2020 Business of Aging Panelist Q&A Answers

During our panel discussion, attendees submitted questions to our experts. Not all questions were answered within the event's time frame, so our panelists have graciously followed up with answers included in this document.

Denise Anthony

Prof. of Health Management & Policy, School of Public Health, University of Michigan

How can we train service workers (whatever age and whatever capacity) to successfully pair with elders -- especially elders with issues such as dementia/Alzheimer's? Given the proliferation of scammers and criminals online who are targeting elders make all of this even more challenging.
This is an important question! I like the model of Community Health Workers for thinking about addressing support for elders. Community Health Workers (CHWs) are trained and trusted frontline health workers from the community who help connect people (and patients) with social services that can help address their healthcare needs. (For example, see here and here for more information about how CHWs contribute to better health in communities.) The CHW Core Consensus (C3) Project, endorsed by organizations like the American Nurses Association and the CDC Guide to Community Preventive Services, developed a set of evidence-based CHW roles, competencies, and qualities. https://www.c3project.org/

Do you see much where older people just don't want/care to learn about computers & text messaging?
Yes I think this is a real issue because not everyone sees any real value to using text messaging or computers. If someone is skeptical about how they would benefit from using technologies, and it is a challenge to use them (because of cost,

learning curve, etc), then we shouldn't be surprised they aren't interesting in learning. So what that means is, it is incumbent upon those of us who believe there is value in new technologies for elders, <u>to demonstrate it!</u> We have to (a) identify what it is elders want/need, (b) identify (or develop!) technology that address those needs and wants, and then (c) show elders how the technology can do something they care about, and (d) assist them with gaining access to it.

Where is government in all of this? Seems anymore that only nonprofits and a few for-profits are at the table for these discussions and solutions. It's well past time for a higher expectation (and empowerment) for our local and state governments to be a bigger player at the table instead of shadowy, impotent, or even barrier entities...ghosts.
It is crucial to recognize the important role of government and public resources, but we certainly need public-private partnerships to be successful. A [study by the Social Interventions Research & Evaluation Network (SIREN at UCSF)](#) analyzed outcomes of public-private partnerships of social service agencies, safety-net health care providers, and new technologies for assisting people with social needs. But of course more is needed, and government is crucial for creating incentives for health providers and social service agencies, facilitating infrastructure for everything from partnerships to technology standards, as well as ensuring protections and equity of access for care recipients.

Frieda Bennett

Del Mar Fellow in Technology, St. Mary Development Corporation

Is St. Mary's able to measure the effect of their increased use of Wi-Fi/one call now etc. and any impact on reducing Covid-19 cases/mortalities within your elder communities? (Say compared with other non-connected communities?) I know a lot of issues in such a comparison -- especially in this crazy year...
No measurements have been taken at this time for WiFi. The installation occurred during Covid-19, and full implementation has not been completed. We do plan to collect pre and post data. The Service Coordinators have kept statistics on their usage of OneCallNow which has increased during Covid-19. Data has not

been collected on the impact of reducing Covid-19 cases/mortalities within the SMDC communities.

OneCall Now when goes to answering machine allows a person to listen to message more than once. One problem can occur when call is answered but can't grasp or write down fast enough to get the information. Is there a way to call back in to review the latest message?
There is a prompt at the end of the message to "replay" if they missed it the first time. If a message is left, then they can retrieve it.

How is St. Mary's planning to pay for ongoing monthly service fees for internet? All philanthropy?
The ongoing monthly service fees will be paid by St. Mary's from philanthropy for the first two years. We have discussed the residents paying a portion of the cost in the future as part of their rent.

Are there any programs around to pay youth to help elders get online? Paid internships or something? I know child labor laws/privacy/bonding etc. all challenges...but we all in my family look for a 10 year old to help us set up our tvs/phones etc! Maybe kids could earn Fort Nite "skins" and "dances" etc by helping grandma or Aunts/Uncles get online!
I am not familiar with any specific programs to pay youth to help older adults with technology. There may be opportunities to connect with high school students who could work with older adults to fulfill "community service" requirements. College students could also potentially use this type of experience for community service and internship opportunities.

Where can I find information on connect to affect?
https://connect2affect.org/

Tim Bete

President, St. Mary Development Corporation

How does OHFA incorporate Wi-Fi-technology issues into their QAP? How would St. Mary's LIKE OHFA to use these in their QAP ratings?
St. Mary believes that internet access should be provided in every affordable multi-family apartment community, just like other utilities. OCCH has seen this need and created a new Digital Inclusion Fund to help retrofit older affordable properties. OHFA is aware of the importance of internet access as well and provides points in the QAP for providing internet access. The real issue is the ongoing monthly cost to a property to provide free internet access. Most residents cannot afford to pay for internet nor can a property afford to pay internet bills that can run as high as $3,000 per month for a large property. We believe at some point in the future, the cost of internet will be funded through slightly increased rents or subsidies. This is critical for residents with low incomes to have access to all the products and services made possible through the internet, including healthcare, banking, grocery shopping and more.

Melissa Butler

Director, Years Ahead Health Center, Kettering Health Network

How can we train service workers (whatever age and whatever capacity) to successfully pair with elders -- especially elders with issues such as dementia/Alzheimer's? Given the proliferation of scammers and criminals online who are targeting elders make all of this even more challenging.
This is where I think the idea of moving towards a population health management type of practice is so valuable. When we select a specific population to treat, for instance the geriatric population, we can more deeply understand the challenges and unique needs of that population. The needs of an 80-year-old differ greatly from those of a 30-year-old. So, when a service worker (whether that be a physician, an advanced practice provider, a nurse, a social worker or a mental health provider) joins a practice or an organization dedicated to that specific population, that service worker can dedicate his/her time towards learning about how to best care for the selected population. Not everyone is up to

the challenge of caring for or helping elders, especially those with dementia. And that is okay. A service worker should have the choice as to where he/she wants to provide help, as there are so many populations that require help. So, when we have a service worker who has the desire to care for the elderly with dementia, we can place them in a practice or organization dedicated to that population. It is kind of like residency or apprenticeship – we can learn through experience.

Do you think that telehealth can help integrated care for the older adults?
Absolutely, telehealth has some great potential to help manage the geriatric population. The geriatric population typically naturally has a greater number of medical conditions that a younger population. Many of these conditions require routine surveillance, such as congestive heart failure, diabetes, chronic anticoagulation. Surveillance of these conditions does not always require an in person visit. Mental health visits are another great opportunity for telehealth platform. By utilizing telehealth, we can more frequently touch base with these patients who require frequent follow-up, as many times follow-up can be compromised by lack of transportation, difficulty in getting to office visit secondary to fatigue/illness/difficulty with ambulation, bad weather conditions etc. While many of my older patients have successfully navigated telehealth, some are still challenged by the technology. So, there is potential for industry to develop to help facilitate utilization of telehealth for the elderly population.

Are insurance companies engaged in learning how tech will lower long term care costs? If not, what is needed to engage them?
I feel like there is a lot of opportunity for insurance companies to become more engaged in utilizing technology to decrease long-term costs. A great example is the reluctance to cover some of the newer ways to test blood sugars more frequently and easily. Insurance companies only want to cover the same old glucose monitors. We have to jump through hoops to get them to cover something such as the Freestyle Libre or the continuous glucose monitor, both of which can really help improve blood sugar control in our diabetic patients. Another example is telehealth. Prior to Covid, insurance companies would not compensate telehealth visits very well. Since Covid, they have reluctantly equalized reimbursement rates for in person and telehealth visits. I am hoping that in the future, insurance companies can better embrace technology as a means to reduce overall costs for patients. I believe this would help us to more effectively harness the potential that technology has to really improve outcomes and provide value based care.

Scott Collins

Chairman & CEO , Link-age

How do you see technology getting into the house (installed) and supported? DIY? Trades? Security, Smart Home, Electrical? Other?

I could realistically see any of those as viable ways to get after-market technology installed in an existing home along with other not-for-profit organizations such as People Working Cooperatively. One vital thing to bring up would be the need for very specialized training for installers who would be working with and in the homes of older adults. It will take a concerted effort to make sure the appropriate training and methods of accountability are in place for those who would be given the opportunity to do this important work. One example of a company that has done this extraordinarily well is a San Francisco based transportation company called Silver Ride https://www.silverride.com/. Their drivers who interact on a daily basis with older adults go through a rigorous training and socialization program to ensure that the customer experience is consistently outstanding. Companies seeking to enter the market to deliver technology to older adults would be well served to keep examples such as this in mind.

How do you see the large production builder companies being involved in getting tech into new homes?

This particular channel would seem quite well positioned to get a comprehensive suite of technologies installed in the homes of older adults or their multi-generational models (which seem to be selling very well nationally) during the production process. A key consideration here would be to make sure that local as well as national production builders fully understand the target consumer as well as the technologies that would deliver the greatest benefit for the investment. A good example of a technology company doing this in senior living is K4 Connect https://www.k4connect.com/. This shows what is possible in terms of bringing together a robust technology platform purpose designed with the older customer in mind. This same type of concept could be used by production builders.

As Dominic stated, our healthcare system costs more and provides worse outcomes than many other country's systems. Will these technologies help to improve outcomes and reduce cost? Or will they lead to higher costs without helping outcomes? Is there any research about that? (Walking and biking seem very low-tech)

There is actually quite a bit of research that would provide you with an in-depth answer to your question. I offer the following link focused on telehealth just as a way to start looking at the variety of factors to be considered when evaluating the benefits of virtual care technology: https://blog.evisit.com/virtual-care-blog/ determining-the-roi-of-telehealth. That said, we have seen different types of technology utilized just in the area of falls that has dramatically reduced the incidence of falls resulting in much better outcomes for the senior as well as a significant reduction in the costs associated with falls.

Is there a nationwide effort to convert malls to mixed use communities embedded with technology (digital plumbing) and enable purposeful aging?

Not that I have seen or head about but it is a very interesting idea. However, for years there have been examples of colleges and universities converting dorms into housing for older adults to foster intergenerational programming with their students as well as lifelong learning opportunities.

What was the name of the group that put together the list of virtual tours?

The Front Porch Center for Innovation and Wellbeing. Here is a link to the page with the information: https://fpciw.org/news/resources-engage-connect-times-social-distancing/

Dominic Endicott

Partner, Nauta Capital

How did you see the challenges for the office buildings that are empty? Any ideas about how to transform this challenges into opportunities?

There is an opportunity to re-think the functions of buildings. Some office buildings and retail can be adapted to housing, especially if targeting multi-generational groups and walkable areas. Offices can also be reconceived to attract a new group of tenants, perhaps more local (although the expected rents

of many office buildings makes this unfeasible). A good resource is a recent book by Dror Poleg: https://rethinking.re/dror-poleg

It strikes me that venture capital has been important to making the changes in the communities you have illustrated. How does a city like Dayton get the attention of those who can make the kinds of investments we need?
We have been developing a new concept around Society Tech or 'Soc-Tech'. The idea is to develop a venture capital offering that is designed to solve local priorities – in this case for Dayton, but to simultaneously stimulate the formation of companies that could eventually become global. By analogy, Netherlands has been developing technology for flooding – to solve their current challenges. They are also building global companies to export this knowhow .

Are these concepts that the city of Dayton or Montgomery County are leading or discussing?
I believe so, but am not actively involved.