

Age is Not a Diagnosis: Reframing Aging and Ageism – Part 2

00:00:00.359 --> 00:00:01.439

At the top of the hour.

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00:00:02.550 --> 00:00:05.940

Belinda Rogers: Wonderful, thank you so much Risa. Next slide please.

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00:00:06.899 --> 00:00:17.279

Belinda Rogers: Good Afternoon or morning for some thank you for joining us today. My name is Belinda Rogers senior quality improvement facilitator as elegant and will be your facilitator for today.

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00:00:17.760 --> 00:00:28.980

Belinda Rogers: This is part two of our webinar series on reframing aging in ages on last week we featured some amazing speakers and look forward to the same this week with our esteemed panelists.

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00:00:29.400 --> 00:00:39.000

Belinda Rogers: They'll be sharing their expertise on ages on and the impact it has on the health of older adults and the importance of reframing the narrative for how we view this population.

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00:00:39.450 --> 00:00:53.700

Belinda Rogers: I also want to acknowledge the team of support. I have with me today, including Sue's Stephen executive director as the Federal Health Solutions for TV and staff team members capable father Kristen Marino Risa hey and Kristin is

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00:00:54.330 --> 00:01:02.160

Belinda Rogers: We want this to be an interactive event and encourage you to ask questions and share comments and utilizing the chat function. Next slide please.

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00:01:03.900 --> 00:01:16.560

Belinda Rogers: For those that are not familiar with intelligent. We are the quality innovation network quality improvement organization or QA in Q IO for the state of Colorado, Illinois, Iowa and Oklahoma.

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00:01:17.010 --> 00:01:23.580

Belinda Rogers: Our purpose is to improve the efficiency, effectiveness and quality of services delivered to Medicare beneficiaries.

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00:01:24.060 --> 00:01:29.370

Belinda Rogers: We do this by providing technical assistance and convenient Learning and Action networks at no cost.

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00:01:29.820 --> 00:01:38.130

Belinda Rogers: To support quality improvement at the community level. Our services are paid for through the National Social Security Act. We ask that you take

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00:01:38.610 --> 00:01:51.960

Belinda Rogers: Two minutes today during this call. If you haven't already done so, to join TV to I connect it will be much easier for us to offer assistance and communicate offering such as this, if you're connected with us. Next slide please.

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00:01:52.650 --> 00:01:57.570

Belinda Rogers: We also have this option for you to join us. We know you're extremely busy and your time is limited.

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00:01:57.840 --> 00:02:13.500

Belinda Rogers: Simply email us letting us know your to join intelligent q i can add and will complete the registration for you. You can also let us know if it's chat function, you would like to sign up. I also provided my direct email, you can try. You can email me directly. Next slide please.

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00:02:14.550 --> 00:02:26.730

Belinda Rogers: Challenging takes all available steps to provide secure use of this video conference platform we share this disclaimer regarding the links to other websites or third party content today next slightly

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00:02:28.440 --> 00:02:47.790

Belinda Rogers: Too often a just behaviors and language or trivialized overlooked or even served up as the punch line to a joke, these attitudes about in society, yet are rapidly taken seriously, which has a major impact on health. Let's watch this brief video that underscores misconceptions on aging.

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00:02:54.570 --> 00:02:55.230

Right there, that's

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00:02:59.730 --> 00:03:00.810

Your first name. Your name.

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00:03:01.980 --> 00:03:02.100

Religion.

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00:03:03.270 --> 00:03:15.330

My name is Paula I'm 25 years old. My name is Daniela and then 1934 3531 33 I'm 26 years old. What age do you consider to be late 40s, maybe 50

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00:03:17.460 --> 00:03:17.850

I feel like

22

00:03:19.980 --> 00:03:25.380

Years old. I probably say 15 I'd like you to show me how an old person would cross

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00:03:37.650 --> 00:03:39.480

Selling an old person with an

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00:03:50.190 --> 00:03:51.630

Old person do a push up

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00:04:13.770 --> 00:04:16.620

Okay, hang on. There's someone I want you to meet

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00:04:21.960 --> 00:04:24.960

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00:04:26.100 --> 00:04:29.400

Days George Best binder 75

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00:04:30.660 --> 00:04:39.990

Or 70. Nice to meet you. Nice to meet you. We're going to give you about two minutes to teach each other, something that you are good at.

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00:04:41.490 --> 00:04:46.680

I can teach you a job that I do. Okay, please have your legs so up on your arm goes on.

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00:05:00.300 --> 00:05:02.490

Try to get your balance in

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00:05:05.070 --> 00:05:06.120

Your life you eat up

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00:05:10.260 --> 00:05:15.120

Right there 123567 so when you turn

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00:05:16.350 --> 00:05:16.890

Either way,

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00:05:19.290 --> 00:05:19.710

Over

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00:05:23.400 --> 00:05:23.670

Yeah.

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00:05:37.350 --> 00:05:38.820

Now what aids my

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00:05:47.100 --> 00:05:51.120

An agent, I consider to be old now might be 100

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00:05:52.860 --> 00:05:55.110

Remember what he said, Yeah. I said,

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00:05:57.630 --> 00:05:58.740

What I thought about it.

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00:06:03.990 --> 00:06:15.060

It really changed my thinking of what old is you've taught me something clearly there's no way she's you know no no from today. I don't look at age.

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00:06:17.010 --> 00:06:20.220

My age. I feel like I did when I was in my 20s.

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00:06:21.720 --> 00:06:37.140

There's so many things that I still want to do. There's so many things that I can do. As long as I'm growing and learning than age, doesn't matter when people start stopping. That's when they start getting old. Thank you.

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00:06:38.310 --> 00:06:39.120

Thank you so much.

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00:06:43.530 --> 00:06:44.790

Ladies great meeting you.

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00:06:56.940 --> 00:07:02.790

Belinda Rogers: Thank you for your flexibility and patients we realize the sound is a little off. It always works. When you're going through the

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00:07:03.150 --> 00:07:17.640

Belinda Rogers: The run through but never the day of but as the video highlights and misconceptions are inherently false yet pervasive with more people reaching older age than ever before, it's crucial that we promote positive attitudes about aging across generations.

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00:07:18.120 --> 00:07:32.430

Belinda Rogers: today's speakers will provide information on how we can become more age friendly and change the misconceptions and narrative on aging and we will send out the link to that video so you can watch it on your own time. Thank you. Next slide.

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00:07:33.690 --> 00:07:44.250

Belinda Rogers: The causes of health disparities are dynamic in multi dimensional social economic status is a key factor in determining the quality of life of older Americans.

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00:07:45.120 --> 00:07:59.760

Belinda Rogers: among older adults health disparities are exacerbated by such factors as isolated living situations limited income and other age relative relevant factors at TV disparities and robot robot.

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Belinda Rogers: Robot populations are foundational in all of our work we utilize an integrated approach to addressing these in equities through quality improvement measures to improve the health of Medicare beneficiaries and their family. Next slide, please. I think we need to go in to full slide month

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00:08:23.190 --> 00:08:36.750

Belinda Rogers: Today's panelists will provide insight on these topic areas, the importance of becoming more age friendly how our inner narrative affects our health and how innovative approaches are improving care for older adults. Next slide please.

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00:08:38.460 --> 00:08:48.000

Belinda Rogers: And now I have the pleasure of introducing today's panel. Dr. Terry former is the president of the Johnny Hartford foundation and serves as the chief strategist for foundation giving

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00:08:48.270 --> 00:08:55.740

Belinda Rogers: And it's also the chief spokesperson for advancing the Foundation's mission market farmers nationally and internationally recognized as a leader in

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Belinda Rogers: leading expert in geriatrics, and as best know for conceptualization and development as a national niche program and research on the topic of elder abuse.

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Belinda Rogers: And neglect work that has been funded by the National Institute on Aging and National Institute of Nursing Research

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00:09:11.910 --> 00:09:21.210

Belinda Rogers: Or recent efforts with the age friendly health systems initiative in partnership with I chai is a potential game changer for how we think about care for older adults.

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00:09:22.170 --> 00:09:31.410

Belinda Rogers: Pack, which is the Chair of intelligence beneficiary and family advisory council or be back. She's a retired nurse with a master's degree in community mental health.

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00:09:31.770 --> 00:09:37.410

Belinda Rogers: Her career as a geriatric case manager began as a director of Medicare Certified Home Health Agency.

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Belinda Rogers: And concluded with 17 years of program management with the Area Agency on Aging pat also serves on the beneficiary and family advisory council for boulder community health. Next slide please.

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00:09:50.760 --> 00:09:58.500

Belinda Rogers: Mary Ann Smith is Associate Professor at the University of Iowa College of Nursing and the director of the cosmic Institute for Jeremy logical. Excellent.

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Belinda Rogers: Co Director of the Center on Aging and lead faculty for the University of Iowa Iowa collaboratory for successful aging through innovative technologies.

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00:10:08.040 --> 00:10:17.100

Belinda Rogers: That Christmas. It's the principal investigator for the geriatric workforce enhancement program funding that supports the Iowa geriatric Education Center.

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Belinda Rogers: An inner professional strategic Health Care Alliance for role, education, the training grant screening brief intervention and referral to treatment and the staff focused training project partnerships to improve the care and quality of life for persons with dementia.

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00:10:33.990 --> 00:10:46.440

Belinda Rogers: Aaron Emery to direct CEO is it Associate Professor of geriatric and rehabilitation psychology and geriatric medicine at Rush University Medical Center, as well as the co director of the rest and center for

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00:10:46.860 --> 00:10:52.170

Belinda Rogers: Excellence in aging. She is past chair at the American Psychological Association community.

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Belinda Rogers: Committee on Aging and past certain as a society puts clinical psychology, where she developed general

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Belinda Rogers: info.org a clearinghouse for geriatric mental health resources and is also the co director of catch on the geriatric workforce enhancement program based at Rush University Medical Center.

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Belinda Rogers: A full bio of our speakers will be provided with the slides, but this presentation. And now it is my pleasure to welcome Dr farmer, welcome.

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00:11:20.670 --> 00:11:22.170

Belinda Rogers: Thank you so much.

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00:11:22.200 --> 00:11:30.840

Terry Fulmer: For that warm introduction and it's a pleasure to be with you all today and to talk about something that is so important and that is ageism

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00:11:31.170 --> 00:11:41.070

Terry Fulmer: And what each of us can do to reframe it and to make sure that we are reflecting the strengths and positive

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00:11:41.970 --> 00:11:49.080

Terry Fulmer: Behaviors, of all people, particularly older adults. So as we begin today. Next slide. It's my great pleasure to talk about

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Terry Fulmer: The Johnny Hartford foundation based in New York City. Our mission is to improve care for older adults everywhere they are

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Terry Fulmer: Whether it is at their kitchen table or in a nursing home or in a homeless shelter. We are dedicated to improving care for older adults and it's a great privilege for me to be at the foundation

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00:12:09.990 --> 00:12:23.160

Terry Fulmer: Or three priority areas you can see are creating age friendly health systems and I'm proud to say and working with IHI and I'll say a little bit more about this in a few minutes that we are in every state in the country now and

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00:12:23.940 --> 00:12:29.130

Terry Fulmer: The end. I want to give a shout out to my friends, I just saw their names in Oklahoma, who are doing so much for nursing homes.

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Terry Fulmer: We also want to support family caregivers, we know, particularly in this coven time just how much support they need that is vital.

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Terry Fulmer: And we also want to improve serious illness and end of life care and do it appropriately. And so it's it's our foundation has been in place since 1929 and we're beneficiaries of MP grocery stores. Next slide please.

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Terry Fulmer: So what about ageism in healthcare ageism is the discrimination based on prejudice about age like racism ageism is prevalent.

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Terry Fulmer: And discriminatory and all of us have to get it. And I think the film did a very nice job helping us think about that. It can be explicit or implicit an older people themselves can be a susceptible to harmful age stereotypes as healthcare providers. Next slide please.

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Terry Fulmer: So how does ageism manifests itself in healthcare. And I want to say right up front that we are very proud to work with frameworks and Washington DC with net Kendall Taylor.

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Terry Fulmer: In thinking about ageism reframing aging thinking about reframing our thoughts about elder abuse and neglect and also we're currently working with that group on reframing nursing homes, which is so important.

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Terry Fulmer: So in a clinical counter a clinician might dismiss a treatable pathology.

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Terry Fulmer: Or feature it as old age and the famous joke where a man says my left knee hurts. And he says, Well, you're old. What do you expect. And he said, well, my right needs the same age and that need doesn't hurt so

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00:14:07.680 --> 00:14:15.870

Terry Fulmer: dismissing a treatable pathology or treating. Somebody just say that aging is the same as a disease which of course we know it isn't.

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00:14:16.560 --> 00:14:24.810

Terry Fulmer: Healthcare providers communicate differently with older people they they speak down to them. They do elder speak. They simplify things in a way that's insulting.

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00:14:25.230 --> 00:14:35.910

Terry Fulmer: And they very often talk about not with the patient. If I'm in a room with my and they look to me for the answer. And I point my opinion. And so it's about talking

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00:14:36.480 --> 00:14:45.570

Terry Fulmer: With the older adult and macro level, we have a shortage of clinicians specializing in geriatrics geriatrics is considered second class medicine.

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00:14:45.810 --> 00:14:53.550

Terry Fulmer: Geriatric nurses. It's like, why didn't you want in an ICU. All of this is about ageism in each of us can change this every day.

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Terry Fulmer: We, we also have clinical trials and guidelines, they exclude older older adults and exclusion might be if you're over 65 well if we do that, how will we ever get the science that helps us understand the best way to take care of older adults. Next slide please.

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00:15:10.800 --> 00:15:22.530

Terry Fulmer: So ageism impacts the patient's health and you'll hear me switch between patient and older person everybody's an older person in this moment, we're talking about people who are

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00:15:25.200 --> 00:15:28.800

Terry Fulmer: In healthcare, with a provider. So with

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00:15:29.700 --> 00:15:38.040

Terry Fulmer: ageism conditions like depression and pain may go undiagnosed and untreated. We work with Web MD and some of you might have seen that work.

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00:15:38.310 --> 00:15:50.190

Terry Fulmer: Or we did a survey and 40% of our respondents said, and these were older people said that depression is normal aging. You can imagine how shocked. We were by that and I recommend that website to Web MD.

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00:15:50.790 --> 00:16:05.700

Terry Fulmer: reversible causes of problems like memory loss and mobility or overlooked, it's accepted that someone is just changing because of age, when in fact they could have a brain tumor. They could have a very serious injury that's causing their mobility.

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00:16:07.530 --> 00:16:15.660

Terry Fulmer: Decline conditions like prostate cancer, maybe overtreated leading to unnecessary harm instead of giving people all their options.

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00:16:16.050 --> 00:16:24.600

Terry Fulmer: Patients may be less likely to seek health care when needed, because they feel like it's just probably old age and they may be less likely to engage in prevention.

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00:16:25.410 --> 00:16:37.260

Terry Fulmer: Behaviors, it is always time to quit smoking. We all know that it's always time to start walking. We know that. Are we encouraging our older adults to do that. So, next slide please.

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00:16:38.730 --> 00:16:44.520

Terry Fulmer: This is a real life picture of our Grampa Frank who died several years ago.

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00:16:45.540 --> 00:16:54.840

Terry Fulmer: And in fact, he died of a AAA. He had a ruptured abdominal aneurysm and he asked not to be treated and and that's how green Frank died, but

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Terry Fulmer: Before that, I went to the farm where he lives. And I said to him, ramp up. How come you're still in the chair. It's like one o'clock in the afternoon.

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00:17:03.660 --> 00:17:13.200

Terry Fulmer: And he said, Well, you know, I went to doctoring and he told me that I'm just, you know, got to take it easy now. And he took some x rays. I said, let me see the X rays Grandpa.

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00:17:13.650 --> 00:17:29.160

Terry Fulmer: Me show them to me and grandpa Frank had a fractured hip and it was very clear that he had a fractured hip, he said to me, You don't say. And what happened next. As he got surgery and he did very well for the next 10 years. So there you have it from my own personal experience. Next slide.

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00:17:30.360 --> 00:17:39.180

Terry Fulmer: So we're our foundation, along with IHI the American Hospital Association, the Catholic Health Association CVS minute clinics and

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00:17:39.600 --> 00:17:45.960

Terry Fulmer: An array of health systems that are on this call today are fighting ages and by creating an age friendly social movement.

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00:17:46.920 --> 00:17:57.780

Terry Fulmer: In 2007 who released a guide called Global age friendly cities and what I have said is you cannot be an age friendly city unless

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00:17:58.140 --> 00:18:08.820

Terry Fulmer: You have an age friendly health system in your city or in your state or in your county. So that has struck a chord with many of us and and we're working with the public health.

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00:18:09.240 --> 00:18:12.030

Terry Fulmer: systems as well through T foot trust for America's Health

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Terry Fulmer: In order to really get our, our ecosystem together. We have a paper that will come out next week in the journal of the American geriatrics society, talking about the age friendly social movement.

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00:18:21.780 --> 00:18:31.740

Terry Fulmer: Where you have your communities, your systems, your public health systems, your cities and policies in alignment, so that we can have seamless care for people as they age. Next slide.

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00:18:36.450 --> 00:18:39.960

Terry Fulmer: So what is age friendly care and how does it help by ages and

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00:18:43.290 --> 00:18:53.790

Terry Fulmer: We're building that social movements are all care for older adults is age friendly guided by an essential set of evidence based practices. I want to do a shout out to rush, then you'll be hearing from them today.

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Terry Fulmer: On their beautiful video set on age friendly care causes no harm and is consistent with goals and preferences of the older person. The what matters.

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00:19:02.310 --> 00:19:14.940

Terry Fulmer: So it meets the unique needs of older adults reduces bit that excessive or undertreatment it suffuses the healthcare system with aging expertise and respects and honors older people's preferences. Next slide.

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00:19:17.880 --> 00:19:26.940

Terry Fulmer: Here we have the forum framework, which is, I hope, familiar to most of you. Where we remind people that this is a set. It's the forum framework is a set

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00:19:27.210 --> 00:19:36.960

Terry Fulmer: Because all of you can see that each of these elements interact with each other all day long 24 hours a day with older people. If you're working on what matters.

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00:19:37.320 --> 00:19:50.550

Terry Fulmer: You're going to be thinking about people's mobility medication mentation all the time if meds are off your mentation often slips, you may fall and have mobility issues. And certainly that's not how you address what matters to older people. Next slide.

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00:19:53.190 --> 00:19:59.370

Terry Fulmer: The framework condition addresses, what matters builds on evidence. And we have another paper coming up where we're we're

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00:19:59.850 --> 00:20:15.150

Terry Fulmer: We are laying out the evidence for the forum framework because if each one of these elements has a huge body of science behind it to prove why it's the right approach and the right kind of care and synergistic and reinforcing. Next slide.

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00:20:18.150 --> 00:20:29.430

Terry Fulmer: So the movement is growing, we're in. We have participants and we also have people are committed to Care Excellence. And if any of you are in either of these buckets chat that in that would be fun to see

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00:20:29.790 --> 00:20:43.620

Terry Fulmer: And as of June 2020 we have 912 hospitals practices and long term care communities who have received recognition in all 50 states and you can only imagine what a joy that is for us to watch this movement. It is thrilling. Next slide.

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00:20:47.580 --> 00:20:59.100

Terry Fulmer: So as we think about all the things that are going on. What I want to do is say you in the Q and Q iOS, who are doing so much to keep the quality and safety of care for older

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00:20:59.430 --> 00:21:04.410

Terry Fulmer: Adults front and center our foundation is grateful to all of you. We welcome you to join.

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00:21:05.160 --> 00:21:17.040

Terry Fulmer: Our, our age friendly health system movement. You can find that on the IHI website or you can find it through our website and we just need all of you every day and I'm grateful to participate today. Thank you so much.

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00:21:28.650 --> 00:21:40.500

Pat Critchfield: Good morning. Can everyone hear me out there. I hope so. It's a pleasure to be with you this morning to talk about this very important subject. Next slide please.

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00:21:43.380 --> 00:21:59.880

Pat Critchfield: I like to start with this quote from Esther 20 from her book. Never too old. Esther was born in 1895 and established the School of Social Work at the University of Kansas in 1946

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00:22:00.720 --> 00:22:12.270

Pat Critchfield: Quite an incredible woman, I'd say, and it was from a couple of faculty members at the University of Kansas that I was first exposed to the strengths perspective and case management.

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00:22:12.660 --> 00:22:27.780

Pat Critchfield: Which it really ignited something in me and I work to bring those faculty members to Boulder, Colorado where I and some of the staff that I supervised, as well as other staff in Boulder County.

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00:22:28.650 --> 00:22:36.570

Pat Critchfield: learned more about the strengths perspective and it's using case management and trained in some of the tools. Next slide please.

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00:22:39.810 --> 00:23:03.510

Pat Critchfield: I think it's important to recognize that deficits, as we age are only part of the picture. We don't ignore them. We don't deny them, but they don't have to be at the forefront of the relationship. They can serve as the backdrop. As we look at strengths it more in the foreground of the relationship

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00:23:04.710 --> 00:23:05.610

Pat Critchfield: Next slide please.

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00:23:09.000 --> 00:23:18.390

Pat Critchfield: So as we shift from a deficit based view of aging, which is marked by decline and characterized by physical and mental health problems.

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00:23:18.840 --> 00:23:29.940

Pat Critchfield: And if you think about when people talk about getting older, they talk about. I can't see so well anymore. I can't hear. So, well, I'm having trouble getting around

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00:23:32.070 --> 00:23:43.140

Pat Critchfield: I can't drive anymore. I'm losing all of my friends, I have to move to a senior place one of those places. The focuses on

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00:23:43.590 --> 00:23:54.090

Pat Critchfield: What people are losing and rarely do we talk about those things that people have that make them strong that have helped them cope with aging.

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00:23:54.780 --> 00:24:13.680

Pat Critchfield: As professionals oftentimes we deal with the problems of aging versus looking at what strengths does a person bring to the table. So as we shift to the strength sprite based view we look at aging as an enriching and fulfilling part of the life cycle. It's a process.

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00:24:14.820 --> 00:24:26.370

Pat Critchfield: Living is a process. And it's important to identify and work with the positive aspects of aging and try to overcome some of the deficit deficit. Excuse me.

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00:24:26.400 --> 00:24:27.990

Pat Critchfield: Deficit based view.

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00:24:28.890 --> 00:24:32.280

Pat Critchfield: Which drives really our medical model of disease.

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00:24:33.450 --> 00:24:45.270

Pat Critchfield: And I just want to mention a term that I learned several years ago cultural ageism so you, you might think that, well, maybe

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00:24:46.020 --> 00:24:53.040

Pat Critchfield: This is a positive slant on a discipline, it's, it's when someone looks at, oh

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00:24:54.000 --> 00:25:05.190

Pat Critchfield: You poor thing. Let me, let me do that for you. Let me help you with that. And it's really very disempowering to older adults, it ignores that they can do things for themselves.

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00:25:05.610 --> 00:25:28.380

Pat Critchfield: And I personally had a situation like that with my ex mother in law, who was totally disempowered by her daughter who made her believe that she couldn't do anything anymore. And so, subsequently, she didn't. And that just led to further decline in her life, which was unfortunate.

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00:25:29.730 --> 00:25:30.660

Pat Critchfield: Next slide please.

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00:25:33.090 --> 00:25:46.380

Pat Critchfield: So working with the strengths perspective, there are certain principles, values and beliefs that need to be addressed. And, first and foremost, recognizing that every older adult family and community has strengths

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00:25:46.980 --> 00:25:54.900

Pat Critchfield: And no matter how downtrodden or troubled, someone may be, they still have strengths

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00:25:56.040 --> 00:26:02.160

Pat Critchfield: And the problems and struggles can actually be opportunities for growth.

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00:26:03.570 --> 00:26:10.290

Pat Critchfield: It's important to remember that ultimately only strengths can resolve issues and solve problems.

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00:26:10.800 --> 00:26:25.860

Pat Critchfield: But this requires a shift in how we look at things and how in our belief systems that culturally, it's, it's very deeply ingrained and so it takes a little bit of work to overcome what I always used to say is, you know, this sounds so simple.

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00:26:27.030 --> 00:26:31.470

Pat Critchfield: But it's not easy. If you think about it, it's, it's a slippery slope.

151

00:26:33.330 --> 00:26:42.750

Pat Critchfield: People really feel valued and gain a sense of hope and personal efficacy when they're listened to acknowledge accepted and supported

152

00:26:43.260 --> 00:26:53.220

Pat Critchfield: And so that's all part of the relationship, which is the basis for effective helping and it takes time and mutual trust to build a relationship.

153

00:26:53.670 --> 00:27:08.130

Pat Critchfield: And that's, that's one of the complaints often about working from strengths perspective. Oh, it takes too long takes too long to build that relationship. Well, I'd like to suggest that in the long run, it actually winds up saving time

154

00:27:11.040 --> 00:27:27.870

Pat Critchfield: The whole shift is about a belief in the human potential for growth and that individuals, no matter how downtrodden or debilitated can discover strengthen themselves that they never knew existed or that they've forgot that they actually have

155

00:27:29.160 --> 00:27:30.210

Pat Critchfield: Next slide please.

156

00:27:32.580 --> 00:27:45.630

Pat Critchfield: So sometimes we have to work at identifying strengths, because oftentimes people forget what their strengths are and they forget that they can actually have a vision of what's possible.

157

00:27:47.040 --> 00:27:48.690

Pat Critchfield: Even though they're growing older.

158

00:27:50.160 --> 00:28:09.450

Pat Critchfield: One of the easiest ways to do this, I think, is to help a person think about things that they've overcome in the past. What, what did you use to cope. How have you mobilize resources to improve your situation and breaking it down into terms that make sense to the individual.

159

00:28:11.010 --> 00:28:20.610

Pat Critchfield: I can give you a very simple example of this that when I was working at the Area Agency on Aging. I was manning the information and assistance line.

160

00:28:21.060 --> 00:28:36.120

Pat Critchfield: And an older gentleman called in and I asked, you know, you know, how can we be of assistance and he just started off on how miserable, his life was how he didn't have anything how he couldn't do anything, how everything was a mess.

161

00:28:36.660 --> 00:28:37.830

Belinda Rogers: And there was a

162

00:28:38.010 --> 00:28:41.070

Pat Critchfield: He took a breath pause in the conversation.

163

00:28:41.760 --> 00:28:42.540

Belinda Rogers: And I said,

164

00:28:43.200 --> 00:28:44.880

Pat Critchfield: Do you mind if I ask how old you are.

165

00:28:45.930 --> 00:28:47.700

Pat Critchfield: And he said, no, I'm at for

166

00:28:49.020 --> 00:28:52.440

Pat Critchfield: Cause from moment. And I said, Wow.

167

00:28:53.850 --> 00:28:55.110

Pat Critchfield: So you've done something right

168

00:28:56.370 --> 00:29:01.920

Pat Critchfield: You've lived to be a before that doesn't happen. If you don't have something going for you.

169

00:29:04.320 --> 00:29:10.410

Pat Critchfield: And just simply by reflecting on that it changed the whole conversation.

170

00:29:11.550 --> 00:29:24.420

Pat Critchfield: It became more positive. He was able to look at some of the things that he had going well for himself and was able to address, you know, what are some of the things that might be able to assist me, as I move forward.

171

00:29:26.220 --> 00:29:37.890

Pat Critchfield: So as we look at identifying an individual strengths. We all have internal and external strengths. And so looking at

172

00:29:38.400 --> 00:29:47.130

Pat Critchfield: What does someone know about themselves. What is their awareness. Those are strengths. What if they learned what kind of experiences that they had

173

00:29:47.580 --> 00:29:57.240

Pat Critchfield: What obstacles have they overcome what are their talents their hobbies. What about their family in their neighborhood. What kind of relationships exists there.

174

00:29:58.200 --> 00:30:11.490

Pat Critchfield: Their community relationships personal qualities. One of my favorites is a sense of humor, which I think is an incredible strength, it can get you through some very, very tough times.

175

00:30:12.540 --> 00:30:24.210

Pat Critchfield: What are their values, what are their accomplishments and achievements and coping strategies, taking a moment to ask someone about who they are, what have they done

176

00:30:25.560 --> 00:30:32.700

Pat Critchfield: What kind of family. Do they have. Tell me about your grandchildren and these are all ways to help identify strengths

177

00:30:34.860 --> 00:30:35.820

Pat Critchfield: Next slide please.

178

00:30:38.490 --> 00:30:53.610

Pat Critchfield: So much of the language that we use is really in need of replaced and again we fallen into using certain words and not even thinking about what we're saying when we're saying

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00:30:54.810 --> 00:31:04.650

Pat Critchfield: Language can unintentionally domain people contributing to a hiker hierarchical sense of us and them and it can reinforce aging as a deficit.

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00:31:05.910 --> 00:31:09.930

Pat Critchfield: Oh, you poor thing. Oh, let me do that for you. Let me, let me help you.

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00:31:11.070 --> 00:31:21.570

Pat Critchfield: Someone in in the market might be struggling to reach a shelf, and I think it's very easy to just rush up and do it instead of saying, Do you need help.

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00:31:22.920 --> 00:31:28.170

Pat Critchfield: Too simple as asking, rather than assuming that's not so much language, but

183

00:31:29.280 --> 00:31:33.300

Pat Critchfield: It goes along with just moving into that mode.

184

00:31:35.580 --> 00:31:37.140

Pat Critchfield: Word shape behavior.

185

00:31:38.250 --> 00:31:49.440

Pat Critchfield: Words reflect attitudes and attitudes to be determined behavior. So, change the words, change the attitude change the behavior.

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00:31:50.670 --> 00:31:53.220

Pat Critchfield: It takes work. It definitely takes work.

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00:31:54.330 --> 00:32:00.390

Pat Critchfield: Focusing on person centered language to acknowledge and respect people as individuals.

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00:32:01.620 --> 00:32:03.990

Pat Critchfield: So instead of looking at failures.

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00:32:05.250 --> 00:32:14.310

Pat Critchfield: Look at accomplishments. Instead of always addressing needs flip it around and ask about desires and wants

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00:32:16.170 --> 00:32:18.750

Pat Critchfield: Instead of saying, I'm going to do this for you.

191

00:32:20.520 --> 00:32:21.570

Pat Critchfield: I'm going to do this with you.

192

00:32:23.850 --> 00:32:27.090

Pat Critchfield: Needing to burst verses wanting to

193

00:32:29.010 --> 00:32:32.040

Pat Critchfield: Talking about strengths versus deficits.

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00:32:33.450 --> 00:32:42.780

Pat Critchfield: Opportunities versus problems. I think we can all remember a time in our lives where we've experienced some difficulties.

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00:32:43.410 --> 00:32:53.490

Pat Critchfield: But they've really wound up being opportunities for us because we come out the other side, much stronger and having learned something and are much better off or results.

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00:32:54.630 --> 00:33:06.360

Pat Critchfield: So words like empowerment optimism hope possibilities resilience resourcefulness integrity determination.

197

00:33:07.380 --> 00:33:09.870

Pat Critchfield: Hope sense of purpose.

198

00:33:11.430 --> 00:33:26.520

Pat Critchfield: Those become the vocabulary of those who approach aging from the strengths perspective. And I remember when I was working with the staff that I supervised I knew we were making progress. When I began to hear the words shift.

199

00:33:27.810 --> 00:33:32.700

Pat Critchfield: It's a small thing, but at the same time, a huge thing.

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00:33:35.400 --> 00:33:36.330

Pat Critchfield: Next slide please.

201

00:33:39.150 --> 00:33:46.470

Pat Critchfield: So in closing this kind of sums it up for me in terms of acknowledging strengths

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00:33:47.520 --> 00:34:09.120

Pat Critchfield: I love this little cartoon, honey. I've been through two world wars, the Great Depression top 3297 children administered for elementary schools and out lived every one of the pastor's I worked with I'm 89 years old and you're telling me it's bedtime.

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00:34:13.170 --> 00:34:13.680

Pat Critchfield: Thank you.

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00:34:16.530 --> 00:34:29.160

Belinda Rogers: Thank you, Pat, for sharing the strength based view and the power our word tab to the health and well being of older adults. Please welcome our next speaker, Dr. Mary Ann Smith.

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00:34:30.870 --> 00:34:31.410

Belinda Rogers: Dr. Smith.

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00:34:32.520 --> 00:34:38.310

Marianne Smith: Thank you so much. I'm still laughing That was just the best cartoon ever thank you so much for that.

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00:34:39.120 --> 00:34:46.740

Marianne Smith: Let me start by saying, I'm very glad to be here and able to share in this wonderful program Dr fullmer and

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00:34:47.310 --> 00:35:00.210

Marianne Smith: A path have just both laid a great foundation for talking, little bit more about what we are doing as geriatric workforce enhancement programs with age friendly.

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00:35:00.870 --> 00:35:14.910

Marianne Smith: Health Systems and age friendly care. So I'd like to start by just doing a little introduction and Marian Smith my core co leaders for the Iowa web are Linda side Dell and Ryan Carnahan

210

00:35:15.630 --> 00:35:31.350

Marianne Smith: We have five objectives that span 16 activities that include age friendly health systems and communities dementia friendly active dementia friendly communities in an active senior living

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00:35:31.740 --> 00:35:40.500

Marianne Smith: Environment dementia friendly family caregiver support fall prevention medication safety mental and cognitive health

212

00:35:40.830 --> 00:35:46.920

Marianne Smith: Unplanned transfers and tele health and senior living on reading off the slide because they're in micro print

213

00:35:47.400 --> 00:35:55.140

Marianne Smith: On elbow. We have this core leadership team. We also have many, many partners and collaborators throughout the state of Iowa.

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00:35:55.470 --> 00:36:05.130

Marianne Smith: And also in Kansas that represent older adult care and services in senior living settings. That's nursing home care and residential care both

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00:36:06.030 --> 00:36:23.940

Marianne Smith: Veterans care emergency departments critical access hospitals Area Agencies on Aging and I see Joel is in the office. Hi. Joel primary care settings and academic programs and departments on. Thanks. Next slide please.

216

00:36:26.280 --> 00:36:36.360

Marianne Smith: So as a starter. It's very important to understand that the Iowa geriatric workforce enhancement program.

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00:36:36.810 --> 00:36:50.580

Marianne Smith: Really is in partnership with two other kind of core entities are Iowa geriatric Education Center, which is where a lot of the distance learning and

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00:36:51.150 --> 00:37:04.980

Marianne Smith: Programmatic aspects of our web are actually has. So we have a geriatric education center that is supported with our funding and we're building on the 15 year history that we had

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00:37:05.640 --> 00:37:17.610

Marianne Smith: With herself as a geriatric Education Center. And in that center I it's Friday, a little confusion. I think for people, you know, there were the Iowa.

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00:37:18.300 --> 00:37:27.240

Marianne Smith: But we continue to talk about ourselves as the Iowa geriatric Education Center, and I just like to provide clarity that it really is one in the same.

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00:37:27.990 --> 00:37:37.620

Marianne Smith: In our link is there. If anybody would like to visit us. We have a lot of really, I think, strong programming related to care and treatment of older adults.

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00:37:38.280 --> 00:37:53.130

Marianne Smith: That spans a lot of different topics including age friendly health systems. The other piece that I want to mention is that the our Iowa web is working in partnership with the so may center.

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00:37:53.610 --> 00:38:06.120

Marianne Smith: For gerontology logical excellence and I need to record unless like to say again that the Iowa that rather the Sony center.

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00:38:06.660 --> 00:38:18.090

Marianne Smith: Is also building on the foundation of many years of funding as one of the John A. Hartford centers for gerontology to call

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00:38:18.390 --> 00:38:29.130

Marianne Smith: Nursing excellence. And so we had this great foundation at the College of Nursing, we had a wonderful gift from Barbara and Richard so may that has some ordered our

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00:38:29.580 --> 00:38:37.290

Marianne Smith: educational practice and research initiatives that we are continuing as the soulmate center.

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00:38:38.190 --> 00:38:46.200

Marianne Smith: And we really worked hard to kind of blend together with the Sony Center does and what our Iowa web is doing.

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00:38:46.710 --> 00:38:58.860

Marianne Smith: To advance both ignition initiatives, because there's just great synchrony. I think in what initiative does and how we can help one another so

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00:38:59.310 --> 00:39:22.410

Marianne Smith: advancing age and dementia friendly care are both the very important focus of the soul may center. And I'm sorry that our web link got kind of dropped off in this slide. But I will say if you just typed into Google so may center and it is see starting but pronounce. S Oh ma. Why so may

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00:39:23.580 --> 00:39:27.420

Marianne Smith: type that in and you'll be able to find this really easily. Next slide please.

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00:39:30.270 --> 00:39:38.940

Marianne Smith: So the focus of what we're doing as clubs, is to talk again age friendly health systems that we're supporting through our funding.

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00:39:39.420 --> 00:39:55.110

Marianne Smith: And as you can see on this slide we have basically three key ways that we are trying to advance age friendly health systems, one is in emergency medicine that's at the University of Iowa Hospitals and Clinics.

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00:39:55.950 --> 00:40:10.200

Marianne Smith: And we're very excited about the work that's being done there in terms of Dr. Lee and Dr Carnahan working to assure that when older adults come to emergency care.

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00:40:10.710 --> 00:40:21.420

Marianne Smith: It is age friendly and that one of the very important questions that they're asked on is what matters to you for this visit

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00:40:22.140 --> 00:40:31.770

Marianne Smith: Which is one of the main ends in the forum approach the other initiative is your primary carrying ambulatory care settings and that's in Kansas and

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00:40:32.100 --> 00:40:41.790

Marianne Smith: At the Des Moines university with our collaborators there. But what I'd like to talk about is really the initiatives we have going on in senior living

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00:40:42.990 --> 00:40:58.620

Marianne Smith: In nursing home care to try to advance age friendly health care principles and health care nursing care in those settings and that's being led by my dear friend.

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00:40:59.040 --> 00:41:08.970

Marianne Smith: Nicola Jane Stickney and she's got a collaboration with Jefferson County Health System to nursing homes and in building

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00:41:09.330 --> 00:41:20.580

Marianne Smith: A relationship in which there's better communication between the health system where acute care is provided the nursing homes where long term care is provided.

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00:41:21.150 --> 00:41:31.080

Marianne Smith: And thinking about how can we integrate those key questions about what matters to you and Pat. Thank you so much for all of the

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00:41:31.740 --> 00:41:49.260

Marianne Smith: Content and stimulation to think about strength based care and shifting the dialogue, because that's so much of what age friendly cares really about shifting the question from what is the matter with you.

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00:41:49.920 --> 00:42:02.220

Marianne Smith: To what matters most to you and then thinking about the implications of the person's mobility their mentation meaning their cognitive function.

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00:42:02.730 --> 00:42:12.990

Marianne Smith: Their level of depression, perhaps overlapping delirium, that they might be experiencing because of the new onset of some kind of acute care problem.

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00:42:14.070 --> 00:42:24.990

Marianne Smith: And and thinking about how that works as a package. What matters mentation mobility, the medications that they're taking so

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00:42:25.680 --> 00:42:32.430

Marianne Smith: Jane is working very diligently to have those conversations in the nursing home environment.

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00:42:32.910 --> 00:42:44.010

Marianne Smith: Get that integrated into the fabric of what is being discussed at care conferences with families, thinking about how do we set priorities in care.

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00:42:44.610 --> 00:42:58.170

Marianne Smith: In this covert environment, the notion of what matters translates very rapidly into an Advanced Care Directive about if I become ill do I want to go to the hospital.

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00:42:58.590 --> 00:43:09.780

Marianne Smith: Or would I prefer to stay here at the nursing home and be provided care, but the nurses and the staff that I know very well. So it's that kind of

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00:43:10.170 --> 00:43:23.010

Marianne Smith: Content that kind of integration big picture of thinking about the care provided in many nursing homes and many senior living programs often is very good quality.

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00:43:23.460 --> 00:43:36.720

Marianne Smith: And we can turn the page, thinking about what is even person centered care and twisting it around one more time to say the forums provide such perfect guidance.

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00:43:37.080 --> 00:43:49.110

Marianne Smith: To think about who is this person. How do we support them. What can we do differently to, you know, think about how these forums working in our actions so

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00:43:49.470 --> 00:44:07.350

Marianne Smith: With that, I would say, we're also working with two very large rather we're working with quad city Care Coalition so big. Applause to all my partners who might be online today from that coalition and also with our Johnson candy which surrounds I was city.

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00:44:07.920 --> 00:44:08.880

Belinda Rogers: Coalition.

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00:44:09.150 --> 00:44:16.740

Marianne Smith: That includes all of the long term care services that are part of our county. Next slide please.

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00:44:18.930 --> 00:44:35.220

Marianne Smith: We also have a fair amount of education and training to advance awareness of the age friendly health movement I increase skills for students practitioners faculty members.

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00:44:36.420 --> 00:44:47.760

Marianne Smith: To really advance the use of the forums and daily practice and also to raise the expectations of older adults. This is what they should expect

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00:44:48.150 --> 00:45:01.710

Marianne Smith: When they visit their health care provider. This is what they should expect in their care provided in a long term care environment that the conversation should always start with what matters most.

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00:45:03.420 --> 00:45:19.320

Marianne Smith: That's really when I have for you today. And thank you very much. As you can see on the on the side, we have a lot of educational initiatives, a lot of interest in elevating the awareness and use of these practices. So thank you very much.

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00:45:20.820 --> 00:45:32.070

Belinda Rogers: Wonderful, thank you so much. Marianne, for sharing the amazing work that you're doing with the Iowa glass. And now please welcome Dr. Mr. Aaron Emery tarvisio

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00:45:33.480 --> 00:45:43.440

Erin Emery-Tiburcio: Thanks so much, Belinda, I'm pleased to be with you today and I'm going to speak a little more briefly than then Marianne did because you'll be hearing from Me again, next, next week.

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00:45:44.040 --> 00:45:50.130

Erin Emery-Tiburcio: As we talk a little bit more in depth about the forums. So the Rush University Medical Center collaborative

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00:45:50.580 --> 00:45:59.460

Erin Emery-Tiburcio: That we call catch on, which is collaborative Action Team training for community health older adult network. We like really long acronyms. Apparently, for some reason.

263

00:46:00.450 --> 00:46:05.790

Erin Emery-Tiburcio: We have a wide variety of different education and primary care transformation elements to our web

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00:46:06.450 --> 00:46:14.160

Erin Emery-Tiburcio: Which are all in service of creating age friendly health communities. And so, as such, we are building

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00:46:14.850 --> 00:46:29.160

Erin Emery-Tiburcio: Relationships with our community based organizations with primary care clinics with long term care facilities with home care agencies and and in particular in creating dementia friendly communities. So as we do that.

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00:46:29.760 --> 00:46:42.450

Erin Emery-Tiburcio: Our intention is to both educate and empower facilities across the state of Illinois and in Tennessee Turkey health is a one of our central partners in eastern Tennessee.

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00:46:43.440 --> 00:46:56.820

Erin Emery-Tiburcio: And we have been working together to implement the forums and today I just wanted to highlight, very briefly, a couple of our elements that relates specifically to ageism and the the conversation that we're having today.

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00:46:57.270 --> 00:47:07.770

Erin Emery-Tiburcio: One of those is that in order to, you know, Terry talked a lot about this idea of disempowered older adults and that was echoed by by Pat's comment about her ex mother in law.

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00:47:08.130 --> 00:47:13.380

Erin Emery-Tiburcio: And so one of the critical issues in improving the health care of older adults is to empower and educate

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00:47:13.800 --> 00:47:27.720

Erin Emery-Tiburcio: And so one of the activities of our web has been to partner with Community Catalyst who is funded by the Johnny Hartford foundation to co design materials for older adults about the forums and so we have partnered with

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00:47:29.160 --> 00:47:40.350

Erin Emery-Tiburcio: With groups of older adults and caregivers to create materials that will very soon be available to you in both English and Spanish both in print and digitized and so

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00:47:40.770 --> 00:47:46.620

Erin Emery-Tiburcio: Our view on that is that the more that we can empower older adults with knowledge to be able to go into

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00:47:46.860 --> 00:47:54.330

Erin Emery-Tiburcio: Their primary care doctor or to talk to their home care provider or to talk to the nurse in their skilled nursing facility and be able to say, hey,

274

00:47:54.600 --> 00:48:01.830

Erin Emery-Tiburcio: I want to tell you what matters to me. And part of what matters to me is mobility. I want to get up and move around. And so to give people a little bit of

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00:48:02.460 --> 00:48:05.220

Erin Emery-Tiburcio: A little bit of education and some tools to be able to do that.

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00:48:05.820 --> 00:48:14.460

Erin Emery-Tiburcio: And at the same time, we need to educate and empower our workforce and one of the ways that we're doing that, particularly as it relates to ageism is our active listening training.

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00:48:14.820 --> 00:48:24.240

Erin Emery-Tiburcio: We have developed a training that was initially targeted at at home care workers. So the direct care workforce, who are the eyes and the ears in homes.

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00:48:24.930 --> 00:48:33.630

Erin Emery-Tiburcio: To be able to more effectively. Listen to what matters to older adults and when they can do that not only does the care then improve because they're listening to what matters.

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00:48:34.230 --> 00:48:44.010

Erin Emery-Tiburcio: But also then can more effectively help that older adult if needed or empower the older adult to communicate what matters to them to their health care team so

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00:48:44.640 --> 00:48:54.960

Erin Emery-Tiburcio: If anyone is interested in either of those materials we will have them available on cashdash.on.org and or if you'd like to sign up for a training in an active listening.

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00:48:55.740 --> 00:49:07.170

Erin Emery-Tiburcio: We also have a variety of videos with regard to the forums and I'll talk a lot more about that next week I've referenced next week, a couple of times. Hope you all will join us on Wednesday, July 22

282

00:49:07.740 --> 00:49:20.610

Erin Emery-Tiburcio: From 12 to two central time where I will be going through each of the M's and how they work together as a set how to assess an act on each of those how they fit within the affinity groups.

283

00:49:21.240 --> 00:49:25.410

Erin Emery-Tiburcio: And the, the goals of those affinity groups and then some resources that will be available from

284

00:49:26.010 --> 00:49:30.600

Erin Emery-Tiburcio: All four groups. So each of the four states involved in this learning community.

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00:49:31.020 --> 00:49:38.370

Erin Emery-Tiburcio: Each are fortunate enough to have a go app, which is wonderful. So we'll provide some information about each of the groups and then some additional resources that you all can take part in

286

00:49:39.060 --> 00:49:52.530

Erin Emery-Tiburcio: Including some videos that we have. So on the next slide. If you're looking for a preview of what that might look like Terry mentioned that we have partnered with IHI to create three videos about age friendly health systems.

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00:49:53.160 --> 00:50:05.670

Erin Emery-Tiburcio: The first one is real short five minutes. It's just a brief overview about how each family's health systems came to be and what they are. And then we have a video 110 minute video each on age friendly ambulatory care and one in hospital care.

288

00:50:06.090 --> 00:50:13.590

Erin Emery-Tiburcio: And and there you can watch all of them. If you're interested, to have any of those on your website.

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00:50:14.220 --> 00:50:27.060

Erin Emery-Tiburcio: We are more than happy to share the video files. You're more than welcome to reach out to me and I'm happy to share those video files with you if you'd like to take a look at those. We also on our website have online modules about delirium depression dementia.

290

00:50:28.140 --> 00:50:39.990

Erin Emery-Tiburcio: caregiving mobility and polypharmacy and our modules are constructed uniquely such that the first part is for anyone in a health system in any regard from the front desk person.

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00:50:40.350 --> 00:50:46.140

Erin Emery-Tiburcio: On up through the physician and then we have another another piece of it. That is for clinicians, so

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00:50:46.890 --> 00:50:58.740

Erin Emery-Tiburcio: All of those are free continuing education and so would encourage you to to check those out and will certainly talk a lot more about that next week and some of the opportunities that you'll have to learn about eternally how systems. Thank you so much.

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00:50:59.940 --> 00:51:07.020

Belinda Rogers: Wonderful, thank you so much. Aaron for sharing that information. And just as a reminder, the recording and the slides.

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00:51:07.920 --> 00:51:18.450

Belinda Rogers: With the link to those wonderful videos will be shared with you after this webinar. At this time I'd like to turn it over to diligence executive director for federal of

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00:51:18.870 --> 00:51:27.900

Belinda Rogers: Federal Health Solutions to step into will be engaging our panel in a deeper discussion on agents ages on an age friendly care. Welcome to

296

00:51:29.460 --> 00:51:54.480

Susan Stefan: MC Belinda, and thanks so much to our panelists. I am so grateful for the best practices that you shared with us and your wisdom and I was inspired to briefly share today a story about my dad that I think is relevant to this conversation. My dad had a stroke. When he was 59 years old.

297

00:51:55.500 --> 00:52:05.400

Susan Stefan: I remember that night I was home taking care of my 10 day old baby and I got a call from my mom, come quick your dad had a stroke.

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00:52:06.480 --> 00:52:16.410

Susan Stefan: And the stroke left him a physic I'm paralyzed. He had to retire sell his business. My mom became his caretaker.

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00:52:17.820 --> 00:52:22.380

Susan Stefan: And he lived for 25 years and during those years.

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00:52:23.460 --> 00:52:37.140

Susan Stefan: My family and I realized how valuable, his life was even though he wasn't able to work and he wasn't productive. He was still able to share his law he shared his faith.

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00:52:38.160 --> 00:52:52.110

Susan Stefan: He had a great sense of humor and made us laugh, we would play cards with them and listening to music and she was there while my son grew up and seeing all of his other grandchildren, growing up.

302

00:52:53.040 --> 00:53:02.370

Susan Stefan: And it was just such a special time. And I can remember reflecting on the value of his life, even though he wasn't productive.

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00:53:02.820 --> 00:53:13.110

Susan Stefan: And my mindset had always been that you need to be productive and accomplish things to be valued and that wasn't true. I was wrong. And I learned through that experience.

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00:53:13.590 --> 00:53:27.900

Susan Stefan: How much my dad brought the joy that he brought to our lives. So you just all reminded me of that and I felt inspired to share it. So I would like to. Now I'll turn to some questions for our

305

00:53:29.490 --> 00:53:46.710

Susan Stefan: Speakers here. And the first question I'd like to direct to Dr. Farmer and that is what can we do as individuals and organizations to change ageism and our attitudes about aging and if you can help us understand how these attitudes developed

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00:53:48.120 --> 00:53:50.550

Terry Fulmer: So I'll start by thanking you for that.

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00:53:50.580 --> 00:53:51.510

lovely story.

308

00:53:53.070 --> 00:53:55.710

Terry Fulmer: And very powerful story.

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00:53:57.180 --> 00:53:58.950

Terry Fulmer: So what can we do

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00:54:00.540 --> 00:54:05.070

Terry Fulmer: To change ages and the first thing we can do is call it when we see it.

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00:54:06.150 --> 00:54:26.430

Terry Fulmer: Here's, here's something that always happens to me. Maybe it happens to most of you on the phone, people will say to me on the chat. People say to me, What do you do, and I say I'm a nurse and I'm an expert in geriatrics, the next thing that happens you can all guess there's a shuffle.

312

00:54:26.910 --> 00:54:30.540

Terry Fulmer: And then they say, Well, I'm going to need you really soon.

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00:54:31.740 --> 00:54:45.720

Terry Fulmer: I will be so happy when that stops because what I by saying I'm a geriatric expert people immediately identify with their own mortality and they chuckle because they're easy and so

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00:54:47.700 --> 00:54:50.550

Terry Fulmer: I guess what I would say is call it when you see it.

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00:54:52.590 --> 00:54:58.410

Terry Fulmer: People will say, Well, you know, I'm I'm this agent that agent. The film made it perfectly clear that then

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00:54:58.440 --> 00:54:59.640

Terry Fulmer: I just, just a number.

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00:55:00.090 --> 00:55:02.970

Terry Fulmer: But in summarize what I'd say is that

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00:55:05.010 --> 00:55:12.840

Terry Fulmer: When people say to me, well, you know, I'm seven years old. I'll stay where I live. That's a good start. It's so, so, helping people.

319

00:55:13.950 --> 00:55:18.480

Terry Fulmer: Reframe their own thinking about aging and calling ages and when you see it.

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00:55:19.920 --> 00:55:23.700

Terry Fulmer: We heard great examples from the speakers. That was a terrific set of presentations.

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00:55:27.720 --> 00:55:33.750

Susan Stefan: Thank you, Dr. Farmer, I'd like to invite any of the other speakers to add. If you have any comment.

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00:55:36.180 --> 00:55:47.070

Erin Emery-Tiburcio: Thank you for that opportunity and I would certainly echo Dr formers comments and add that I think it's a great opportunity to listen to the kind of language that we use.

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00:55:47.820 --> 00:55:57.870

Erin Emery-Tiburcio: And just as we're hearing about Black Lives Matter and we are being encouraged to learn about history and we're being encouraged to learn about people and we're being encouraged to attend to other ring.

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00:55:58.290 --> 00:56:05.850

Erin Emery-Tiburcio: As though. Anyone who is different from us is other and to an end. It's the same thing really with older adults any of the isms.

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00:56:06.120 --> 00:56:17.940

Erin Emery-Tiburcio: So as we attend to using words like elderly or silver tsunami. These are really strong connotations. And the more that we can attend to the kind of language that we use and Pat was doing a beautiful job and talking about that as well.

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00:56:18.660 --> 00:56:30.840

Erin Emery-Tiburcio: Really goes a long way even if you think about the difference between the word elderly and older adult what kinds of images come to mind as you use those words and what power that can have. So thank you for that.

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00:56:32.970 --> 00:56:36.600

Susan Stefan: Thank you for that. Any other comments to add

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00:56:37.230 --> 00:56:53.490

Pat Critchfield: I, I totally agree with what's been said and in terms of what can we do, and think about when you're buying a birthday card for someone and those those Sentinel birthdays. I think it now starts at 30

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00:56:55.110 --> 00:56:59.250

Pat Critchfield: over the hill on the downhill slope.

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00:57:00.390 --> 00:57:20.820

Pat Critchfield: Black balloons, you all know. And so maybe just paying attention to the subtle messages that are sent when we're buying birthday cards for our friends, instead of going for the negative stereotypical view of aging look for something a little bit more

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00:57:22.020 --> 00:57:22.860

Pat Critchfield: Positive

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00:57:26.250 --> 00:57:27.600

Susan Stefan: Some things you for that path.

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00:57:28.230 --> 00:57:31.080

Susan Stefan: And I have been guilty of that no more black balloon.

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00:57:32.880 --> 00:57:35.100

Susan Stefan: Need to start thinking differently about this.

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00:57:35.940 --> 00:57:37.620

Belinda Rogers: I think we all have been guilty of

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00:57:37.620 --> 00:57:38.430

Pat Critchfield: That and that's

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00:57:38.550 --> 00:57:39.030

Susan Stefan: I guess.

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00:57:39.180 --> 00:57:49.860

Pat Critchfield: Slippery slope that I spoke up, it's so easy to slip into that. Well, everybody does it. It's just the norm. Well, now it's time to break the norm.

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00:57:50.880 --> 00:57:51.900

Erin Emery-Tiburcio: Yeah, acting from other

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00:57:51.900 --> 00:57:56.160

Erin Emery-Tiburcio: I'm a fear of death to a celebration of life in each one of those elements.

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00:57:57.060 --> 00:58:00.900

Susan Stefan: Oh, I love framing it that way. That's awesome.

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00:58:01.950 --> 00:58:08.910

Susan Stefan: All right, let me move on to another question here, and I'll open this up to any of our speakers.

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00:58:09.480 --> 00:58:28.950

Susan Stefan: What would you do to encourage the older adult population to feel empowered and become their own advocate in terms of educational tools and resources that you might use to empower older adults and their caregivers, or any support groups or advocacy groups.

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00:58:30.810 --> 00:58:40.680

Terry Fulmer: Susan. Sorry, I just chatted in the frameworks website that has that we we touched on it today. It has that whole narrative of

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00:58:41.190 --> 00:58:57.900

Terry Fulmer: What to say how to teach it, the German to logical Society of America, led by James Appleby is a certified teacher on how to reframe aging, you can do that as well. And so be knowledgeable use it and improve it, because every one of us who reads it might have a way to prove it.

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00:58:59.700 --> 00:59:01.830

Susan Stefan: I think for doing that Terry

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00:59:05.430 --> 00:59:24.000

Terry Fulmer: And just one more PS on that, if I may. I'm so sorry. Is that I mentioned we we have a grant to the same group to refrain nursing homes in this time of coven where people have talked about, well, we have to call the herd and they've discussed how a nursing nursing home for abandoned.

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00:59:24.870 --> 00:59:36.510

Terry Fulmer: And so every one of us can make a powerful statement about the value of life. We love longevity, but we don't like taking care of people. And that has to change. Thank you.

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00:59:39.180 --> 00:59:46.650

Erin Emery-Tiburcio: Thank you, Terry. And I would just add to that the idea of just having conversations you know we've been at we've been

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00:59:47.430 --> 01:00:00.030

Erin Emery-Tiburcio: talking here about the kind of language that matters. And when you invite those same kinds of conversations with older adults, we've held several focus groups and events in community churches and events in

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01:00:00.780 --> 01:00:09.960

Erin Emery-Tiburcio: Community in older adult residents buildings, just having a conversation about what matters to you and how do you talk to your healthcare team about that, how do you talk to your family about that.

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01:00:10.290 --> 01:00:21.330

Erin Emery-Tiburcio: How do you talk about aging in a way that is more about life and less about the fear of death or disability. And so just having those conversations and and having it.

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01:00:21.720 --> 01:00:30.600

Erin Emery-Tiburcio: Really starts to decrease the taboo of talking about aging and the taboo of talking about death and anything that may come in between aging and death.

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01:00:31.470 --> 01:00:38.730

Erin Emery-Tiburcio: So being able to have open conversations and getting older adults to talk about it and then encouraging them, talk to your family, talk to your community, talk to your

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01:00:39.690 --> 01:00:51.480

Erin Emery-Tiburcio: Talk to your, your health care providers. We've actually had a great amount of success in starting those conversations among older adults talking to each other and then moving those into other arenas.

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01:00:53.910 --> 01:00:55.920

Marianne Smith: Very helpful. Could I build on.

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01:00:57.060 --> 01:00:57.390

Susan Stefan: You

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01:00:57.570 --> 01:01:04.470

Marianne Smith: Because I think Karen just made some just so such incredibly important points. What I'm like to say is that

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01:01:05.190 --> 01:01:14.820

Marianne Smith: It's a personal problem so it's it's everybody in our lives. The Conversation with my Classmates at the class reunion.

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01:01:15.240 --> 01:01:26.880

Marianne Smith: And everybody's whining about their aches and pains and it's healthy to get old and in I just shake my head and say don't even have that conversation with me. I don't want to hear it.

361

01:01:27.360 --> 01:01:40.230

Marianne Smith: And and and really open discussion about what is age related. What is kind of an illness related or disease related problem and stop the

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01:01:41.130 --> 01:01:52.470

Marianne Smith: Negativity about what it is to grow old and let's celebrate how great it is that we're all still here and enjoying one another and having such a great time.

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01:01:52.980 --> 01:02:06.660

Marianne Smith: And I think that for me, it's a real, it's a personal conversation all the time because every time I hear somebody talking about Oh boo hoo. It's hell to get old. I want to say, Don't you dare go there.

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01:02:08.010 --> 01:02:25.530

Marianne Smith: So it. I really agree and support everything that's being said and just wanted to throw in that we all can make some small bit of difference if we just challenge those conceptions and and statements and stereotypes. So thanks.

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01:02:27.390 --> 01:02:35.880

Susan Stefan: Yeah, thanks for making that point, Marianne, and everyone listening. We can all make that our mission right to start reframing those conversations

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01:02:38.130 --> 01:02:50.160

Susan Stefan: So let's see. We talked earlier about ism. Oh, does he have some Trump, some of these other isms or biases or or does it compound them.

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01:02:58.620 --> 01:03:01.590

Susan Stefan: anyone willing to take that question. I'm

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01:03:04.740 --> 01:03:17.940

Erin Emery-Tiburcio: Sure. I think one of the things we're seeing so profoundly on the west side of Chicago is the intersection ality of ageism with racism with socio economic ism and any other number of layers.

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01:03:18.330 --> 01:03:26.190

Erin Emery-Tiburcio: Of isms that operate in a low income largely black and brown neighborhood. And we're seeing higher rates of covert we're seeing poor

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01:03:26.430 --> 01:03:38.460

Erin Emery-Tiburcio: Health care. We're seeing all of the things and and i think that you know an answer to your question, they do compound each other and each layer of intersection ality that an individual experiences as an ism.

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01:03:39.000 --> 01:03:49.170

Erin Emery-Tiburcio: Is one more notch down the railing on the ability to effectively engage in their own health care to effectively engage in a quality of life.

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01:03:50.130 --> 01:04:03.630

Erin Emery-Tiburcio: And so if we have the capacity to be able to chip away at any of these isms. We have the capacity to then lift that individual up and and minimize the impact of

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01:04:03.750 --> 01:04:09.810

Erin Emery-Tiburcio: Some of those isn't whether we are healthcare providers or out in the community, having these personal conversations as Marianne was just talking about.

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01:04:13.620 --> 01:04:26.550

Susan Stefan: That it's so helpful to look at it that way and to realize that as we're reframing ageism we're helping to address some of these other isms the racism and other factors that you referenced.

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01:04:30.750 --> 01:04:45.000

Susan Stefan: What are others around the country doing really well to address ageism and these issues. And is there anyone maybe doing this really well Dr form or do you think you could take that question for us.

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01:04:46.860 --> 01:04:52.290

Terry Fulmer: I, as I say, I chatted in the best resources. I know as we're going along and

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01:04:52.920 --> 01:05:08.280

Terry Fulmer: The reframing aging reframing elder abuse those documents have such they're such high quality documents. Again, created by frameworks, not by, you know, not by ours but them. And I think that, you know, I'm reflecting on

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01:05:09.510 --> 01:05:12.990

Terry Fulmer: The commentary about the extraordinary racism and

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01:05:13.080 --> 01:05:13.950

Susan Stefan: And the whole

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01:05:15.060 --> 01:05:18.300

Terry Fulmer: unveiling of what we must think of differently, who would have

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01:05:19.740 --> 01:05:20.490

Terry Fulmer: Imagined

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01:05:21.540 --> 01:05:24.120

Terry Fulmer: The moment where we have

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01:05:25.170 --> 01:05:30.150

Terry Fulmer: Important statues gone and glad that and that we're renaming

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01:05:31.800 --> 01:05:44.190

Terry Fulmer: Time, you know, so, so I think that we need to lift those examples up as progress and ask ourselves, what are we doing today that will look back in three years and say, how could I have done that, you know, how could I have done that.

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01:05:44.700 --> 01:05:58.740

Terry Fulmer: And it's words matter. And so just just, again, I would say, and Aaron alluded to it beautifully and that is just calling it out. And I think Marianne, said the same thing, call it out nicely would just say, you know, let me give you

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01:05:58.770 --> 01:06:01.530

Terry Fulmer: One last example, sometimes

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01:06:03.840 --> 01:06:07.890

Terry Fulmer: I'm 66 I'll go into store and somebody call me honey. They're in big trouble.

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01:06:09.240 --> 01:06:24.750

Terry Fulmer: It's like, Don't call me honey. You don't know me and I don't like you know that changes things when all of us say, what we want to say about words. So, so I think that the different documents, we're talking about are going to be valuable to those of you listening today. Thank you.

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01:06:26.790 --> 01:06:34.590

Erin Emery-Tiburcio: Terry. That's a fantastic story. And as we work with folks downstate Illinois who consider themselves southerners and in Tennessee.

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01:06:35.190 --> 01:06:42.330

Erin Emery-Tiburcio: A number of the providers were saying, Oh, honey. That's just cultural here and then interestingly, we had a project manager, or excuse me, a

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01:06:42.660 --> 01:06:52.950

Erin Emery-Tiburcio: Clinic manager who said, um, you all should know that I get complaints from older adults. When you call them, honey, even though you think it's cultural if there's still offensive, even in the South.

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01:06:53.220 --> 01:07:04.080

Erin Emery-Tiburcio: So I love that you told that story and that we sometimes think about that language is being cultural, even though it can be incredibly offensive and nobody gets away with calling me honey either I'm right with

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01:07:05.430 --> 01:07:15.900

Terry Fulmer: All of those. And no, I'm a nurse. And so I will say that so many nurses will refer to the people they're taking care of his honey, sweetie, that kind of thing. And

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01:07:17.400 --> 01:07:19.920

Terry Fulmer: That's something all of us can help each other. Stop doing

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01:07:24.090 --> 01:07:24.330

Susan Stefan: Yeah.

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01:07:25.290 --> 01:07:28.020

Terry Fulmer: Or calling people by their first name without their permission.

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01:07:28.410 --> 01:07:29.460

That's another one. Yeah.

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01:07:31.980 --> 01:07:39.000

Susan Stefan: Getting at the impact of ageism in the healthcare delivery of healthcare services.

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01:07:41.220 --> 01:07:52.110

Susan Stefan: What other ways does age affect health care delivery healthcare training, what do I need to look at to make sure we're kind of reframing that

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01:07:56.850 --> 01:08:14.340

Terry Fulmer: Oh, I think there's a moment in time here where we actually have powerful momentum around age friendly health systems as a part of age friendly communities and cities and we need to seize the day while we've got it. And I think that they'll be

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01:08:15.390 --> 01:08:22.260

Terry Fulmer: I know this from my career, there will be a next flavor of the month in a couple of years. So seize this moment to get all the change you can

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01:08:22.620 --> 01:08:33.420

Terry Fulmer: Talk to your local senators, talk to your State Department of Health. Ask them if they're age friendly. We have 1100 CBS minute clinics that have gone live is age friendly health system.

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01:08:34.020 --> 01:08:41.460

Terry Fulmer: Clinics 11 that's 1800 nurse practitioners, all of them with a brochure and a pin on their button that under lapel that says

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01:08:41.790 --> 01:08:49.470

Terry Fulmer: Asked me if I'm age friendly that will change the way people expect their care to be delivered. They'll say, What do you mean age friendly. What is that about and

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01:08:50.010 --> 01:09:01.950

Terry Fulmer: Everybody gets it. So keep thinking of the different vectors on ramps for all of us, and where there are gaps, we should point them out so that we can try to make the change we want to see.

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01:09:03.270 --> 01:09:17.580

Susan Stefan: I love that Linda, we have to get some of those pins you know TV has taken on a trend friendly healthcare systems as our first learning collaborative under the new to contract.

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01:09:18.180 --> 01:09:36.060

Susan Stefan: And we've partnered for many years with Marianne, and Aaron with the West in Iowa and Illinois and I'm just so excited to see this. Take off now. So, you know, you're right. We can seize the day now, and really make some, you know, take advantage of this momentum.

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01:09:38.160 --> 01:09:39.300

Susan Stefan: And I will we are pin.

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01:09:41.340 --> 01:09:44.940

Susan Stefan: So one of my questions was around I'm

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01:09:45.960 --> 01:09:48.420

Susan Stefan: Looking at ages and in terms of

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01:09:49.440 --> 01:10:00.900

Susan Stefan: Disrespect heart being a harm a patient safety issue for older adults. And I'm wondering how we can reframe ageism as a patient safety risk.

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01:10:01.500 --> 01:10:10.920

Susan Stefan: And view disrespect as a form of harm. I'm designing not just better healthcare systems but communities. So I think this is getting at looking beyond

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01:10:11.340 --> 01:10:23.100

Susan Stefan: The four walls of a health care system and getting into the community and senior living facilities and so forth. So how do we do that and where maybe have we seen this done. Wow.

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01:10:35.640 --> 01:10:35.910

Susan Stefan: Yeah.

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01:10:35.970 --> 01:10:38.760

Terry Fulmer: Yeah, I'd be happy to. So we made a threat to

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01:10:39.780 --> 01:10:50.310

Terry Fulmer: Trust for America's Health, which is a public health organization in Washington DC and we asked John O. BOX. The president who's a wonderful human being, if he would

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01:10:51.480 --> 01:11:00.540

Terry Fulmer: Go to the state of Florida and create age friendly public health systems. We were hoping to get 30 of the counties and we got

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01:11:01.500 --> 01:11:07.860

Terry Fulmer: 65% of them right off the bat, and now we all have them because it resonates your triple A's want

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01:11:08.640 --> 01:11:21.270

Terry Fulmer: A public health organizations and both of them want to have a common language to share with acute care or long term care. Think about the empowerment of a nursing assistant who calls

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01:11:21.990 --> 01:11:28.830

Terry Fulmer: me or you or anybody incense. I'd like to tell you about my patients for me today my residents for me today.

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01:11:29.130 --> 01:11:31.200

Terry Fulmer: And when they have the same you

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01:11:31.500 --> 01:11:39.150

Terry Fulmer: Wind up the consumers of healthcare have the same language. We can make real progress and it's all science based it's not

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01:11:40.590 --> 01:11:50.130

Terry Fulmer: It's just has not been rigorously and reliably applied. So that's the standard amazing job. And if you if you take a look at that and I'll put the link in

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01:11:51.150 --> 01:12:00.210

Terry Fulmer: Michigan taken off really quickly on the same in New York State is doing a really good job with their age friendly cities and communities engaging with

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01:12:00.600 --> 01:12:08.040

Terry Fulmer: Their health systems and saying to their health system or an age friendly city, but you're not in a fairly health system. Why don't you change in this changing

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01:12:13.470 --> 01:12:14.490

Susan Stefan: That is inspiring.

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01:12:15.330 --> 01:12:32.190

Erin Emery-Tiburcio: I think that, you know, Terry is spot on that, if we are following the forums, we are providing care that is respectful and decreasing harms. An example of this 89 year old man goes into the emergency room with his wife and his wife says, I think my husband had

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01:12:33.330 --> 01:12:34.020

Erin Emery-Tiburcio: A seizure.

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01:12:34.380 --> 01:12:36.240

Erin Emery-Tiburcio: And so the

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01:12:36.630 --> 01:12:44.940

Erin Emery-Tiburcio: The physician in the in the ED immediately goes into seizure prevention, which for standard younger adults is to provide a benzodiazepine

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01:12:46.320 --> 01:12:54.360

Erin Emery-Tiburcio: gives this to the or the 89 YEAR OLD GENTLEMAN, AND WHO because that they haven't yet done a full history.

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01:12:54.750 --> 01:13:07.320

Erin Emery-Tiburcio: They weren't aware that he already had moderate Alzheimer's disease and he instantly becomes delirious, because that's what tends to happen for an 89 year old on a benzodiazepine and then the physician begins to do the

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01:13:08.520 --> 01:13:19.920

Erin Emery-Tiburcio: history and physical and come to find out what really matters most to this older adult and his wife is that he not declined cognitively, that's the biggest deal well she's just created.

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01:13:20.550 --> 01:13:37.860

Erin Emery-Tiburcio: A delirium and had she asked first what matters. Then she wouldn't have had this this issue now where he's delirious as he's delirious in the hospital. They couldn't discharge him because he wasn't safe to leave. So he's in the hospital and he falls because his mobility his

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01:13:37.950 --> 01:13:50.100

Erin Emery-Tiburcio: Hair the benzodiazepine. So now they've created a fall problem had they address the mobility issue. To begin with, we wouldn't have had this issue so so as we respect you were talking about your original question was about disrespect.

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01:13:50.460 --> 01:13:59.520

Erin Emery-Tiburcio: If we respect an older adult by starting with what matters. Every single time starting with what matters to the older adult starting with what matters to the caregiver, the family.

437

01:14:00.300 --> 01:14:09.660

Erin Emery-Tiburcio: Then we can avoid a lot of the other harms, we can avoid giving them medications that are unsafe, we can avoid mobility issues we can avoid exacerbating existing mentation problems.

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01:14:10.140 --> 01:14:20.580

Erin Emery-Tiburcio: And so we avoid harms by starting with what matters and addressing the forums and then we can provide much more effective care that's in line with what matters to them.

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01:14:24.660 --> 01:14:29.130

Susan Stefan: That was perfect. Erin. Thank you so much for sharing this story.

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01:14:29.940 --> 01:14:31.770

Erin Emery-Tiburcio: And story, by the way, was my dad.

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01:14:32.070 --> 01:14:33.240

Susan Stefan: So, oh,

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01:14:33.810 --> 01:14:35.100

Erin Emery-Tiburcio: had that experience.

443

01:14:35.820 --> 01:14:36.180

Susan Stefan: Yeah.

444

01:14:36.270 --> 01:14:40.260

Erin Emery-Tiburcio: It's horrible. Being there with it, it hits home for all of us in one

445

01:14:40.260 --> 01:14:40.680

Yeah.

446

01:14:42.630 --> 01:14:43.200

Pat Critchfield: Well, that

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01:14:43.320 --> 01:14:44.430

Pat Critchfield: That was that

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01:14:44.460 --> 01:15:04.590

Pat Critchfield: Was very powerful and and so from a, from a larger perspective. There are a number of studies out that show if you have a positive attitude about aging, it can actually prolong your life. There was a study many years ago that I remember hearing about that.

449

01:15:05.640 --> 01:15:30.540

Pat Critchfield: Older adults that had a positive view of getting older lived on the average seven and a half years longer than those that didn't. And that was powerful or chronic diseases that were the same in both groups. So it's powerful, and there was another study that I just recently saw that

450

01:15:31.740 --> 01:15:52.530

Pat Critchfield: If you're optimistic about aging, they found a 11 to 15% longer lifespan, on the average, and if you look at controlling cholesterol and blood pressure. I think it was a lower percentage. So

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01:15:52.590 --> 01:15:53.100

Susan Stefan: I think it

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01:15:53.400 --> 01:16:04.200

Pat Critchfield: underscores how having a better view of aging actually makes your health better in the long run, and we all benefit from it.

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01:16:05.580 --> 01:16:08.310

Susan Stefan: What a great point, Pat. Thank you for sharing that.

454

01:16:09.780 --> 01:16:12.480

Susan Stefan: With me I yeah Marianne.

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01:16:13.680 --> 01:16:25.470

Marianne Smith: I just done wanted to talk a little bit again circle around some of Pat's earlier commentary about how we step in and do things for individuals.

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01:16:25.860 --> 01:16:35.730

Marianne Smith: Thinking that that is a kind thing to do when in fact they may we may actually be impairing their ability

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01:16:36.180 --> 01:16:44.760

Marianne Smith: To do things on their own that feeds our self esteem and also in the long term care environment. I think it's so incredibly important.

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01:16:45.090 --> 01:17:02.520

Marianne Smith: That we continue to have that dialogue with our daily care providers about how we address people how we invite them to participate in their care how we support them to be as autonomy in their function as possible, their mobility.

459

01:17:03.120 --> 01:17:19.320

Marianne Smith: Their decision making, etc. And there's so much about the forums that can spin around what a daily care provider does in their interactions with our older adults living in long term care environments that

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01:17:19.470 --> 01:17:22.080

Marianne Smith: It really does have a lot to do with safety.

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01:17:22.470 --> 01:17:33.360

Marianne Smith: On the one hand, I think that they're almost overwrought with concerned that something bad might happen to someone and and they impose a different kind of safety issue.

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01:17:33.990 --> 01:17:43.110

Marianne Smith: By creating dependency. So if the person is not self sufficient if they're not functioning on their own. They're not walking independent like

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01:17:43.500 --> 01:17:52.560

Marianne Smith: Then their capacity to do that decreases. And so I think it's, it really is a message for long term care partners to be thinking about

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01:17:52.950 --> 01:18:02.850

Marianne Smith: How we help daily care providers. Think about the balance between autonomy and what we traditionally think of that as safety.

465

01:18:03.330 --> 01:18:18.090

Marianne Smith: And try to really push the notion of how do we support people to be successful. How do we empower them to be engaged. How do we offer them opportunity there really is age friendly care.

466

01:18:19.290 --> 01:18:36.180

Marianne Smith: Because that that is for me, one of the things that I see almost continuously is trying to protect people in a way that actually impedes their ability to really direct their life and and follow what really matters to them.

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01:18:40.230 --> 01:18:42.690

Susan Stefan: Thank you for that. Marianne great insight.

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01:18:44.970 --> 01:19:00.630

Susan Stefan: Before I turn this presentation, back to our team and I think Risa is going to help us respond to some of the chat. Let me just ask if there are any last comments that anyone would like to make

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01:19:01.980 --> 01:19:12.540

Terry Fulmer: Is Terry, I, I will. I just want to talk about how deeply ageism is also embedded in our workforce. We pay people who were here get paid less

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01:19:13.080 --> 01:19:25.410

Terry Fulmer: They are disrespected, we have different staffing ratios for those colleagues and that we've seen that system is just so broken yesterday.

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01:19:26.040 --> 01:19:36.000

Terry Fulmer: I guess it was yesterday. I sent out a blog about my position that we should close all nursing homes and I said it on purpose to have people take notice.

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01:19:36.450 --> 01:19:40.230

Terry Fulmer: There are 1.3 million people in nursing homes. There are

473

01:19:41.070 --> 01:19:58.380

Terry Fulmer: Our hospitals are at 65% occupancy and that's where all the pee pee staffing and equipment is. So what if we use those excess beds as extended care wings and made them beautiful so that the next crisis happens all the staff, the PPC and the equipment, would you wait in place, I do not.

474

01:19:59.430 --> 01:19:59.730

Terry Fulmer: Make

475

01:19:59.760 --> 01:20:14.010

Terry Fulmer: Progress, but it's, it has to do with the fact that we have such a convoluted payment system for long term care that we have tied their hands regulated them to a point where they can't even turn around and so what I'd say is sad, Jason. Thank you.

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01:20:15.630 --> 01:20:18.510

Susan Stefan: Yeah, and the resources that are needed or not they're

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01:20:19.500 --> 01:20:20.010

Terry Fulmer: Not at all.

478

01:20:24.900 --> 01:20:29.760

Susan Stefan: Well, thank you so much to all of our panelists Risa. Are you going to

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01:20:30.960 --> 01:20:33.660

Susan Stefan: Share some of that questions and comments from chat.

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01:20:37.080 --> 01:20:39.870

risa hayes: Much. Yep. I certainly am. Can you hear me.

481

01:20:40.860 --> 01:20:41.580

Susan Stefan: Yes, I can.

482

01:20:42.720 --> 01:20:44.190

risa hayes: Alright, so

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01:20:46.560 --> 01:20:59.520

risa hayes: I'm just going to go through comments really quickly. First, very early in chats Kathleen decal I believe that's how you pronounce her name shared a link to a bio psychosocial framework.

484

01:21:00.630 --> 01:21:05.730

risa hayes: To the Lazarus. Lazarus and Folkman stress and coping model.

485

01:21:07.050 --> 01:21:21.090

risa hayes: So look for that in there. And we will also be posting. There's so many great resources and feedback from both of these calls last part one and part two. So, we will be posting these, but if you want to see it sooner you can look for that and chat.

486

01:21:23.160 --> 01:21:32.070

risa hayes: We got some great comments emphasizing some of the comments from our panelists loving the refrain from Marianne story.

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01:21:33.750 --> 01:21:41.070

risa hayes: And then the couple of questions that we got there was one very early on, asking is, Tai Chi really reduces fall

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01:21:42.690 --> 01:21:53.550

risa hayes: But before I give you a chance to answer that. There was another question about from Deborah Myers asking if anybody knows of any grants and Colorado for a very small

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01:21:55.710 --> 01:21:58.230

risa hayes: Let me see if I can find it again. It's, it's kind of

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01:21:59.790 --> 01:22:12.840

risa hayes: squirreled down there we go for very small for profit primary care rural practice, including educating my patients regarding ageism and empowering my patient

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01:22:13.680 --> 01:22:21.570

risa hayes: So with those two questions in mind. I know we only have a few minutes the question about tai chi of reducing falls and any information on grants.

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01:22:24.270 --> 01:22:33.360

risa hayes: There was also a question about helping older adults during the pandemic. So those are the three questions that we have. I don't know which one. Anybody wants to tackle.

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01:22:35.550 --> 01:22:39.900

Terry Fulmer: It's Terry, so it works. And if you look up through lips.

494

01:22:40.320 --> 01:22:40.890

Terry Fulmer: Literature.

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01:22:40.920 --> 01:22:43.860

Terry Fulmer: It works. I'm wondering next

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01:22:44.070 --> 01:22:45.600

Terry Fulmer: The next thing I'd say about grants.

497

01:22:45.630 --> 01:22:46.890

Terry Fulmer: Is you

498

01:22:46.920 --> 01:22:48.510

Terry Fulmer: Can do this work for free.

499

01:22:49.770 --> 01:22:55.320

Terry Fulmer: By just downloading the frameworks and making templates and handing them to your patient. And I would say start there.

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01:22:57.030 --> 01:23:03.990

Terry Fulmer: Because John Auerbach has taught me very clearly what we can do for very little money today it's I would start today.

501

01:23:05.340 --> 01:23:06.870

Terry Fulmer: And I bet you the money will follow.

502

01:23:10.680 --> 01:23:11.910

Pat Critchfield: And in terms of

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01:23:14.460 --> 01:23:16.830

Pat Critchfield: I'm sorry, I'm in terms

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01:23:16.920 --> 01:23:18.150

Pat Critchfield: Of other

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01:23:19.230 --> 01:23:22.620

Pat Critchfield: potential funders. I don't know if any grants are available or

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01:23:22.620 --> 01:23:23.130

Pat Critchfield: Not

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01:23:23.430 --> 01:23:26.310

Pat Critchfield: But I know rose Community Foundation over the

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01:23:26.310 --> 01:23:35.400

Pat Critchfield: Years has been a strong supporter of this type of work. So you might check them out and see if they have anything currently available.

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01:23:43.170 --> 01:23:44.430

risa hayes: Wonderful. Thank you.

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01:23:47.310 --> 01:23:48.750

risa hayes: And Belinda. I don't know if we have time.

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01:23:48.750 --> 01:23:56.430

risa hayes: To yeah I go ahead, take it away. I didn't know if we had time to go back to that last question, or if we need to move on.

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01:23:57.690 --> 01:24:06.150

Belinda Rogers: And we have about five minutes. So if we want to. I'd hate to have someone's questions go on answer. So if we want to really quickly address

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01:24:07.230 --> 01:24:15.750

Belinda Rogers: This issue and coven and i think that's that's great if we have any of our panelists, they'd like to, to take that question.

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01:24:17.490 --> 01:24:18.540

Belinda Rogers: And just a reminder that

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01:24:18.600 --> 01:24:22.290

risa hayes: The question was about helping older adults during this pandemic.

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01:24:24.630 --> 01:24:39.330

risa hayes: And I don't know if that was you know, specific to I know I personally have been in some conversations that absolutely involve some concerns about ageism and how we're delivering certain messages during this pandemic.

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01:24:44.190 --> 01:24:56.880

Erin Emery-Tiburcio: Certainly, we've been hearing about whether older adults will be among those to get ventilators if ventilators are in short supply. We had some very difficult conversations at rush early on as we were developing our policies about that.

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01:24:57.900 --> 01:25:04.710

Erin Emery-Tiburcio: And so certainly this is the isms have become have become profound. I think one of the things that's come up

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01:25:05.280 --> 01:25:13.170

Erin Emery-Tiburcio: In our work with the web is that the cares Act provided some additional funding for each go up to do some work around Tele health

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01:25:13.620 --> 01:25:21.240

Erin Emery-Tiburcio: And so in both in getting older adults to be able to access Tele health. So one of the big issues with older adults, being able to

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01:25:21.510 --> 01:25:28.110

Erin Emery-Tiburcio: Get any kind of health care during a pandemic is that it's, it can be unsafe potentially to go to their healthcare institutions.

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01:25:28.860 --> 01:25:37.650

Erin Emery-Tiburcio: And be around other folks who are ill or potentially ill and Telehealth is a phenomenal opportunity, but many folks that either don't have the technology or don't have the

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01:25:38.550 --> 01:25:47.670

Erin Emery-Tiburcio: The internet or don't know how to use the the services. So one of the things that we're doing with the additional funds that we received is that we are identifying older adults.

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01:25:48.330 --> 01:25:57.360

Erin Emery-Tiburcio: Who don't have a device or don't have internet or both or have a device and don't know how to use it because in our focus groups that was what we were hearing that

525

01:25:57.630 --> 01:26:09.060

Erin Emery-Tiburcio: Yeah, my, my kid got me a smartphone, but I don't know what the heck to do with it. And so we are also hiring a tech savvy support person to be on call.

526

01:26:09.720 --> 01:26:17.340

Erin Emery-Tiburcio: Full time to help older adults access their Telehealth portals set up their accounts that have Facebook set up Instacart lift.

527

01:26:17.970 --> 01:26:28.260

Erin Emery-Tiburcio: social connection. So that's the other critical piece is, you know, we've been hearing in the news about social connection or social isolation rather being the equivalent of 15 cigarettes a day.

528

01:26:29.160 --> 01:26:38.370

Erin Emery-Tiburcio: In terms of health and so being able to provide that kind of tele health in terms of connecting to others. The technology, I think, is a critical factor for older adults during code as well.

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01:26:40.050 --> 01:26:41.940

Erin Emery-Tiburcio: And thank you, Terry for your comment. That's very kind.

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01:26:43.980 --> 01:26:44.460

Erin Emery-Tiburcio: Wonderful.

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01:26:45.030 --> 01:26:55.620

Belinda Rogers: Well, thank you, Risa and thank you all for for some great questions in chat and for the panelists and their responses. If we go to the next slide please.

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01:26:56.100 --> 01:27:03.570

Belinda Rogers: In addition to the resources, our speakers have shared we've included some additional ones. And again, you'll have access to this when we send the slides up next.

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01:27:04.110 --> 01:27:12.390

Belinda Rogers: SLIDE, PLEASE, WE HAVE SEVERAL EXCITING upcoming events, including you've heard our learning collaborative and look for in framework and becoming age friendly.

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01:27:13.500 --> 01:27:26.130

Belinda Rogers: Which is kicking off next week on July 22 so be sure that you're signed up for that and also just keep an eye on our events calendar on a website for many upcoming exciting events. Next slide please.

535

01:27:27.090 --> 01:27:44.100

Belinda Rogers: In closing, I want to encourage each of us to reflect on inflammation share today and how we as individual and collective partners can begin to change the conversation about aging embrace age as a part of life journey and become more age friendly in our systems of care. Next slide please.

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01:27:45.120 --> 01:27:53.910

Belinda Rogers: I would like to thank each of our panelists for being with us today and for sharing such important information and resources and for those that have joined today. We know your time is valuable.

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01:27:54.180 --> 01:27:58.920

Belinda Rogers: So we hope that you've enjoyed today's presentation and learn beneficial information you can

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01:27:59.220 --> 01:28:08.430

Belinda Rogers: take back to your community corporate into your work and we encourage you to please complete the evaluation, the links posted in chat and you can always connect

539

01:28:09.150 --> 01:28:24.840

Belinda Rogers: And contact the intelligent team for any questions that you might have. And thank you, and we hope to see you next week for our for more and learning collaborative. And that concludes our webinar. And we really hope that you have a nice afternoon. Thank you for joining us today.