

Age is Not a Diagnosis: Reframing Aging and Ageism

1

00:00:12.450 --> 00:00:25.560

Belinda Rogers: Good afternoon. Welcome, we'll get started momentarily. But if you could please use the chat box and enter your name and organization and maybe something fun that you like to do during the summer.

2

00:01:05.100 --> 00:01:16.470

Belinda Rogers: Good afternoon, everyone is joining welcome, we'll get started momentarily. If you could please enter your name and organization and maybe something that you like to do fun during the summer.

3

00:01:32.130 --> 00:01:35.970

Belinda Rogers: Here bunch of fun things are going camping.

4

00:01:43.590 --> 00:01:45.030

Belinda Rogers: Relaxing on the deck.

5

00:01:46.200 --> 00:01:46.650

Belinda Rogers: I love it.

6

00:01:48.180 --> 00:01:50.130

Belinda Rogers: hiking in the Rockies. Thank you, Michael.

7

00:02:00.900 --> 00:02:02.910

Belinda Rogers: Yes, social distancing, for sure.

8

00:02:06.450 --> 00:02:07.290

Belinda Rogers: Thank you, Felicia.

9

00:02:16.080 --> 00:02:29.640

Belinda Rogers: Welcome everyone will get started in about a minute if you could please as you're entering your please enter in chat, your name and organization and something that you like to do that's been in summertime.

10

00:02:39.690 --> 00:02:41.100

Belinda Rogers: Baking. That's great.

11

00:02:47.370 --> 00:02:50.280

Belinda Rogers: Keeping flowers alive. That's always a challenge.

12

00:02:55.890 --> 00:03:05.310

Belinda Rogers: I think we still have folks that are joining, but I think we'll go ahead and get started. For the sake of time, we know time is very valuable. So good afternoon.

13

00:03:05.880 --> 00:03:12.480

Belinda Rogers: Or morning for some, I am, thank you for joining us today. I'm Belinda Rogers and I am a Senior Program.

14

00:03:13.080 --> 00:03:17.820

Belinda Rogers: Quality Improvement facilitator with elegant and I'll be serving as your facilitator today.

15

00:03:18.360 --> 00:03:26.880

Belinda Rogers: This is part one of our two part webinar series on reframing aging in ages and we look forward to hearing from our esteemed panelists today.

16

00:03:27.180 --> 00:03:37.410

Belinda Rogers: There'll be sharing their expertise on ageism and the impact it has to the health of our older adults and the importance of reframing the narrative or how we be this population.

17

00:03:37.950 --> 00:03:50.280

Belinda Rogers: I also want to acknowledge the team of support. I have with me today, including Dr. Jane Brock, one of our outstanding TV medical directors and staff team members Kate Christian in

18

00:03:50.940 --> 00:04:06.510

Belinda Rogers: Recess sherry and Christian I this is an interactive event. So we encourage you to utilize the chat function as you did when you entered to ask questions and share comments as we proceed during this event. Next slide please.

19

00:04:07.800 --> 00:04:12.780

Belinda Rogers: For those that are not familiar with intelligent. We are the quality innovation network.

20

00:04:13.890 --> 00:04:23.910

Belinda Rogers: And quality improvement organization or two I into Iowa for the state of Colorado, Illinois, Iowa and Oklahoma and our purpose is to provide

21

00:04:24.390 --> 00:04:32.040

Belinda Rogers: The efficiency, effectiveness and quality of service delivered to Medicare beneficiaries and improve that care. And we do that by

22

00:04:32.340 --> 00:04:43.620

Belinda Rogers: providing technical assistance and convening Learning and Action networks at no cost to support quality improvement at the community level and our services are paid to the Social Security Act.

23

00:04:43.980 --> 00:04:48.600

Belinda Rogers: We're asking that you take two minutes during this call to join intelligence. If you haven't already.

24

00:04:48.930 --> 00:05:00.360

Belinda Rogers: Done so it will be much easier for us to offer assistance and communicate offerings, such as this, if you're already connected with QA TV queue I connect. Next slide please.

25

00:05:01.230 --> 00:05:04.140

Belinda Rogers: We also have this option for you to join us.

26

00:05:04.620 --> 00:05:14.190

Belinda Rogers: We know you're extremely busy and has limited bandwidth and time so simply email us and let us know. You want to join challenging to connect and will complete the registration for you.

27

00:05:14.460 --> 00:05:29.520

Belinda Rogers: You can also let us know through the chat function today that you'd like to sign up and we'll take care of it for you. I've also included my email address and you can email me directly, besides will be provided to you after the call. Next slide please.

28

00:05:30.930 --> 00:05:38.640

Belinda Rogers: With rapidly changing environment and information. Today's content is going to reflect information as of today, July eight,

29

00:05:38.970 --> 00:05:47.490

Belinda Rogers: Please note that with the constantly evolving changes to the information is very important for you to continually check the CDC most up to date guidance.

30

00:05:47.820 --> 00:06:01.650

Belinda Rogers: As well as the guidance from your state and local health department CDC guidance for Kobe 19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. Next slide please.

31

00:06:02.790 --> 00:06:15.420

Belinda Rogers: Tell us, in case of a are all available steps to provide secure use of this video conferencing platform we share this disclaimer regarding the links to the other website or third party content. Next slide please.

32

00:06:17.190 --> 00:06:30.570

Belinda Rogers: I'd like to pause and play a very brief video that forms the basis and provides perspective on this issue of ageism and how we view older adults, if you could please play the video.

33

00:06:55.980 --> 00:06:58.380

Time 40 to 7174

34

00:06:59.730 --> 00:07:11.400

I'm ready. Okay, so we're just going to talk, you're going to show me stuff during my glasses. I'm going to show you some slides and I'd like you to fill in the blank and put the word for her age at the end of the sentence.

35

00:07:16.710 --> 00:07:20.880

She has flawless skin for her age. Beautiful, beautiful or her age.

36

00:07:23.130 --> 00:07:31.500

She looks better than most 20 year olds for me. She looks great. She is beautiful years for her age.

37

00:07:32.970 --> 00:07:37.350

And burlesque. I love it. That might be a little bit inappropriate for her age.

38

00:07:38.430 --> 00:07:43.860

Amazing for age she was a look. Hurry. She's pretty high for her. It's her it's her age, age.

39

00:07:45.090 --> 00:07:51.690

I'm going to show you some other slides. Now I'm just going to ask you to read the sentences that we provided for you. Okay.

40

00:07:59.580 --> 00:08:04.230

She dances well for a white girl that's not nice at all. It's just ridiculous.

41

00:08:05.970 --> 00:08:06.690

emigrant

42

00:08:07.980 --> 00:08:11.010

That so gross. She's funny for an Asian

43

00:08:13.770 --> 00:08:20.790

Oh my god, they're getting worse. Well, this girls have Asian and me and her dad are pretty freaking funny. So she's gonna be funny.

44

00:08:23.190 --> 00:08:28.500

She's pretty for a thick girl hate that is not being defined

45

00:08:30.300 --> 00:08:31.230

By your size.

46

00:08:32.250 --> 00:08:32.970

Yeah, I hate that.

47

00:08:34.350 --> 00:08:36.390

She drives well for a woman.

48

00:08:38.070 --> 00:08:43.650

You can't think like that and then you bring up your kids like that, then you have a society like that. We got another one.

49

00:08:47.100 --> 00:08:51.870

We are low score for age. I didn't expect this to fall apart.

50

00:08:53.970 --> 00:08:59.670

Luvetta Abdullah: They're all the same. Now mind it in ignore it. I'm guilty. I say for her age, all the time. It's harder to look good.

51

00:09:00.180 --> 00:09:08.550

Luvetta Abdullah: In your late 40s. You can be hot at 23 and just roll out of bed. Sometimes I think it's good. And sometimes I don't.

52

00:09:08.820 --> 00:09:14.820

Luvetta Abdullah: Realize, I was really insulting anybody because it's only because if someone says it to me. I think it's good. It's not a compliment.

53

00:09:15.360 --> 00:09:23.700

Luvetta Abdullah: It's really like a backhanded compliment I think it is a bias. People are labeled by their age, I guess, for her age is more commonly accepted.

54

00:09:24.210 --> 00:09:34.020

Luvetta Abdullah: This is okay to say, which is like, why you look good as a lovely compliment, but to qualify it you're saying, well, in comparison to the mainstream of duty.

55

00:09:34.410 --> 00:09:43.440

Luvetta Abdullah: YOU DON'T LOOK GOOD, BUT YOU LOOK GOOD FOR how old you are integrating I think everyone should understand this. I think people will be treated differently. So you're good period.

56

00:09:44.130 --> 00:09:54.690

Luvetta Abdullah: No don't have over age. Now I'm going to leave it for your age part off, unless you're asked these questions. I don't think you have the mind to start this conversation. You know what everyone's kind of get older.

57

00:10:13.980 --> 00:10:21.180

Belinda Rogers: Some of you might have seen that video floor and and like I said it Reno, the shot was a little bit off, but I think it

58

00:10:21.600 --> 00:10:32.040

Belinda Rogers: Hurts as a powerful reminder for us all about ageism and discriminate Tory remarks, even when we are being unintentional in our thought process.

59

00:10:32.640 --> 00:10:40.650

Belinda Rogers: Next slide please. Thank you. He is fastly president in our society in transcends all levels of health care at TV are there.

60

00:10:40.980 --> 00:10:50.700

Belinda Rogers: Is to build out in the financial foundation lens of viewing health disparity rural communities and vulnerable populations as a sense of focus and all of our efforts.

61

00:10:51.150 --> 00:11:00.270

Belinda Rogers: Addressing these is integral to achieving success and moving the needle on improving care for Medicare beneficiaries and their families. Next slide please.

62

00:11:01.860 --> 00:11:15.870

Belinda Rogers: This infographic does a nice job of drawing attention to the health disparities increased cost and spending and overall health of older adults resulting from the inequities of ageism. Next slide please.

63

00:11:25.800 --> 00:11:35.910

Belinda Rogers: Today, today's event will focus on these topic areas which are panel will discuss will talk about defining ages and what it is implicit bias and the impact older adults.

64

00:11:36.270 --> 00:11:45.510

Belinda Rogers: Will talk about the reframing aging initiative and submit a research and recommendations and then understanding the stigma of ageism and how that relates to mental health.

65

00:11:46.380 --> 00:11:51.210

Belinda Rogers: Next slide please. And now it's my pleasure to introduce today's panel.

66

00:11:51.780 --> 00:12:01.920

Belinda Rogers: pennycook is the President and CEO of Pioneer network. A 23 year old nonprofit organization dedicated to changing the culture of aging and enhancing the quality of life.

67

00:12:02.250 --> 00:12:20.010

Belinda Rogers: For those who live and work in long term care communities for over 28 years she has provided education, training and advocacy related to the care and support of elders and he is passionate about helping us all value and respect our aging as well as the Western

68

00:12:21.030 --> 00:12:30.660

Belinda Rogers: Patricia be Antonio is vice president of professional fairs for the Darren illogical Society of America or GSA and is a board certified geriatric pharmacists.

69

00:12:31.080 --> 00:12:40.560

Belinda Rogers: Trish is responsible for developing and managing GSA relationships with other organizations in the agent Marina and leaving majors society programs and projects.

70

00:12:41.070 --> 00:12:50.910

Belinda Rogers: She direct DSA policy initiatives through the National Academy on an aging society GSA non partisan Public Policy Institute.

71

00:12:51.330 --> 00:12:55.290

Belinda Rogers: Additionally, she serves as a project director for the reframing aging initiative.

72

00:12:55.710 --> 00:13:05.430

Belinda Rogers: A long term social change and Deborah designed to improve the public's understanding of what agent me and in many ways that older people contribute to our society.

73

00:13:06.090 --> 00:13:11.880

Belinda Rogers: And finally, we'll hear from Karen, or is he who is the director of the Oklahoma mental health and aging coalition

74

00:13:12.150 --> 00:13:18.840

Belinda Rogers: She served as a chair in the state planning and advisory council for the Oklahoma State Department of mental health and substance abuse services.

75

00:13:19.440 --> 00:13:27.210

Belinda Rogers: serves on the Oklahoma behavioral health advisory council and executive team member on the National Coalition on mental health and aging.

76

00:13:27.690 --> 00:13:35.100

Belinda Rogers: She is a challenging beneficiary and family advisory council members and also a member of intelligence Governing Board.

77

00:13:35.490 --> 00:13:48.540

Belinda Rogers: A full bio leads lady tab, much more and behind them, but a full bio of our speakers will be provided with the slides for this presentation. And now I will turn it over to Penny, welcome.

78

00:13:49.740 --> 00:13:52.920

Belinda Rogers: Thank you so much, Belinda, I appreciate being here.

79

00:13:53.610 --> 00:14:01.020

Penny Cook: So I just want to say, I think that video that you showed is really a great introduction to our discussion today.

80

00:14:01.590 --> 00:14:12.210

Penny Cook: Ages feelings and attitudes may sneak up upon us before we even know it. And sometimes we don't even realize when it happens. And I think that that video illustrates that

81

00:14:13.140 --> 00:14:17.400

Penny Cook: And so here's some additional context for our discussion of ageism today.

82

00:14:18.060 --> 00:14:29.910

Penny Cook: Aging is not a destination, but it's an individual journey and always a work in progress. And I'd like us to remember that and really to remember the word individual

83

00:14:30.390 --> 00:14:41.220

Penny Cook: This journey of aging is just like the path of life is personal. And it's different for all of us. So I'd like us to remember that as we begin our time together today. Next slide.

84

00:14:47.190 --> 00:14:57.150

Penny Cook: So here's the question at hand. What exactly is ageism and there's multiple definitions. So I want to share some of the ones that resonate with me.

85

00:14:57.870 --> 00:15:09.750

Penny Cook: And if people search that they'll come up with. So the first is from Merriam Webster, it's a prejudice or discrimination against a particular age group, and especially the elderly.

86

00:15:10.350 --> 00:15:20.370

Penny Cook: And I put that in single quotes, because that's really not a word that I like to use. And I think that it's a word that we're trying to move away from

87

00:15:21.450 --> 00:15:32.790

Penny Cook: It's also defined as a stereotyping prejudice and discrimination against people on the basis of their age, and that's from the World Health Organization that has an ages of initiative.

88

00:15:34.050 --> 00:15:42.480

Penny Cook: It's also defined as an unacceptable behavior that occurs as a result of the belief that older people are have less value than younger people.

89

00:15:43.020 --> 00:15:54.150

Penny Cook: And I really think that this one highlights the issue of ageism the best for our discussion today because we're going to be talking about ageism that occurs as a result of growing older.

90

00:15:54.570 --> 00:16:07.050

Penny Cook: Or in other words ageism against older people, but I think it is important for us to remember as you saw in these in these definitions that ageism can occur as a result of being any age.

91

00:16:07.410 --> 00:16:13.050

Penny Cook: You know, some of you may have had the experience I did of being stereotyped or maybe having

92

00:16:13.680 --> 00:16:27.090

Penny Cook: Some prejudice against us when we were younger, as well. I remember when I started off my career as a social worker fairly young and for many years. I felt the need to prove myself. And that's a pretty common thing.

93

00:16:28.140 --> 00:16:35.370

Penny Cook: But also I received comments about my young age, about my lack of experience and particularly life experience.

94

00:16:35.730 --> 00:16:50.520

Penny Cook: People making those comments didn't know me. They didn't know what I had or had not experienced in life and instead they were generalizing and categorizing me because of my age, so we'll keep that in mind as we go through this as well. Next slide.

95

00:16:58.260 --> 00:17:10.950

Penny Cook: This is one of my favorite definitions of ageism the fear of our future selves. And let's think about that for a moment. Fear of our future selves.

96

00:17:13.110 --> 00:17:22.020

Penny Cook: I think that's really what ageism is all about. And when we think about it. It is the only ism that affects all of us.

97

00:17:23.460 --> 00:17:24.030

Penny Cook: Next slide.

98

00:17:31.830 --> 00:17:40.440

Penny Cook: So where does the fear come from. Well, I would say, it comes from what we see in and imagine our lives to be as we grow older.

99

00:17:41.070 --> 00:17:50.490

Penny Cook: You know, go down the greeting card. I'll have any store and try finding a humorous greeting card that doesn't make fun of or mock age.

100

00:17:51.090 --> 00:18:02.340

Penny Cook: are fine. The MILESTONE. BIRTHDAY section at a party supply store. Not only will you see black balloons and decorations for your birthday celebration of 30 or 40 or 50 years

101

00:18:02.640 --> 00:18:10.110

Penny Cook: You'll also see canes and cloth diapers and other items making fun of what happens to some people as they grow older.

102

00:18:10.710 --> 00:18:15.270

Penny Cook: And continents decreased ability to drive the need for walking AIDS.

103

00:18:15.960 --> 00:18:24.210

Penny Cook: And we've even formalize the way we teach children about aging with some schools holding celebrations like dressed like 100 year old day

104

00:18:24.660 --> 00:18:35.490

Penny Cook: I don't know if any of you have seen this or have experienced it with your children. And this is to celebrate the hundredth day of school children are asked to dress like 100 year old person.

105

00:18:36.090 --> 00:18:48.840

Penny Cook: And you can find suggestions on Pinterest. There are many of them, you'll see children wearing gray wigs and pink sweaters and pants that are too short and pictures of children hunched over using canes.

106

00:18:49.560 --> 00:18:54.900

Penny Cook: And I just asked you, is this what we really want to be teaching our children about growing older.

107

00:18:56.130 --> 00:19:05.130

Penny Cook: Because when people are asked why they fear growing older. There's really a very common response. And it's usually based on a fear of loss.

108

00:19:05.670 --> 00:19:10.830

Penny Cook: I don't hear people say they're afraid of their hair becoming gray or having more wrinkles

109

00:19:11.280 --> 00:19:25.470

Penny Cook: What I hear is the fear of the loss of ability, whether cognitive or physical. It's a fear of losing the ability to remember to think clearly to walk to care for oneself. And really, the list goes on.

110

00:19:26.130 --> 00:19:43.920

Penny Cook: And because of this response from so many I would venture to say that ageism wouldn't be so ever present if it weren't for its partner ableism and that's a word I want to talk about a little bit because it's not necessarily used in our vocabulary that much. Next slide.

111

00:19:51.750 --> 00:19:58.410

Penny Cook: Ableism really characterizes and discriminates against people based on their abilities or their disabilities.

112

00:19:58.800 --> 00:20:09.600

Penny Cook: And if you think about our society and the difficulty. People have getting around our infrastructure with a wheelchair or a cane or a walker you'll begin to imagine ableism.

113

00:20:10.320 --> 00:20:16.710

Penny Cook: And just think about your own reaction. If you encounter someone who is not particularly as as able as you are.

114

00:20:17.550 --> 00:20:28.890

Penny Cook: In our society, we tend to value doing we tend to value ability and that creates very ablest attitudes and as people grow old.

115

00:20:29.700 --> 00:20:35.250

Penny Cook: Sort of illness or disease or a loss of ability. It really can be a double stigma.

116

00:20:35.730 --> 00:20:46.290

Penny Cook: Think about our negative ideas about aging sometimes and how we look at people that don't have the same ability as we do, and you can just imagine how those two things.

117

00:20:46.830 --> 00:20:59.400

Penny Cook: Together can have such a negative effect. And I really believe that ableism is just as prevalent and are prevalent as ageism especially in settings where older adults receive Karen support.

118

00:21:00.030 --> 00:21:05.850

Penny Cook: Maybe you've had the experience of working in a continuing care retirement or life plan community.

119

00:21:06.510 --> 00:21:18.810

Penny Cook: And you have seen people who live in the independent living area that have very definite feelings about not eating with or socializing with or visiting people who live in the nursing home.

120

00:21:19.350 --> 00:21:27.840

Penny Cook: There are some communities that even prefer not to have people who use wheelchairs living in their community. And that's the epitome of this definition above

121

00:21:28.020 --> 00:21:30.090

Penny Cook: The fear of our future selves.

122

00:21:32.490 --> 00:21:33.540

Penny Cook: Next slide please.

123

00:21:39.270 --> 00:21:56.520

Penny Cook: So what's the impact on older adults older adults. And really, all of us. And I say that because this conversation does affect all of us. We're all growing older every day. So this isn't an us and them discussion.

124

00:21:57.000 --> 00:22:04.500

Penny Cook: I would challenge us to look at ageism with one set of eyes as we're all on the spectrum of aging.

125

00:22:05.310 --> 00:22:13.410

Penny Cook: But there are some particular negative effects on older adults and Belinda showed an infographic that introduce some of them.

126

00:22:14.190 --> 00:22:29.370

Penny Cook: There are demonstrated negative health outcomes when were discriminated against and stereotyped because of age and also with a deficit minded approach. Studies have shown a decrease lifespan and especially harmful cardiac stress.

127

00:22:30.870 --> 00:22:42.630

Penny Cook: Sometimes as we grow older, our health concerns aren't validated by medical providers as some people grow older, doctors may blame symptoms and illness as just what happens when you get older.

128

00:22:43.020 --> 00:22:53.430

Penny Cook: And yes, there are some physical changes that are likely to happen to all of us, whether it's changes with our eyesight or hearing or what if we have a do

129

00:22:54.420 --> 00:23:10.650

Penny Cook: Hard physical labor when we're younger or plan tense boards, we may have those issues. But just like when we're younger. Everyone should not be lumped together and stereotyped individualistic individual assessments of symptoms have to occur.

130

00:23:11.880 --> 00:23:24.090

Penny Cook: In a deficit focused attitude towards aging might be a self fulfilling prophecy when we feel like we're not as respected as we get older and may become self fulfilling that we experienced decline as we age.

131

00:23:24.480 --> 00:23:40.200

Penny Cook: I'm shocked. Sometimes in my own mother who's 86 years old when she says I'm old. That's why my balance is bad or I'm old. That's why I painted my hands or probably the worst that I hear her say I'm old. Nobody expects me to be able to do that.

132

00:23:42.090 --> 00:23:51.480

Penny Cook: ageism can also lead to a decreased engagement and lack of control over personal health if we're feeling negative so societal pressure about growing older.

133

00:23:51.750 --> 00:24:06.810

Penny Cook: We may tend to disengage with others and feel that we're not in control of our own health and well being that it doesn't really matter. And this is true of people living in all types of settings from their own family home to assisted living communities to nursing homes.

134

00:24:07.830 --> 00:24:20.670

Penny Cook: And last older adults may also develop an attitude of dependency and you may have seen that when people are telling you that you can't do things or doctors are talking to your family members, instead of talking to you.

135

00:24:21.150 --> 00:24:30.300

Penny Cook: And society has a paternalistic attitude, thinking that they know best about your safety and the risks, you should take dependency can be prevalent.

136

00:24:31.440 --> 00:24:37.890

Penny Cook: And there's so much more. And so, my time is up. And I'd like to toss it to one of my co presenters.

137

00:24:40.140 --> 00:24:40.950

Penny Cook: Thank you, Penny

138

00:24:41.010 --> 00:24:47.010

Belinda Rogers: I'll jump in really quick for that valuable information. I do want to acknowledge that we are having a little bit of

139

00:24:47.310 --> 00:25:04.680

Belinda Rogers: Lag Time on advancing the slides and we appreciate your patience. That's just one of the things when we're using a zoom platform, along with everyone else that's working from home. So we do appreciate your patience and now I will turn it over to you. Patricia be Antonio Patricia welcome.

140

00:25:05.370 --> 00:25:09.630

Trish D'Antonio, GSA: Thank you so much. Thanks to Linda and thanks TV for inviting us to be here.

141

00:25:10.380 --> 00:25:19.770

Trish D'Antonio, GSA: Quickly. Today I'm going to run through a little bit of what is the larger program of the reframing aging initiative, which is a long term social change endeavor.

142

00:25:20.250 --> 00:25:30.600

Trish D'Antonio, GSA: And I stress long term and I stress that it's a social change endeavor, it's evidence based and it's designed to change the public's

143

00:25:30.870 --> 00:25:31.950

Trish D'Antonio, GSA: Understanding of

144

00:25:31.980 --> 00:25:43.620

Trish D'Antonio, GSA: Aging and I speak to you today on behalf of the giant illogical Society of America, on behalf of the leaders of aging organizations who in 2012 and 2013 sat together and said,

145

00:25:43.800 --> 00:26:00.570

Trish D'Antonio, GSA: You know, what is this issue that keeps us all from advancing in our, in our work and the other organizations are organization national organizations that are familiar to you. The American society on aging American geriatrics society American Federation for aging research.

146

00:26:01.620 --> 00:26:16.980

Trish D'Antonio, GSA: And CLA National Hispanic Council on Aging AARP and grantmakers in aging and we're generously funded by the John Hartford foundation Arch Stone foundation Scan Foundation and our f the foundation for aging with additional support.

147

00:26:17.580 --> 00:26:22.740

Trish D'Antonio, GSA: From some local and regional funders and I'll just mention them quickly because we wouldn't be able to do our work without them.

148

00:26:23.100 --> 00:26:31.500

Trish D'Antonio, GSA: And that's the endowment for health next 50 rows Community Foundation tops health plan Foundation and the San Antonio area foundation

149

00:26:31.860 --> 00:26:38.340

Trish D'Antonio, GSA: Our research partners, the FrameWorks Institute. You may have heard of. And we work very closely with them.

150

00:26:38.940 --> 00:26:46.140

Trish D'Antonio, GSA: In developing that research and today I'm talking to a little bit about how we're disseminating that research and how we're trying to work.

151

00:26:46.740 --> 00:26:51.900

Trish D'Antonio, GSA: To make those changes. And the next slide, if we look at the next slide in our research.

152

00:26:52.200 --> 00:27:02.910

Trish D'Antonio, GSA: What we learned is that there's a stark difference between what aging experts think about and what the public thinks about aging and so you can look in this center column here and the questions that we would ask

153

00:27:03.270 --> 00:27:18.570

Trish D'Antonio, GSA: An aging experts embrace aging, we see the diversity and the richness of aging. Where's the public what we learned was they really weren't thinking about aging. The way aging experts, so they weren't thinking about it at all. In fact, in some issues and it was a very

154

00:27:19.740 --> 00:27:34.440

Trish D'Antonio, GSA: very stark realization that it was our job as aging organizations that we need to think about how to map these gaps and start to make the change so that we could start to see some system changes to support aging.

155

00:27:34.770 --> 00:27:41.100

Trish D'Antonio, GSA: Work. So just to in the next slide. I just want to talk a little bit about what it takes to reframe an issue.

156

00:27:41.580 --> 00:27:50.400

Trish D'Antonio, GSA: And so the key points when we worked with our research partner, they mapped the terrain and went out. We had over 12,000 individuals that were interviewed

157

00:27:51.300 --> 00:28:06.750

Trish D'Antonio, GSA: We develop that we learned what what the public thought about aging. We then developed a strategy to navigate to a higher ground right so we're trying to say here's what the public thinks, how do we get them to where we want everyone to be when we think about aging.

158

00:28:07.830 --> 00:28:14.040

Trish D'Antonio, GSA: And that's where we built the caravan and we're asking you to hop on the bus for the ride. So we could go to the next slide.

159

00:28:15.840 --> 00:28:26.520

Trish D'Antonio, GSA: And normally I would have a two hour time frame to talk to you and I'm skipping a lot of things, but I'm going to refer you to our website with many

160

00:28:27.840 --> 00:28:36.660

Trish D'Antonio, GSA: Many resources and then also I will talk to you about other ways that you could learn more in depth about this. But basically what

161

00:28:37.140 --> 00:28:47.400

Trish D'Antonio, GSA: What we've done is we, you know, we learned that there are ways that you can, you know, our brain. We have to process things quickly every day. Right. So there are implicit biases that we have

162

00:28:47.970 --> 00:28:52.770

Trish D'Antonio, GSA: And there are ways there are models that are cute in our brain when we hear certain things.

163

00:28:53.250 --> 00:29:05.820

Trish D'Antonio, GSA: So what our job was as we learned what are those. What are those pieces that people hear that cue them to think about aging negatively. Right. So we think about individuals right that President Bush used to jump out of his

164

00:29:06.360 --> 00:29:10.470

Trish D'Antonio, GSA: jump out of an airplane every year for his birthday, so he was, you know, a super ager

165

00:29:11.160 --> 00:29:22.710

Trish D'Antonio, GSA: Or we think about aging as we talked about a little bit earlier loss. Right. So somebody like hunched over in a wheelchair and how that looks. And, and we sort of blame that person for

166

00:29:23.280 --> 00:29:31.830

Trish D'Antonio, GSA: Why they are in the position that they're in. They didn't eat right, they didn't exercise the person that doesn't have any money for retirement. They didn't say it's their fault.

167

00:29:32.280 --> 00:29:41.340

Trish D'Antonio, GSA: What we're trying to do is q around systems. What are the systems that have impacted so we tell a soul. We tested some

168

00:29:42.390 --> 00:29:51.390

Trish D'Antonio, GSA: Messaging and metaphors and examples. What are the values that matter. And we tell this story. So we want to tell the story are using values that matter.

169

00:29:51.990 --> 00:30:04.920

Trish D'Antonio, GSA: Using metaphors and that explain why aging includes all of us what surrounds us shapes us when we talk about social determinants of health. This is a good place to think about that and then

170

00:30:05.430 --> 00:30:16.260

Trish D'Antonio, GSA: What can we do about it. So we have those solutions. We have to have those solutions that are important for all of us as we age. So think about that aging continuum.

171

00:30:18.450 --> 00:30:22.470

Trish D'Antonio, GSA: Um, if we look at the next slide, I could just give you briefly.

172

00:30:23.610 --> 00:30:30.150

Trish D'Antonio, GSA: An overview of what those narratives tend to be and what we found was when we test the knowledge, the narratives of

173

00:30:30.540 --> 00:30:41.790

Trish D'Antonio, GSA: Values of justice and ingenuity those narratives seem to cue the right models for people to think about aging in the way that they want to make change. And they want to buy into that.

174

00:30:42.840 --> 00:30:48.480

Trish D'Antonio, GSA: I could like I had said that we have, you know, workshops that are about two hours long. That really go into this

175

00:30:48.720 --> 00:30:57.300

Trish D'Antonio, GSA: But really what's important is think about the last slide where we talked about, we had the value than we did you know we define some of the explicit bias that's in there.

176

00:30:57.600 --> 00:31:05.790

Trish D'Antonio, GSA: And then we show the solutions, right. So what are those systemic solutions. So somebody who is forced to retire at 60

177

00:31:06.750 --> 00:31:14.190

Trish D'Antonio, GSA: If there's age discrimination in the workplace. What kind of workplace policies are there are when we see the story in the news about the nine year old who still goes to work every day.

178

00:31:14.430 --> 00:31:22.560

Trish D'Antonio, GSA: That's because there's workplace policies that allow that person to still go to work. So if we look at the next slide, there's just some things that we can

179

00:31:23.040 --> 00:31:33.480

Trish D'Antonio, GSA: From the research that we learned that we should avoid and that we should advance. And so we want to avoid those individual actions is driving outcomes.

180

00:31:34.410 --> 00:31:43.650

Trish D'Antonio, GSA: We want to make sure that we don't think about aging as a crisis. So you won't hear us talk about the silver tsunami, because what are you doing, you're involved with a tsunami, you run

181

00:31:44.070 --> 00:31:52.020

Trish D'Antonio, GSA: Alright, so we want to make sure that people recognize that these solutions will help all of us, they will help us all across the aging continuum.

182

00:31:52.500 --> 00:32:08.400

Trish D'Antonio, GSA: We want to advance ways to be inclusive. We want interventions that can change outcomes and we have stories that go with those solutions, right. How does ageism work, think about those things as we're moving forward.

183

00:32:09.690 --> 00:32:19.320

Trish D'Antonio, GSA: The next few slides. I just had some resources. I want to look at my time. I know I have about two minutes left. We have some resources on our website that are

184

00:32:19.980 --> 00:32:25.410

Trish D'Antonio, GSA: Involved they show you how we develop this research how we translate this research.

185

00:32:25.890 --> 00:32:35.160

Trish D'Antonio, GSA: Why we use some some values and why other values did not test as well. So we picked the ones that we thought would would get us there faster.

186

00:32:35.940 --> 00:32:41.220

Trish D'Antonio, GSA: There's also some information. I know it came up a little bit about using the word, the term seniors.

187

00:32:42.090 --> 00:32:51.210

Trish D'Antonio, GSA: Versus where we tend to use older people or older adults older people tested better because people think of the right age group. When you asked.

188

00:32:51.900 --> 00:33:06.450

Trish D'Antonio, GSA: Different people. How old is is old, how old is old, sometimes when you when you ask the question about older adults people respond 40 to 50 years old so we weren't really getting to the point where

189

00:33:06.930 --> 00:33:16.620

Trish D'Antonio, GSA: We wanted people to think about the age group of 60 plus. So, older people tested better there. But there's information there that you can use on the next slide.

190

00:33:18.150 --> 00:33:26.910

Trish D'Antonio, GSA: We do have a quick start guide on our, on our website. And if you take a look at that. You could start to look at when you're writing something or when you're thinking about

191

00:33:27.750 --> 00:33:42.240

Trish D'Antonio, GSA: When you have to get give a presentation, think about some of the ways that you can change the language that you use to start to advance the reframing aging initiative and the reframing aging principles.

192

00:33:43.650 --> 00:33:49.650

Trish D'Antonio, GSA: I know I went through this pretty quickly. We did give you plenty of links and resources there.

193

00:33:50.310 --> 00:33:59.250

Trish D'Antonio, GSA: One thing I would say on the next slide that think about and friend of mine, where's this button and I love it. And it says aging is so cool. Everybody is doing it.

194

00:33:59.520 --> 00:34:13.560

Trish D'Antonio, GSA: We know that this is a long term social change initiative and we invite you to be part of it because the positive perceptions of aging, we believe are priceless. So I thank you for the time and look forward to the Q AMP a

195

00:34:15.390 --> 00:34:25.080

Belinda Rogers: Wonderful, thank you so much, Patricia for the insightful information and resources and now I would like to turn it over to our final panelist Karen or Z. Welcome, Karen.

196

00:34:25.800 --> 00:34:29.160

Belinda Rogers: Thank you very much like to play intelligence, we're having this webinar.

197

00:34:29.490 --> 00:34:37.320

Karen Orsi: Is very important information. I'm going to be talking about aging ageism and mental health. And first of all, let's talk about what mental health is

198

00:34:37.680 --> 00:34:48.660

Karen Orsi: And includes disorders such as anxiety, depression and serious disorders such as schizophrenia, bipolar disorder and also include substance use to include alcohol prescription drugs.

199

00:34:49.050 --> 00:34:58.290

Karen Orsi: And illegal substances and addictions like gambling. Now, throughout this presentation, I'll be referring to all these things as behavior health as an all inclusive term.

200

00:34:58.980 --> 00:35:07.380

Karen Orsi: So now this presentation is about mental health fresh behavioral health slash brain health is not about dementia or Alzheimer's disease.

201

00:35:07.860 --> 00:35:11.670

Karen Orsi: An important distinction to note is that unlike dementia recovery from

202

00:35:11.670 --> 00:35:15.060

Karen Orsi: Behavioral health disorders are possible and are expected

203

00:35:15.750 --> 00:35:17.610

Belinda Rogers: Now I'm the director of the Oklahoma mental health and

204

00:35:17.640 --> 00:35:19.620

Karen Orsi: Asian coalition our logo and

205

00:35:19.710 --> 00:35:21.510

Karen Orsi: Recovery has no age limit.

206

00:35:22.020 --> 00:35:26.670

Karen Orsi: And central to any consideration of older adult behavior health of the fall wind points.

207

00:35:27.180 --> 00:35:38.640

Karen Orsi: First older adults have no immunity to developing the ever health disorders, they are at a higher risk due to chronic disease, the medications to treat those diseases and their various life changes.

208

00:35:39.210 --> 00:35:48.090

Karen Orsi: They respond well to treatment and recovery at the same or even higher rate than other ages. However, many will not seek help, or access be ever health treatment.

209

00:35:48.630 --> 00:35:57.150

Karen Orsi: Well, primary care is utilized by our older adult population physicians are not trained in the diagnosis or treatment of behavior health disorders.

210

00:35:57.480 --> 00:36:10.080

Karen Orsi: I'm going to have a little disclaimer here because we were talking about aging that's multi generational and depending on your starting point. It can include over 50 years of culture and experiences. So, for example, while our older

211

00:36:10.350 --> 00:36:15.660

Karen Orsi: Or advanced age older adults may not use services boomers may in fact be more open

212

00:36:16.320 --> 00:36:17.610

Karen Orsi: To receiving

213

00:36:17.820 --> 00:36:19.110

Belinda Rogers: additional services.

214

00:36:19.890 --> 00:36:31.530

Karen Orsi: When one is young aging is associated with growth with maturation with discovery, when one ages aging as associated with this wall of words that's currently on the screen.

215

00:36:32.280 --> 00:36:42.690

Karen Orsi: Confused visible senile useless helpless fragile worthless a burden nursing homes are always prevalent. So now attitudes about aging are very powerful.

216

00:36:43.440 --> 00:36:52.200

Karen Orsi: When they're viewed as a disease or than a process ages and seriously impacts policy impacts funding services treatment and recovery.

217

00:36:53.040 --> 00:37:06.540

Karen Orsi: When aging is viewed as a disease is accompanied by the inevitability of things like a decline cognitive impairment diseases disability grief, sadness, loneliness, decrease quality of what

218

00:37:06.870 --> 00:37:10.200

Karen Orsi: What, in fact, we know that aging is a process. As mentioned earlier,

219

00:37:10.920 --> 00:37:18.000

Karen Orsi: Now, just as people who have a mental health disorder experienced something called stigma, which we're all familiar with older adults experience ageism

220

00:37:18.630 --> 00:37:32.460

Karen Orsi: Unfortunately, those older adults who are experiencing a behavioral health disorder or in a double jeopardy situation because now they have to deal with not only the stigma of a mental health disorder, but they have to deal with an ugly ages on

221

00:37:33.690 --> 00:37:53.250

Karen Orsi: What's also shared by ages of stigma is that it is practiced and reinforced by the government by society, by community by family professionals and self, self stigma. When an older adult believes the surrounding ages is called stealth ages. Next slide please.

222

00:38:01.500 --> 00:38:08.310

Karen Orsi: Now take a look at these ugly words and think about an older adult saying I'm old.

223

00:38:08.760 --> 00:38:19.830

Karen Orsi: So I am will be or must be unhappy lonely and sad depressed sick and have a failing memory. I'm useless. I'm worthless. I'm a burden.

224

00:38:20.220 --> 00:38:39.240

Karen Orsi: There's no chance I can improve my life, my health. My memory or share my knowledge and experiences. I am hopeless and helpless. So there's no reason for me to manage my chronic diseases or medications be content with my wife or try and feel good. So now let's talk about how does the family.

225

00:38:40.500 --> 00:38:52.770

Karen Orsi: Impact on ages and will ages and can take a serious toll by putting an older member under the magnifying glass. Every forgotten name. Misplaced. Keys I neon signal of the onset of dementia.

226

00:38:53.430 --> 00:39:07.470

Karen Orsi: Families would expect their older. Remember to be sad or depressed or belief substance misuse is ok because their old won't encourage getting the needed help from your health professional family ages and includes wishing to avoid that whole

227

00:39:07.470 --> 00:39:09.780

Karen Orsi: stigma that surrounds mental health by avoiding the

228

00:39:09.780 --> 00:39:21.300

Karen Orsi: Issue entirely. So now let's talk a little bit about professional ageism some examples will include the lack of a comprehensive system of care for population with complex needs.

229

00:39:21.660 --> 00:39:24.870

Karen Orsi: Ignoring brain health and the mind and body connection.

230

00:39:25.350 --> 00:39:39.630

Karen Orsi: Chronic diseases, increase the risk for the development of mental health disorders and mental health disorder increases the risk for developing a physical health problem yet, for the most part, when we think about older adults. What we're primarily thinking about is their physical body.

231

00:39:41.190 --> 00:39:49.140

Karen Orsi: Professional ages and includes the lack of adequate training for older adults service providers at all level both traditional and non traditional

232

00:39:49.560 --> 00:39:58.710

Karen Orsi: The lack of geriatric programs that community mental health centers to believe that depression is a normal part of aging. She should be depressed. After all, she's old

233

00:39:59.790 --> 00:40:08.370

Karen Orsi: Professional. It also includes assuming that aches and pains just require more meds, rather than screening for depression or referring to appropriate treatments.

234

00:40:09.270 --> 00:40:14.010

Karen Orsi: The low rate of depression in nursing homes. That's just a result of a lack of identification.

235

00:40:14.550 --> 00:40:27.930

Karen Orsi: If we don't look forward, it will be identified and true treatment won't be accessed. And I have to tell you that the national rates of depression in nursing homes nationwide is very high, or for just an Oklahoma. It's pretty low.

236

00:40:29.130 --> 00:40:39.570

Karen Orsi: Not pursuing treatment options because the thought. Can they really improve their still old can they make changes can they benefit from treatment.

237

00:40:40.560 --> 00:40:50.550

Karen Orsi: Professional ages and also includes believing that older adults are compromised and can't recover, like other age groups, while research actually shows us not best best a falsely

238

00:40:51.330 --> 00:40:59.340

Karen Orsi: And then not focusing on things like medication. This use substance misuse ignoring or miss identifying symptoms and just

239

00:41:00.090 --> 00:41:07.380

Karen Orsi: Saying that they're just part of the chronic disease symptoms and not really identifying what comes causes mental health disorders are

240

00:41:07.830 --> 00:41:13.710

Karen Orsi: So now these illustrations reflect the underlying belief that older last are not better than Portland's younger lives.

241

00:41:14.190 --> 00:41:27.150

Karen Orsi: An example that is the outreach and subsequent flurry of activity when a young person dies by suicide when an older adult died by suicide or seems to be a collective sigh and knowing shrug acknowledging that

242

00:41:27.360 --> 00:41:29.160

Belinda Rogers: They were all they were sick.

243

00:41:29.490 --> 00:41:40.710

Karen Orsi: They had a good life. Additionally, it shows that older adult brain health is superseded by physical health and chronic diseases and that the middle and emotional health older adults is just not that important.

244

00:41:41.550 --> 00:41:50.280

Karen Orsi: And as a result, opportunities are recognized red flags of distress among older adults and increasing the kind of screening and referral to treatment is is ignored.

245

00:41:51.180 --> 00:42:01.110

Karen Orsi: And I want to just talk a minute about trauma trauma subordinates often overused and sometimes even trivial wise but it's not to be confused with just sensitivity or oversensitivity

246

00:42:01.650 --> 00:42:14.280

Karen Orsi: traumatic events can have serious consequences. We now know that children are not flexible forgetful and resilient when it comes to childhood adverse events like violence divorce and abuse.

247

00:42:14.880 --> 00:42:21.330

Karen Orsi: And these events strongly contributed future physical and mental illnesses. So why am I talking about kids.

248

00:42:21.990 --> 00:42:29.310

Karen Orsi: Because older adult culture is one of secrets Shane and self sufficiency treatment for trauma begins with debriefing

249

00:42:29.730 --> 00:42:38.220

Karen Orsi: talking, talking, talking about it yet our older adult population have never talked about their experiences and they remain unresolved.

250

00:42:38.730 --> 00:42:48.330

Karen Orsi: Trauma impacts both mental and physical health, and may trigger depression, anxiety, panic attacks substance abuse memory attention problems, irritability, hypertension,

251

00:42:48.570 --> 00:42:54.930

Karen Orsi: Coronary disease sleep disorders and you know suppression gastrointestinal issues fibromyalgia and one disease.

252

00:42:55.650 --> 00:43:01.800

Karen Orsi: Know the Jewish federations of North America, find it's 90% of older adults experienced at least one traumatic event.

253

00:43:02.340 --> 00:43:11.280

Karen Orsi: Additionally, the typical events in aging process, such as here in your vision loss, loss of independence death of loved ones can trigger the previously experienced trauma.

254

00:43:11.940 --> 00:43:19.080

Karen Orsi: Now we have to acknowledge that the longer a human is on this earth, the more opportunities they have to experience a traumatic event.

255

00:43:19.410 --> 00:43:28.410

Karen Orsi: Death more car accident terrorism. So we have a tremendous traumatized population, whose issues have never been addressed.

256

00:43:29.010 --> 00:43:39.240

Karen Orsi: Older adults are strong and resilient society professional itself ages and seems to hold these experiences just aren't worth addressing. Well, they made it so far. We must be okay.

257

00:43:40.080 --> 00:43:47.220

Karen Orsi: Since it is uncomfortable and revealing questions are not asked and older adults don't volunteer, the information

258

00:43:48.000 --> 00:43:58.740

Karen Orsi: Now, as a society, how do we do ages and well we send mixed messages we acknowledge the older adults are strong, we acknowledge their strength their longevity and the resilience

259

00:43:59.370 --> 00:44:09.090

Karen Orsi: But we won't ask critical questions about feelings, but how much the drinking or trauma, because that's too sensitive as to personal wouldn't want to hurt their feelings.

260

00:44:10.140 --> 00:44:18.240

Karen Orsi: Mono embarrass them. Additionally, as society, our current political system dismiss this cognitive abilities and capabilities of older adults.

261

00:44:18.660 --> 00:44:28.890

Karen Orsi: And you can look for examples of that with Robert molar and his and his, his older brain being unable to answer rapid fire questions of the hours and hours of questioning

262

00:44:29.790 --> 00:44:40.860

Karen Orsi: Now leave you with just two examples of ages. I'm on a government level SAMHSA the Substance Abuse and Mental Health Services Administration does not recognize older adults as a specific population.

263

00:44:41.520 --> 00:44:51.990

Karen Orsi: And such. There are few grant opportunities to develop specific programs, resulting in a gap of services for older adults and fewer opportunities to develop evidence based programs.

264

00:44:52.590 --> 00:44:58.860

Karen Orsi: Now, CMS our Centers for Medicare and Medicaid alone with licensed clinical social workers to provide behavioral health treatment.

265

00:44:59.340 --> 00:45:09.840

Karen Orsi: Many older adults can benefit from other levels of treatment but Medicare will not approve it, which leads to fewer professionals, providing fewer services for few older adults.

266

00:45:10.620 --> 00:45:18.540

Karen Orsi: In conclusion, I'd like to stress that mental health care. It's not just for the one out of five that have been diagnosed with the disorder.

267

00:45:19.260 --> 00:45:30.660

Karen Orsi: It's for the five out of five who face mill health challenges on a regular basis and because of coded sometimes on a daily basis. With that, thank you very much for your time.

268

00:45:32.370 --> 00:45:51.270

Belinda Rogers: Right, thank you so much. Karen and thank you to all of our panelists for such amazing, wonderful and very useful information. This time, I'd like to turn it over to Dr. Jane Brock, one of our medical directors for TV and who is going to have some questions for our panelists. Dr. Brock

269

00:45:53.190 --> 00:45:54.090

Belinda Rogers: Yeah, thank you.

270

00:45:54.120 --> 00:46:05.070

Jane Brock: And thanks to the speakers. This is really a fascinating topic and I have to admit, I'm fairly new to this topic. So I am grateful for you all taking the time to

271

00:46:05.970 --> 00:46:06.330

Help

272

00:46:07.650 --> 00:46:11.340

Jane Brock: drive awareness of this issue. So I'm curious about

273

00:46:11.370 --> 00:46:12.900

Jane Brock: About the history of ageism

274

00:46:12.960 --> 00:46:25.650

Jane Brock: I mean, has this always been a problem or that we're just now more aware of or is this an increasing problem, and if so, when, and why do you think it started.

275

00:46:31.590 --> 00:46:33.330

Trish D'Antonio, GSA: You guys are smiling. You want me to go first.

276

00:46:34.020 --> 00:46:35.850

Trish D'Antonio, GSA: And so

277

00:46:35.940 --> 00:46:38.970

Trish D'Antonio, GSA: So I think one thing that our research showed us is that

278

00:46:39.540 --> 00:46:41.820

Trish D'Antonio, GSA: I don't think people thought about ageism

279

00:46:42.240 --> 00:46:43.860

Jane Brock: Right, so it's just it's

280

00:46:44.460 --> 00:46:54.840

Trish D'Antonio, GSA: It's been. And when you think about and we could go into this much more in depth when we have more time. But when you think about just how we cue.

281

00:46:55.410 --> 00:47:02.340

Trish D'Antonio, GSA: Certain messages all along. Eat the birthday cards, things like that that are so accepted that video.

282

00:47:03.240 --> 00:47:16.320

Trish D'Antonio, GSA: Where it was okay to say she looks good for her age or he looks good for his age. Right. I mean, you know, yeah. You hear that as well and i don't i think that that it was always there. We didn't know it. It was, it was not understood

283

00:47:16.860 --> 00:47:18.150

Trish D'Antonio, GSA: And it was not

284

00:47:18.150 --> 00:47:26.310

Trish D'Antonio, GSA: Thought of as something that was impacting any policies. It wasn't thought of is impacting any

285

00:47:27.750 --> 00:47:34.860

Trish D'Antonio, GSA: Anyone when they went to their doctor's office. It just, it just hadn't been there. And so the research that's why one of the things that

286

00:47:35.160 --> 00:47:48.840

Trish D'Antonio, GSA: We're working on is trying to get this message out there and really with the aging community. First, we started there because some of the things that we were talking about. We're actually we're actually queuing people to think negatively about aging.

287

00:47:48.840 --> 00:47:49.200

Belinda Rogers: So,

288

00:47:49.380 --> 00:47:51.210

Trish D'Antonio, GSA: We've all seen the silver tsunami.

289

00:47:51.750 --> 00:47:54.210

Trish D'Antonio, GSA: References we've all seen the

290

00:47:55.530 --> 00:47:55.920

Trish D'Antonio, GSA: The

291

00:47:55.950 --> 00:48:03.630

Trish D'Antonio, GSA: Other types of references. When you see that I can't think of her name now but that cut the Hallmark greeting card with the older lady a kid they renamed but

292

00:48:04.080 --> 00:48:08.640

Trish D'Antonio, GSA: But you know what I mean. And I think that's been there and and because of that no one ever really

293

00:48:09.510 --> 00:48:14.280

Trish D'Antonio, GSA: Thought that we had to address it. And that's why with with reframing aging and with I know with other

294

00:48:15.090 --> 00:48:31.920

Trish D'Antonio, GSA: Other initiatives. That's why we felt like we needed to start to do something because we know if we didn't start now in 10 years we would still be in the same boat and wondering why we don't have systems set out to help as we age to help move forward as we age.

295

00:48:35.040 --> 00:48:43.620

Penny Cook: I just want to add you know i i agree with Trish i think that i think it it has always been there, but we haven't named it as an ism.

296

00:48:44.190 --> 00:48:49.710

Penny Cook: But if you look at just how our system. For instance, in the United States.

297

00:48:50.100 --> 00:49:05.490

Penny Cook: Built nursing homes for older people to go to when they didn't have other options and especially back in the 50s and the 60s. When nursing when the nursing home industry just sort of exploded.

298

00:49:05.790 --> 00:49:15.990

Penny Cook: Look at how we designed nursing homes. Then we had multiple people more than two more than three living in the same room because we thought that that was okay.

299

00:49:16.320 --> 00:49:26.430

Penny Cook: We thought that that was okay for people once they reached a certain age to live with others that they didn't know and share a bathroom with them and things like that. So I think these ages attitudes.

300

00:49:26.640 --> 00:49:35.100

Penny Cook: Have always been there but we just have an experience them and and given a name to them, and given the emphasis to them that we need to

301

00:49:37.140 --> 00:49:44.790

Karen Orsi: And I would just like to add that I think it's just kind of an awakening across the country and around

302

00:49:44.880 --> 00:49:49.230

Karen Orsi: All kinds of issues because it kind of related back to things like the me to movement.

303

00:49:49.770 --> 00:49:56.700

Karen Orsi: And anybody any female that's had a job over the past 50 years knows that the environment is completely changed now.

304

00:49:57.090 --> 00:49:59.010

Karen Orsi: In terms of the glass ceiling in terms

305

00:49:59.010 --> 00:50:04.590

Karen Orsi: Of comments in the workplace. Those are just things that happen that we're supposed to have

306

00:50:05.310 --> 00:50:12.540

Karen Orsi: That's the way it was supposed to be just like in the 50s, when we're supposed to wear a prince of pearls and high heels, or they cook dinner for their man.

307

00:50:13.260 --> 00:50:23.130

Karen Orsi: I think that's part of what ages and was to it's just, it's always been there but we're just now. Like I said, giving it a name and standing up to it and calling it out for what it is.

308

00:50:26.280 --> 00:50:35.130

Jane Brock: Thank you. And I wonder if you guys furthermore can comment on the influence of culture and diversity on ages attitude.

309

00:50:36.420 --> 00:50:39.060

Jane Brock: Surely this, there must be a huge cultural

310

00:50:40.320 --> 00:50:40.740

Jane Brock: Difference.

311

00:50:42.030 --> 00:50:44.820

Karen Orsi: Well, I think the main cultural differences that different societies.

312

00:50:46.200 --> 00:51:01.560

Karen Orsi: treat their older adult population, much more respectful, for instance, and we do here in the United States. And I guess there maybe, maybe they haven't got ages on or their agent is as a different definition and what are each of them is ours. It's pretty negative

313

00:51:02.310 --> 00:51:05.340

Karen Orsi: Maybe countries like Japan that you know we veer their people.

314

00:51:05.610 --> 00:51:19.650

Karen Orsi: And have different support systems set up so that it's not always a nursing home or an institution is the default system of care or you have community different levels of Community resources available as you age.

315

00:51:23.490 --> 00:51:29.970

Penny Cook: And I do think that we see some of those differences between countries, but it's interesting. Now if you look

316

00:51:30.390 --> 00:51:49.230

Penny Cook: Throughout the world you will see many countries have initiatives now against ageism and just as I said earlier, the World Health Organization has an initiative about ageism. So I think that we have countries that have a historically had more reverence for people as they've grown older

317

00:51:50.310 --> 00:51:57.420

Penny Cook: That they're seeing in a different light. But we are seeing I think across the world. Some of these same issues happening.

318

00:51:57.900 --> 00:52:06.450

Penny Cook: And so I think that it behooves us now. I keep saying that now is the time to address this. It seems like there's a convergence.

319

00:52:06.720 --> 00:52:11.640

Penny Cook: Around the world, and I think that here in the United States, we need to be a part of that.

320

00:52:14.550 --> 00:52:16.080

Karen Orsi: Well, when we do know that different

321

00:52:16.770 --> 00:52:21.210

Karen Orsi: Are definitely different groups, different ethnic ethnicity is here in the States also

322

00:52:21.510 --> 00:52:35.460

Karen Orsi: Have different familial situations sell for us is many, many young populations will take care of their elder just like to take care of the children, rather than put them have someone else take on

323

00:52:36.300 --> 00:52:41.940

Karen Orsi: Taking care of their caregiving situations or institutionalization and nursing homes or community care.

324

00:52:45.690 --> 00:52:52.560

Jane Brock: Thank you. And, and, furthermore, it can you comment on the impact of social determinants of health on ageism is this is this

325

00:52:53.700 --> 00:52:58.500

Jane Brock: You see ages attitudes and outcome vary by

326

00:52:59.670 --> 00:53:01.350

Jane Brock: Social advantage or disadvantage.

327

00:53:05.010 --> 00:53:07.080

Trish D'Antonio, GSA: So I would I would comment on that this way.

328

00:53:09.240 --> 00:53:17.610

Trish D'Antonio, GSA: So social determinants of health when I put up the slide that talks about how you have that arc of a story and what are the solutions and some of the examples I gave

329

00:53:17.610 --> 00:53:18.540

Trish D'Antonio, GSA: Like for

330

00:53:20.040 --> 00:53:23.490

Trish D'Antonio, GSA: You think about somebody age discrimination in the workplace.

331

00:53:23.880 --> 00:53:26.070

Jane Brock: Probably something that we cannot we cannot picture.

332

00:53:27.570 --> 00:53:44.430

Trish D'Antonio, GSA: Where there's always that story that feel good story on the news about the 90 year old lawyer who still can go to work and he and he or she works all day and we really highlight that. But there's also people that we know have to retire at 62 or 65

333

00:53:45.690 --> 00:53:56.160

Trish D'Antonio, GSA: And and a couple of the things that might impact them when we talk about social determinants of health. Are they don't have the transportation to get to the workplace that they want to be able to go to

334

00:53:57.930 --> 00:54:07.050

Trish D'Antonio, GSA: Their what surrounds us shapes us. So what kind of education was available for them throughout their lifetime to continue to

335

00:54:08.580 --> 00:54:17.730

Trish D'Antonio, GSA: advanced skills. What was there for for somebody to shift from real heavy manual labor type work to

336

00:54:18.510 --> 00:54:29.460

Trish D'Antonio, GSA: A nine manual labor type work so that they can continue. So those are kind of the things that we when we try to when we tie them. Certainly there are issues.

337

00:54:30.150 --> 00:54:37.170

Trish D'Antonio, GSA: That we talked about around social determinants of health and make sure that we define them well for people who are in an audience so that they

338

00:54:37.890 --> 00:54:47.760

Trish D'Antonio, GSA: They're, they're talking about the same thing that you're trying to talk, talk about as you're trying to talk about how we can improve the systems for all of us who age.

339

00:54:48.360 --> 00:55:02.130

Trish D'Antonio, GSA: As best as best we can in the system. Right. So then that gets back to what are some of them that, you know, what are some of the what's some of the work that's being done nationally to educate members of Congress and people in

340

00:55:03.300 --> 00:55:06.330

Trish D'Antonio, GSA: In the administration about what this could mean for

341

00:55:06.960 --> 00:55:17.640

Trish D'Antonio, GSA: Reframing aging and what this could mean systemically for all. So I think that's one of the things that we try to point out, and that's why we talked about the solutions being systemic based solutions.

342

00:55:18.300 --> 00:55:31.980

Trish D'Antonio, GSA: For people because then it benefits the whole community. So, it benefits us from when we're 1516 and 17 because that's going to impact us when we're at 85 and 90

343

00:55:34.620 --> 00:55:35.370

Jane Brock: Oh, sorry. Go ahead.

344

00:55:35.670 --> 00:55:40.590

Karen Orsi: Okay, and it to support with Tricia, saying, as it ages and affects our policymakers and impact FX

345

00:55:40.590 --> 00:55:56.940

Karen Orsi: Funding and funding and policies are contributing to to I. Some of our social determinants of health are so poor, for some people. In some areas, if the policymakers don't feel it's important to make sure that our older adults have good environments, then they're going to suffer more

346

00:56:00.420 --> 00:56:13.080

Jane Brock: Yeah, it's striking me now that so put anything about the Social Security Act, you know, to have been like 1935 and then the availability of Medicare, you know, which happened in the 60s.

347

00:56:13.500 --> 00:56:32.940

Jane Brock: Those were intended to be helpful policies so that people didn't have to, you know, literally work themselves to death or to die in poverty and yet it seems like I wonder if that's maybe part of the problem of creating this sort of other population.

348

00:56:34.290 --> 00:56:37.170

Jane Brock: Anyway, sorry, I'm thinking out loud with things video

349

00:56:41.160 --> 00:56:50.160

Jane Brock: If you all feel like reflecting on that. That was great. So I'm wondering, I'm wondering what you guys would recommend as like the number one most doable thing.

350

00:56:51.180 --> 00:57:06.630

Jane Brock: That that we could be doing to really empower older adults and you know the people that care about them sometimes care for them to really, you know, turn this this attitude around

351

00:57:09.030 --> 00:57:09.330

Jane Brock: What

352

00:57:09.600 --> 00:57:17.940

Penny Cook: I say, I think that I think it starts with conversations that we have to have within ourselves in order us in order for us to help

353

00:57:18.150 --> 00:57:18.750

Penny Cook: Others.

354

00:57:18.810 --> 00:57:27.660

Penny Cook: To feel empowered about this. And I really think that we, we do need to self reflect, we need to look at things like the video that you showed in the beginning.

355

00:57:27.990 --> 00:57:39.240

Penny Cook: We have to look at how we feel about our own aging process, how we describe our own aging process. And I really feel that we need to get to a certain point ourselves.

356

00:57:39.600 --> 00:57:47.250

Penny Cook: And really model. Some of these changes and language changes and behavior. I think that's one of the biggest things we can do.

357

00:57:47.610 --> 00:57:58.950

Penny Cook: And then in that way. I think we start having conversations with other people. And I think it's so important at any point to facilitate these conversations with older adults as well because

358

00:57:59.580 --> 00:58:11.550

Penny Cook: I think that we sort of said this, but just to say it again ages. I'm just doesn't occur between, for instance, younger people and older people. It occurs within certain, you know, within

359

00:58:12.000 --> 00:58:24.780

Penny Cook: Any age and so you can have 190 year old be very a just against another 90 year old and have negative feelings. And so I think it really starts from within.

360

00:58:28.380 --> 00:58:37.050

Trish D'Antonio, GSA: So I would completely agree that, and one of the points that I just want to, you know, some of the things that we're working on nationally

361

00:58:38.370 --> 00:58:52.740

Trish D'Antonio, GSA: To try and support this change couple. One thing is really started looking at style manuals for where people print and a big question I always get is, why don't you just help journalists, how to print, you know, or how to write about aging well

362

00:58:53.760 --> 00:59:01.560

Trish D'Antonio, GSA: We don't want to be telling journalists, what to do. We want them to be doing their work and we want them to recognize what's what's right and I'm happy to say that

363

00:59:02.130 --> 00:59:06.300

Trish D'Antonio, GSA: The AP the Associated Press just recently changed their style manual

364

00:59:06.720 --> 00:59:18.360

Trish D'Antonio, GSA: And it looks at the language that you use around aging. So when I talked about while we were speaking about not using senior citizen and how you refer to people as older people.

365

00:59:18.780 --> 00:59:25.680

Trish D'Antonio, GSA: Those kind of things are models that members of the community will start to pick up. Likewise, when we think about

366

00:59:25.950 --> 00:59:35.700

Trish D'Antonio, GSA: We were able to get style guide changes for the American Medical Association and the American Psychological Association. So AMA and APA style guide. So those of you who think back to your

367

00:59:36.000 --> 00:59:40.890

Trish D'Antonio, GSA: Days in school when you had to write a paper. It was an APA or AMA style.

368

00:59:41.640 --> 00:59:52.470

Trish D'Antonio, GSA: They also updated their language. So now we know that research is going to be published in a way and that starts to translate into clinical work and starts to translate into communications both professionally and lay

369

00:59:53.100 --> 01:00:01.350

Trish D'Antonio, GSA: Communications. So again, if we start to model this just exactly what Penny was saying, if we think about this language and, and we and we

370

01:00:01.680 --> 01:00:10.950

Trish D'Antonio, GSA: Start to integrate it, and we start to emerge in front of people. We have the opportunity to influence them about how they think. And you call it out right when somebody starts to talk about

371

01:00:11.370 --> 01:00:16.950

Trish D'Antonio, GSA: Well, we're not going to treat that person for cancer because they're 69 years old. We're going to call it out and we're going to

372

01:00:17.280 --> 01:00:29.340

Trish D'Antonio, GSA: Recognize the diversity and richness of the 6065 plus population, right. So that's what that's what our role all becomes as as people who are aware of this and what we're going to do.

373

01:00:34.590 --> 01:00:37.950

Jane Brock: And Karen, do you have anything to add to this. I just don't want to get over you.

374

01:00:50.760 --> 01:00:51.930

Jane Brock: So I have to

375

01:00:53.340 --> 01:00:55.590

Jane Brock: Commend everyone on the chat for for

376

01:00:57.030 --> 01:00:58.020

Jane Brock: typing in their

377

01:00:59.160 --> 01:01:03.450

Jane Brock: Favorite words their, their preferences for for

378

01:01:04.620 --> 01:01:16.140

Jane Brock: The words, they would use to refer to this population. And so, so for for the my final question. I'm really curious on your reflections on the, the impact of the Copa

379

01:01:16.920 --> 01:01:27.810

Jane Brock: Pandemic on ages and so I tell my story we in Colorado. The early models broke the population to three age groups 20 in the under

380

01:01:29.070 --> 01:01:44.340

Jane Brock: 21 to 59 and 60 plus AND THE THE RISK MODELS model those three populations. And so it just happens that I am older than my husband and that we brackets.

381

01:01:44.700 --> 01:01:53.160

Jane Brock: This six year old birthday, therefore he is classified his risk category technically by our model is classified with our children who are in their mid 20s.

382

01:01:53.670 --> 01:01:58.680

Jane Brock: And my risk profiles class sizes with my mother who is 93 and doing very well.

383

01:01:59.130 --> 01:02:10.770

Jane Brock: And so, you know, the source of a lot of family jokes, but I have to say it also is the source of a lot of discussions about what age related risk means, and more importantly, what it doesn't mean so

384

01:02:11.220 --> 01:02:20.520

Jane Brock: I viewed this as maybe a, a, that there could be a version of this whole discussion of risk and age that could be helpful.

385

01:02:20.820 --> 01:02:37.140

Jane Brock: To the goal of ages and but that I fear that it's not actually turning out that way. So I wonder if you all would reflect on on the opportunities and the pitfalls of the our current way of managing coven exposure and risk and its impact on ageism

386

01:02:39.060 --> 01:02:57.150

Penny Cook: Well, I just want to say, Jane, that I think that one of the things that's happening is at least we're talking about it now. So because there's been a lot of media attention about being of a certain age, and maybe having more serious consequences if you have the virus.

387

01:02:59.040 --> 01:03:09.150

Penny Cook: We, we, we've actually are talking about this more and as there have been a lot of media articles now about ageism. And so I think that that is something

388

01:03:10.350 --> 01:03:19.290

Penny Cook: That has come from this that we can build upon. But I also think it goes back to something that that we've sort of talked about is that

389

01:03:19.860 --> 01:03:31.650

Penny Cook: We all know that 120 year old is not the same as another 20 year old 160 year old is not the same as another 60 year old so has to be very individual. So these categories of looking at people from

390

01:03:31.920 --> 01:03:41.040

Penny Cook: 55 and older or 60 and older or 65 and older. Think about the breath of those years. And what that can mean

391

01:03:41.340 --> 01:03:53.400

Penny Cook: So I think that what what is shown us is once again we need to look at people as individuals. And we know now from the months that we've been experiencing the virus.

392

01:03:53.700 --> 01:04:10.170

Penny Cook: That people with other conditions pre existing conditions, whether they're 20 or 30 or 40 and also have a very negative impact. So I think that what this has taught us, as I said, once again, is we need to look at people as individuals. No matter their age.

393

01:04:14.340 --> 01:04:21.330

Trish D'Antonio, GSA: So we did do a repo webinar that's on our website. If anybody wants to listen about reframing the response.

394

01:04:21.360 --> 01:04:22.530

Trish D'Antonio, GSA: To code 19

395

01:04:22.860 --> 01:04:31.500

Trish D'Antonio, GSA: And how you can use the reframing aging principles and other principles that have been researched through the FrameWorks Institute.

396

01:04:32.550 --> 01:04:41.820

Trish D'Antonio, GSA: What one thing that we recommend is you have to find that balance between the urgency and the efficacy when when you're speaking right so there is there is

397

01:04:42.510 --> 01:04:51.420

Trish D'Antonio, GSA: There has been an urgency and it's changed a little from March to today. But certainly, you know, we need to bring solutions when we can I

398

01:04:52.320 --> 01:05:06.330

Trish D'Antonio, GSA: Also we talk about highlighting the interconnections that work when when we're talking about code 19 so so that as we all age and one other piece that we have been very

399

01:05:07.980 --> 01:05:19.230

Trish D'Antonio, GSA: Very strong about is when we're talking about coded people are vulnerable to coven so it doesn't matter what group you're talking about. But think about this. We were saying vulnerable older adults.

400

01:05:19.650 --> 01:05:25.650

Trish D'Antonio, GSA: Susceptible to Kobe. Think about the language when you and what you can cue in somebody's mind when you say

401

01:05:26.070 --> 01:05:39.180

Trish D'Antonio, GSA: Older adults who may be vulnerable to cove it. So that's where we talk about that arc of the story in the solution and and really try to think about, it's, it's the system, the systemic issues that we need to address about coded

402

01:05:40.500 --> 01:05:52.170

Trish D'Antonio, GSA: Probably more than we need to think about a 65 year old. But again, we need to think about the diversity of the population. So I would just add that. And if anybody has some time. It's about an hour.

403

01:05:53.250 --> 01:05:56.280

Trish D'Antonio, GSA: Presentation to listen to on our website.

404

01:05:59.460 --> 01:06:03.270

Karen Orsi: But what also striking to me is that when code first

405

01:06:04.350 --> 01:06:16.560

Karen Orsi: burst onto the scene and the talk was all about older adults being vulnerable. It seemed that it was, as I mentioned about the the middle Syria was suicide like older adults would disposable

406

01:06:17.820 --> 01:06:28.380

Karen Orsi: It was okay that cold. It was just addressing older adults with issues. And again, that goes back to reframing aging and we talk about aging. It's that personal responsibility issue.

407

01:06:28.920 --> 01:06:33.720

Karen Orsi: Is that if you're taking better care of yourself, he wouldn't have all these chronic diseases. So you wouldn't be vulnerable.

408

01:06:34.350 --> 01:06:42.180

Karen Orsi: But it kind of negates the whole idea of you can't really have personal responsibility about aging, because that's what we all do.

409

01:06:43.020 --> 01:06:50.220

Karen Orsi: There's no it's nothing personal about that it's it's a phenomenon that we're all going to experience, but I am concerned.

410

01:06:50.880 --> 01:07:02.280

Karen Orsi: How older adults review when when Colvin began is that they were disposable said it was almost expected that they were going to die off. And that as a society was okay.

411

01:07:04.260 --> 01:07:13.920

Trish D'Antonio, GSA: Well, and we even did have some people on make national statements statements on national news programs about that. And I think the one thing that was great.

412

01:07:14.340 --> 01:07:22.920

Trish D'Antonio, GSA: Was that the aging community and not only the Asian community, but others came for us pretty came forth pretty forcefully

413

01:07:23.280 --> 01:07:32.610

Trish D'Antonio, GSA: To say this. This is not acceptable. So there were some people that did some national interviews you said it's okay I'm 70. That's all right. I've lived my life.

414

01:07:33.000 --> 01:07:45.330

Trish D'Antonio, GSA: And other people came right out and said, you know, do what benefits us all, and we all do well through this. So I think that that was really important about how that continues to be highlighted.

415

01:07:46.740 --> 01:07:47.730

Jane Brock: Well, I think that might be

416

01:07:48.030 --> 01:07:56.430

Karen Orsi: What would you just said Trish is important too, because I think part of the ages and is that we're constantly having to pit against other age groups.

417

01:07:57.210 --> 01:08:05.400

Karen Orsi: And they talk about let's reframe aging well to reframe aging. We got to talk about all kinds of things, including money, but then we got to fight for the education.

418

01:08:05.580 --> 01:08:06.780

Jane Brock: We got to fight the youth, we

419

01:08:06.780 --> 01:08:08.220

Karen Orsi: Gotta fight the middle age.

420

01:08:08.880 --> 01:08:21.990

Karen Orsi: We gotta show that our age group is the priority one fact if we would all be working together with benefits adolescence is going to downline benefit older adults. What if we would work at work more collectively

421

01:08:22.740 --> 01:08:34.080

Karen Orsi: You know, across the lifespan, rather than always being pitted against each other for different age groups, different conditions, so to speak. Same thing with mental health and dimensions are so that's always has to be the struggle.

422

01:08:34.560 --> 01:08:41.610

Karen Orsi: Between a brain disease as a brain disease as a brain disease. Yeah, we have to have this fight between who gets funding, who gets

423

01:08:41.610 --> 01:08:43.050

Karen Orsi: Policy who could support.

424

01:08:43.410 --> 01:08:53.910

Karen Orsi: A who gets the best walk to support their organizations. Again, I mean, I would think that collectively we can make a difference in addressing ages and just as any other ism.

425

01:08:55.440 --> 01:08:57.570

Belinda Rogers: Well, and I think that's why it's so important.

426

01:08:57.780 --> 01:09:01.440

Penny Cook: Not to see people of a certain age as the other.

427

01:09:02.310 --> 01:09:15.630

Penny Cook: I think it's so important not to have that us and them mentality and because you're exactly right. If we look at this as a collective society, and we want what's best for our society.

428

01:09:16.260 --> 01:09:29.310

Penny Cook: No matter the age that's going to benefit all of us. I always loved the principle of universal design because it's to benefit all of us, not one particular segment of our society.

429

01:09:30.840 --> 01:09:38.280

Karen Orsi: And if we take care of our little kids. That means as they age. They're going to be healthier adults and then healthier older adults.

430

01:09:38.670 --> 01:09:49.170

Karen Orsi: And we look at our, you know, Medicare system. We have a lot of older adults signal a lot of services because of the fact they didn't have health care and access to services when they were younger.

431

01:09:49.920 --> 01:09:55.350

Karen Orsi: So, you know, with little by little, but we have to, you know, again, across the lifespan to make a difference.

432

01:09:58.200 --> 01:10:01.800

Trish D'Antonio, GSA: So that that I would just add, very quickly, Jane. And then we could go and

433

01:10:02.250 --> 01:10:04.350

Trish D'Antonio, GSA: So a primary principle.

434

01:10:04.380 --> 01:10:14.220

Trish D'Antonio, GSA: In in reframing agent, when we start to talk about the principles is to avoid others right so you don't want to talk about millennia, you know, oh those millennials. It's just as bad as okay Boomer

435

01:10:14.670 --> 01:10:26.640

Trish D'Antonio, GSA: Right, so we are talking about, you know, creating those systems as we age, you'll hear me say, as we age. If you collected a quarter. Every time I said it, you probably feel rich at the end of the conversation.

436

01:10:28.260 --> 01:10:37.560

Trish D'Antonio, GSA: And that's what I mean by modeling that conversation, right. You just keep you have to keep on keeping on because you're always going to be in front of somebody who says, Now you just keep on doing

437

01:10:40.050 --> 01:10:54.750

Jane Brock: Well, thank you all these this is just been outstanding. I think we should probably take a look at the chat. And I think we've gotten a number of really good questions and comments in chat. So, and I'm sorry I have not been all over it. So,

438

01:10:56.700 --> 01:10:59.340

Jane Brock: Restart were or Belinda, can I

439

01:11:00.960 --> 01:11:02.130

Jane Brock: Can I yeah

440

01:11:03.750 --> 01:11:04.590

Belinda Rogers: Thank you, Lisa.

441

01:11:06.270 --> 01:11:07.620

risa hayes: Sure. Do you just jump in.

442

01:11:08.820 --> 01:11:10.770

risa hayes: Please. Alright.

443

01:11:12.240 --> 01:11:16.500

risa hayes: So the first question that we got. And I'm honestly not sure

444

01:11:19.080 --> 01:11:25.500

risa hayes: How, how we address it. If we addressed it fully. But I think it's worth absolutely checking in on

445

01:11:26.430 --> 01:11:43.200

risa hayes: From Kimberly, she said please talk about the stigma of aging or ageism sorry and how it relates, especially now under coven 19 we are so busy protecting people 60 plus that we are drastically impacting value purpose and quality, quality of life.

446

01:11:46.650 --> 01:11:51.090

Penny Cook: Well, I just want to say, I think one of the biggest things that we've seen with

447

01:11:51.840 --> 01:11:55.560

Penny Cook: It and especially of people, for instance, who live in

448

01:11:55.980 --> 01:12:04.950

Penny Cook: care settings of some kind, is not including them in the conversations about what's going on in their home in their community.

449

01:12:05.370 --> 01:12:07.230

Penny Cook: And I think that at first.

450

01:12:07.530 --> 01:12:18.810

Penny Cook: That was somewhat understandable because we were all in a crisis mode. We didn't have a lot of information about the virus. We didn't know exactly how it was spreading

451

01:12:19.470 --> 01:12:23.490

Penny Cook: There were a lot of on an unanswered questions, and I think we had to

452

01:12:24.240 --> 01:12:38.910

Penny Cook: Go into this lockdown mentality. But as time has gone on from everything that we have been hearing through Pinter network, for instance, with our contacts across the country. Residents aren't being involved in the decisions that are happening to them.

453

01:12:39.480 --> 01:12:55.170

Penny Cook: And I think that's one of the first things that we can do and that we need to do as as we move forward for the sake of the people who live in the communities, their family members and for the staff members as well. And I think it is because

454

01:12:55.260 --> 01:12:58.080

Penny Cook: We have this very paternalistic attitude.

455

01:12:58.410 --> 01:13:09.510

Penny Cook: That we know best. We have to take care of people. We have to keep people safe. And I'm not saying that that's wrong, but we have to include the voices of those who are living in long term care communities.

456

01:13:11.850 --> 01:13:12.360

Penny Cook: Yeah.

457

01:13:12.540 --> 01:13:13.080

Absolutely.

458

01:13:16.290 --> 01:13:19.830

risa hayes: All right. Anybody else want to comment on that or I can move to the next one.

459

01:13:24.420 --> 01:13:31.650

risa hayes: So Joel and this was it earlier in the conversation when we really started talking about

460

01:13:32.880 --> 01:13:46.830

risa hayes: terms that we use and Joel spoke up and said, we do not use term. The term elderly and senior citizen both or negative older boomers do not like these terms by AARP national studies.

461

01:13:47.730 --> 01:14:03.540

risa hayes: Senior Citizen was first student 1937 and was not positive. At the time it was first used even the founder of MTR a slash AARP, Dr. Ethel Percy Andrus was quoted as saying never call me a senior citizen.

462

01:14:04.710 --> 01:14:22.830

risa hayes: Let's use older adults older persons and maybe maybe geriatric patients and there was a fantastic chat discussion, you know, throughout people commenting certain terms Beverly Rogers spoke up several times about different terms that

463

01:14:24.330 --> 01:14:38.490

risa hayes: She either likes to use with her with her friends or that you know her communities use that i i'd love to just sort of open that up and see if there's any particular comments. I know there's probably many, many resources on this.

464

01:14:43.290 --> 01:14:51.810

Trish D'Antonio, GSA: So I'll take that first stab at this. And then invite my colleagues to join in. So first, you will always hear me say I am not the word police

465

01:14:52.500 --> 01:15:05.010

Trish D'Antonio, GSA: When I'm out talking with people. If you have a senior center that's been in your community for 50 years people accept that and you have adopted principles to show that

466

01:15:05.550 --> 01:15:20.280

Trish D'Antonio, GSA: ageism does not exist. The word senior center is not the piece that might be getting people to misunderstand you if that organization is a just in the way it practices and does it model other

467

01:15:22.110 --> 01:15:28.230

Trish D'Antonio, GSA: Other other other things. And that's when you know that that's a problem, right. So,

468

01:15:28.920 --> 01:15:35.970

Trish D'Antonio, GSA: If it, you know, I've had people come to me and say, you know, we don't cost us a lot of money to change our name. Do we have to change our name. And I'm like,

469

01:15:36.390 --> 01:15:45.300

Trish D'Antonio, GSA: Well, how are you modeling behavior and how are you treating the people that you work with. And how is how, how is aging. You know, is there intergenerational ality

470

01:15:45.690 --> 01:15:57.600

Trish D'Antonio, GSA: And all those things and when that's there that makes more sense. So that's, that's the first principle. So I don't want everybody to get off this call and think they have to change everything. If they just change everything on their website that that the solve the problem. So,

471

01:15:59.130 --> 01:16:07.410

Trish D'Antonio, GSA: The second piece, I would say is we do have research when we conducted the research on this was a smaller part of the research that led us to how

472

01:16:07.740 --> 01:16:14.040

Trish D'Antonio, GSA: We've created the communication structures and how we created the narratives, but it does talk about how people perceive the words.

473

01:16:14.490 --> 01:16:22.410

Trish D'Antonio, GSA: And I Belinda, I can send you that section so that you could send it out to everybody. If you're interested in, I would definitely recommend. Take a look at that.

474

01:16:23.550 --> 01:16:32.580

Trish D'Antonio, GSA: It is how it cues people to think about themselves and how it's how it cues people to think about

475

01:16:33.930 --> 01:16:46.290

Trish D'Antonio, GSA: Think about aging so senior citizen and elderly really do not work. They Hugh some negative negative ways to think about aging and ageism which gets us to why people don't want to support policies.

476

01:16:47.910 --> 01:16:57.420

Trish D'Antonio, GSA: Older people, like I said, when we were talking real quick is is the term that when you ask different people as part of this research, older people.

477

01:16:58.110 --> 01:17:07.290

Trish D'Antonio, GSA: Got them to think about that 60 plus 65 plus population now on a board certified geriatric pharmacist if I'm working with other colleagues.

478

01:17:08.250 --> 01:17:21.180

Trish D'Antonio, GSA: In geriatric setting. That's okay. That I use the term geriatric in the term in the in the right terms what wouldn't be okay as if I was disrespectful to my patient when I walked into her room.

479

01:17:21.570 --> 01:17:28.830

Trish D'Antonio, GSA: And and started to talk to her like she would, you know, like, like she was an infant and couldn't make her own decisions right so

480

01:17:29.520 --> 01:17:45.720

Trish D'Antonio, GSA: I just I just want people to think about that how you incorporate that and Belinda will send you that research on on the terms. There's, like, Penny men think either Jane or Penny mentioned that there's plenty of research on this, but this is one piece that we had

481

01:17:49.230 --> 01:17:49.890

risa hayes: Thank you.

482

01:17:51.990 --> 01:17:53.250

Penny Cook: When there's a

483

01:17:54.330 --> 01:17:55.650

risa hayes: Yeah, go ahead. I just wanted

484

01:17:55.710 --> 01:18:05.010

Penny Cook: To say something, I think that, you know, and just to emphasize what Trish said language is very powerful when you it is hard to be

485

01:18:05.040 --> 01:18:13.170

Penny Cook: The language police with this but language is powerful. And I think that sometimes we underestimate what the power of words do

486

01:18:13.500 --> 01:18:26.700

Penny Cook: To our at how they influence our actions, how they influence our own thinking about something. And even though we may try really hard sometimes to say, Oh, we're not a just

487

01:18:27.660 --> 01:18:44.970

Penny Cook: We actually we actually are respectful of people of a certain age were respectful of older people. If we say something different with our colleagues or with our family members or with our friends. That's still influencing our behavior. And I think we need to remember that.

488

01:18:47.670 --> 01:18:59.100

risa hayes: Absolutely. Thank you. And just for the sake of time, because there was so much in chat Jane actually started a great discussion about even the use of the term vulnerable.

489

01:19:00.960 --> 01:19:14.850

risa hayes: And somebody offered at risk might be a better term. So if you want to weigh in on that in chat, please do so we could probably have a whole other call about vulnerable versus at risk versus whatever else.

490

01:19:16.050 --> 01:19:18.150

risa hayes: I wanted to highlight just a couple of other things.

491

01:19:19.950 --> 01:19:32.790

risa hayes: Lauren Lindbergh actually shared a link. She said the AMA AP and AP have changed their style guides reflecting reframed language. So check that out.

492

01:19:38.820 --> 01:19:41.370

risa hayes: Some support for yes

493

01:19:42.750 --> 01:19:59.460

risa hayes: Different terms and Laila or Lima. I'm not sure which mentioned in the Division of mental health and Disability Services, we urge the use of person first and recovery oriented language as well as aging appropriate. Thank you for that as well.

494

01:20:04.050 --> 01:20:15.120

risa hayes: Mariah asked, how can we bring back the voices of older adults living in Kongregate communities in decisions about risk and well being and change the current regulatory policies.

495

01:20:20.190 --> 01:20:21.810

risa hayes: Big question. Well,

496

01:20:22.110 --> 01:20:24.240

Penny Cook: I'll take a shot at that one. I'm

497

01:20:25.380 --> 01:20:37.740

Penny Cook: high morale Mariah. I think that one of the things we have to do is start within our own long term care communities of having those discussions and ensuring that residents are included in those conversations

498

01:20:38.130 --> 01:20:40.050

risa hayes: I think that it's something that in

499

01:20:40.050 --> 01:20:50.280

Penny Cook: The nursing home world. In particular, we we've been trying to work on. But I do really think that we, we need to work harder and that and include residents and all of those conversations

500

01:20:50.580 --> 01:21:04.350

Penny Cook: Because I think it's going to take more of a grassroots effort to change the regulatory side of the things I think that as you prepare residents to be a part of the conversations, then when the state surveyors come in.

501

01:21:04.770 --> 01:21:19.800

Penny Cook: To do a survey of your nursing home, the residents are prepared the residents are more prepared to have the conversations with them. So I think it's going to take a multi pronged approach. But I think as a provider that would be the step that I would take first

502

01:21:22.140 --> 01:21:23.700

risa hayes: So, thank you.

503

01:21:24.300 --> 01:21:26.100

Trish D'Antonio, GSA: The one thing that I would add, there

504

01:21:27.630 --> 01:21:35.040

Trish D'Antonio, GSA: Is first of all this. This is going to take a generations change. This will not happen overnight.

505

01:21:36.060 --> 01:21:45.990

Trish D'Antonio, GSA: So I had a mentor. Many years ago, say to me, remember how do you eat an elephant. One bite at a time. So it's, it is that point where Penny made that

506

01:21:46.440 --> 01:21:50.640

Trish D'Antonio, GSA: If you start within your own organization within your facility.

507

01:21:51.630 --> 01:21:58.380

Trish D'Antonio, GSA: You can start to make the difference when I, you know, with 10 minutes to present I didn't get to go into as much as I would like. But

508

01:21:58.740 --> 01:22:05.820

Trish D'Antonio, GSA: Our approach right now with reframing aging is there's a national initiative with those national organizations that I mentioned to you.

509

01:22:06.660 --> 01:22:22.110

Trish D'Antonio, GSA: To continue to work to influence policymakers and to continue to model reframed language. Then I when I mentioned the funders. I said, and we also have funding from and they were more regional and local funders.

510

01:22:22.830 --> 01:22:28.170

Trish D'Antonio, GSA: So some of those funders, just to kind of give you an idea or in New Hampshire, Colorado.

511

01:22:29.730 --> 01:22:38.670

Trish D'Antonio, GSA: In Texas. So what we're trying to do also is train people who can be of influence in those communities, right, because

512

01:22:39.300 --> 01:22:40.350

risa hayes: As I often say

513

01:22:40.380 --> 01:22:46.770

Trish D'Antonio, GSA: based in Washington, DC. I'm from Washington, and I'm here to help just does not, you know, that falls flat.

514

01:22:47.760 --> 01:23:04.710

Trish D'Antonio, GSA: But what we are trying to do is train people locally right so teach people locally, how they can be influential and some of them have they've been able to work with their city councils work with their governor's office work with different organizations there. And then we're working

515

01:23:05.790 --> 01:23:06.660

Trish D'Antonio, GSA: Nationally

516

01:23:06.750 --> 01:23:06.990

Belinda Rogers: And

517

01:23:07.050 --> 01:23:08.220

Trish D'Antonio, GSA: And our goal is to

518

01:23:08.310 --> 01:23:10.290

Trish D'Antonio, GSA: Is my scientific, technical term.

519

01:23:10.320 --> 01:23:13.530

Trish D'Antonio, GSA: squish out ages. I'm in the middle. So we know that there's

520

01:23:14.610 --> 01:23:19.290

Trish D'Antonio, GSA: In local communities. And there's also something going on nationally and we continue to coordinate

521

01:23:19.290 --> 01:23:26.190

Trish D'Antonio, GSA: Together so that you know as we hear about something in one area we can we have the strength of numbers of people to

522

01:23:26.580 --> 01:23:42.030

Trish D'Antonio, GSA: To help there so that you know I think one thing we need to do is recognize that it will take some time, we'll make some mistakes along the way. But we'll fix them and we'll get there. And that's why the urgency, you know the importance of starting now because if not now, when right

523

01:23:43.980 --> 01:23:47.280

risa hayes: Absolutely over 25 years ago or

524

01:23:47.280 --> 01:23:50.340

Karen Orsi: So the mental health community took a look at itself.

525

01:23:50.670 --> 01:24:00.240

Karen Orsi: And now it runs by the model from consumers that seen people who are receiving mental health services. Nothing about us without us.

526

01:24:00.960 --> 01:24:03.120

risa hayes: And there has been so important. And as it is.

527

01:24:03.120 --> 01:24:13.260

Karen Orsi: transformed the mental health community in terms of having consumers always involved in policies in services and practices and person centered care, Miss made a remarkable

528

01:24:13.830 --> 01:24:22.290

Karen Orsi: Difference. And I think that's what we need to look at for our long term care communities like just as we're talking now nothing about us without us.

529

01:24:24.750 --> 01:24:27.360

risa hayes: Absolutely. Thank you so much for that Karen.

530

01:24:30.000 --> 01:24:40.680

risa hayes: One more question, possibly. We have about four minutes left. This is another kind of a big question. But I think it's important to ask, Where do we. This is from Julie Mooney

531

01:24:41.160 --> 01:24:50.160

risa hayes: Where do we start to educate providers to pay attention to mental health issues of older adults as an approach to improving health status of the population.

532

01:24:50.670 --> 01:24:59.880

risa hayes: I think a lot of the time, mental health issues are ignored and sort of as useless treatment option and older adults, particularly those with dementia.

533

01:25:02.190 --> 01:25:02.820

Karen Orsi: A great

534

01:25:04.050 --> 01:25:11.670

Karen Orsi: One of the things we're doing in here in Oklahoma and that there's several people that are on the call that have been involved in this effort is that we're really working to provide

535

01:25:12.270 --> 01:25:15.510

Karen Orsi: Training to anybody that's working with older adults.

536

01:25:16.050 --> 01:25:27.030

Karen Orsi: And not just you know jury in gerontology or geriatric degrees but our everyday workers, it seems that for the most part people that if you fill out an application.

537

01:25:27.420 --> 01:25:33.390

Karen Orsi: For a job to work with older adults. That means you're qualified every other age group has specific training.

538

01:25:33.840 --> 01:25:43.050

Karen Orsi: And what's involved in these type relations. So we're working at providing more training and if we provide more training. What we can do is it can raise the awareness about mental health issues.

539

01:25:43.410 --> 01:25:45.510

Karen Orsi: And combat the ages.

540

01:25:45.870 --> 01:25:47.430

Karen Orsi: That something like depression is

541

01:25:47.430 --> 01:25:55.590

Karen Orsi: Normal anxiety is a woman, woman. She shouldn't be depressed to her husband just died. The dog ran away. There might be a tornado next week.

542

01:25:55.890 --> 01:26:02.100

Karen Orsi: Oh, she should be depressed. She's all she's sick. She's tired, but we have to, you know, we have to get at.

543

01:26:02.790 --> 01:26:18.240

Karen Orsi: That belief system right from the get go, and provide the training so people understand what an aging brain means what that means to increased risks for development disorders, how you're going to manage your chronic disease.

544

01:26:19.650 --> 01:26:27.240

Karen Orsi: And also the fact that something like an untreated depression over the years can contribute to the development of dementia. It's all together.

545

01:26:28.440 --> 01:26:32.880

Karen Orsi: So if we really want to have people pay attention to mental health disorders, we have to start doing the educating

546

01:26:32.880 --> 01:26:43.710

Karen Orsi: About the older adult entirely a holistic approach and not just piecemeal like we've been doing more we only talk about the older adult body from the neck down but we ignore

547

01:26:43.740 --> 01:26:44.010

Karen Orsi: From the

548

01:26:45.270 --> 01:27:02.100

Karen Orsi: And as a result, what we have a very high suicide rate for the older adult population because we never address not never is a big word. We don't properly address or provide treatment for for those people that are in some serious difficulties and some serious distress.

549

01:27:05.280 --> 01:27:06.630

risa hayes: Absolutely. Thank you, Karen.

550

01:27:10.590 --> 01:27:12.780

Belinda Rogers: For your phone the other girl keys so much

551

01:27:14.220 --> 01:27:14.430

Belinda Rogers: We

552

01:27:17.100 --> 01:27:19.050

risa hayes: Can I mentioned one more thing, Linda.

553

01:27:19.860 --> 01:27:20.280

Please.

554

01:27:22.110 --> 01:27:24.930

risa hayes: And this is just a request.

555

01:27:26.640 --> 01:27:32.520

risa hayes: Somebody asked for resources on the intersection ality of age, race and health and equity.

556

01:27:33.990 --> 01:27:44.850

risa hayes: So I don't know, Belinda, if we if we have time. If anybody wants to call anything out on that or if you just want to let us know. We can include that in the resources or you can type it in chat.

557

01:27:49.500 --> 01:28:06.300

Belinda Rogers: Thank you so much. Teresa. That was a very important comment in requesting we will research in make sure that we include that with the with the slide deck when we send that out. So, and I wanted to say thank you to Dr. Brock and to our panel for such

558

01:28:15.420 --> 01:28:16.980

risa hayes: Oh, we lost you a little bit Belinda.

559

01:28:21.780 --> 01:28:25.830

risa hayes: Try talking again. You sit your, your microphone just suddenly seemed very far away.

560

01:28:37.740 --> 01:28:38.880

risa hayes: You're still pretty face.

561

01:28:41.490 --> 01:28:42.240

Belinda Rogers: Will hear me now.

562

01:28:43.260 --> 01:28:43.770

Belinda Rogers: Yes.

563

01:28:43.920 --> 01:28:44.490

risa hayes: Much better.

564

01:28:46.650 --> 01:28:47.850

Belinda Rogers: And my first

565

01:28:47.910 --> 01:28:49.170

Belinda Rogers: Experience using

566

01:28:50.250 --> 01:28:53.460

Belinda Rogers: ear buds and I think they just run out of battery so

567

01:28:54.690 --> 01:28:59.910

Belinda Rogers: It's always something right. I apologize. So can we go to the next slide please.

568

01:29:02.040 --> 01:29:03.180

Belinda Rogers: I appreciate your patience.

569

01:29:04.380 --> 01:29:16.890

Belinda Rogers: In addition to the resources that our speakers have shared we've included some additional ones here and as we referenced this will be available to you when we send the slides out. Next slide please.

570

01:29:20.010 --> 01:29:27.450

Belinda Rogers: WE HAVE SEVERAL EXCITING upcoming events, including part two of this webinar series. Next Wednesday, July 16

571

01:29:27.780 --> 01:29:34.980

Belinda Rogers: We will have Dr. Terry former from the Johnny Hartford foundation and other leaders in this field, who will be sharing their experience.

572

01:29:35.640 --> 01:29:43.950

Belinda Rogers: And expertise on the importance of becoming an age from the health care system as part of changing the narrative and outcomes for older adults.

573

01:29:44.430 --> 01:29:52.170

Belinda Rogers: Keep an eye on our event calendar and on our website to register for other future events and we can find all of our events with your

574

01:29:52.710 --> 01:30:03.510

Belinda Rogers: TOP PRIORITIES IN MIND. So please let us know to that event evaluation today if there are specific topics that you would like us to address in the future. Next slide please.

575

01:30:05.370 --> 01:30:23.040

Belinda Rogers: In closing, I would encourage each of us to reflect the information shared today and how we as individual and collective partners can begin to change the conversation about eight aging and embrace age as a part of life journey.

576

01:30:24.690 --> 01:30:25.500

Belinda Rogers: Next slide please.

577

01:30:28.770 --> 01:30:34.260

Belinda Rogers: I would like to say each of our panelists for being with us and sharing such important information and resources.

578

01:30:34.650 --> 01:30:40.200

Belinda Rogers: And for those of you that joined today. We know your time is valuable. We hope you enjoyed the presentation.

579

01:30:40.560 --> 01:30:46.320

Belinda Rogers: This presentation and learns beneficial information, you can take back to your community and incorporate into your work.

580

01:30:46.740 --> 01:30:56.040

Belinda Rogers: Please complete the evaluation, the length is posted in chat and you can contact intelligence team for questions or if you'd like to register for challenging to I cannot

581

01:30:56.700 --> 01:31:08.610

Belinda Rogers: Thank you. And we will see you next week at the same time for part two of this series. In this concludes today's event. And thank you all for your time and I hope you have a great afternoon. Thanks everyone.