know this was an option for says we purchase our own internal TV channel and templates CDs and movies for the residents. So they put those on the calendar so that the residents can tune in.

340

00:59:00.690 --> 00:59:02.670

Meredith Koob: Which is excellent.

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00:59:05.160 --> 00:59:16.530

Meredith Koob: All right, well great sharing. And just a reminder, we'll get these recent resources out to you a few items before we close up here.

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00:59:23.580 --> 00:59:36.300

Meredith Koob: I mentioned in the beginning of the call that we also have Dr. Christine Murata with us, and she works with our nursing home to dr Rocca turn it over to you for just a minute.

343

00:59:37.740 --> 00:59:50.820

17204276379: Thank you, Meredith. So Christine will rocker here. I am so moved by all of you today. Thank you for joining us for this important topic I'm one of the medical directors with

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00:59:51.930 --> 01:00:01.830

17204276379: Jane Brock that you heard from earlier and spent a good many years of my clinical career working in nursing homes, both at the VA and with the Denver.

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01:00:02.460 --> 01:00:13.800

17204276379: Paste program and I have grateful to Meredith that she allowed me to do kind of the big thank you shout out to all of you. So I want to say on behalf of intelligence.

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01:00:14.760 --> 01:00:27.840

17204276379: This is our opportunity to express our admiration and give a special shout out to long term and residential care facilities for your commitment to quality care and these really difficult Kovac 19 times

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01:00:28.560 --> 01:00:38.250

17204276379: We've been talking about movies, and I had to laugh about Jane saying that her maybe her mom was tech challenged my 22 year old says that my smartphone is smarter than I am.



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01:00:38.790 --> 01:00:47.250

17204276379: Which is really kind of an Ouch. But anyway, it might be true. So I'm not sure I could figure out a distant movie either. But when we think of movies. I think of

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01:00:47.730 --> 01:00:56.820

17204276379: You're going to picture Lord of the Rings right now because when we think of you and your sacrifices. I think of these words and they come from our heart to yours.

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01:00:57.270 --> 01:01:16.800

17204276379: That you are heroic valiant courageous brave bold resolute those might you sound like words that you use to describe soldiers, but that's really from our heart, two years of the great work that you're doing what we're learning from you.

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01:01:17.850 --> 01:01:30.720

17204276379: As you care for people that are really at the highest risk for the worst Kovac 19 outcomes. And so I thank you. We thank you we care about you, your efforts are noticed and your appreciate it. And thanks for joining us today.

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01:01:33.120 --> 01:01:47.070

Meredith Koob: Thank you so much stuff dollar office and we just, you know, our appreciation absolutely extends beyond residential and learn long term care facilities. All of you are dealing with really tough times right now.

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01:01:48.900 --> 01:01:58.650

Meredith Koob: We just know that you all in residential and long term care experiencing a lot of loss and a lot of really hard times, right, noon, so

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01:01:59.220 --> 01:02:07.470

Meredith Koob: With that part of what dead and circle talk has been so extremely gracious to offer and

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01:02:08.370 --> 01:02:18.300

Meredith Koob: Circle talk is especially powerful in residential and long term care settings where participants are able to continue their relationship with those in the circle, even beyond

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01:02:18.810 --> 01:02:28.470

Meredith Koob: The, the eight work eight week session that they go through together. So those of you in residential in long term care facilities. Listen up, because this is for you.

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01:02:29.550 --> 01:02:34.530

Meredith Koob: And we will be giving five circle group.

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01:02:35.700 --> 01:02:41.610

Meredith Koob: A way to five different long term care and residential

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01:02:43.200 --> 01:02:53.160

Meredith Koob: care facilities. So the criteria here on the screen, you must be residential or long term care facility that takes care of them have Medicare residence.

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01:02:53.790 --> 01:03:03.480

Meredith Koob: There will be one award purchase elegant state Colorado Iowa Illinois am Oklahoma and then one additional have any of those four states.

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01:03:04.020 --> 01:03:11.940

Meredith Koob: And this will be determined solely by the timestamp on the interest form that is sent out by close of business today.

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01:03:12.270 --> 01:03:22.950

Meredith Koob: There, there are criteria that have to be met in order for the circle to happen successfully and so that interest form will walk through that set of criteria.

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01:03:23.730 --> 01:03:42.810

Meredith Koob: And you all will get the message at the same time and follow up to the event today. So we hope to find a handful of you that are interested in testing this out. It just, it is really powerful to see that experience of those folks go through that together.

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01:03:43.890 --> 01:03:45.960

Meredith Koob: So Dr coil shared a few of his

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01:03:47.730 --> 01:04:00.750

Meredith Koob: Quotes thoughts that came to mind for him as we're dealing in these difficult times this quote saying self care is giving the world, the best of you instead of what left of you.

366

01:04:02.100 --> 01:04:10.980

Meredith Koob: Professionals. All of you are also at risk for isolation. So we need to remember to take care of ourselves as much as we're caring for others.

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01:04:12.600 --> 01:04:25.920

Meredith Koob: And these pandemic times are extremely hard, but usually there's at least one star in the sky that we can find. So just a quick reminder to work hard to find those stars.

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01:04:27.120 --> 01:04:35.010

Meredith Koob: Are upcoming events here are listed on the screen. We have the rest of our age friendly health system learning collaborative event.

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01:04:35.760 --> 01:04:55.770

Meredith Koob: Which includes the learning sessions and also the the forum action period and those action periods will start to vary by state because we'll be holding those individually to support each of our state moving forward. You can always find those events on our calendars there on that link.

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01:04:57.930 --> 01:05:05.730

Meredith Koob: Up next, and morning session to within our learning collaborative, we'll be diving deeper into what matters and meditation.

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01:05:07.830 --> 01:05:16.860

Meredith Koob: Yeah, and just really want to thank, again, all of our amazing panelists, the expertise and the passion that you have to share with us is

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01:05:18.480 --> 01:05:30.330

Meredith Koob: Just moving really in these times that everyone is really struggling to stay safely connected very appreciative for what you had to share with us today.

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01:05:31.020 --> 01:05:38.820

Meredith Koob: To all of you as participants. Thank you so much for the heart and soul that you put into taking care of the patients that you serve.

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01:05:39.510 --> 01:05:50.520

Meredith Koob: And just want to remind you to please take a moment to complete the event assessment so that we know how well we met your needs. With this event and how we can do better, moving forward.

375

01:05:51.540 --> 01:05:58.920

Meredith Koob: With that, I'm going to close it out and hope that you all have a great week. Thanks so much for joining.