

# AGE-FRIENDLY COMMUNICATION AND INFORMATION WORKGROUP MINUTES



**Date:** 06/25/2020

**Time:** 1:00PM

**Facilitator:** Lucky Sohi and Kim Henry

## In Attendance

**Terri Hansen**

**Debbie Burgio**

**Jim Sanders**

**Kelly Kesler**

**Kim Henry**

**Lucky Sohi**

**Jill Kamenetz**

**Stuart Rosenthal**

**Mae Beale**

## Minutes Approved

**First:** Kelly Kesler with corrections

**Second:** Debbie Burgio

**Minor corrections will be made by Kim Henry**

## Announcements:

- Terri mentioned the Older Adults town hall meeting coming up and the different departments that will be on the call.
- Kim mentioned minor corrections to the mission and vision statement and read the final accepted version.
- Lucky went over the google.doc and the changes that were made. Central drive is howardcountypracticeuser. Everyone has permission to access. Communication vehicle document is the only thing currently in the file; I is the central depository for our work group. Add the agenda and minutes to the google.doc.

## New Business:

- Kim asked if anyone wanted to report on any elements from other jurisdictions' age-friendly plans that relate to Howard County which could be included in our action plan.
- Someone mentioned that when looking on the AARP website regarding other action plans there was such a wide variety of sizes and a number of them had priority areas for their plan. Is there a push for priorities here in Howard County or was our assignment to see how communication could do a better job?

- Jill was asked about MAP - a lot of calls the MAP Line is getting are about housing cost in Senior buildings - rent keeps going up and social security is not keeping up. Also, get a lot of transportation, caregiving calls.
- Kim just wanted an overview of what the common calls are for the MAP line. Wanted to know when people call into the map line how do they know to call the Maryland Access Point.
- Jill - a lot is word of mouth, friends, may call another Department and they redirect them to Office on Aging and Independence Maryland Access Point. We work very closely with Community Action Council, The Community Care team. A lot of referrals from other agencies.
- Kim - one of the key elements for our action plan is going to be to get the word out better about Maryland Access Point and the resources that are available through them.
- Jill even through COVID19 right now a coworker and myself did a presentation on WebEx on "Getting Your Ducks in a Row," which is proactive and should be on older adult radar. We had 2 participants. Seeing a disconnect between what we have identified as the need versus what our population actually wants. So, it is interesting being on this Committee. We are proposing doing more WebEx's, but not sure people really want to investigate anything until they need it. Acute crisis versus a proactive approach.
- Stuart - do you think that since it was a WebEx program and people are not comfortable with this type of programs.
- Jill does not think so because a lot of people are getting excited by things that are being offered now such as exercise classes. Receiving a lot of phone calls regarding classes being offered.
- Lucky wanted to piggyback on what Stuart mentioned - even though we are running the virtual offerings and getting a lot of positive feedback, our non-exercise classes have a much lower turnout. One problem is the subject matter. It is not just when you have a crisis but are you thinking about a new kitchen call MAP and is that something MAP does.
- Jill responded, no. I have been doing this for almost 15 years now and it is what it is, and people come to us and we meet them where they are. Social Workers have a saying to meet the person where they are. Where are Howard County's older adult population in this and how do they want to participate? Zoom seems to be more acceptable.
- Stuart - are presentations in the senior centers or just online which are low attendance?
- Jill we are not getting the efficiency that we need to make it successful.
- Kim again mentioned you do not need it until you do. When I needed information, Maryland Access Point gave me everything I needed. One of the things we were moving towards with the 50+ Expo and now Master Aging was how do we get people to be more proactive and not wait until they are in a crisis.
- Kelly is it our job is to make sure that they know MAP is there?
- Jill gave Terri a quick overview of what she missed so far in the meeting.
- Lucky - at the 50+ centers when we were tasked with making the wellness calls, I would always reference MAP and give them the number and that MAP was the essential number for non-emergency matters for the 50+ communities. Was under the assumption that you could call MAP for anything. Enhance how MAP is advertised.
- Kim says we need to discuss further how we get people more involved.

- Terri - we absolutely need clarity as an agency to present MAP to the community. Going back to the Age-Friendly survey a large percentage of the respondents were not aware of the services MAP provides.
- Jill - the state mandated that all the information referral in the state of Maryland had to be Maryland Access Point. MAP is more known as the Office on Aging and Independence. And that could be changed, so that we are seen more as the Office on Aging and Independence.
- Jim - MAP is wonderful for people who know it exists and have communication skills for translation if needed. Where we want the community to be is:
  - more prevention
  - more take control of your health
  - more knowledge.

Coming from the Village in Howard which is organized as a self-help group where they have lots of discussions on different topics, I think Stuart is correct in that it is a branding/marketing issue. And agree that the Office on Aging and Independence is called mainly when you have problems. You are constrained in making referrals to commercial services and in terms of being a neutral community service it is not because it is a Government service. As a county we are very fragmented; no seems to know what the others are doing. The charter of this group is to envision what it could be in the future. In a perfect world we would have:

- Place to go and trust
  - Have mechanisms where people get educated to take more control of their health
- Library is working on more self-help programs to manage your health.
- Stuart's thought of the original concept behind MAP was that it was "no wrong door." People could call different resources and be directed to one source.
  - Jill - when she started the idea was to be giving tools to people on:
    - Educate people
    - Rights
    - Advocacy

MAP can help you walk through things.

- Mae - we have a lot of information and there should be a process to walk people through. Older adults need someone to help identify what their needs are, where to go and help with things like filling out forms.
- Kim - I think the younger, older adults want to have online resources. The generation today is using technology and the human element is not their first go to. Good thing about MAP is when you do go online, and you can't find what you are looking for that there is a human to help you find what you are looking for.
- Jill - we are talking about people ages 50 to 100, and there are all kinds of needs. Some of our most vulnerable older adults are not able to access online because lack of access, social economics. For the vulnerable population, being able to explain and go through step by step with them is important.
- Mae - we need to make it age group friendly.
- Terri, everything you are saying makes sense, constantly remember that we are servicing multiple generations, and people will need information in multiple ways.

Speaker – Communications Manager of the Department of Community Resources and Services – Jarrett Carter – Our goal is to get the word out utilizing a wide variety of mediums, including increasing our use of social media platforms and creating more video messaging.

- Jim go to village centers, library, places where I would be affiliated. The challenge is to create engagement not just sending messages - create dialog with groups. How do we work with each other's strengths? Currently do not have a central place to go. Not doing enough to support preparedness and resilience and how to self-manage our health needs. We hear from certain members of the community but not others; isolation is a problem for some older adults.
- Mae wants to have something geared towards the aging population. What kinds of things can be put in place for this age population?
- Jarrett - the work of this committee will help to inform us how to provide a new culture for all. We do not want to presume that we know where we will go. Can we get a census of where people are going to get information? Community groups guide us. Have conversations with family and friends. More of a challenge on how creative we can be (not using flyers, newspapers) because of COVID-19. Let us know how to reach these people and we will do it. Targeting older adults – figure out what we can do to inform and empower older adults.
- Mae mentioned to have a cheat sheet for families /caregivers to help them know how to better help/serve the older adult.
- Jarrett - one of our biggest challenge is that our older adults don't feel like older adults. When they see something for older adults, they assume it is for *older* adults with health problems. We must get programs to everyone and make it clear that they are not just for older adults or people with health problems.
- Mae stated that people are not always going to tell you if they need help.
- Debbie - people won't admit that they need help but if you share what's out there and they can take that information and use it later. Also, a misconception that Office on Aging and Independence only services people who have social economic problems. Many do not realize that the programs are available to everyone.
- Jill wanted to bring up access issues. OAI used to have a program for seniors called Computer Seniors of America that would teach older adults how to use computers, iPhones, etc. We do not have anything like that in Howard County anymore. If we can have a non-profit organization step in to resume this training, I feel like we would be able to pull in the disadvantaged. Currently, because of COVID-19, those who were not already familiar with OAI may feel cut off. So, we need to make sure our seniors can have online access.
- Mae was surprised at how many seniors could not even do conference calls which they were offering through her church.
- Terri talked about having internet access available for those who cannot afford it. These are potential items that we can write up and put into our action plans.
- Kim – asked if anyone wanted to share what they found in their independent research. Kim, Lucky and Jill looked into older adult communication vehicles that are used at the state and county level and found that throughout the state folks are using social media platforms in getting information out. There is a preliminary document with our findings on the google.doc for anyone interested in looking at it.

- Mae and Debbie did some research with the Churches. T would like to put a letter together to send to local churches asking about what kinds of services they are currently offering to their constituents.
  - Debbie spoke with some of her pastor friends and the ways that they communicate with their older adults are:
    - Telephone tree
    - Regular mail
    - Email (depending on tech savvy)
- Also, found that older adults who do not have email usually don't want it. Currently churches are streaming on-line, and those adults are not able to participate. When they are in Church, they will pick up brochures and newsletters from the Church.
- Kim wanted to know if people were using landlines or cell phones?
  - Debbie believes it is a combination, but landlines are more common especially the older someone is.
  - Mae just received an email from St. Johns Church and learned a lot of seniors do not know how to get the resources.
  - Debbie - do we have an age-friendly logo so that we could send out a letter to the churches.
  - Kim and Terri will put something together for Debbie and Mae.
  - Terri this could be an action item that if we have Churches that are interesting in having information available in kiosks about services for older adults - an age-friendly information center that helps people.
  - Mae mentioned that could something they could put in their letter to the churches if they would be interested in having that information and that we could provide that to them.
  - Terri stated not to suggest that at this time until we are ready to roll things out. Also mentioned that we do not have staff to bring this information to the churches; it would have to be provided on a volunteer basis.
  - Jim mentioned that churches play a very active role when people are coming out of the hospital or are very sick. As we reach out to communities of faith to give them things that we highlight are relevant. Churches are very caring community.
  - Mae asked Jim if he had any ideas of other things relevant to churches, could he please email her and or Debbie to look at.
  - Kim - we want to find current communication vehicles are out there which are well received.
  - Stuart suggested that for next meeting he would talk about his findings on newspapers.
  - Terri mentioned Kelly had put something in the chat box about addressing things for all ages, so we are not just having resources for older adults. But that younger people can get and bring home to their parents. Will also be sending out an email about the older adult Town Hall meeting on Monday June 29, 2020 at 4pm.
  - Kim stated that it will be on the County website, Calvin Ball's and DCRS Facebook pages.

## Homework Assignments:

Continue our research and look at other jurisdictions that have successful age-friendly plans.

## Next Meeting:

July 16, 2020 - 1:00 PM - (via WebEx - invitation will be sent before the meeting).