

## Making the Difference - November 3, 2017

### Community Wall

Here are the take-away's shared by our lunchtime small group discussions.

#### Age-Friendly Cities

- Create neighborhood hubs that serve specific geographic locations (easy to access), are free of cost, and reach out to community members (run by community members)
- More spaces where older adults take a leading role in deciding what resources they need (create change in power dynamic)

#### Framing Aging

- Building momentum is a different picture of aging - "energy in community" - not a focus on decline
- Ageism is real
- Older people become invisible and their impact is discounted
- We are heartened the framing work is happening!
- Boomers are a source of momentum for change
- We need to embrace our own aging
- Make use of community numbers to implement change
- Need to fight institutionalized ageism
- Need to include health care providers in our framing training and education efforts
- In fundraising, better to focus on the service, not the needy client
- Donors are more interested in individual stories than systems change - need to fight this

#### Community Movement

- **Insights**
  - It's impressive to see Fremont/Berkeley on the forefront!
  - Moving beyond social services to literally make older adult care easy to navigate
  - Community should have a voice
  - Economic burden of aging is an opportunity to rethink local government resources
  - Inclusivity - Invite everyone who we are talking about to participate. Example: voices of elder from all cultures
  - Empathy - In everything for all Americans
  - Notice when people are treated in ageist ways – ie "you're old school" - subtle but pervasive
  - Build partnerships - people who have privilege, influence, power, access to resources must stand up to say this is not right
  - Silos are programs - don't break them down but build linkages
  - Disaster preparedness for elders and disabled is high priority - recent disasters point this out
- **Solutions**
  - Transferable service/support across counties so people don't have to reapply when they need to relocate
  - Mini senior-centers in shopping centers in Vancouver and Cuba even include health care!
  - Constructed families, non-relatives who check on people and serve the role of family

- Culturally informed programs, addressing multiple languages - match volunteers to assist second language
- Health clinics with socialization services on site
- In workplaces we have sexual harassment and cultural competence training but nothing on ageism
- Put these messages and information in the media - younger people aren't aware of what's happening in the community
- Neighborhood anchors who keep an eye on elderly or disabled people in the community, give people a ride etc
- People who get a medication review get assessment and referral for fall prevention
- Engage youth - especially in context of anti-stigma to help older adults in the community change
- Give older adults meaningful roles in developing the strategies
- Creating more ambassadorship programs and expanding leveraging those that exist
- **Tech Solutions**
  - Technology could videocam elders who are homebound to church - would not feel abandoned
  - Could use similar technology for disaster planning
  - Use tech like Alexa to ask for services and communication
  - An app for volunteers
  - Develop a collaboration board – check out Trello

## **Systems Change**

- When designing and implementing a new system, focus on how does a consumer understand how to navigate the system
- Need to engage community and relationships so systems are built by trust
- Are the plans coming from community up or from systems down?
- Have the people who make the decisions try to use the system
- How will dementia patients be treated in medical systems especially those without family
- Communications across agencies - data exchange?
- Sometimes good communication systems don't really help
- How do we get community member input and then how do we get action?
- Do all systems need to get smaller? County → city → neighborhood
- Connecting the day to day operations to the high-level decision maker - May have to do with financial incentives, funding priorities.
- Be careful about chasing funding
- How are we going to house this enormous population of older adults?
- How do we make connections between medical/social/housing services
- We're still at the drawing table, still figuring out collaboration
- Are those collaborations making a difference for older adults in need in our communities?
- Role of the county is to regulate the safety net
- Very high level agencies struggling to think about how to come together
- Barrier: Following funding source and rules prevents cross-agency partnerships

- Funders need to recognize and pay for activities addressing social determinants of health not just illness
- Break silos - to combine funding and services for continuum
- Fee for service vs preventative model
- Lack of knowledge re: who to approach
- Lack of time to network and collaborate
- Challenge of public and private partnerships - "There's not a code for that."