

REALTIME FILE

PHI- Protecting Against the Harms of Social Isolation During COVID-19

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>> KATHY PIAZZA: Welcome, everyone, welcome to Protecting Older Adults from the Harms of Social Isolation and Providing a Continuum of Care During COVID-19. My name is Kathy Piazza and I'm running this dialogue with my colleague Murlean Tucker. We thank our partner Trust for America's Health. Audio for this web forum is through your computer speakers or headphones.

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Please share your thoughts and questions about today's presentation by typing them in the Q&A box and we'll answer as many of them as we can.

Open the Q&A panel by clicking the circle with three dots at the bottom of your screen. In the Q&A panel on the right side of your screen, Select All Panelists in the dropdown menu so that your question gets sent to the right place. Now it's my pleasure to introduce Megan Wolfe the moderator of this event. Megan is a Policy Development Manager at trust for America health where she works with the policy development team to advance modernized accountable public health system. Miss Wolfe has been engaged in public policy and advocacy for over 20 years and has represented fortune 500 and nonprofit organizations. She received her degree at Texas at Austin and earned a JD. Welcome to the webinar, Megan.

>> MEGAN WOLFE: Thank you, Kathy, it's a real pleasure to be here and to work with you all. So today's webinar is focused on COVID-19 and the impacts on older adults, the consequences and the continuum of care. But we will also be identifying solutions to some of the challenges that will be discussed today. So I'm going to start with?

Background and foundational information about social isolation and then I will introduce our powerhouse panel of presenters one at a time. After all of them have shared for a few minutes we will get to the questions and answers and we are really looking forward to a very robust conversation this afternoon. So I hope all of you will take advantage of our panelists knowledge, expertise and depth of engagement in these issues. Next slide, please?

TFAH is a non-partisan public health policy, research and advocacy organization that envisions a nation in which the health and well-being of every person and community is a national priority and where prevention and health equity are foundational to policy-making at all levels of government.

TFAH has been working, as I'm sure many of you have, to support the public health response to COVID-19 and, as we have historically, are advocating for robust federal funding and policy support for public health at all levels.

Next slide please.

TFAH leads the Age-Friendly Public Health Systems initiative which promotes the expansion of public health's roles in older adult health. Historically, including before COVID-19, public health's role in aging was limited to vaccinations, some chronic disease programs, fall prevention, and some dementia efforts. This is true at all levels, from the federal level at CDC as well as at state and local public health departments. Older adult health just has not been their focus.

TFAH's vision is that every public health department, at all levels, would become age-friendly and include a focus on older adults in all planning and in all programs. Now, we're seeing just how Important this is.

>> KATHY PIAZZA: Megan, we're getting feedback from your line, it looks like all panelists are muted. Did something change on your audio?

>> MEGAN WOLFE: No, nothing has changed.

>> KATHY PIAZZA: It suddenly got --

>> MEGAN WOLFE: Yes, I heard the echo. I don't know, and I haven't done anything differently.

>> KATHY PIAZZA: I don't hear it when you are speaking, it's only when -- go on and we'll monitor it for a couple more minutes.

>> MEGAN WOLFE: All right. Let me go back to: TFAH's vision is that every public health department, at all levels, would become age-friendly and include a focus on older adults in all planning and in all programs. Am I sounding better?

>> KATHY PIAZZA: Yes.

>> MEGAN WOLFE: Okay.

For over 2 years now, TFAH has been facilitating a pilot in Florida where we are testing the model you see on the slide, where public health departments can take action in each of the 5Cs to become age-friendly.

I'm not going to take the time this afternoon to define each area but I will invite you to visit the website on the screen to learn more and to access a summary report that we've prepared that captures all of the learnings that we have been collecting in Florida among the county health departments participating in the pilot and their efforts to transform into public health forums. Next slide.

Our panelists today will be addressing the specific challenges that older adults face due to social isolation, but we will also address the importance of the continuum of care for older adults during emergencies and beyond. Social isolation is a term that until a few weeks ago was relatively remote to most of us in terms of having personal experience being socially distant or isolated. But now, we may be starting to understand the very real sense of isolation and loneliness because we are socially distanced due to COVID-19. And hopefully, this is imparting a sense of empathy, urgency, and deeper consideration of what older adults experience as well as generating novel solutions to both existing and new problems.

We know that older adults are particularly susceptible to negative effects of isolation and loneliness: more older adults live away from their families, face financial problems, have limited transportation and access to healthy food, and many are challenged in finding accessible and safe housing options. Social isolation can exacerbate these already existing issues, negatively affecting older adults' quality of life and contribute to an increased risk of morbidity and mortality. Research indicates that loneliness can be more detrimental to health than smoking or obesity. That is staggering.

And can have very significant implications for mental health, increasing the risk for dementia and other cognitive decline. Just I would add in these days of COVID-19 we are all sensing additional emotions including fear, we're having a lot of stress and anxiety and this adds another layer of potential harm.

One more stat: social isolation has been estimated to account for \$6.7 billion in additional Medicaid spending annually. Next slide, please. COVID-19 has disrupted all of our lives. Up to 95% of Americans are under stay at home orders.

This is really hard for all of us, particularly those extroverts among us, but for the most part, we are finding ways to be together virtually and many of us can still grocery shop, walk our dogs and go out for exercise. But for older adults with limited or no experience with technology, with limited or no access to transportation and for those who live in areas whether it's either not safe or conducive to being out, you know, staying at home is just detrimental, detrimental to their health and can be downright dangerous.

Senior centers have closed, volunteers who are often older adults themselves have had to stop volunteering, and we're hearing there is competition for the remaining services for the workers.

And of course the stories about older adults in nursing homes and assisted living facilities are heartbreaking. There are two Senators who are seeking law to protect those in senior centers. Next slide.

We're here today to talk about these challenges, but also to identify some solutions and so I want to pivot now to two overarching concepts that TFAH and many of our partners recommend. These are multi-sector collaboration—and Terry I apologize for using your image here, but it so clearly depicts the natural alignment between the age-friendly movements. And the what we are trying to see.

The other is working to create a continuum of care among the public health, health care and aging services or community services sectors. There is no right order in terms of the importance of these sectors, of course, but I wanted to try to demonstrate the

Importance and fees ability of this continuum when it comes to the care of older adults, whether they move to healthcare, released to a hospital and come back into the community, it's really important that all these sectors communicate and begin to collaborate to coordinate care for older adults.

Working together and across sectors, we can make sure that older adult health is protected, supported and managed.

Next slide, please. And next slide, please, if we could move to -- there we go. Our first presenter today is Terry Fulmer, president and CEO of the John A. Hartford Foundation. Terry is a joy to work with, she's a nurse, clinician and passionate advocate for finding novel solutions to see older adults are cared for across the continuum of health. Welcome, Terry, we look forward to your presentation.

>> TERRY FULMER: Megan, thank you so much for that introduction and you can use my slides anytime, Megan. So glad to be with everybody today and first let me acknowledge the devastating toll that the current pandemic is having on all of us and we know that this is especially true for older adults and that everyone is feeling the affects of social isolation. And, so, this is a very timely discussion this afternoon and we know that whether it be the tornadoes that are currently also going on in this country or the pandemic, it's so horrific, that we will make way forward and I think our conversation today is essential to making that progress.

And let me just say it's a privilege to work with all the panelists today, I have such regards for them. Next slide, please. Next slide.

So, the John A. Hartford Foundation is in New York City and we're seeing a lot of activity right now as is the rest of the country. But our mission and priorities have been focused very squarely on improving care for older adults, we've been doing that since 1982 with over \$625 million in grants, and our view is that we are building the field of ebbing periods of time testing and renovation and we think you will hear about the innovation today. The three priority areas are age friendly health systems start at kitchen table and move through public health where Megan is so expert and really bring you back to your kitchen table after perhaps a hospitalization or nursing home stay. Next slide.

I think the national academy was really pressured when we began over two years their social isolation and loneliness report. These reports, and I know many of you have participated start with a passionate idea, something that is wrong that we need an answer to, sponsors and leaders come together, study directors like Tracy Lustig who gave a remarkable presentation, make sure it comes to fruition and sponsors like AARP under right the reports. Having thought about this and conducted the report there is very important work. The aim was to examine how social isolation and loneliness would impact health outcomes in older adults age 50 and older among our low income, under served and most vulnerable population. Next slide, please.

And I do want to add this report is downloadable for free on the website for the national academy. What does this report tell us that we are living through right now. Social isolation is the objective state of having few relationships or infrequent social contact. We know people like that, where 24% of U.S. community-dwelling adults over age 65 are socially isolated. Harms are extraordinary associated with increased risk of premature death and a 50% increase risk for development association of developing

dementia.

Loneliness, by contrast, sometimes we use these words interchangeably but they are not interchangeable, is the subjective feeling of being isolated and 43% of U.S. adults reported feeling lonely before the COVID pandemic. Think about it. Harms include association with higher rates of depression, anxiety and suicidal ideation, 4 time the risk of death, 68% increased risk of hospitalization and 57% increased risk of ED visits. Not only is it profound but heartbreaking.

I'm delighted that Megan put up our age friendly ecosystem slide earlier and I'd like to underscore it again. It was really the late 90s when people started talking about elder-friendly hospitals. And that didn't really resonate but when the WHO started talking about age related communities, people started saying that sound like a good idea. As I followed that work along with my colleagues at the foundation and across the nation I said to myself can you really be an age-friendly city or community if you don't have an age-friendly system in your midst and what about age-friendly health industry. We've seen people work hard on that, it's a vision for the future and we believe using the example of COVID if we have a continuum of partners across the city, our nursing homes, public health systems, area aging systems we will be ready at the moment of our next disastrous event. So, the next slide.

Here I'm going to turn this over to my colleague Marcus to really bring it alive. Marcus?

>> MARCUS ESCOBEDO: Thank you, Terry, and thank you for addressing this important topic which is so relevant right now during this pandemic but at all times for older adults and for other populations and thank you, Terry, for being a reviewer of that national academy report. I will take it from you where you left off describing the age friendly ecosystem which provides a way to bring partners together across sectors to better meet the need of our growing aging population and I want to focus on one part of that. It's one part of the continuum care and it's the age friendly health system which our health oriented audience may not be familiar with, it's a growing and exciting movement in our 50 states, we have more than 550 healthcare teams across hospitals, primary care, long term care that are working to deploy evidence based practices in what we call the four M framework, reduce harm and first and foremost focused on what matters to families which is the first M. All Ms are evidence based in importance of outcomes for adults particularly together as an every subtle and each has an evidence-based practices that can be feasibly and reliably given to older adults. Our two messages from Terry and I the four Ms are critical at any time and more so now in the current COVID crisis and too the 4 Ms are a way to address social isolation and loneliness. I will take you through them quickly. Take what matters. When a healthcare team takes the time to ask, understand, document and act on what matters to older adults, that can be a powerful way to understand if an older person is at risk or experiencing isolation or loneliness and to mitigate those risks perhaps by partnering an area agency on aging.

The other Ms are critically important especially now, take medications in my own parent like many others cannot visit their local pharmacist to pick up their medication. For many older adult the major source of connectedness, you have to make ways to make up for the miss goes connectedness. You can imagine how important dimension and

depression in terms of addressing isolation and loneliness and the same hold for mobility, the fourth M which is about assessing and helping older adults move safely and interact with their world. It's obviously critical if we want to maintain this connectedness and help older adults mitigate loneliness and isolation.

As the movement grows we are working with our partners in public health and aging network to collaborate on ways to address the four Ms and reduce isolation. We invite you to join us, it's lhi.org/agefriendly. There are so many partners including the panelists today and presenters. With that, let me turn it back to Terry in case she has closing remarks for this section and then move onto the rest of the presentation. Thank you.

>> TERRY FULMER: Thank you, Marcus, for bringing it alive, we invite everybody into this work because we are better together and as IHI tells us, all teach, all learn and I'm grateful for TFAH. Thank you for the wonderful work that is going on with our diverse elder isolation. In the next slide I thought I would tell a wonderful shout out to the YMCA. So, the YMCA of America is a wonderful resource. I had a wonderful conversation with Heather Hodge, she is senior director of community health. I said to Heather what is going on with the Y's across the nation, everybody trusts the Y's. She sent me some of the most wonderful stories, in Colorado where people were connecting and making phone calls and other parts of the country people were rallying and delivering meals. A lovely story about a woman, older woman who likes to swim and how that older woman put on her bathing suit even in isolation, took a video and sent it to her coach so she could prove she was still thinking about the YMCA, that's the creativity that helps tackle isolation not just in the COVID crisis although it's dramatic in COVID but every single day. With that, I want to thank everybody on this call today and turn it over again to the moderator and, thanks, Megan.

>> MEGAN WOLFE: Thank you very much, Terry, and also to Marcus, your specific examples of how the four Ms can be used to tackle social isolation is helpful and, Terry, we love hearing the stories on the ground of what real people are doing, so thank you.

Our next presenter is Sandy Markwood who is the CEO of the National Association of Area Agencies on Aging. She is a real hero in the aging world and works with compassion to expand the broad spectrum of older's needs. Welcome.

>> SANDY MARKWOOD: Thank you, so much, Megan, helping shine the light on older adult and importance of social isolation. I am so honored to be on the panel with you, Dr. Fulmer, Dr. Cruz and Marcus. What a great opportunity to highlight the needs of older adult and social isolation.

As we start off on the first slide, please, there may only be one near universal opinion among the nation's 56 million adults who are 65 plus and that is that an estimated 80% of them want to age well at home and in their community.

To assist millions of aging Americans meet this goal the nation's network of over 600 local agencies on aging and 240 tribal aging programs plan, develop, coordinate and deliver services of support that help them to age with health, independence and dignity. My organization, the national agencies on aging help older adults age well safely in and in the community and with the onset of the COVID crisis these services and supports are needed now more than ever. Next slide, please. Although area agencies on aging may be located in different sectors in the community, 39% are

housed in nonprofits, 27% are in county government and another 27% are located in regional or multicounty counsels of government all AAAs offer five core services under the older American act and these are nutrition which includes congregate and everybody delivered. Personal care, case management, case transition, transportation, modification and chore services, caregiver supports which includes caregiver education and support groups as well as emergency services and elder justice which includes activities which prevent the abuse and neglect of older adults as well as long term care ombudsman program.

During the COVID pandemic the demand for each service has risen and many have undergone change as a result of quarantine and stay at home directives. In danger of these program changes has been the real fear of increasing social isolation of older adults, a population that as has been pointed out was already at great risk. Next slide, please. The COVID-19 crisis has hit the nation hard but it has hit our clients, older adults, the hardest. This reality has up ended the serviced of area agencies on aging and tribal aging programs creating real service delivery and administrative challenges. These include from a service delivery perspective the abrupt closures of senior centers, adult day care centers, meal sites which has left millions of adults without a trusted place to go for services, support and even nutritious meals. These closures as well as limitations on expanding in-home assessments challenge our agencies to have a new way to have their eyes on clients to assess issues and potential health and safety changes and challenges.

Unable to see regular clients face-to-face area agencies on aging are looking at ways to develop new ways to connect and see their clients whether that be virtually or not. And many of these new connections have been through the use of new technologies but we also recognize that not all connections can be based on technology. For instance one Iowa area agency on aging surveyed their clients and found over 60% of them still relied solely on their land line for social connections.

We also quickly recognize that there are new emerging populations of older adults who are now at risk of social isolation and need of services and support. Older adults, some much younger than our typical client base of older adults in their 70's and 80's as well as some older adults of all ages whose social support systems have fallen apart as a result of the crisis. Next slide, please.

I'm sorry, if you could go back. Thank you. We also know and have responded to the fear that older adults have not let anybody come into their home during the COVID crisis as a result even though they need critical assistance in daily living and these activities are basic, including bathing, feeding and toileting so it's important they feel comfortable having in-home supportive people coming in their house. We are hearing about and educating our clients about the growing numbers of scams. Scammers who are offering fake COVID tests and medications which are also leading our clients into -- shelling out tons of money they can't afford for different types of programs and support that have no meaning in their lives and have and can only drain them of their limited resources.

As well as fears of increasing elder abuse during this stressful time and we are very, very fearful of those numbers rising as well. From an administrative perspective our staff like so many others are challenged with the lack of adequate access to

personal protective equipment or PPE. We rely heavily with volunteers to assist with the delivery of aging programs many of whom are older adults themselves. This has challenged us to create new partnerships and find new volunteers that has included school teachers who are no longer in the classroom, nonessential workers, bus drivers and other transportation employees that have time on their hands. College students, furloughed hospitality workers and businesses both big and small. Like everyone else AAA are facing challenges of technology to help staff work from home especially as it relates to broad band access in rural and tribal areas.

Another challenge AAA has faced was to ensure our staff and volunteers were deemed by governors and other local officials assess also they could continue to work in the community to serve older adults and although we were needed to be deemed essential also to clarify that our staff and volunteers should not be designated as emergency responders. And finally we are also pleased that in the Families First and CARES Emergency Legislation included increased funding for older citizen activities and we know they are working hard to get out information on any confusions on funding flexibility. Next slide.

Tackling this crisis especially for the population we serve has taken leadership, innovation, ingenuity and commitment and I am so inspired by the way area agencies have stepped up making sure they have access to food often served in adult day care centers almost overnight to grab and go options or expansion of home delivery and grocery delivery services. They have developed strategies for combating social isolation to include client assessment as well as partnering to activate more informal phone trees and buddy systems which could involve neighbors, high school or college students or members of a local faith based or community group. With the close your of so many face-to-face programs that not only offered important services but also social connections. For those with internet access and equipment many AAAs are transferring their live educational, exercise and social engagement programs online through zoom or Facebook live as well as hosting virtual coffee klatches, lunch and brown bag happy hours to provide unique opportunities for check ins during this stressful time. Additionally AAAs are working with physicians to provide support to older adults that may need help with the technology to conduct tele-help visits and with hospitals to help with critical care transitions from the hospital to home for older nonCOVID patients so that they can free up needed beds and eliminate patient exposure. In keeping with the way the AAAs operate they are doing it by expanding and strengthening partnerships with public health to coordinate, housings facilities to coordinate meal delivery, in-home support services in senior housing projects, transportation to both provide medical transportation but also to use transportation services for needed meal and grocery delivery, public safety to protect the most vulnerable, colleges and schools to coordinate volunteers, and even jails to utilize their kitchens for home delivery expansion. This crisis demands we work together for those in need. Serving on the front lines AAA are seeing he the needs of older adult, some are tangible like meals, in home services, grocery delivery, others are equally critical, the need for social connection, the need to combat social isolation and loneliness, the need to address social isolation has taken on a higher urgency during this crisis but this has been especially ever dent for older adults homebound and quarantined. The

nightly news often feature their faces, our members see them every day. As we emerge from the COVID crisis I hope that the needs of all older Americans for services, support and social connection will not be ignored or set aside. For these are needs that will remain long after this crisis is over. Thank you.

>> MEGAN WOLFE: Thank you, Sandy, so much. Wow, it's just amazing to hear all that the AAAs and your members are doing and how they have been able to shift the funding and how they have been able to shift their focus to really address the real serious challenges that we have during COVID-19, thank you for all you do and all your members are doing.

Our next panelist is Dr. Janira Cruz, the president and CEO on National Hispanic Council on Aging. She has an amazing background on public health and brings crucial information on older adult need. Welcome, we look forward to hearing your remarks.

>> KATHY PIAZZA: It does appear Dr. Cruz may be having technical issues. Do we have someone that was going to back her up?

>> MEGAN WOLFE: Sure, I'm happy to try and cover those. So could we go to the next slide, please? And if Dr. Cruz joins us, I will be happy to turn it over to her. So Dr. Cruz represents the National Hispanic Council on Aging and the National Hispanic Council on Aging is also a primary partner in the diverse elders coalition and I know that they are all doing some amazing work in reaching their communities, identifying needs and trying to find solutions so I hope you all will take advantage of visiting those websites, following them on social media, particularly their Twitter account, they are very active and provide a lot of great information that way. So, next slide, please.

So everyone can read through the information themselves, NHCOA is the leading organization working to improve the lives of older adults that are Hispanic, their families and caregivers. I know care giving among the Hispanic community is a huge issue and a lot of the caregivers are quite young, majority of caregivers in the community are under 50 years old. So I know that's a big issue for them. NHCOA has been moving very quickly to address COVID-19 and as I said providing a lot of great resources on their website and working to connect various aspects of the community to support their members. Next slide, please.

So people 60 years of age and older and those with underlying health conditions are most vulnerable to getting sick or dying of COVID-19 and we have all seen those statistics and heard of them. It's becoming clear and there's more and more data out there that COVID-19 has a greater impact on Blacks, Latinos and American Indians across the nation and this is further serving the inequities that are systemic in racial diversity across our country. They are releasing data showing that they face the higher risks and some of the data is shown here. In Connecticut blacks represent 12% of the population but 17% of COVID-19 positive cases. And 16% of attributable deaths. Hispanics make up 16.5 of Connecticut's population but almost a quarter of the COVID-19 positive population and we're beginning to see this data being released in other states as well and in cities like New Orleans where the outbreak is more recent as well as New York, Detroit, Kansas City and Chicago. Next slide, please.

Health did pair I sis and inequities existed as we know prior to COVID-19 but experts are now explaining that the racial inequities in COVID-19 cases exist for several reasons including the geography, so where communities of color are more

likely to live in and the densely populated areas where viruses like this can spread easily. They work in low wage service jobs that require close contact and many of these people have been exempted from stay at home orders and many may lack the kinds of paid sick leave that is necessary to support them if they need to stay home and, so, many of them must go to work. I would just refer back to the first COVID-19 webinar a couple of weeks ago on paid sick leave and I think that is available on our website as well, if you would like to go back and take a look at that.

So communities of color, individuals are more likely to have chronic diseases and other diseases, the underlying conditions that make COVID-19 a higher risk and lead to more severe illnesses. And communities of color often face conscious or subconscious discrimination in medical treatment meaning if they are hospitalized they may be less likely to receive effective treatment. Next slide, please.

So, some recommendations for protecting diverse older adults include educational information in their language and in culturally appropriate manner. We know that the CDC has began providing information in other languages but I think that's not routine and, so, I think it's really important. Prioritizing testing for all older adults following instructions and recommendations from public health officials. And here we are with collaboration, partnering with nongovernmental organizations that specialize in serving diverse populations. The diverse elders coalition is listed here and I mentioned it as an organization providing fantastic information and helping connect some of these dots. And family caregivers are essential in the health and care of older adults and I think it's really important that as we think about protecting older adults and providing that continuum of care that caregivers must be in that equation and we have to think about the caregivers and their isolation and their loneliness and the impact of help on them. Often times a caregiver will be someone whose care is supplemented by a home agency or other family members but during COVID-19 when we are isolated from other family members and we are -- the home agencies aren't sending people in to help relief and provide respite for family caregivers it contributes and increases anxiety and stress. NHCOA's work in informing and educating the community about COVID-19 includes a level of trust, I know that NHCOA has great trust among the community and is able to deliver information from reliable sources and with trusted messengers. They are developing and disseminating community resources in Spanish, English and Portuguese and they can be accessed on their website, sharing with their community partners and developing fliers and other information for them. NHCOA is creating social and media information that community organizations can take and adapt and tailor to their own communities and share with their constituents, great work that is being done here and very important work as we -- as we are seeing the data that shows that communities of color are being hit harder than other communities with COVID-19. Next slide, please.

So NHCOA's work in informing and educating includes a series of tele-town hall in English and Spanish, the first one in English will be coming up next week April 22nd from 2:00 to 3:30 p.m. eastern, you can see the flyer that is linked here and I think this is important information to share with all of our target audiences. And next slide, please.

Okay. Well, I apologize for the technical difficulties, we are sorry Dr. Cruz couldn't

be on with us personally and to answer questions but I think that we will just move on with our presentation here today. So I did just want to share that before we get to today's questions and I think that we have a lot of really good questions here, I want to take the opportunity to share with our participants today a proposal that TFAH and our partners are promoting, we believe public health, technology, aging services sector, all can be collaborating to address older adult health and given the current health emergency this need is more stark. So we believe these efforts can be unified and scaled to address older adult health and ensure this continuum of care so we have proposed a role for the federal government to play in providing leadership to such efforts and expanding them across the nation, so this would be the creation of a COVID-19 resource center for older adults that would be situated at the U.S. Department of Health and Human Services but include a multiagency response with office of assistant secretary, the CDC, the Centers for Medicaid and Medicare services, the Housing and Urban Development, Veterans Administration and others. And this center would be a centralized area to present best practices on things that address older adults on COVID-19 and beyond and could be situated in such a way information and best practices could be collected and continually disseminated to develop a greater cadre that can be tapped into. Stay tuned for information from TFAH, we are excited to move forward and be able to keep you posted on that. Now let's get to some questions.

I will be asking some questions and then as questions have come up in the question and answer box my colleague from TFAH will be sharing them, so at the bottom of your screen if you want to pose a question you can click to open the Q and A panel in the little black circle, type your question in the Q and A box, make sure you select to ask all panelists and then send. So if we can move to the next slide. Okay. We can either leave it here or go back, make sure everyone has the instructions but I just wanted to ask and I'm going to be asking each of the panelists a specific question related their work. First, Terry, this one is for you and we know that the Hartford Foundation has been a funder for the project for ageism which has been identified as a significant problem for older adult. I'm interested what are the impacts of ageism during COVID-19 and what can we be doing to address these issues ageism causes during COVID-19.

>> TERRY FULMER: Thank you for the question. Ageism is something that so many of us have observed and/or lived through or seen examples of in the media, it's really quite profound. So ageism like racism, like all of the "isms" we tried to remove from our country is the illogical assignment of attributes to people because of their age. It was first introduced in 1970 by Robert Butler by the first director on the National Institute of Aging, he wrote a book that won a Pulitzer prize. I will tell you we have made some inroads in aging but not as much. We were in partnership with frameworks and the Geriatrics Institute. COVID social isolation ageism, when we think about who needs to get that first phone call, when we think about what it's like to be elderly, we assign certain attributes and make assumptions so the whole premises not to do that. I will give an example.

One of the toughest things you are reading about in the newspaper who gets admitted the hospital, who gets a ventilator, who doesn't get a ventilator and what is

going on in nursing homes. There are attributes of ageism in what we are seeing and I know we can move through this and starting yesterday make a difference in the way we think through this work. I will point out the Hasting Center which has profound articles of ageism, never assume that an older person will want care or not want care based on their age. And I think I will stop there, thank you.

>> MEGAN WOLFE: Thanks, Terry, important considerations for all of us as we think about older adults in our day-to-day work. Rhea, I want to turn over to you see and see if you have a question from the attendees.

>> RHEA FARBERMAN: Thank you, I have quite a few questions and keep them coming. Let's begin talking about and this is for any of our speakers, a few people have asked about have noted the importance of partnerships between the aging advocacy community and state and local public health departments and some frustrations hatch been expressed by why the two entities aren't working together more. So let's talk about that, any of the panelists have some thoughts about how we can bring these two entities together?

>> SANDY MARKWOOD: Megan, I think you are triaging us.

>> MEGAN WOLFE: Sandy, can you address that? I can address it from public health but I'd love to hear your perspective from the aging industry as well.

>> SANDY MARKWOOD: Sure, Megan, happy to jump in. I think that often times over time and part of it may be due to funding streams, you know, different agencies end up in different silos. When we look at who we are serving and the needs of the population as a whole, that doesn't really make sense. I know that traditionally public health had such a focus on moms and kids and not so much older adults, but that is and we are so in the aging world applauding the change of that to be able to broaden the scope and find ways to connect. I think that what TFAH is doing with support of the Hartford Foundation in Florida is amazing and shows the power of the connection between the two systems and everywhere that we have seen the public health and aging coming together it has strengthened both efforts.

We even have examples of area agencies on aging that are housed and co-located with public health and, again, the synergy between those service delivery systems is just so enhanced. I was on a tele-conference last week with Christie Kitrell from Utah who is the AAA direct for and during the time of COVID having both of those initiatives work closely together with the emergency preparedness, she noted as did the county officials what a difference that made both in the urgency and the impact of service delivery to the aging population but also how that integrated with all population.

So I am so excited about the age friendly systems, I'm so excited about the work that is going on in Florida and it's our hope that we can spread this across the country.

>> MEGAN WOLFE: Great, thank you, Sandy, I agree and I think one thing that we have seen through our pilot in Florida is that a lot of times public health didn't know their aging sector partners and they weren't aware of the work that could be done and they weren't aware of the different rolls that public health could play in aging and, so, just raising the awareness that public health does have a role to play, they do have partners that are welcoming them into this work and I think that with COVID-19 what we are seeing is the necessity for this communication and collaboration between them, so we are also equally excited to see this work advancing and I really appreciate the

partnership with the AAAs. Terry, did you have anything to add on that question?

>> TERRY FULMER: I think you two just said it all and the way that -- the uptake and the momentum says it all, everybody wants to work smart, work together and we at the foundation and I as a nurse am just grateful for what you are doing. Thank you.

>> MEGAN WOLFE: Thank you, thanks, Terry. Rhea, next question?

>> RHEA FARBERMAN: The next question is about the pros or cons of joining disability services and aging services within an agency. What are the --

>> TERRY FULMER: Megan, I would happy to do that.

>> MEGAN WOLFE: Please do.

>> TERRY FULMER: I'm going to the answer as the co-chair, the staff person leading it is Tracy, for the 10 years I've been involved with that group and I welcome you to their website and their materials are downloadable for free, when we talk about aging and disability we know that there are people who are aging into disability and there are people with disability who are aging and what we have learned so well together as a community in that committee is that if you focus on the word "independence" all narratives begin to mesh beautifully. People want autonomy, independence and respect. So that's the way that we Marry our work together, I've learned so much, bringing those together make us stronger.

>> MEGAN WOLFE: Great, thank you, Terry. Appreciate that. Sandy, anything to add? Okay. All right. I have a question, Sandy, specifically for you.

How has the aging services sector been able to use technology to keep older adults connected in the current COVID-19 environment and have there been challenges with the increased reliance on services like video chatting and are there success stories you can share with us?

>> SANDY MARKWOOD: Sure. I think that, you know, the use of technology has certainly both been an opportunity and a challenge during the COVID-19 crisis whereas all AAAs are now relying heavily on technology wherever possible to replace the face-to-face interactions assessments they typically do when they see what is happening with their older clients visually by assessing them and their living situations, they have moved more and more like everybody in the world to do it virtually through Zoom and Facebook and whatever other types of technology programs are out there.

But what we have also seen again from the social isolation perspective is AAAs are working with college student and others to develop tutorial classes for clients on Facebook, Facebook Live, Zoom and other platforms and this has been a challenge, however, in some of the rural communities where either the clients don't have access to technology or, again, there are broad band issues that limit the accessibility of some of the technology to the client. But that -- in those cases they are looking and relying more on telephonic and other types of means to be able to do that level of out reach, but in northeast Iowa area agency on aging where rural AAA technology is a struggle, they are testing granny pads or new ways to stay connected as well as Ramping up their telephone efforts and they are looking to give tele-conferencing platforms.

One of them in the engage regional out reach for older technology service are expanding their technology training for older adults, also including online banking and tele-help recognizing the older adults can't get out of their home to do that level of business. From a technology standpoint we even have the New York agencies on

aging working with partnership have been able to require robotic tests they are providing to socially isolated adults for comfort during the COVID crisis, before this they are primarily providing them to dementia patients where research has shown there is an improvement in mood and quality of life so they are really looking at any type of technology that they have accessible but I do think during this crisis that what we realized is there is a need in aging network for more focus and more investment in technology, not that that can replace the high touch that we really value but we also need to expand the out reach that we do in technology and that can only happen with further investment.

>> MEGAN WOLFE: I totally greet. There's really great things happening out there. I have seen those robotic dogs, I think they are fantastic and I love the idea of college students helping to provide some instruction to older adults on the use of technology because I think that also enhances the multigenerational interaction that is so important as well for older adults and to address social isolation so thank you so much, great thoughts. Rhea, is there another question from the audience?

>> RHEA FARBERMAN: Yes. Putting the COVID-19 crisis aside for a minute because I think this question will be more online with when we can return to a more normal situation but the question is about what advice the panel would have about the best alignment, the best division of labor, if you will, between family care giving and services care giving outside of the family unit and some advice on how to navigate those two types of care giving.

>> MEGAN WOLFE: Really good question. Terry, I know you all are involved in some family care giving efforts as well, is this something you would like to address?

>> TERRY FULMER: I'd be happy to, Megan, and I want to also make sure that we reflect on AARP's wonderful program home alone that points out how much we need to do for caregivers as well as paid caregivers who are out in the community and doing heroic work every day.

So, the question that I just heard was the balance in care giving and I get this question a lot not only in my job among friends and I'm sure you all have these conversations, we always talk about capacity versus demand. What is the capacity of family caregiver or a paid caregiver but let's talk about family caregiver, what is the capacity they have to meet the caregiver -- the care giving demands and needs that the older person requires to stay healthy and in place.

So, if you are helping an older person who is post hip fracture, for example, and they are doing well and beginning to use assistive devices and getting mobile, you might be doing very well. And if that person begins to have episodes of delirium, and that means altered mental status where people exhibit something that we often refer to as confusion, things may get very different very quickly and a paid caregiver or visiting nurse or physician or tele-health may be required, so it's passive versus demand goes on in a 24 hour cycle.

If you create a care plan and everybody does every day whether you think about it that way or not, it can be out of balance very quickly when needs change as we are seeing now, so I'm happy to hold there and feel free to push me farther if I didn't answer as fully as you like.

>> MEGAN WOLFE: I think that's very helpful, thank you, Terry. And I think with family

caregivers very often caregivers themselves won't reach out or just aren't aware of the information and, so, I think that and a lot of instances we just need to do a better job of pushing that information out there for caregivers and what if the additional supports are, you know, and I think the care planning as well is a crucially important component of taking care of older adults, so I think that is something that is under-utilized -- overlooked and under-utilized, so, thank you.

>> TERRY FULMER: I would have one more thing, I had a call from someone who was discharged and the family caregiver asked what I should ask about, I said ask about the four Ms, what matters to you, medication, your mind and mood and your mobility. And I said just -- people can generally remember four things, focus on it and see progress so there it is.

>> MEGAN WOLFE: Thank you, Terry. I saw earlier what does mentatio mean, thank you for that. For more information, you can visit the website and there you can learn all about the 4 Ms and how the 4 Ms are being implemented across the country. Rhea, I have a few questions there but I feel there are a lot of really good questions coming from the participants so I'd like to keep addressing those.

>> RHEA FARBERMAN: Sure thing. Let's move to affordable housing and collaboration between affordable housing service programs and older adult service programs and how can we grow these synergies and can you talk about programs that exist or how to get those programs up and running?

>> MEGAN WOLFE: Great, thank you. Sandy, I know that you mentioned housing as one area that the AAAs are also engaging with. Can you address this question?

>> SANDY MARKWOOD: Sure. You know I'm so glad that you raised the question on housing because they operate the administration on aging and we get calls from older adults and caregivers and the issue of housing is rising to the top as a major concern is to find affordable, accessible housing and in saying that the area agencies on aging are working with the public housing authorities to be able to coordinate the delivery of services and supports to their residents and there is also a program through HUD of service coordinators in public housing so we work hand in glove with them to be able to assess and ensure that the older adults that are living there get the supportive services they need in addition to the housing.

So that is critical but I think the other issue on housing that we are seeing growing is the fact that with so many older adults, as I started at the beginning of my remarks, wanting to remain at home and in their community is the issue of home modifications and home repairs that are necessary to be able to keep older adults living safely in their existing housing and that is a growing component of the work that area agencies are doing with other providers at the community level, so that is actually keeping the dwelling unit safe in addition to providing the supportive services that are necessary to keep someone living independently there.

>> MEGAN WOLFE: Thank you, Sandy. I know this is happening with public health where we are seeing in Florida where some of the housing units in Florida are working with their housing agencies to and with builders to look at universal design and making sure that when new developments are being built or being planned that universal design is something that is top of mind and that they are incorporating that into their planning purposes.

And I think again with housing and the need for housing and kind of creating the synergies that we're talking about, these are the kind of things that can be raised during elder coalition meetings, a lot of communities have coalitions that include all of the different agencies and housing and transportation are certainly two big issues that can be addressed through these multi-sector, multiagency coalitions. So, thank you, thanks for that question.

Rhea, the next one.

>> RHEA FARBERMAN: Next is availability for mental health services during the COVID crisis and in general.

>> MEGAN WOLFE: Yeah, I think that's a really tough issue. I was reading some -- a couple things on Twitter today about the importance of social emotional health of all of us, but particularly older adults in this more intense period of isolation. So, for either panelist, I don't know if Terry or Sandy, if either of you would like to talk about behavioral and mental health and the more tans of it and how we -- importance of it and how we can continue to serve older adults and their mental health.

>> TERRY FULMER: Sandy, you want to start and I will follow you?

>> SANDY MARKWOOD: Sure, Terry. I would have to start out by saying behavioral health is becoming a huge issue in our world in aging services and the populations we are reaching out to serve and I would also have to say there needs to be so much more done in this arena. When we do assessments of our members on areas where they see needs that are unmet, behavioral health again is one of the issues that are at the top so the more that we can give focus to this, after we get through this crisis, again, I think this crisis is shedding a spotlight on a number of issues, social isolation, behavioral health being two and it's my hope that we can do more to create partnership synergies and a more seamless response to those in need at the community level as a result of this.

>> TERRY FULMER: That is such an important set of constructs to put out there, Sandy, because I could not agree with you more. What I'd say also is the deinstitutionalization of mental health individuals in the late 60s, 70s, and we have struggled since that time to say what is the best way to approach this health at the same time that group of people has increasingly aged and they are now people who are being referred to adult protective services for behavioral problems and I want to give my greatest thank to the adult protective service world that is -- they are the heros, they go into the home when somebody is being abused, neglected, when discord in the family, two points.

When you think what is the difference between behavioral health and mental health, many on the phone know it but I'll say it, most people think of mental health covering behavioral but, in fact, very often mental health is more focused on some of the disease aspects and behavioral health covers all the mental wellness. We've been hearing consistently and now it's a little more because of COVID of substance abuse disorders and the increase in suicides and the number of people who are turning to drugs and alcohol for relief.

So I'm seeing some promising work in tele-psychiatry and I want to thank my colleagues at the Psychiatric Institute who has been working with me on a program for the Adirondacks, real north country of New York state where we have been examining

ways to train the trainer, using systems which Donna has been doing creative work with, using tele-teaching, train the trainer so everybody has the opportunity to have access so I think that's a promising process.

>> MEGAN WOLFE: Great, thank you, Terry and Sandy both. I wanted to ask you, ask you both and perhaps this is more a question for Sandy but we haven't really talked about those with disabilities, in particularly older adults with disabilities and the really unique challenges that they are now facing as well from social isolation and social -- physical distancing and some of the challenges. Sandy, is that an area you could address in terms of kind of highlighting what some of the challenges are and how we can overcome them?

>> SANDY MARKWOOD: I approach it two different ways. I think that what we are seeing is older adults who have disabilities and for whom accessing services and supports they need are, again, an even greater challenge than what they face normally in a community is accessing services and also those important in-home services. Many people with disabilities have in-home assistance and the issues that we are hearing in that space is whether those -- whether their assistants are able to come to work to assist them with those critical activities of daily living and if so do those assistants also have that critical PPE, the protective equipment that is needed both to keep the assistant safe but also their disability client safe as well. There are service delivery challenges for people who are living in their home and who are disabled right now.

One of the other issues we've had and this kind offerings to older adults who are caring for younger disabled children, maybe not younger disabled adults now, and since many of the adult programs have closed they now are being the full-time caregivers of disabled adults who need support and they are very challenged as an older adult themselves being in this caregiver role for a younger adult who is disabled. And, so, there are many adult programs, disabilities programs that are trying, again, through the utilization of technology and other supports to both the caregiver and the disabled older -- the disabled adult child to be able to help in those situations to support both as they are confined at home. And to be able to create support systems on both sides of the equation to make this a more manageable situation for both the adult and the older adult who is now a full-time caregiver for that disabled adult child.

So, there are multiple -- when we look at a disabled population, as Terry pointed out, you are looking at people who have aged into disability, you are also looking at older adults who are still caring for children, it is really a complex array of needs and services of supports and, again, in this crisis when so many services people have relied on are gone or completely readapted, it's been a challenge.

>> MEGAN WOLFE: Yes, it really is. Thank you for sharing that and for pointing that out and I think that, again, I think we can continue to look to some collaborative efforts across the care continuum to identify some solutions, particularly for these unique challenges of this community.

So, Rhea, maybe one more question from the audience or maybe we can squeeze two in, I need to leave a little time at the end to wrap up.

>> RHEA FARBERMAN: Sure, let's go to meal delivery programs, there's been a couple comments and questions about meal delivery programs specifically on a few

issues. How they can potentially increase adults' access to fresh fruits and vegetables, how they can serve as a wellness check and how they can be an opportunity to teach technical schools, technology skills I should say, to older adults, so what are the panelist's thoughts?

>> MEGAN WOLFE: Sandy, I think that's a perfect question for you.

>> SANDY MARKWOOD: All right. Certainly the delivery of meal has been one of the top of the list things for our membership base. As I mentioned earlier, so many older adults had been getting their meals and relying, it may have been the only nutritious meal they got through a senior center or day care center and now all of those programs are closed. So we have transitioned to grab and go meals initially where people could safely pull up to a kitchen or meal site and have a meal put in the trunk of their car and also multiple meals. We've also had to go through the delivery of frozen meals just because the delivery of those meals has become even more complex with the reduction in volunteers.

But to the question about insuring that there are healthy meals and meals that really rely on fresh produce, you know, even prior to the COVID crisis it's become a little more complicated since then, you know, the meal programs have really collaborated with local farmers markets to ensure the delivery of fresh fruits and vegetables to older people's homes and are trying to do it in areas where farmers markets are open, opened on a limited basis, so we are looking at quite honestly in two counties in Florida, the AAAs are working and have started a dining out program also coordinating with local restaurants to provide home delivered meals, and they are doing that as a win-win not only for the older adult and not only expand but keep up the local economy to involve the restaurants and local farmers in that area to gather them together to help support the meal needs of the older adults themselves and, again, we are also looking at other types of locally based kitchens and meal provider programs who are stepping up to be able to meet what is now a growing demand for home delivered meals that we have never seen before and, so, we are really, the communities, area agencies on aging are reaching out to all sectors to be able to find new and innovative ways to be able to contribute, ensure that the nutrition needs of older adults are met. So I'm not sure I really answered your question about job development but I'm not sure that I really quite understood that, but would be happy to follow-up with you on that.

>> MEGAN WOLFE: Well, I'm wondering if those folks who are delivering those meals, if there are new volunteers, would there need to be some training for them to be able to do some mental health screening or wellness checks because I think that would certainly be a keyway to check in with these older adults and see if -- make sure that they really are doing okay or if they need some follow-up but I would assume that that would need a little training to make that happen.

>> SANDY MARKWOOD: You are absolutely right so when people do both home meal delivery as well as even grocery delivery, the AAAs are giving them some instructions on what to look for, what to look for as far as potential signs that the individual older client isn't doing well. It used to be when we were doing home delivered meals that the volunteers would actually go into the home and in so doing put the food in the refrigerator so they got a little bit of an insight into exactly what the needs of that

individual may be at a different level but now they are asking questions to determine that beyond the meal if there are any other supportive services that they need as well. So they are doing as much as they can, they are trying to use -- typically area agencies only use volunteers that had background checks. They are still trying to do that but with a depletion of volunteers they are looking at work arounds that keep both the older adult safe but also get that meal delivered and that assessment completed.

>> MEGAN WOLFE: Right. We are at the end of our time for questions and answers, I wanted to thank Terry and Sandy so very much for your valuable time but particularly for your passion and compassion and your expertise, I really, really appreciate you both being able to be on this web forum today. And I wanted to let everyone know the participants, the audience, that we will be saving all of your questions because I know that there are really great questions out there and I am personally intrigued by some of them, I will find a way to Curate the questions and generate the information. Some of you have asked questions about the data and we definitely will provide the citations for some of the data that we provided.

And I just want to thank everyone today, this is a really important subject, important topic, we appreciate your time and thoughtfulness in the work you are doing and wanted to invite you for our next COVID-19 may 6th that will be focused on mental health and COVID-19, not specifically older adult but on mental health and how the COVID-19 pandemic complicates what the current gaps in care that exist and then identifying some solutions, so, again, I thank you also much for your participation. The slides, presentations will be made available and that link will be sent out to all of you when that is available. I thank you and I'm going to turn it back to our facilitators and, Kathy, and Murlean to see if there is anything that needs to be made.

>> MEGAN WOLFE: Thank you, Terry, Sandy and Marcus for your wonderful presentations and many thanks to Trust for America's Health. And as Megan says, the recording of today's presentation and the slides will be available next week at dialogue 4 health.org. Thank you to our audience. I am placing a link into the chat, I'm going to put a survey link into chat, it's just a brief survey that we hope that you will take. You can also access the survey by scanning the QR code you see on your screen. Thank you so much for being with us and that does conclude today's web forum. Have a great day, everyone.

[webinar ended at 4:59 p.m.]