

# CALIFORNIA DEPARTMENT OF AGING

## LEADERSHIP IN AGING

OCTOBER 6, 2021

10:01:29 GOOD MORNING EVERYBODY, JUST GIVING A COUPLE OF ADDITIONAL MINUTES TO LET EVERYBODY JOIN THE SESSION AND THEN WE WILL GET STARTED.

10:01:45 WONDERFUL, BEFORE WE FORMALLY KICK IT OFF I HAVE A COUPLE OF HOUSEKEEPING ITEMS TO REVIEW. THANK YOU SO MUCH. THIS WEBINAR IS AVAILABLE BOTH ON YOUR SMART PHONE LET OR COMPUTER.

10:01:53 BUT ALSO BY AUDIO, YOU CAN JOIN BY PHONE AT THE NUMBER AND USING THE MEETING ID ON THE SLIDE HERE.

10:02:09 BOTH CLOSED CAPTIONING AND ASL ARE AVAILABLE, YOU SHOULD SEE OUR INTERPRETER ON YOUR SCREEN AND TO ENABLE CLOSED CAPTIONING, SELECT YOUR CLOSED CAPTIONING ICON FROM YOUR ZOOM TOOLBAR AND ENABLE SUBTITLES.

10:02:19 SLIDES AND RO RECORDING WILL BE POSTED TO THE CDA WEB PAGE.

10:02:27 ALL ATTENDEES WILL BE MUTED DURING THE WEBINAR, WE ARE SAVING THE FINAL FIFTEEN MINUTES FOR QUESTIONS AND COMMENTS.

10:02:46 YOU CAN USE THE Q AND A ICON ON YOUR TOOLBAR TO SUBMIT YOUR QUESTIONS AND COMMENTS ANY TIME. IF YOU ARE JOINING BY PHONE, PRESS STAR 9 ON YOUR DIAL PAD TO RAISE YOUR HAND VIRTUALLY, WE WILL UNMUTE YOUR LINE AND LET YOU ASK YOUR QUESTION OR COMMENT.

10:02:57 IF YOU HAVE FEEDBACK OR THINK OF QUESTIONS THAT OCCUR TO YOU AFTER YOUR WEBINAR, YOU CAN ALWAYS E-MAIL US.

10:03:18 THIS IS THE THIRD WEBINAR IN A SERIES FOCUSED ON LEADERSHIP AND AGING. SEE THE OTHER WEBINARS WE HAVE HAD ON SEPTEMBER 15TH AND 22ND THAT EXPLORED MEASURING THE SUCCESS OF THE NETWORK AND AAAS IMPACTS AND TRENDS.

10:03:22 THOSE ARE ALL AVAILABLE ON THE HUBS AND SPOKES WEB PAGE.

10:03:26 AT THIS TIME I WILL PASS IT OFF TO MICHAEL.

10:03:46 >> GOOD MORNING EVERYONE, I'M MICHAEL. INCOMING EXECUTIVE DIRECTOR OF C 4A, STATE ASSOCIATION, REPRESENTING 33 AREA AGENCIES ON AGING IN CALIFORNIA. OUR MEMBER AGENCIES PROVIDE A WADE RANGE OF LONG-TERM SERVICES AND SUPPORTS AND HOME AND COMMUNITY BASED SERVICES.

10:03:51 TO OLDER ADULTS AND INDIVIDUALS LIVING WITH DISABILITIES ACROSS THE STATE.

10:04:03 WE ARE DELIGHTED TO COHOST THE WEBINAR WITH THE DEPARTMENT OF AGING, GIVEN OUR COMMITMENT TO TAKE AN ACTIVE ROLE IN AGING AND DISABILITY POLICY DEVELOPMENT AND IMPLEMENTATION IN CALIFORNIA.

10:04:15 PART OF THAT COMMITMENT INVOLVES LEARNING ABOUT INNOVATIONS TAKING PLACE AROUND THE COUNTRY TO ADAPT AND APPLY THOSE INNOVATIONS WHERE APPROPRIATE TO BENEFIT CALIFORNIANS.

10:04:39 TODAY WE HAVE AN OPPORTUNITY TO LEARN FROM TWO EXPERTS IN AREA AGENCY ON AGING INNOVATION. SANDY WHO SERVED AS CEO OF US AGING SINCE 2002, LED NUMEROUS CAMPAIGNS TO SUPPORT THE NEEDS OF OLDER ADULTS. WITH A PARTICULAR FOCUS ON COMBATTING SOCIAL ISOLATION.

10:05:02 ENCOURAGING HEALTHY AGING, SUPPORTING CAREGIVERS, PROMOTING LIVABLE COMMUNITIES AND INCREASING ACCESS TO TRANSPORTATION AND HOUSING. SHE HAS MORE THAN 30 YEARS OF EXPERIENCE IN DEVELOPMENT AND DELIVERY OF WIDE RANGE OF SERVICES. IN AREA OF AGING, HEALTH CARE, HUMAN SERVICES, HOUSING AND TRANSPORTATION ACROSS THE NATION.

10:05:31 BECY PREVE WAS APPOINTED EXECUTIVE DIRECTOR OF AGING IN NEW YORK. IT'S THE NEW YORK EKWIF LEBT OF C 4A. AGING IN NEW YORK PROVIDES LEADERSHIP. INCLUDING ADVOCACY FOR AGENCIES ON AGING TO STRENGTHEN AND EXPAND LONG TERM SERVICES AND SUPPORTS FOR OLDER ADULTS.

10:05:42 PRIOR TO THIS, SHE SERVED AS DIRECTOR OF COUNTY AREA ON AGING AND BEEN A SOCIAL WORKER IN NORTH NEW YORK STATE.

10:05:52 SHE HAS HELPED DEVELOP, IMPLEMENT AND GUIDE A RANGE OF INNOVATIVE PROGRAMS BENEFITTING OLDER NEW YORKERS, THANK YOU BOTH FOR BEING WITH US THIS MORNING.

10:06:01 WE HAVE MUCH TO LEARN FROM YOU. SO WITHOUT FURTHER COMMENT, SANDY IT'S YOUR TURN, TAKE IT AWAY.

10:06:22 >> THANK YOU SO MUCH, THANK YOU ALL SO MUCH FOR HAVING ME WITH YOU, TO TALK ABOUT LEADERSHIP AND AGING. YOU KNOW, I WISH I COULD SEE ALL YOUR FACES. BECAUSE YOU ARE THE LEADERS ON AGING. NOT ONLY CURRENTLY, BUT YOU ARE GOING TO BE DRIVING THE NEXT GENERATION OF AGING SERVICES.

10:06:41 SO I AM SO EXCITED THAT CALIFORNIA IS REALLY INTENTIONALLY LOOKING AT THE OPPORTUNITIES FOR DEVELOPING LEADERSHIP AND INNOVATION IN AGING AT THE COMMUNITY LEVEL, AT THE STATE LEVEL AND WE ARE INVOLVED WITH DOING THE SAME AT THE NATIONAL LEVEL.

10:07:07 SO IN JUMPING IN AND LOOKING AT WHAT THE AGING NETWORK IS GOING TO LOOK LIKE AS YOU ALL DRIVE LEADERSHIP IN CALIFORNIA AND IN YOUR COMMUNITIES. I HAVE TO START WITH THE FACT THAT THE PANDEMIC THAT WE ARE CURRENTLY LIVING THROUGH IS REALLY IMPACTED, THE DELIVERY OF AGING SERVICES.

10:07:29 AS YOU ALL KNOW ALL TOO WELL YOU HAD TO TURN YOUR SERVICES ON THEIR HEADS OVER NIGHT AND REALLY READAPT THE SERVICES NEEDED AS YOU REACHED OUT TO NOT ONLY YOUR

CURRENT CLIENT BASE PREPANDEMIC, BUT ALSO THOSE ADDITIONAL OLDER ADULTS AND CAREGIVERS THAT CAME TO YOU LOOKING FOR SUPPORT. NEXT SLIDE.

10:07:56 IN LOOKING AT THAT, WHEN WE DID A SURVEY AT THEN N 4A, EARLY ON IN THE PANDEMIC, WHAT WE FOUND OUT WAS THAT 93% OF THE AAAS WERE ALREADY LOOKING AT SERVING MORE CLIENTS THAN BEFORE THE PANDEMIC, AND EXISTING CLIENTS, 69% OF EXISTING CLIENTS WERE IN NEED OF MORE SERVICES THAN THEY DID PREPANDEMIC.

10:08:12 AGAIN, THIS BECAME A PERFECT STORM FOR THE AGING NETWORK TO BE ABLE TO MEET THE NEEDS OF ALREADY GROWING NUMBERS OF OLDER ADULTS THAT JUST EXPLODED AND THE FACT THAT PEOPLE'S NEEDS WERE GREATER. NEXT SLIDE.

10:08:24 IN LOOKING AT THAT WITH THE PANDEMIC AND I USE THIS AS A FRAMER WHERE WE ARE GOING TO GO FROM A LEADERSHIP POSITION WITH AGING SERVICES MOVING FORWARD.

10:08:38 WE SAW INCREASE IN MEAL DELIVERY, SOCIAL ISOLATION TYPES OF ACTIVITIES, TELEPHONE REASSURANCE, WELLNESS CHECKS THAT DEALT WITH THE COMPOUNDING ISSUE OF SOCIAL ISOLATION.

10:08:56 BUT ALSO JUST PEOPLE WERE LOOKING FOR INFORMATION OF REFERRAL SERVICES AND SUPPORTS ANYWHERE IN THE COMMUNITY LEVEL. AND AS THE PANDEMIC WENT ON, CAREGIVER SUPPORTS, LOOKING AT FINANCIAL ASSISTANCE, IN HOME SERVICES, OMBUDSMAN SERVICES AND TRANSPORTATION GREW AS WELL.

10:09:11 NEXT SLIDE, PLEASE. IN LOOKING AT WHERE THE AGING NETWORK IS AND HOW THE PANDEMIC REALLY IS SETTING A NEW STAGE FOR AGING SERVICES, ON THE TOP OF THAT LIST IS ADDRESSING SOCIAL ISOLATION.

10:09:36 WHICH IS NOW A CORE COMPONENT OF WHAT ACL AND REALLY POLICYMAKERS ARE LOOKING AT THE AGING NETWORK TO DO. AGAIN, EARLY ON IN THE PANDEMIC, WHAT WE SAW WHAT YOU REPORTED TO US. 60% OF AAAS WERE SAYING EARLY ON IN THE PANDEMIC THEY WERE ALREADY SEEING THE NEGATIVE HEALTH CONSEQUENCES OF SOCIAL ISOLATION.

10:09:52 EVEN THOUGH WE HAVE THE VACCINE WITH THE DELTA VARIANT AND EVERYTHING ELSE WE KNOW THOSE SOCIAL ISOLATION ISSUES STILL REMAIN. AND THEY WERE THERE BEFORE THE PANDEMIC AND THEY WILL BE THERE WELL AFTER. NEXT SLIDE PLEASE.

10:10:07 BUT ALSO LOOKING AT MEETING THE NEEDS OF SPECIAL POPULATIONS AND I AM JUST GOING TO FOCUS ON ONE. WHICH ARE PEOPLE WHO ARE LIVING WITH DEMENTIA. 80% OF WHO AS YOU KNOW ARE LIVING AT HOME AND IN THE COMMUNITY.

10:10:21 30% ARE LIVING ALONE. AND DURING THE PANDEMIC, BEFORE THE PANDEMIC, AND AFTER THE PANDEMIC, THERE IS A HUGE NEED FOR THE AGING NETWORK TO REACH OUT TO PEOPLE WHO ARE LIVING WITH DEMENTIA.

10:10:47 BUT ALSO PEOPLE WHO ARE LIVING WITH CHRONIC CONDITIONS, PEOPLE WHO ARE LIVING WITH HIV, AND THE LIST GOES ON. THE AGING NETWORK HAS ALWAYS BEEN THERE, AND IT IS AT THE FOUNDATION OF THE OLDER AMERICANS ACT. THOSE MOST SOCIALLY AND ECONOMIC IN NEED, WE CONTINUE TO DO THAT, THAT WILL GROW OVER TIME, TO A GREATER EXTENT THAT IT IS NOW.

10:11:07 NEXT SLIDE, PLEASE. I THINK THE OTHER ISSUE AS WE ALL KNOW, HAS COME TO THE FOREFRONT AT THE SAME TIME AS THE PANDEMIC IS THE FOCUS, THE NECESSARY SOCIETAL FOCUS ON RACIAL EQUITY AND DISPARITIES, AND WITH THE INCREASE IN NUMBERS OF MINORITY OLDER ADULTS IN THIS COUNTRY.

10:11:35 WHICH I KNOW IN CALIFORNIA YOU SEE, YOU HAVE REALLY BEEN AT THE FOREFRONT OF THIS, IS THAT THE AGING NETWORK LIKE ALL SOCIETY IS LOOKING AT BEING ABLE TO AMPLIFY THEIR RESPONSE. AT U.S. AGING WE HAVE HAD A DIVERSITY COMMITTEE THAT HAS BEEN LOOKING AT CREATING MORE TRAINING AND TECHNICAL ASSISTANCE FOR YOUR MEMBERS AROUND BEING CULTURALLY SENSITIVE.

10:11:55 CULTURALLY COMPETENT IN PROM AND SERVICE DELIVERY. BUT ALSO AT THE SAME TIME LOOKING AT WAYS THAT WE CAN BE A LEADER IN ENSURING THAT FROM LEADERSHIP POSITIONS WITHIN THE AGING NETWORK THAT OUR LEADERS ARE REFLECTING THE DIVERSITY OF THE CLIENTS WE SERVE.

10:12:20 AND CERTAINLY AS THESE ISSUES COME TOGETHER AROUND THE IMPORTANT ISSUE OF HEALTH DISPARITIES, NEXT SLIDE. AS WE LOOK AT THE WAYS THAT COVID CHANGED IF AGING NETWORK, WHERE WE ARE IS DETERMINING HOW MUCH OF THE CHANGING, INNOVATIONS AND FLEXIBILITY WE HAVE BEEN GIVEN DURING COVID, DO WE NEED TO HAVE ENSURE THEY REMAIN.

10:12:36 WHAT WE NEED TO DO TO INNOVATE MOVING FORWARD, NEXT SLIDE, PLEASE. AND THE OTHER ISSUE OF THAT IS REALLY COME TO THE FOREFRONT, WHICH I BELIEVE IS A HUGE OPPORTUNITY FOR THE NETWORK, OUR PARTNERSHIPS WITH HEALTH CARE.

10:12:41 I KNOW THROUGH PREVIOUS SESSIONS YOU HAVE ALREADY TALKED ABOUT HEALTH CARE IN GENERAL.

10:12:48 BUT I THINK WHAT WE HAVE ALSO SEEN IS A HUGE OPPORTUNITY AROUND SOLIDIFYING OUR ROLE WITH PUBLIC HEALTH.

10:12:55 I WILL GO INTO MORE ON EACH OF THESE ISSUES AS I TALK FURTHER WITH YOU THIS AFTERNOON.

10:13:03 SO, THE OTHER ISSUE IS SOCIAL DETERMINANTS OF HEALTH.

10:13:20 AGAIN, REGULAR NIEZING THE AGING NETWORK COLLECTIVELY HAS BEEN IN THE THROWS OF RESPONDING TO THE NEEDS OF OLDER ADULTS, PEOPLE WITH DISABILITIES. AND ALSO CAREGIVERS AROUND SOCIAL DETERMINANTS OF HEALTH FOR NEARLY 50 YEARS.

10:13:29 THIS IS A LEADERSHIP ROLE WE HAVE AND AGAIN NEED TO EXPAND AND ENHANCE. NEXT SLIDE PLEASE.

10:13:37 SO THE QUESTION FROM FOR THE AGING NETWORK AND FROM A LEADERSHIP POSITION IS WITH ALL OF THESE CHANGES, WHAT'S NEXT.

10:14:04 WHAT'S GOING TO COME WHEN WE GET ON THE OTHER SIDE OF THE PANDEMIC. AND AGAIN, TO DETERMINE THAT U.S. AGING REACHED OUT TO OUR MEMBERS AND ASKED THE QUESTION. WHAT ARE THE GREATEST CHALLENGES THAT AAAS SEE FOR OLDER ADULTS AND CAREGIVERS RELATED TO COVID-19. AND SEE BY FAR THE HIGHEST CHALLENGE REPORTED WAS AROUND SOCIAL ISOLATION.

10:14:29 OTHER ISSUES AROUND TECHNOLOGY, LIMITED ACCESS, ESPECIALLY IN RURAL AREAS, WHICH YOU HAVE IN CALIFORNIA AND ALSO TECHNOLOGY TRAINING. CAREGIVER SUPPORT, FOOD INSECURITY, TRANSPORTATION. ABUSE, NEGLECT, AND WHAT WE ARE SEEING IS A HUGE REALLY FOCUS ON MENTAL HEALTH AND BEHAVIORAL HEALTH ISSUES.

10:14:44 NEXT SLIDE PLEASE. AND THEN WE ALSO ASK, WELL YOU KNOW IS COVID JUST AN EPISODIC EVENT OR IS IT REALLY GOING TO CHANGE THE WAY THAT AGING SERVICES ARE DELIVERED IN THE FUTURE.

10:14:59 WHAT OUR MEMBERS TOLE US, 99% SAID IT WILL HAVE AN IMPACT. 50% SAID SIGNIFICANT IMPACT AS A DRIVER FOR AGING SERVICES AND SUPPORTS MOVING FORWARD.

10:15:11 NEXT SLIDE. IN LOOKING AT THE CAL LENG S AND CHANGES RELATED TO COVID-19 FOR THE AGING NETWORK, I THINK THIS REALLY GOES BEYOND AAAS, AND I KNOW THAT WE HAVE AAAS BUT OTHERS ON THIS CALL.

10:15:40 REALLY AGAIN, HOW WE BALANCE THE WORLD OF VIRTUAL WE ENTERED INTO OVERNIGHT, WITH WHAT I THINK IS THE SWEET SPOT OF THE AGING NETWORK. IN PERSON, IN TOUCH, PERSON-CENTERED APPROACH TO MEETING NEEDS OF OLD R ADULTS, PEOPLE WITH DISABILITIES AND ALSO THEIR CAREGIVERS. AND ALSO, AGAIN, LOOKING AT HOW WE ARE GOING TO DO THINGS DIFFERENTLY.

10:15:57 MEAL SITES, GRAB AND GOES, OTHER RESTAURANT ARRANGEMENTS THAT MANY IN THE AGING NETWORK DEVELOPED DURING COVID, BUT ALSO AS YOU LOOK THROUGH THIS LIST YOU SEE A NUMBER OF ISSUES THAT WERE RAISED AROUND WORKFORCE ISSUES.

10:16:22 WORKFORCE ISSUES WITHIN AAAS, WITHIN PROVIDER AGENCIES, WITH THE LACK OF VOLUNTEERS, MANY WHO LEFT DURING COVID. AND HAVE NOT COME BACK. SO, DURING THIS TIME WE HAVE A LOT OF OPPORTUNITIES FOR GROWTH, BUT WE SURGEONLY ALSO HAVE CHALLENGES THAT WE NEED TO CONFRONT AT THE SAME TIME. NEXT SLIDE, PLEASE.

10:16:58 AS WE LOOK AT CONFRONTING THESE CHALLENGES AND OPPORTUNITIES, ONE THING THAT ALSO CAME TO THE FOREFRONT WAS THE OPPORTUNITY TO PARTNER. AND, YOU KNOW, THE AGING NETWORK HAS ALWAYS BUILT ITS SERVICES AND SPORES ON REACHING OUT AND PARTNERING AT THE COMMUNITY LEVEL. AND THE SAME HELD TRUE DURING COVID. IN FACT INCREASES THREE QUARTERS OF THE AAAS DEVELOPED NEW PARTNERSHIPS, WHETHER IT BE BUSINESS WITH HEALTH CARE AND HEALTH CARE ENTITIES OR OTHER TYPES OF CONTRACTS WITH ORGANIZATIONS.

10:17:22 TO BE ABLE TO MOVE FORWARD THAT IS SOMETHING WE NEED TO CONTINUE TO BUILD ON. WE LOOK AT WHAT I BELIEVE AGING SERVICES 2.0 IS, WE LOOK AT 2022 COMING UP. AND LOOKING AT HOPEFULLY COMING OUT OF THE PANDEMIC. HOW WE REDEFINE AND REIMAGINE THE SERVICES MOVING FORWARD.

10:17:44 I WANTED TO GIVE YOU MY CRYSTAL BALL, AND GIVE YOU EXAMPLES OF WAYS THAT AREA AGENCIES AND OTHER AGING PROVIDERS ACROSS THE COUNTRY ARE USING THIS OPPORTUNITY TO INNOVATE AND HOW THESE INNOVATIONS STICK IN THE FUTURE, AND ACTUALLY ENHANCE AND GROW AGING SERVICES AND SUPPORTS.

10:18:00 NEXT SLIDE. WHAT WILL AGING SERVICES LOOK LIKE? WELL, I THINK THE FIRST THING WE NEED TO TACKLE IS WHAT I MENTIONED BEFORE, NEW WAYS OF DELIVERING SERVICES WHICH ARE THE HYBRID MODELS OF SERVICES AND FLEXIBILITY THIS NETWORK NEEDS.

10:18:11 WHAT WE KNOW FROM EVIDENCE BASED PROGRAMS WE GOT A LOT OF OLDER ADULTS PARTICIPATED IN THE PROGRAMS THAT DID NOT WANT TO COME TO IN-PERSON SITE.

10:18:24 HOWEVER AT THE SAME TIME WE KNOW AGAIN, THE SWEET SPOT OF THE NETWORK IS NOT JUST DELIVERING A MEAL, BUT ACTUALLY GOING AND CHECKING IN THE FRIDGE TO SEE WHAT'S IN THERE. TO CHECKING ON PEOPLE'S MEDICATIONS.

10:18:40 ACTUALLY CONNECTING WITH THEM. HOW ARE WE GOING TO COME UP WITH THE BEST OF THE IN-PERSON MODEL WITH THE TECHNOLOGY AND THE VIRTUAL PLATFORMS TO BE ABLE TO EXPAND OUR SERVICES AND SUPPORTS GIVEN THE FACT THAT AS I SAID AT THE BEGINNING.

10:18:55 WE ARE SERVING MORE PEOPLE AND MORE PEOPLE WITH GREATER NEEDS THAN EVER BEFORE. IN SAYING THAT AAAS ACROSS THE COUNTRY AND AGING SERVICE PROVIDERS ARE LOOKING AT THAT BALANCE. OF DETERMINING HOW THAT WILL COME TOGETHER.

10:19:12 I WILL HAVE SEVERAL EXAMPLES OF THAT. SOCIAL ISOLATION AND ENGAGEMENT AGAIN, CORE SERVICE NOW, LOOKING AT SOCIAL ISOLATION DURING COVID AND TURNING ON A DIME. YOU KNOW, THIS IS TIED TO THE NEXT BULLET ON TECHNOLOGY.

10:19:23 RECOGNIZING THE FACT THAT WHEN WE WENT INTO THE COVID PANDEMIC, IT WAS NOT JUST THE CLIENTS DID NOT HAVE TECHNOLOGY. ALSO THAT THE STAFFS DID NOT HAVE THE TECHNOLOGY.

10:19:42 WITH COVID RELIEF FUNDING HOPEFULLY THAT THE TURNING THAT AROUND. LOOKING AT ISOLATION AND TECHNOLOGY, IS RECOGNIZING MANY OF THE CLIENTS WE SERVE, THE TELEPHONE LINE, LAND LINE IS THEIR TECHNOLOGY. SO, WE HAVE DEVELOPED AND COLLECTED THROUGH ENGAGE.

10:20:07 THE NATIONAL RESOURCE CENTER ON SOCIAL ENGAGEMENT OF OLDER ADULTS. A VARIETY OF OPPORTUNITIES TO TELEPHONE CONNECT WITH OLDER ADULTS, BEYOND REASSURANCE AND WELLNESS CHECKS, ACTIVITIES, BOOK CLUBS, OTHER THINGS USING THE PHONE.

10:20:30 ALSO RECOGNIZING THIS VIRTUAL WORLD HAS ALSO OPENED UP A BIGGER WORLD OF SOCIAL ENGAGEMENT OPPORTUNITIES AND WE HAVE PARTNERED WITH OLDER ADULT SERVICE OUT OF NEW YORK. BECKY KNOWS WELL THAT GROUP.

10:20:39 LOOKING AT NOT ONLY OFFERING OPPORTUNITIES FOR TECHNOLOGY FOR OLDER ADULTS AND AGENCIES THAT SERVE THEM, BUT TRAINING AS WELL.

10:21:00 WE ENGAGE WITH THEM TO BE ABLE TO EXPAND THE OPPORTUNITIES THAT THE AGING NETWORK HAS IN THIS SPACE. BUT LOOKING AT THAT KS ALSO RECOGNIZING THAT TELEHEALTH HAS GROWN DURING THE PANDEMIC, AND MANY AAAS HAVE STEPPED INTO THAT SPACE TO BE TELEHEALTH NAVIGATORS FOR OLDER ADULTS.

10:21:12 HELPING THE HEALTH CARE SECTOR TO BE ABLE TO ACTUALLY OPERATE THOSE SERVICES AND SUPPORTS WITH OLDER ADULTS WHO DID NOT EITHER HAVE TECHNOLOGY OR DID NOT KNOW HOW TO USE IT.

10:21:32 WE HAVE ALSO BEEN ENGAGED IN THE HEALTH CARE SECTOR BY MANAGED CARE ORGANIZATIONS TO DO SOCIAL ISOLATION ACTIVITIES TO BE ABLE TO COMBAT SOCIAL ISOLATION THROUGH A WHOLE VARIETY OF HEALTH AND WELLNESS OUTREACH EFFORTS AND ACTIVITIES.

10:21:53 ADDITIONALLY INVESTING IN HOME AND COMMUNITY BASED SERVICES AND RECOGNIZING THAT THIS HAS BECOME A TOP OF MIND ISSUE FOR POLICYMAKERS AND FAMILIES WHO WANT TO KEEP THEIR LOVED ONES AT HOME. RECOGNIZING THAT HOME AND COMMUNITY BASED SERVICES ARE A ECONOMIC DRIVER.

10:22:01 THERE HAVE BEEN A NUMBER OF AAAS, ATLANTA REGIONAL COMMISSION, AAA IN KANSAS CITY, WHO HAVE ACTUALLY DONE ECONOMIC

10:22:10 STUDIES OF THE VALUE OF HOME AND COMMUNITY BASED SERVICES AND KEEPING OLDER ADULTS LIVING AT HOME AND IN THE COMMUNITY.

10:22:23 IT'S EXPANDING THE SERVICES, TALKING ABOUT THE VALUE, BUT ALSO TALKING ABOUT THE VALUE, THE ECONOMIC VALUE TO THE OLDER ADULTS AND CAREGIVERS OF SUPPORTING PEOPLE LIVING AT HOME.

10:22:39 EMPHASIS ON AGE FRIENDLY AND DEMENTIA FRIENDLY COMMUNITIES. IF WE ARE GOING TO FOCUS ON HOME AND COMMUNITY BASED SERVICES, WE HAVE TO FOCUS ON A COMMUNITY THAT SUPPORTS OLDER ADULTS AND PEOPLE WITH DISABILITIES AND CAREGIVERS.

10:22:57 SO, WE AT U.S. AGING ARE ADMINISTERING DEMENTIA FRIENDLY AMERICA, WHICH IS A COLLABORATIVE LOOKING AT WAYS TO ENCOURAGE COMMUNITIES TO RESPOND AND REALLY SUPPORT PEOPLE AND THEIR CAREGIVERS.

10:23:07 SUPPORT PEOPLE LIVING WITH DEMENTIA AND CAREGIVERS AND ALSO WORKING WITH AARP ON HOW THIS BLENDS IN AND BALANCES WITH THE AGE FRIENDLY MOVEMENT.

10:23:35 WHAT WE FOUND IN THE STATES OF ARIZONA, AND ALSO LOOKING AT MASSACHUSETTS THEY BLENDED IN AGE FRIENDLY AND DEMENTIA FRIENDLY EFFORTS AND COMBINED THOSE AS A COMMUNITY INITIATIVE MOVING FORWARD. AND IN DOING SO HAVE REALLY PUT AT THE FOREFRONT THE OPPORTUNITIES TO ENCOURAGE MORE STAKEHOLDERS TO BE ABLE TO DO BOTH.

10:23:55 AND IT'S WORKING VERY WELL. BUT LOOKING AT DEMENTIA FRIENDLY, IT'S ALSO, THIS HAS BEEN A PRIME OPPORTUNITY TO ENGAGE BUSINESSES IN BEING DEMENTIA FRIENDLY AND ALSO ENGAGING THE FAITH COMMUNITY IN DEVELOPING MEMORY CAFES.

10:24:34 WE HAVE EXAMPLES OF THOSE AND MORE ON THE WEBSITE. GREATER ROLES OF TRANSPORTATION, YOU CAN'T HAVE A FRIENDLY COMMUNITY WITHOUT TRANSPORTATION OPTIONS. ON THE RURAL FRONT, I KNOW IN CALIFORNIA THERE ARE A LOT OF RURAL COMMUNITIES. THE AREA AGENCY ON AGING PARTNERED WITH PACE TO BE ABLE TO EXPAND IN A RURAL PART OF VIRGINIA TO BE ABLE TO EXPAND THEIR MEDICAL TRANSPORTATION TO INCLUDE PEOPLE WHO NEED TREATMENTS.

10:24:42 AND WORKING IN A COORDINATED WAY WITH PACE BEING ABLE TO DO THAT AND EXPAND THOSE EFFORTS.

10:25:11 WE ALSO HAVE BEEN WORKING WITH OTHER DIFFERENT AAAS. WORKING WITH TRUST IN RIDES, PROVIDING CHAPERONED TRANSPORTATION TO MEDICAL TYPES OF APPOINTMENTS AND HOSPITALS VISITS, AND THERE IS VOLUNTEER DRIVING OPPORTUNITIES THAT HAVE COME UP, EVENING DURING COVID.

10:25:25 THE NATIONAL AGING AND DISABILITY TRANSPORTATION SYSTEM HAS A WHOLE BEST PRACTICES THAT YOU CAN LINK INTO TO FIND OUT MORE.

10:25:53 ON THE HOUSING SIDE, JUST IN CALIFORNIA I KNOW THIS IS A HUGE ISSUE, BUT IT IS A GROWING ISSUE ACROSS THE THE COUNTRY, NOT ONLY FINDING AFFORDABLE, ACCESSIBLE AND SUPPORTIVE HOUSING, AND TO THAT END, THE ADMINISTRATION FOR COMMUNITY LIVING LAUNCHED RECENTLY A HOUSING AND SERVICES RESOURCE CENTER THAT N 4A A PROUD TO ADMINISTER.

10:26:02 TO DIVE IN DEEPER AND BRING HOUSING RESOURCE LEADERS TOGETHER WITH AGING AND DISABILITY TO LOOK AT NEW WAYS TO BE ABLE TO EXPAND THE HOUSING SERVICES AND SUPPORTS.

10:26:32 KRNTLY WE HAVE A RANGE IN THE AGING NETWORK, WE HAVE A NORTHEASTERN OHIO AAA THAT ACTUALLY RUNS AND OPERATES A WHOLE SERIES OF MULTIFAMILY SUPPORTIVE HOUSING FOR OLDER ADULTS, HOME MODIFICATION. BUT WE ALSO HAVE A NUMBER OF AAAS, LIKE IN VIRGINIA HAVE JUMPED IN. STARTED DURING COVID TO BE ABLE TO RESPOND TO NEEDS OF HOMELESS OLDER ADULTS.

10:26:48 ISSUE GROWING ACROSS THE COUNTRY, AND IN ARIZONA THEY STARTED A HUGE EFFORT AROUND FINDING RENTAL HOUSING FOR OLDER ADULTS THAT LIVE THERE. NEXT SLIDE, PLEASE. ALSO THE HUGE EMPHASIS ON CAREGIVERS.

10:27:16 WITH THE FAMILY CARE GIVING REPORT WENT TO CONGRESS A WEEK AGO, WE EXPECT MORE IN THAT. THE AGING NETWORK WORKED IN SUPPORT OF CAREGIVERS FOR A VERY LONG TIME. INNOVATIONS COMING UP IN VIRGINIA, AN URBAN AREA RIGHT OUTSIDE OF WASHINGTON DC, THEY STARTED A BLENDING CARE GIVING WITH TECHNOLOGY.

10:27:36 TO DEVELOP A CARE GIVING ALERT PROGRAM, THAT ALERTS CAREGIVERS OF RESOURCES AND ISSUES IN THE COMMUNITY THEY NEED TO KNOW ABOUT. AND THAT IS BEING REPLICATED IN OTHER PARTS OF THE STATE.

10:28:06 I WAS IN OREGON MEETING WITH A STAT JI SESSION WITH THE AAAS THERE. THERE WERE SOME AAAS DOWN STAFF 25%. AND WERE HAVING A HARD TIME FINDING ADDITIONAL STAFF TO FILL THOSE POSITIONS. SO, WE ARE WORKING WITH THE ADMINISTRATION FOR COMMUNITY LIVING, LOOKING AT WAYS TO BE ABLE TO USE YOUR COVID MONEY TO BE ABLE TO LOOK AT WAYS TO BE ABLE TO ENHANCE AND EXPAND NOT ONLY THE AGING WORKFORCE.

10:28:32 BUT ALSO TO LOOK AT WAYS TO BE ABLE TO EXPAND THE VOLUNTEER WORKFORCE, AND N 4A IS LOOKING. U.S. AGING IS WORKING ON A NUMBER OF DIFFERENT PILOT PROJECTS WITH SOME LOCAL FOUNDATIONS ON WAYS TO ENGAGE NEWLY RETIRED INDIVIDUALS INTO SUPPORTING THE WORK OF NONPROFITS AT THE COMMUNITY LEVEL BUT ALSO AAAS.



10:29:01 AGAIN, PARTNERING WITH HEALTH CARE, I KNOW THE NEXT SPEAKER WILL GO INTO THAT IN DETAIL. WE HAD THE OPPORTUNITY TO WORK WITH THE NEW YORK AAAS, PARTNERING WITH HEALTH CARE, BUT WE ARE SEEING A HUGE UPTAKE IN THE INTEREST AREA OF PARTNERING WITH COMMUNITY BASED ORGANIZATIONS. THE CATCH THERE IS MAKING SURE THAT THE COMMUNITY BASED ORGANIZATIONS, AAAS AND OTHERS ARE ALSO BEING REIMBURSED FOR THAT MODEL.

10:29:16 WE WILL SOON COME OUT WITH A SURVEY THAT WILL HIGHLIGHT EXAMPLES OF WAYS THAT IS HAPPENING THROUGH AN RFI SURVEY WE COMPLETED AT THE END OF THE SUMMER.

10:29:29 SHOWING DESPITE COVID THERE IS A LOT OF INTEREST IN MAINTAINING GROWTH IN THE AREA OF PARTNERING AND CONTRACTING FOR PAYMENT WITH HEALTH CARE. AND ALSO PARTNERING WITH PUBLIC HEALTH.

10:29:37 THE WORK THAT THE AGING NETWORK DID AROUND THE COVID VACCINES I THINK HAS REALLY PUT THE AGING IN THE WORK ON THE MAP.

10:30:02 CDC AS WELL AS THE HEALTH RESOURCE SERVICES ADMINISTRATION WITHIN HHS AT THE NATIONAL LEVEL IS NOW INTERESTED IN LOOKING AT WAYS TO FUND THE WORK OF THE AGING NETWORK IN THIS PUBLIC HEALTH SPACE. THERE IS A HUGE OPPORTUNITY, WE HAVE SEEN PUBLIC HEALTH CONTRACTING WITH AAAS.

10:30:15 WORKING WITH AAAS AT THE VACCINE SITES, AREA OF GROWTH AND LEADERSHIP FOR THE NETWORK MOVING FORWARD, AS IS WORKING IN THE AREA OF RACIAL AND HEALTH DISPARITIES.

10:30:32 WE WILL COME WITH A SERIES OF EXAMPLES OF THE WAY THE NETWORK IS WORKING AND EXPANDING THEIR WORK IN THE SPACE OF DIVERSITY EQUITY AND INCLUSION, BUT, JUST YOU KNOW HIGHLIGHTING COMMITMENTS AND POLICIES AT THE AAA LEVEL.

10:31:03 BUT MORE IMPORTANTLY LOOKING AT WAYS THAT SERVICES ARE BEING REDIRECTED TO ENSURE THEY ARE CULTURALLY COMPETENT AND SENSITIVE. AND ALSO ENSURING THERE ARE CONTRACTS, A GREATER DEGREE OF CONTRACTS WITH MORE GRASS ROOTS NEIGHBORHOOD ORGANIZATIONS THAT REPRESENT COMMUNITIES OF COLOR AND DIVERSITY THAT THE NETWORK IS SERVING.

10:31:33 THERE ARE OPPORTUNITIES, NEXT SLIDE QUICKLY. AND I KNOW I HAVE HIGHLIGHTED A FEW OF THE BEST PRACTICES, BUT I WANT YOU TO KNOW THAT AT THE U.S. AGING WEBSITE WE OPERATE THE NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER FOR BEST PRACTICES THERE THAT YOU CAN DRAW UPON OR YOU CAN CALL THE STAFF. DEMENTIA FRIENDLY AMERICA. AGAIN, WE HAVE A WHOLE CLEARINGHOUSE OR HUB OF BEST PRACTICES. ENGAGE.

10:31:38 ENGAGE RESOURCE CENTER FOR SOCIAL ENGAGEMENT OF OLDER ADULTS.

10:32:08 WE HAVE TONS OF RESOURCES THERE OB BEST PRACTICES THAT RUN THE RANGE FROM TELEPHONIC TO MUCH MORE SOPHISTICATED USE OF TECHNOLOGY. AND THERE ARE MORE, BUT I JUST REALLY WANT TO LET YOU KNOW THAT FROM U.S. AGING PERSPECTIVE WE SEE YOU AS THE LEADERS OF AGING MOVING FORWARD WE ARE HERE TO SUPPORT.

10:32:24 AND THE CURRENT GENERATION AND FUTURE GENERATIONS ARE COUNTING ON YOU. WE ARE HERE TO BE THE LEADERS I KNOW THE COUNTRY AND CALIFORNIA NEEDS FOR OLD R ADULLS

MOVING FORWARD, WITH THAT I SAY THANK YOU AND LOOK FORWARD TO ANSWERING YOUR QUESTIONS.

10:32:36 >> THAT'S GREAT, THANK YOU, BECKY, TRN IT TO YOU.

10:32:40 >> THANK YOU SO MUCH MIKE AND THANK YOU SANDY, ALWAYS SO WONDERFUL TO GET THE NATIONAL LENS OF THING.

10:32:56 EVERYONE IN CALIFORNIA I WANT TO LET YOU KNOW I HAD THE PLEASURE OF MEETING MIKE A COUPLE OF TIMES NOW AND SO EXCITED TO HAVE HIM AS A COLLEAGUE. REALLY TO MOVE CALIFORNIA FORWARD AND I AM EXCITED TO BE HERE, APOLOGIZE IN ADVANCE I TALK FAST.

10:33:09 I DID PROVIDE A LONG SLIDE DECK, NOT BECAUSE I WANT TO GO OVER IT IN DETAIL, I WITHIN THE TO LEAVE THE GROUP WITH SOME INFORMATION TO KIND OF GO BACK AND LOOK OT HOW WE FRAME AGING IN NEW YORK STATE.

10:33:26 WHAT HAS BEEN SUCCESSFUL FOR US. PRESENTATION TODAY IS GOING TO TALK ABOUT HOW TO BETTER CONNECT HOSPITALS AND HEALTH SYSTEMS AND ALSO TALK ABOUT BEST PRACTICES I THINK THAT FITS NICELY INTO WHAT SANDY SHARE AND A LOT OF WHAT WE SEE ACROSS THE STATE AND NATIONALLY. NEXT SLIDE.

10:33:55 SO, IF YOU TAKE A PEEK AT THE NEW YORK STATE DEMOGRAPHICS, THIS IS NOT GOING TO SURPRISE ANY OF YOU, FOURTH IN THE OVER THE AGE OF 60, SEEING WHAT YOU ARE SEEING IN CALIFORNIA AS WELL. FAMILY STRUCTURES CHANGED. AS FAR AS MARRIED COUPLE AND FAMILIES AND ADULT CHILDREN ABLE TO BE CAREGIVERS. AND SINGLE PARENT HOUSEHOLDS AND NONTRADITIONAL HOUSEHOLDS.

10:34:06 LOOK AT THE NUMBER OF COUNTIES AND WHERE WE ARE AIDED IN THE FUTURE. WE LIKE TO USE A LEVEL SET, I USE THIS TO TALK ABOUT WHAT'S GOING TO HAPPEN IN THE DISTRICT MOVING FORWARD.

10:34:19 AND REALLY JUST KIND OF SETS THE TONE FOR WHAT NEW YORK STATE IS LOOKING AT IN THE OLD R POPULATION AND HOW TO BETTER SERVE THEM. OUR CUSTOMERS OBVIOUSLY, I SHOULD TAKE THE STEP BACK.

10:34:43 I REPRESENT THE 59 AREA AYEN SIS ON AGING IN THE NEW YORK STATE, NOT FOR PROFIT MEMBERSHIP ARM WE WORK EXTREMELY CLOSE WITH THE NETWORK ON AGING. WE TALK TO MAKE SURE WE ARE ON THE SAME PAGE AND I REPRESENT MY MEMBERSHIP AND MEET THE FEDERAL AND STATE REQUIREMENTS.

10:35:06 THE DATA IS THE DATA THAT IS COLLECTED AND I AM ABLE TO SHARE, SO, OBVIOUSLY WE TALK ABOUT HIGH RISK AND HIGH COST INDIVIDUAL. THOSE ARE CHRONIC HEALTH CONDITIONS AND FUNCTIONAL NEEDS, TRIES TO WHAT I TALK ABOUT ON THE HEALTH CARE LENS OF THINGS, YOU TELL WHEN YOU LOOK AT THE TOP 5% OF MEDICARE SPENDERS WHERE THEY FALL, THOSE ARE PEOPLE WE SERVE.

10:35:11 WHEN YOU LOOK AT CHRONIC CONDITIONS AND FUNCTIONAL LIMITATIONS THAT IS THE POPULATION WE SERVE

10:35:17 >> WELL. THIS IS A PICTURE OF THE TYPE OF CUSTOMER WE ARE SERVING AND WHAT THAT MEANS TO THE HEALTH CARE SYSTEM. NEXT SLIDE.

10:35:32 AGAIN, YOU LOOK AT CHRONIC CONDITIONS, THEY ARE SINGLED AS THE MAJOR CAUSE OF ILLNESS, DISABILITY AND DEATH IN THE UNITED STATES. 65 AND OLDER, 35% LIVING WITH A TYPE OF DL.

10:35:50 SIGNIFICANT PORTION OF THE POPULATION, WHEN YOU LOOK AT THE COST OF THIS TO HEALTH CARE SYSTEM, THAT IS WHERE THE ADVOCACY COMES TO PLAY, HOW CAN YOU SELL OUR SERVICES AND ASK FOR INVESTMENT IN OUR SERVICE IFS KROU DON'T HAVE SOMETHING TO COUNTER ACT THAT INVESTMENT.

10:36:08 WHEN YOU LOOK AT THE COST OF CHRONIC HEALTH CONDITIONS BEING A BILLION BY 2040, YOU ARE TALKING ABOUT PAST SAVINGS IF YOU CAN INVEST ON THE PREVENTION SIDE. EXACTLY WHERE YOUR STRONG SUITS ARE, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, WHICH SHE TALKED ABOUT.

10:36:37 WHEN YOU LOOK AT THE NURSING HOME RISK INDICATORS, WE USE THESE TO TALK ABOUT POPULATION, OLDER INDIVIDUALS AND LOWER INCOME, HEALTH CONDITIONS, COGNITIVE IMPAIRMENTS, IF THEY USE HEALTH CARE IN THE PAST. SO, WHEN YOU LOOK AT THE NUMBERS SIJS WHO DID HAVE TO USE A HOSPITAL OR NURSING HOME IN 2009, AND THOSE HAD STAYS.

10:36:45 THIS STACKS UP TO COST OF CARING FOR THE POPULATION AND WHY IT'S IMPORTANT TO RECEIVE INVESTMENTS. I AM GOING TO GO VERY QUICKLY THROUGH THESE.

10:37:02 IF YOU WANT FURTHER INFORMATION HOW TO CAPTURE THE DATA AND SHARE IT, IT'S BEEN BENEFICIAL FOR US, EASY TO SIT IN FRONT OF ELECTED INDIVIDUAL OR IN FRONT OF STATE GOVERNMENT AND SAY YOU KNOW LOOK AT THE AVERAGE ANG OF THE CUSTOMER.

10:37:19 I TELL YOU GLOBALLY THE TRADITIONAL AGE IS 83-YEAR-OLD FEMALE LIVES ALONE, 4 OR MORE CHRONIC CONDITIONS AND DEFICITS IN DAILY LIVING AND MEETS THE CRY TIER KRA WE TALKED ABOUT.

10:37:40 VERY HIGH COST INDIVIDUALS RECEIVING THOSE SERVICES AND WERE ABLE TO GET DATA ON HOW LONG WE WERE ABLE TO SERVE THEM AND WHAT THE COST IS FOR THE SYSTEM. NEXT SLIDE. THIS AGAIN, WALKS THROUGH THOSE INDIVIDUALS, WHAT THEIR DEFICITS ARE, ALL RIDGE STERED CLIENTS, RECEIVING CLUSTER SERVICES.

10:37:59 DATA IS POWERFUL IN THE WORK WE DO IN NEW YORK STATE, ALSO SUSHG SESZFUL IN CALIFORNIA, SEEMS TO BE SOMETHING PEOPLE PAY ATTENTION TO ON TOP OF THE STORIES WE WERE ABLE TO SHARE WHAT WE DID THROUGH THE COVID-19 PAN DEMIC.

10:38:10 AGAIN, TALKING ABOUT THE INDIVIDUALS THAT NEED TO SERVICE, WHAT ACTIVITIES OF DAILY LIVING LOOKS LIKE, AGAIN, EASY TO TALK THE LANGUAGE, YOU LOOK AT THE PERSONAL CARE PROGRAM.

10:38:39 92% OF PEOPLE WE SERVE NEED HELP TAKING A BATH, REAL INFORMATION YOU USE TO TALK ABOUT THE TYPE OF CLIENT YOU SERVE MANY THE HOME AND COMMUNITY BASED SETTINGS. AGAIN,

THIS IS FOR YOUR REFERENCE, NEXT SLIDE, I THINK CHRONIC CONDITIONS IS SOMETHING THAT HAS BECOME A HOT TOPIC WE TALK ABOUT SOCIAL DETERMINANTS OF HEALTH.

10:39:06 YOU LOOK AT THE CUSTOMER, IT'S OVERWHELMING TO SEE THE NUMBER OF PEOPLE THAT FALL IN THAT CATEGORY, COMPLEX MEDICAL PATIENTS WE SERVE AT A LOWER COST THAN THE HEALTH CARE SYSTEM, IMPORTANT TO NOTE WHEN YOU KEEP SOMEONE IN THEIR HOME THAT HAS SIX OR MORE CHRONIC CONDITIONS YOU ARE ABSOLUTELY TOUCHING ON A MEDICAL MODEL, THAT IS NOT WHERE WITH ARE PREDICATED, THIS IS SOMETHING WE HAVE USED IN OUR CONVERSATIONS WITH MANAGED CARE ORGANIZATIONS.

10:39:29 TO TALK ABOUT JUST HOW INTENSE THIS CUSTOMER IS THAT WE ARE ABLE TO SERVE IN HOMES AND COMMUNITIES. NEXT SLIDE. AGAIN, THIS TALKS ABOUT THOSE TYPES OF CHRONIC CONDITIONS, NONE OF THIS IS GOING TO BE ANYTHING NEW TO YOU AS FAR AS YOU KNOW BLOOD PRESSURE, DIABETES, HEARING IMPAIRMENTS, SO ON AND SO FOT.

10:39:35 SO, THIS IS A PICTURE OF THE CLIENTS WE ARE SERVING, NEXT SLIDE.

10:40:00 SO THIS IS WHERE I GET EXCITED WHEN WE TALK ABOUT THE NETWORK INFRASTRUCTURE, THIS SLIDE IS WEIRD YOU HAVE TO KEEP CLICKING, NEW YORK STATE IS DIFFERENT THAN CALIFORNIA, 59 AREA AGENCIES, TWO NATIVE AMERICAN INDIAN RESERVATIONS WITH THEIR OWN SPECIFIC AAA. WORK WITH 1200 SUB CONTRACTORS.

10:40:03 NOT LIKE MANY OTHER STATES WE SUB CONTRACT A LOT OF SERVICES OUT.

10:40:12 WE HAVE ROBUST SENIOR CENTER MEAL SITE AS WELL AS HAVING LARGEST NUTRITION PROGRAM IN THE COUNTRY.

10:40:24 SOMETHING WE ARE PROUD OF, INCLUDES NEW YORK CITY, HAS A LARGE FOOTPRINT IN NEW YORK STATE. PROVIDE 41 #4R50I HIGHEST LEVEL EVIDENCE BASED INTERVENTION THROUGH THE AAAS.

10:40:29 I TALK IN DETAIL WHEN YOU TALK ABOUT HEALTH SYSTEMS WHY THAT IS IMPORTANT.

10:40:46 VARIETY OF VOLUNTEERS FOR THE PROGRAMS AND HEALTH INSURANCE COUNSELING PROGRAM. WE DO A COUPLE OF THINGS IN NEW YORK STATE. WE REQUIRE ALL CASE MANAGERS AND HEALTH INSURANCE COUNSELORS, MANDATED BY LAW TO BE STATE CERTIFIED.

10:41:08 SO, CASE MANAGEMENT ARE CERTIFIED THROUGH BOSTON UNIVERSITY OF SOCIAL WORK THROUGH A CONTRACT WE HAVE WITH THEM, BENEFICIAL WITH HEALTH PLANS BECAUSE I AM PRESENTING ARRAY OF SERVICES THROUGH CERTIFIED CASE MANAGERS THAT LOOK THE SAME HERE IN NEW YORK OR BROOKLYN, WHICH HAS BEEN BENEFICIAL.

10:41:28 NEXT SLIDE, AGAIN MANY OF YOU PROVIDE ALL OF THESE SERVICES, NOT GOING TO BE NEW TO ANYONE, BUT, IT'S VERY ENLIGHTENING TO ME WHEN I SPEAK WITH INDIVIDUALS TO THINK THAT THE AAA ONLY DOES MEALS, THIS UNDERTONE OF WE THOUGHT YOU DID HOME DELIVERED MEALS, WE HAVE A VARIETY OF OTHER SERVICES AND SUPPORTS.

10:41:32 I AM GOING TO TALK BRIEFLY ON THIS SLIDE ABOUT INNOVATIONS.

10:41:35 I THINK SHE RAISED GOOD THINGS.

10:41:51 WE HAVE DONE PARTNERSHIPS WITH THE STATE OF CALIFORNIA. GET ET SUP, PURCHASED ONLINE PROGRAMS TO DISTRIBUTE, AND WORKING WITH GO, GO GRANDPARENT TO EXTEND TRANSPORTATION SERVICES.

10:42:06 IT'S A ISSUE HERE, A LOT OF WORK WITH VIRTUAL SEEN YORE CENTERS, THE SOLUTIONS TECHNOLOGY PLATFORM. BEEN O WONDERFUL AND PROVIDED HANDS ON ASSISTANCE TO OLDER VINLS WHO WANT TO LEARN ABOUT TECHNOLOGY AND SUPPORTS.

10:42:32 WE ARE ALSO LOOKING AT REPLICATING A HOME SHARE PILOT PROJECT, IN THE NEIGHBORING STATE OF VERMONT, YOUNG PROFESSIONALS ARE PAIRED UP WITH OLDER INDIVIDUALS WHO NEED A ROOMMATE, A VETTING PROCESS. EXCITING THINGS HAPPENING, WE ARE GOING TO LOOK A LOT DIFFERENT COMING OUT OF COVID THAN WE DID GOING INTO COVID.

10:42:47 AND LASTLY ON THE INNOVATION PIECE, WE HAVE REALLY BEEN LUCKY, NEW YORK STATE OFFICE FOR AGING HAS INVESTED SIGNIFICANTLY INTO THE AN MA TRONIC PET PROJECT. .

10:42:59 WE HAVE DISTRIBUTED ABOUT 4 THOUSAND CATS AND DOGS THROUGH NEW YORK STATE FOR PEOPLE SUFFERING FROM SOCIAL ISOLATION, AND BEEN HUGELY SUCCESSFUL. NEXT. AGAIN, COMPREHENSIVE ASSESSMENT AND PLAN OF CARE.

10:43:17 INCLUDES MANY THINGS YOU ARE SCREENING FOR, WE HAVE ADDED WHAT'S CALLED A TECH CHECK, HOW MANY INDIVIDUALS HAVE INTERNET ACCESS AND HOW MANY ARE COMFORTABLE WITH ASSESSING TECHNOLOGY.

10:43:37 WE HAVE ADDED A SIX POINT QUESTIONNAIRE TO SEE IF SOMEONE IS FEELING ISOLATED OR LONELY, THAT IS THE SCALE WE USED DURING THE PET PROJECT, AND OVER A ONE YEAR PERIOD WE SAW 70% REDUCTION IN ISOLATION AND LONELINESS BY ADOPTING ONE OF THESE.

10:43:51 DATA IS POWERFUL AND TYPES OF THINGS WE MAKE SURE WE GATHER. TALK ABOUT INNOVATIONS I WANT TO GET RAW DATA IN FRONT OF YOU ON HOW WE REQUEST TALK THE HEALTH CARE LANGUAGE.

10:44:06 I KNOW I WAS A HOSPITAL SOCIAL WORKER, I WAS RESPONSIBLE FOR DISCHARGE PLANNING AND PUT ME IN A GOOD POSITION FOR ADVOCATING FOR OUR NETWORK AND BRUNT OF HEALTH CARE RESPONSIBILITY FALLS ON COMMUNITY BASED ORGANIZATIONS SUCH AS YOURSELVES.

10:44:24 WE DID NOT GET REIMBURSEMENT FOR THE PROGRAMS AND SERVICES SHS ABSOLUTE WHERE WE NEED TO GO IN THE FUTURE. WE HAVE THE OPPORTUNITY A FEW YEARS BACK, TO DO A COUPLE OF REALLY GREAT INNOVATIONS WE WERE ABLE TO GET DATA BACK.

10:44:40 SUCCESSFUL WITH MANY OF THE LARGE INSURANCE PAYERS IN THE STATE, YOU ARE SHOWING RETURN ON INVESTMENT, VERY BASIC PROGRAM REALLY WORKED WITH HOSPITALS AND SKILLED NURSING FACILITIES TO BRIDGE THE GAPS.

10:44:58 CONNECTED TO COMMUNITY SERVICES TO MAKE SURE THERE WAS A WARM HAND OFF. AND END OF THE PROJECT WE SAW A \$3.41 RETURN FOR EVERY DOLLAR INVESTED.

10:45:18 I CAN SHARE INFORMATION AND HOW WE GOT THERE, BUT GOOD DATA. IN ANOTHER COUNTY WE DID A SIMILAR THING WITH PRIMARY CARE PHYSICIANS OFFICES. SOCIAL WORK SERVICES, AND HOME MODIFICATIONS. AND I THINK THIS DATA LEAPS OFF THE PAGE.

10:45:39 YOU SAW DECREASE OF 50% IN HOSPITALIZATIONS IN THE FIRST 90 DAYS AND 65% OVER 180 DAYS, RETURN ON INVESTMENT IN THIS COUNTY SAVED ALMOST \$5 FOR EACH \$1 INVESTED. \$2.8 MILLION SAVINGS, THE

10:45:51 STUDY WE ARE USING WITH THE INSURANCE PAYER IN THE COUNTY AND 37 SURROUNDING COUNTIES TO PAY THE STAFF TO PROVIDE WRAP AROUND SERVICES FOR THEIR MEMBERS.

10:46:09 THE SELF-HELP ACTIVE SERVICES AGING MODEL. SELF-HELP I AM GOING TO SHARE WITH YOU, ONLINE VIRTUAL PROGRAM WE ARE ROLLING OUT THROUGH COVID-19, PRIOR TO THE PANDEMIC, BUT WE LOOKED IN QUEENS NEW YORK TO REALLY LOOK AT BENEFIT AND ENTITLEMENT ASSISTANCE.

10:46:33 WELLNESS PROGRAMS HEALTH SCREENINGS, AND CARE TRANSITIONS AND REFERRALS, AND VOLUNTEER OPPORTUNITIES, ALL THINGS YOU ARE DOING. HOW YOU GET THE DATA ON THE RETURN ON INVESTMENT TO MAKE SURE WE RECEIVE ONGOING FUNDING. LOOK AT THE COST FOR SELF-HELP AND MEDICAID, THE COST REDUCTION WAS HUGE.

10:47:03 I WANT TO SHOW YOU THIS SLIDE BECAUSE IT TALKS TO EXACTLY WHAT I HAVE ALLUDED TO, HOW MUCH DOES IT COST TO PROVIDE THE SERVICES FOR THESE INDIVIDUALS. THIS DATA IS POWERFUL, LOOK AT THE NURSING HOME RISK, THESE INDIVIDUALS ON PAPER QUALIFY TO GO TO NURSING HOME, SEE FOR THE PC LEVEL TWO, HANDS ON IN HOME CARE, SEE THE COST.

10:47:18 THE REASON THIS SLIDE IS SO IMPORTANT IS BECAUSE IN THE LAST BUDGET CYCLE I WAS ABLE TO ADVOCATE WORK WITH THE GOVERNOR'S OFFICE AND SENATE ASSEMBLY TO GET THE NUMBER OF PEOPLE WAITING FOR SERVICES.

10:47:34 WHAT THE COST OF SERVICES WERE, VERSUS REDUCTION IN MEDICAID STATE SHARE WOULD BE IF THE INDIVIDUALS WENT TO A SKILLED NURSING FACILITY. GOT ADDITIONAL \$8 MILLION ABOVE WHAT WE RECEIVED IN THE BUDGET.

10:47:57 TO ADDRESS THE WAIT LISTS, POWERFUL TO DO A SNAPSHOT OF THE HIGH INTENSITY CUSTOMER, HOW MUCH IT COST TO SERVE THE THE CUSTOMER, VERSUS THE HEALTH CARE SYSTEM IN THE STATE WITH A 50% MEDICAID SHARE. AGAIN, THESE ARE NONREGISTERED SERVICES, TRANCE PORATION ET CETERA. REALLY POWERFUL DATA WHEN YOU TALK WITH HEALTH SYSTEMS, NEXT SLIDE.

10:48:14 COUPLE PRAKT KL EXAMPLES, I AM GOING TO WRAP UP I KNOW WE ARE SHORT ON TIME. I THINK IT'S IMPORTANT TO BE ABLE TO HIGHLIGHT WITHIN YOUR OWN AAA OR STATE PERSPECTIVE THAT YOU GUYS DO SUCCESSFUL DISCHARGE PLANNING, DIVERT FROM EMERGENCY DEPARTMENTS.

10:48:41 REDUCE SOCIAL EMISSIONS, AND INCREASE PATIENT SATISFACTION, HOW DO YOU DO THAT, WHAT I SAY IF YOU LOCAL HOSPITAL IS TELLING A INDIVIDUAL YOU DON'T BELONG IN THE HOSPITAL YOU ARE GOING TO BE OBSERVATION STATUS OR ADMISSION DENIAL, IT'S EASY FOR CLIENTS OR PATIENTS TO SAY, THAT HOSPITAL WAS A HORRIBLE EXPERIENCE FOR ME. I DON'T UNDERSTAND IT.

10:48:49 WHEN YOU HAVE THE COMMUNITY BASED ORGANIZATION ON THE OTHER SIDE SOLIDIFYING THE CHANGES AND OBSERVATION STATUS.

10:49:15 IT CHANGES YOUR PATIENT SATISFACTION ON THE BACK END AND COMMUNITY INTERVENTIONS THAT ADDRESS THIS, ABSOLUTELY WHAT YOU DO ON DAY IN AND DAY OUT BASIS, NEXT SLIDE. SOCIAL DETERMINANT INTERVENTION, SUPPORT MANY THE COMMUNITY. LOW COST

HIGH-YEAR-OLD SERVICES AND INCREASE HEALTH CARE OUTCOMES AND ENHANCE MEDICAL INTERVENTIONS.

10:49:27 I TALK ABOUT THIS MORE IN ACTUAL EXPERIENCE AND SUCCESSFUL DISCHARGE PLANNING, AGAIN, AAA YOU PROVIDE TRANSPORTATION, MEALS, YOU KNOW THESE FAMILIES, YOU SIT IN THE LIVING ROOM AND YOU TALK.

10:49:41 YOU KNOW WHAT A HOSPITAL OR PRIMARY CARE PHYSICIAN IS BEING TOLD DOES NOT MATCH WHAT YOU SEE WHEN YOU DO A HOME VISIT, GOOD EXAMPLE. COMPLEX INDIVIDUAL.

10:49:53 NUMEROUS CONDITIONS, KIDNEY DISEASE AND HEART DISEASE ARE TWO OF THE MOST DIFFICULT TO TREAT JOINTLY. TREATMENT FOR ONE EXACERBATES THE OTHER. .

10:50:04 THIS INDIVIDUAL WAS NOT HAVING A GOOD HEALTH CARE EXPERIENCE. THROUGH AAA, CASE MANAGEMENT, IMPLEMENTED SERVICES, MUM ROUS CONVERSATIONS HAD.

10:50:12 OUT OF STATE RELATIVES BECAME INVOLVED AND INSTEAD OF THE INDIVIDUAL COMING BACK TO HOSPITAL OR GOING TO SKILLED NURSING FACILITY.

10:50:21 THEY WERE ABLE TO COME UP WITH A CARE PLAN AND DIRECTIVES AND PASSED AWAY AT HOME, WHICH WAS A VICTORY FOR THIS FAMILY.

10:50:42 OTHER THING, VERY SUCCESSFUL, WERE OUR EMERGENCY DEPARTMENT DEFERRAL PROGRAM. SOMETHING I DID PRIOR TO COMING TO THE STATE ASSOCIATION, I STOOD UP WITH THE LOCAL EMS, ALL OF THE INFORMATION WITH CONSENT WAS LOADED INTO THE EMS SYSTEM.

10:51:02 ONE OF MY CLIENTS CALLED 911, THE DISPATCHER WOULD SEE IN REALTIME, COGNITIVE DISORDER, CONTACT THE SON, MAY BE CONFUSED OR MAY HAVE A DOG. IF THE INDIVIDUAL CALLED IN FOR CAREGIVER BREAK DOWN.

10:51:11 INSTEAD OF DISPATCHING STATE POLICE OR EMS IN A RURAL PART I WOULD GET PAGED IN REALTIME BY DISPATCH STAFF TO COME UP WITH A SOLUTION.

10:51:39 THIS WAS HUGELY SUCCESSFUL WITH CAREGIVERS THAT FELT BURNED OUT AND CALLED 911, I CAN'T TAKE CARE OF MOM ANYMORE. IF THEY HAVE A INSTANT REFERRAL, DO YOU FEEL SAFE FOR THE NIGHT, NINE TIMES OUT OF TEN THE RESPONSE IS YES IF SOMEONE CAN GET TO ME TOMORROW. THAT WAS SUCCESSFUL.

10:51:55 NEXT SLIDE, WE TALKED ABOUT MEDICARE COVERED SERVICES, YOU ARE THE TRUSTED SOURCE OF INFORMATION, YOU PROVIDE THE INTERVENTIONS AND ABLE TO APPLY FOR SERVICES IN THE COMMUNITY AND REENFORCE THE HEALTH CARE SYSTEM LANDSCAPE.

10:52:20 I THINK MANY TIMES IT'S DIFFICULT TO HIGHLIGHT YOUR SUCCESS AND AMAZING WORK YOU DO. WE ARE MOVING IN A DIFFERENT DIRECTION. WE HAVE BEEN THRUST INTO THE SPOTLIGHT AND KNOWN AND TRUSTED FOR SERVICES. THIS IS A MECHANISM FOR US TO GET PAID FOR SERVICES UNDER A MEDICAL MODEL WE HAVE BEEN RELATIVELY SHUT OUT FROM FOR YEARS.

10:52:43 NEXT SLIDE, PATIENT SATISFACTION IS IMPORTANT TO HOSPITALS AND SOURCES. IMPORTANT TO AAA. YOU UNDERSTAND FAMILY DYNAMIC ANDS TREATMENT AND FOLLOW UP. YOU ARE A PATIENT ADVOCATE THROUGH EXPERIENCE. WHETHER THAT BE ADVOCATING TO GO TO

SKILLED NURSING FACILITY OR COMING OUT OF IT. YOU ARE TRUSTED ENTITIES THAT PROVIDE THOSE SERVICES.

10:52:59 I WANT TO SAY THANK YOU VERY MUCH, SORRY THAT WAS SO KIND OF QUICK, I KNOW WE WANT TIME FOR QUESTIONS, I WOULD OFFER IF YOU WANT FURTHER INFORMATION FROM ME ON HOW WE GOT THIS DATA OR HOW WE IMPLEMENTED IT I WELCOME YOU TO REACH OUT, THANK YOU SO MUCH.

10:53:13 >> GREAT THANK YOU VERY MUCH. THIS IS REALLY INFORMATIVE. WE HAVE A COUPLE DIFFERENT LINES OF QUESTIONS HERE, ONE I CALL HOUSEKEEPING QUESTIONS.

10:53:43 REALLY HOW DO PEOPLE GET THE SLIDES. I THINK THE ANSWER IS ON THE CDA HUB AND SPOKES WEBSITE, UP ON THE C 4A WEBSITE AS WELL. AND THEN THE OTHER QUESTION IS SPECIFIC AROUND PILOT PROJECT DATA. INFORMATION ON SOCIAL ISOLATION, AND WHAT MIGHT BE BEST PRACTICES TO ADDRESS SOCIAL ISOLATION.

10:53:53 GOES BEYOND TELEPHONE INTERACTION. IS THAT SOMETHING THAT PEOPLE CAN REACH OUT TO YOU SANDY AND BECKY ON?

10:54:05 >> I WILL JUMP IN MICHAEL. THROUGH THE ENGAGED RESOURCE CENTER, IF YOU JUST GO TO U.S. AGING AND HIT THE ENGAGED RESOURCE CENTER.

10:54:17 THERE ARE, WE HAVE COMPILED INFORMATION ON ADDRESSING SOCIAL ISOLATION, AGAIN FROM TELEPHONIC ALL THE WAY UP TO USING A MORE SOPHISTICATED TECHNOLOGY.

10:54:35 YOU CAN SEE EVERYTHING IN BETWEEN. WE ALSO SEPARATE OUT FROM URBAN RURAL AND THE LIKE, GIVE YOU CONTACT PEOPLE TO FOLLOW IF YOU WANT TO REPLICATE THE PROGRAM.

10:54:52 >> NOW COMES THE THOUGHT QUESTION, FOR THOSE OF US, WE DON'T HAVE THE DEEP DATA THAT YOU HAVE IN NEW YORK, IT'S VERY IMPRESSIVE, YOU HAVE DATA TO REACH OUT TO MANAGED CARE AND HAVE A DISCUSSION.

10:55:09 IN CALIFORNIA WE ARE SORT OF NOT IN THAT POINT YET. SO WHAT DO YOU THINK ARE THE MOST IMPORTANT ELEMENTS TO BRING TO A CONVERSATION WITH MANAGED CARE. ABSENT HAVING THAT SPECIFIC DATA.

10:55:14 YOU KNOW, WE ARE GOING TO TRY TO GET THERE, NOT THERE YET.

10:55:22 >> I PERSONALLY THINK THAT THE THING THAT AAAS SELL THEMSELVES SHORT ON ARE YOU GUYS ARE THE EXPERTS.

10:55:37 SO, WHEN YOU GO TO A HEALTH PLAN, OR GO TO A HOSPITAL, I HEARD FROM COLLEAGUES THAT FELT INTIMIDATED AND DON'T KNOW THE MEDICAL JARGIN.

10:55:57 WE ARE IN THE HOMES, EYES AND EARS. WE KNOW IF THEY ARE OKAY, IF THERE IS FOOD IN IF FRIDGE, WHO THE FAMILY CAREGIVERS ARE, IF THE HOUSE HAS FOOD IN IT. IF THERE IS FIVE YEARS OF MEDICATIONS IN THE CABINETS.

10:56:21 ALL YOU NEED TO KNOW. ALL OF THESE ARE PROVEN WITH THEIR EFFICACY, SORRY, I THINK HAVING THE CONFIDENCE TO HAVE THE CONVERSATIONS AND OPEN UP TO SAY HOW CAN WE PARTNER. AND YOU KNOW I TALKED ABOUT THE PILOT WE DO IN WESTERN NEW YORK.



10:56:37 ALSO IN THE RURAL AREA, WE ARE DOING A PILOT WHERE WE EMBED CASE MANAGEMENT WITH A LOCAL HOSPITAL SYSTEM AND PRIMARY PHYSICIANS OFFICES TO FACILITATE CONVERSATIONS.

10:56:46 WHEN YOU ARE ABLE TO TALK ABOUT THE VALUE THAT THE WORK THAT THE NETWORK DOES AND HOW FRAIL THE INDIVIDUALS THAT WE ARE SERVING WITH THE CORE SERVICES ARE.

10:56:55 I NEVER WANT TO TALK ABOUT NEGATIVE AGING, WHEN YOU TALK TO HEALTH SYSTEMS YOU DEAL WITH PEOPLE WITH A LOT OF CHRONIC ILLNESSES.

10:57:15 WHO YOU CAN SUPPORT IN YOUR COMMUNITIES AND OTHER PLANS WE TALKED TO SAID WE WOULD GO BANKRUPT IF WE WERE NOT HAVING EYES OPEN ON HOW TO PARTNER WITH ONE ANOTHER. WITH THE CHANGES IN THE RESTRUCTURING, HOSPITAL SYSTEMS AND PAYERS WANT THIS CONVERSATION.

10:57:33 WHAT YOU NEED TO KNOW IS YOU ARE THE EXPERTS YOU KNOW WHAT YOU ARE TALKING ABOUT. IF ANYONE WANTS TO TALK ABOUT HEALTH PLANS AND HOW WE PRESENTED IT I WOULD WELCOME THAT.

10:57:42 >> FOLLOW UP ON THE COMMENT, ALSO, AS FAR AS HAVING INFORMATION ON HOW TO HAVE THOSE CONVERSATIONS WITH HEALTH CARE, WHAT'S YOUR ELEVATOR SPEECH.

10:57:47 HOW DO YOU SELL YOURSELF THROUGH THE AGING AND DISABILITY BUSINESS INSTITUTE.

10:58:04 YOU KNOW, WE HAVE A LOT OF BACKGROUND DATA AND BEST PRACTICES. LIKE VIRGINIA CARES. WHICH IS A NETWORK THAT HAS FORMED IN VIRGINIA. HOUSED IN A VERY RURAL AAA.

10:58:15 BUT FOCUSED IN ON SELLING THEIR AAA SERVICES TO MANAGED CARE. WHAT THEY WENT INTO JUST LIKE WHAT SHE SAID.

10:58:29 THEY WENT IN SAYING LET ME TELL YOU HOW MANY CERTIFIED IR SPECIALISTS, HOW MANY NURSES AND SOCIAL WORKERS WE HAVE.

10:58:51 THEY MADE THE BUSINESS CASE FOR THE WORK THEY DO EVERY DAY. AS SHE SAID WITH A LOT OF THE MANAGED CARE ORGANIZATIONS THEY DON'T EVEN KNOW WHERE THE DIRT ROADS TO GO DOWN TO FIND THESE PEOPLE, MUCH LESS WANTING TO DO THAT. AND THESE ARE PEOPLE THAT YOU KNOW AND TRUST YOU, AND WILL OPEN DOORS TO YOU.

10:58:56 THEY WON'T TO THEM AND THEY KNOW IT.

10:59:16 >> HUGE PLUG FOR U.S. AGING I AM TRYING TO GET USED TO, APOLOGIZE, THE PROCESS WE WENT THROUGH FOR BUSINESS ACUMEN GOT US TO A LEVEL PLAYING FIELD, GOT THE DIRECTORS TO A EVEN SPACE.

10:59:52 I AM SURE CALIFORNIA IS LIKE THIS AS WALL. IT GOT EVERYBODY TALKING THE SAME LANGUAGE IN WORKING THROUGH THE ITEMS, HUGELY BENEFICIAL TO NEW YORK STATE IN HAVING THE CONVERSATIONS, BECAUSE WE ARE A LARGE STATE AS IN CALIFORNIA. IF YOU ARE TALKING THE SAME LANGUAGE IT'S IMPORTANT. I THINK SHE HIT THE NAIL ON THE HEAD, I SAID TO THE CHIEF EXECUTIVE OFFICE, YOU GET DINGED FOR EVERY ONE THAT DOES NOT GET A COLONOSCOPY.

10:59:57 I WILL KNOCK ON THE DOOR TO GET THEM TO GET THEIRS, IT'S A GAME CHANGER.

11:00:16 >> ONE LAST QUESTION, DO YOU SEE OR FORESEE A FUTURE, EITHER OF YOU WHERE AAAS ARE PART OF A LARGE PROVIDER NETWORK THAT RANGES FROM SELF-CARE ALL THE WAY TO HOSPICE, INVOLVING SOCIAL SERVICE PROVIDERS AND HEALTH CARE PROVIDERS.

11:00:32 SO YOU ARE REALLY YOU KNOW KIND OF CALL IT A SERVICES FOLLOW THE PERSON APPROACH. WHERE YOU KNOW, YOU ACTUALLY TRACK THE TRAJECTORY OF SOMEONE, AND CHANGES IN HEALTH STATUS AND FUNCTIONALITY OVER THE LIFETIME.

11:00:38 AT LEAST THEIR AGING LIFETIME, YOU SEE THAT NETWORK EVOLVING?

11:00:42 >> I WILL JUMP IN REALLY QUICK AND SAY YES.

11:01:06 IN SAYING THAT I I THINK WE HAVE THE FOUNDATION AND INFRASTRUCTURE TO DO THAT NOW, WE HELP PEOPLE WITH HEALTHY AGING AND MORE AND MORE WE ARE LOOKING AT END OF LIFE, AND ADVANCE PLANNING. ONLY MAKES SENSE AS THE TRUSTING RESOURCE FOR US TO CARRY THAT LIFE SPAN APPROACH. I WILL LET YOU JUMP IN

11:01:21 >> YOU KNEW WE WOULD BE ON THE SAME PAGE, WE ARE SHORT ON TIME, ONE TAKE AWAY, I WAS REMISS IN NOT MENTIONING YOU HAVE TO LOOK AT THE LENS OF THE INDIVIDUAL RECEIVING THIS ON THE OTHER END.

11:01:43 THAT IS OUR GOAL, WHY PEOPLE ARE IN HUMAN SERVICES, HOW DO YOU WANT THE PROCESS TO BE FOR YOU, I DON'T WANT TO TALK TO 15 CASE MANAGERS AND NOT HAVE THEM TALK TO EACH OTHER. I WANT TO KNOW THERE IS A SYSTEM THAT IS USER FRNDLY AND KEEPS ME OUT OF THE HOSPITAL AND RESPECTS WISHES ON HOW I WANT TO AGE.

11:01:55 WHAT YOU ARE TALKING ABOUT THAT BEAUTIFUL UTOPIA, GET OUT OF OUR SPACES AND WORK WITHIN OUR OWN CONFINES AND MAKE SURE WE DO THAT HOLISTICLY.

11:02:11 I FEEL THAT IS WHERE WE ARE MOVING, WAS NOT EASY TO GET HERE, BREAKING DOWN SILOS IS NEVER EASY, CHANGES ARE ROCKY, NEW YORK STATE, I CAN GO ON A DISSERTATION FOR THE NEXT THREE DAYS.

11:02:25 WE ARE ALL HOME AND COMMUNITIES SUCCESSFULLY AT THE LOWEST PRICE POSSIBLE, BUT THE END OF THE DAY IS THE OUTCOME FOR THE INDIVIDUAL RECEIVING THE SERVICE, THAT IS MY MISSION.

11:02:40 >> THE ONLY THING I WOULD ADD THAT IS WONDERFUL, WE WORK WITH THE INDIVIDUAL AND FAMILIES, AND THERE IS GROWING RECOGNITION OF THE IMPORTANCE OF FAMILY CAREGIVERS AND INDIVIDUAL'S HEALTH AND WELLNESS AND WELL BEING.