

## **MEETING TRANSCRIPT**

**JANUARY 15, 2020**

**MASTER PLAN FOR AGING**

**WEBINAR WEDNESDAY SERIES**

***HEALTHY AGING***

**###**

**NEXT SLIDE. IT STARTS WITH OUR VISION AS A CALIFORNIA FOR ALL AND GROUNDED IN THE CALIFORNIA FOR ALL VALUES. WE WANT ALL OF US TO HAVE CHOICES ABOUT HOW WE AGE. EQUITY IS A CRITICAL VALUE FOR OUR STATES AND OURSELVES AND MAKING SURE THAT WE ALL HAVE THE CHOICES AND ACKNOWLEDGE THE DISPARITIES FOR ALL OF US. THE ABLEISM AND DISCRIMINATION AND ISOLATES AND EXCLUDES ELDERS. WE WANT EXCLUSION IN THE PROCESS. BUT**

**WE WILL TAKE THIS MISSION BY OCTOBER 4TH, THE STATE MASTER PLAN. WITH BLUEPRINTS AND COMMUNITIES WITH REFRESH YOUR OWN PRIORITIES. DRIVEN BY DATA, DATA DASH BOARD THAT WE'RE BUILDING WITH PARTNERS OF STATE AND LOCAL DATA. AND BEST PRACTICES WITH RESOURCES. WHEN YOU DO WANT TO DO THE NEXT STEP IN YOUR COMMUNITY, WE HAVE GOT PLACES TO LEARN FROM. AGING IS EVERYTHING, IT IS IN FOUR BUCKETS TO GET OUR ARMS AROUND THESE WONDERFUL TOPICS. SERVICES AND SUPPORTS, WE WILL LIVE WHERE WE CHOOSE AS WE**

**AGE. GOAL 2, LIVABLE GOALS PURPOSES, WE WILL LIVE IN COMMUNITIES THAT ARE AGE AND DISABILITY FRIENDLY. GOAL 3, HEALTH AND WELL BUILDING. WE WILL LIVE IN COMMUNITIES THAT OPTIMIZE OUR HEALTH AND QUALITY OF LIFE. AND GOAL 4, ECONOMIC SECURITY AND SAFETY. WE WILL BE SAFE FROM ABUSE, NEGLECT, AND NATURAL DISASTERS. THESE ARE THE VISION, THE VALUES, MISSIONS AND GOALS THAT ARE GUIDING OUR WORK. WITH THAT FOUNDATION, WE CAN PIVOT TO HEALTHY AGING. LET'S SEE WHO IS HERE ON THE CALL. ADAM WILL TELL US WHAT WE LEARNED.**

**>> GREAT, THANK YOU KIM AND THANK YOU FOR EVERYONE ON THIS ZOOM WEBINAR FOR RESPONDING TO THESE THREE POLES THAT WE LAUNCHED. I'M GOING TO BRIEFLY SHARE OUT THOSE RESULTS. SO THE FIRST POLL THAT WE LAUNCHED WAS WHERE DO YOU LIVE IN CALIFORNIA? IT LOOKS THAT ROUGHLY 34% OF THE FOLKS ON THE ZOOM WEBINAR ARE FROM THE BAY AREA. 21% FROM SACRAMENTO VALLEY. 25% ARE FROM THE SOUTHERN COAST. 7% FROM THE CENTRAL COAST, 4% FROM NORTHERN COAST AND 6% FROM CASCADE SIERRA. THANK YOU FOR RESPONDING TO THE POLL. THE NEXT POLL THAT I'M GOING TO SHARE OUT RESULTS, IS WHAT AGE GROUP DO YOU BELONG TO? IT LOOKS LIKE ROUGHLY 38% OF THE FOLKS ON THE WEBINAR HAS INDICATED THAT THEY ARE AGE 65 OR OVER. ROUGHLY 55 -- EXCUSE ME -- ON THE CALL, IDENTIFY AS BEING 45 TO 54. ROUGHLY 11% OR 35 TO 44 AND 12% ARE 25 TO 34. OKAY. SO THE THIRD AND FINAL POLL THAT WE ASKED, WE ASKED IF YOU IDENTIFY AS A PROFESSIONAL IN THE FIELD OF AGING? OR IF YOU ARE AN INTERESTED MEMBER OF THE PUBLIC? AND THE RESPONSES WE RECEIVED, 66% OF RESPONDENTS ARE PROFESSIONAL IN THE FIELD AND 34% INDICATED THEY ARE AN INTERESTING MEMBER OF THE PUBLIC. THANK YOU FOR RESPONDING TO THE POLLS. WE WILL BE LAUNCHING ADDITIONAL POLL AS THE WEBINAR CONTINUES AND POSING A NUMBER OF QUESTIONS IN THE QUESTION AND ANSWER FEATURE. AND WE ENCOURAGE YOU AS PARTICIPANTS TO SUBMIT QUESTIONS TO US. EITHER USING THE CHAT FEATURE OR THE QUESTION AND ANSWER FEATURE AND WE WILL OPPOSE THOSE QUESTIONS ACCORDINGLY. SO WITH THAT, WE ARE NOW GOING TO TRANSITION TO THE SECOND**

**PRESENTATION, GOING TO BE CONDUCTED BY VICTORIA -- I'M SORRY, MY APOLOGIES, AMANDA LAURENCE WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH ON THE TOPIC OF HEALTHY AGING IN CALIFORNIA. AMANDA?**

**>> AMANDA: HELLO. THANK YOU AND WE AT CDPH ARE DELIGHTED TO BE PART OF THIS WEBINAR WEDNESDAYS AND SUPPORTING HEALTH AND WELL BEING OF OLDER ADULTS IN CALIFORNIA. TODAY I WILL PROVIDE AN OVERVIEW OF AGING IN CALIFORNIA FROM THE VIEW OF PUBLIC HEALTH. MEANING THAT AGING STARTS AT CONCEPTION. THE PUBLIC HEALTH SYSTEM ON LOCAL AND STATE LEVEL APPROACHES PROTECTING THE POPULATION AS HEALTH AND PREVENTING DISEASE THROUGH SEVERAL MEANS, INCLUDING BUT NOT LIMITED TO, HEALTH EDUCATION, PROMOTION, RESEARCH, INVESTIGATION, SURVEILLANCE AND POLICY. AND KNOWING HOW WE AGE IS DETERMINED BY THE IMPACT OF ENVIRONMENTAL EXPOSURE. EARLY IN MID-LIFE PUBLIC HEALTH INTERVENTIONS ARE JUST AS IMPORTANT AND WE ARE EXPANDING THE APPROACH TO SEARCH OLDER ADULTS AND I WILL SHARE THOSE LATER IN THE PRESENTATION. SO WHEN IT COMES TO LIFE EXPECTANCY AND OLDER ADULT HEALTH, CALIFORNIA IS DOING QUITE WELL COMPARED TO OTHER STATES AND THERE IS ROOM FOR IMPROVEMENT FOR HEALTH AND LONGEVITY AND PREPARING FOR THE GROWING SIZE OF THIS POPULATION. LAST YEAR, CALIFORNIA WAS RATED 7TH IN THE NATION FOR OVERALL HEALTH AND CALIFORNIA RANKS 4TH IN THE NATION IN TERMS OF LIFE EXPECTANCY. THE AVERAGE CALIFORNIAN IS EXPECTED TO LIVE TO 81 YEARS OF AGE AND THAT LIFE EXPECTANCY VARIES BY LOCATION. PEOPLE LIVING IN THE 10 MOST POPULOUS AREAS, PEOPLE IN SAN JOSE HAVE THE GREATEST AND PEOPLE IN OTHER AREAS LESS.**

**NEXT SLIDE.**

**SO IT IS INDICATED IN THIS GRAPH, RACIAL AND ETHNIC GAPS PERSIST IN AVERAGE LIFE EXPECTANCY. WHILE THE OVERALL EXPECTANCY IS AROUND 81 YEARS CALIFORNIA, AFRICAN AMERICAN IS ALMOST FIVE YEARS SHORTER THAN THAT. ASIAN AMERICAN LIFE EXPECTANCY IS ALMOST 7 YEARS HIGHER**

**THAN AVERAGE. INCLUDING ACCESS TO EMPLOYMENT, EDUCATION AND OTHER SERVICES, AND OTHER THINGS PLAY A ROLE IN THE DISPARITIES. THE LEADING CAUSES OF DEATH FOR THOSE OVER 65 INCLUDES HEART DISEASE, CANCER, ALZHEIMER'S, STROKE, UNINTENTIONAL INJURY, FLUES AND PNEUMONIA. OUR DEPARTMENT'S PROGRAM, POLICY PLANNING P RESEARCH EFFORTS TARGET HEALTH ISSUES THAT BEGIN WITH SUPPORTING HEALTHY BIRTH. HERE ON THIS SLIDE I HIGHLIGHTED SEVERAL KEY AREAS WHERE CDPH ACTIVITIES PROMOTE AND SUPPORT THE HEALTH OF OLDER ADULTS. YOU MAY NOTICE I BOLDED ALZHEIMER'S AND DIMENSION I CAN'T AND OPIOID OVERDOSE PREVENTION, I WILL GO INTO MORE DETAIL LATER IN THE PRESENTATION. SO AS I MENTIONED BEFORE, THERE ARE SEVERAL FACTORS THAT CONTRIBUTE TO THE DISPARITIES IN LIFE EXPECTANCY. THESE DIFFERENCES CAN BE DRAMATIC. RESEARCHERS FROM THE NEW YORK SCHOOL OF MEDICINE USED DATA FROM THE CITY HEALTH DASH BOARD TO FIND THAT IN CITY AS CROSS THE U.S., PEOPLE CAN LIVE AS LEAST 20 YEARS FEWER THAN THOSE IN OTHER NEIGHBORHOODS IN THE SAME CITY, EVEN IF IT IS BLOCKS AND MILES AWAY. AND SAN FRANCISCO IS ONE OF THE CITIES THE GREATEST LIFE EXPECTANCY GAP. WE USE THIS TO GUIDE GOVERNMENT AGENCIES AND COMMUNITY-BASED ORGANIZATIONS INTO DEVELOPING INTERVENTIONS. BY BUILDING UP, PARTNERS FROM ACROSS GOVERNMENT AGENCIES AND RELIES ON INPUT AND STAKEHOLDERS FROM ACROSS SEVERAL SECTORS. CDPH IS CONSTANTLY MOVING ITS APPROACHES BY PARTNERING WITH OTHER SECTORS, SUCH AS EDUCATION, TRANSPORTATION AND HEALTH CARE TO IMPROVE ACCESS TO SERVICES, HEALTHY FOOD AND RECREATIONAL AREAS SO PEOPLE CAN ENJOY HEALTHY AND MORE FULFILLING LIVES. BECAUSE SUPPORT SIEVE ENVIRONMENTS ENCOURAGE HEALTHIER OUTCOMES FOR ALL. I'M GOING TO HIGHLIGHT A COUPLE EFFORTS FOR OLDER ADULTS. ONE IS THE PRESCRIPTION OPIOIDS. AND WE TALK ABOUT THE RISING COST OF PRESCRIPTION IN HEALTH CARE. AND THAT INTERSECTS WITH THE TOPIC INDICATED IN THIS CHART, OPIOID PRESCRIPTIONS INCREASED WITH AGE, INCREASES AROUND AGE 55 AND BECOMES HIGHER AT AROUND 85 PLUS. NEXT SLIDE. SO THIS GRAPH IS A LITTLE BIT MORE HOPEFUL BECAUSE IT**

**INDICATES THAT WE'VE SEEN REDUCTION IN OPIOID PRESCRIPTION ACROSS ALL AGE GROUPS. NEXT SLIDE.**

**SO THERE IS SOME UNIQUE RISKS FACED BY OLDER ADULTS. WHY ARE THEY EXPERIENCING THIS HIGH RATE OF PRESCRIPTION AND RISK ADDICTION AND OVERDOSE? OLDER ADULTS ARE MORE LIKELY TO EXPERIENCE PAIN THAN YOUNGER GROUPS. THEY OFTEN ARE TAKING MULTIPLE PRESCRIPTIONS AT ONCE DUE TO MULTIPLE CONDITIONS OR COMORBIDITIES AND ARE NOT AWARE OF WHAT PRESCRIPTIONS OF OPIOIDS AND WHICH ARE NOT. OLDER ADULTS BODIES MAY METABOLIZE MEDICATIONS DIFFERENTLY AND THEY CAN FEEL EFFECTS MORE STRONGLY. AS INDICATED ON THE GRAPH ON THE LEFT, OPIOID RELATED DEATHS VARY BY COUNTY WITH THE NORTHERN RURAL COUNTIES ARE PARTICULAR CONCERN. AND THAT IS INYO COUNTY.**

**NEXT SLIDE.**

**AND SO, CDPH HAS CREATED A SENIOR-SPECIFIC CAMPAIGN TO A RAISE AWARENESS OF OLDER ADULT OPIOID USE. THIS WEBSITE GUIDES PEOPLE THROUGH QUESTIONS THAT THEY SHOULD BE ASKING THEMSELVES REGARDING PAIN AND MEDICATION. AND I ENCOURAGE ANYONE TO VISIT THIS WEBSITE TO GATHER MORE INFORMATION ABOUT PAIN MANAGEMENT AND OPIOID USE. IN ADDITION TO THIS OLDER ADULT RESPONSE CAMPAIGN, WE HAVE SEVERAL OTHER RESOURCES TO ADDRESS OPIOID USE IN OTHER AGE GROUPS.**

**NEXT SLIDE.**

**OKAY. SO IT IS NO SECRET THAT ALZHEIMER'S DISEASE IS A CONCERN AS AGE IS THE NUMBER ONE RISK FACTOR. IT IS NOW THE THIRD LEADING CAUSE OF DEATH IN CALIFORNIA. RECENTLY EXCEEDING THE DEATH RATE OF STROKES. THIS AFFECTS THE INDIVIDUAL AND THE FAMILY AND NETWORK, PARTICULARLY THOSE THAT SERVE AS THE CAREGIVERS. YOU CAN SEE THE NUMBER OF HOURS, UNPAID CAREGIVING AND -- WHICH IS A SERIOUS**

**BURDEN ON THE CAREGIVERS AND FAMILY. NOT JUST FINANCIALLY, BUT EMOTIONALLY STRESSFUL AND IS A CONCERN. GIVEN CALIFORNIA'S CULTURALLY DIVERSE POPULATION, IT IS IMPERATIVE THE UNIQUE NEEDS AND TRADITIONS ARE TAKEN INTO ACCOUNT WHEN ADDRESSING ALZHEIMER'S AND CAREGIVERS. INCLUDING DIAGNOSTIC TOOLS. NEXT SLIDE.**

**CDPH WE HAVE AN ALZHEIMER'S DISEASE PROGRAM AND THE MISSION IS TO RELIEVE THE BURDEN AND ECONOMIC CAUSE AND TREATMENT.**

**THESE DISEASE CENTERS ARE ALL UNIVERSITY MEDICAL CENTERS AND PROVIDE PROFESSION TRAINING, DIAGNOSTIC AND TREATMENT SERVICES AND COMMUNITY EDUCATION. WE ADMINISTER THE ALZHEIMER'S DISEASE FUND WHICH AWARDS GRANTS AND FUNDS FOR THESE STUDIES. NEXT SLIDE.**

**OUR ALZHEIMER'S DISEASE PROGRAM WAS SELECTED TO PARTICIPATE IN THE HEALTHY BRAIN INITIATIVE. THE ALZHEIMER'S ASSOCIATION HAS THE SUPPORT FROM THE CDC. STARTING IN AUGUST AND GOING THROUGH THE END OF MARCH THIS YEAR, THE LAB WILL SUPPORT ALZHEIMER'S DISEASE PROGRAM AND SEVERAL OTHER STATE PUBLIC HEALTH TEAMS ADDRESSING ALZHEIMER'S AND OTHER DIMENSIONS OF CHRONIC CONDITIONS. OUR HEALTHY BRAIN INITIATIVE IS REVIEWING GRANT APPLICATION FROM COUNTIES ACROSS THE STATE TO ASSIST IN LOCAL EFFORTS. WE WILL AWARD A TOTAL OF \$4.3 OVER THREE YEARS TO FUND 6 JURISDICTION AND ADVANCE COGNITIVE HEALTH. AND THE DISEASE DISPROPORTIONATELY IMPACTS OTHERS AS WELL. AND HOW PEOPLE RESPOND TO THIS DISEASE IN THEIR COMMUNITIES.**

**FINALLY, GIVEN THE COMPLEXITY OF PROMOTING AND PROTECTING COMMUNITY AND POPULATION HEALTH, ADDRESSING THE OLDER POPULATION HEALTH CONCERNS, CDPH LAUNCHED HEALTHY AGING INITIATIVE. THIS RECOGNIZES THAT THIS WILL HAVE EFFECT ON OLDER ADULTS. IT SUPPORTS HEALTHY, RESILIENT THRIVING OF RESIDENTS.**

**THROUGH THE LEADERSHIP AND A TEAM OF REPRESENTATIVES FROM ACROSS THE DEPARTMENT, CREATING A COMPREHENSIVE PUBLIC HEALTH APPROACH TO ALIGN THE RESOURCES TO ADDRESS THE CONCERNS AND THOSE OF THE CAREGIVERS. THE FIRST DAYS OF THE INITIATIVE HAVE BEEN INTERNAL TO THE DEPARTMENT, BUT WE WILL BE LOOKING TO COLLABORATE TO IDENTIFY BEST STRATEGIES. THAT WRAPS IT UP FOR THE DEPARTMENT OF PUBLIC HEALTH.**

**>> KIM MCCOY-WADE: THANK YOU, WE ARE THRILLED THAT THE COMMENTS AND RECOMMENDATIONS ARE STARTING TO ROLL IN. WHAT IS THE FIRST QUESTION WE'VE GOT?**

**>> WE'VE RECEIVED THIS QUESTION, MARTHA, HOW IS THE STATE PLANNING TO REACH OUT TO LATINOS FOR THE MASTER PLAN?**

**>> KIM MCCOY-WADE: GREAT QUESTION. THIS HAS BEEN THE TOPIC ON THE ADVISORY COMMITTEE. WE CURRENTLY HAVE THREE PART STRATEGY. FIRST THE STAKEHOLDER ADVISORY COMMITTEE WAS APPOINTED WITH DIVERSITY AND EQUITY IN MIND AND WE DO HAVE REPRESENTATIVES FROM THAT COMMUNITY AND FOR THAT COMMUNITY AT THE TABLE. SECOND, WE AT CDA HAVE BEEN DOING ADDITIONAL OUT REACH TO GROUPS WHO ARE NOT SEATED AT THE TABLE. INCLUDING CALIFORNIA PANETHNIC AND THE COALITION FOR CALIFORNIA AND TALKING TO THEM AND TRYING TO CONTINUE AND BROADEN AND DEEPER. NEWEST AND HOT OFF THE PRESS IS OUR STAKEHOLDER ADVISORY COMMITTEE DID RECOMMEND THAT WE CREATE AN EQUITY WORK GROUP THAT WOULD MEET FOUR TIMES THE NEXT SIX MONTHS TO INFORM AND ADVISE ON DELIVERABLES, WITH THAT EQUITY LENS THAT IS SO CENTRAL. THE PROCESS TO APPLY TO BE ON THE EQUITY WORK GROUP JUST GOT SENT TO THE STAKEHOLDERS LATE LAST WEEK AND I BELIEVE A PARAGRAPH ON HOW TO APPLY FOR THAT WILL BE POSTED ON AGENCY WEBSITE. WE HAVE SIX MEMBERS OF THE STAKEHOLDER ADVISORY**

**COMMITTEE WHO HAVE VOLUNTEERED AND WE'RE LOOKING FOR TWO MORE MEMBERS. AND LOOKING FOR EIGHTH PEOPLE NOT ON THE COMMITTEE TO ROUND US OUT TO HAVING A 16-MEMBER COMMITTEE THAT WOULD BEGIN MEETING IN FEBRUARY. THAT INFORMATION SHOULD BE ON THE AGENCY, THE PREEXISTING AGENCY WEB PAGE. IF YOU ARE HAVING TROUBLE FINDING INFORMATION, E-MAIL US AT THE ENGAGE E-MAIL SO WE CAN CONNECT YOU TO THAT SHORT FORM. I WISH WE HAD MORE THAN 8 SLOTS. WE HAVE SO MANY EXPERTS WHO HAVE EXPERIENCE, PLEASE, PLEASE DO JOIN US IN MAKING SURE WE GET THIS RIGHT.**

**I'M ALSO SEEING A LOT OF RECOMMENDATIONS COME IN, WHICH IS WONDERFUL. I WANT TO LIFT UP A COUPLE. ONE IS THE CENTRALITY OF PHYSICIANS ADDRESSING SENIOR OPIOID ADDICTION. THEY HAVE THE MOST KNOWLEDGE IN HOW TO BEST INFORM FAMILIES ON MEDICATIONS. WE WILL TAKE THAT FORWARD. ANOTHER SUGGESTION FROM CONNIE ABOUT HELPING SENIORS SET UP DIFFERENT KINDS OF COMMUNITY LIVING. THE EXAMPLE SHE GIVES IS "GOLDEN GIRLS" THAT IS A GREAT SNEAK PREVIEW OF THE HOUSE AND HOMELESSNESS WEBINAR COMING ON JANUARY 29TH. THAT NEED FOR COMMUNITY AND NEW AND REIMAGINED HOUSING STYLES AND OPTIONS OF MEANINGFUL AND AFFORDABLE CHOICES. THANK YOU FOR THAT RECOMMENDATION.**

**AND THEN A GREAT PROCESS QUESTION FROM DEBORAH. HOW WILL LEADERS THE MASTER PLAN COLLABORATE WITH THE GOVERNOR'S STATE COMMISSION ON DEVELOPING A SINGLE PAYER HEALTH CARE FOR ALL? THIS IS A GREAT QUESTION AND WE AS PART OF THE AGENCY ARE COORDINATING WITH THE OTHER PRIORITIES IN THIS AREA. YOU MAY HAVE SEEN THAT THE GOVERNOR'S HOUSING AND HOMELESSNESS TASK FORCE ISSUED THEIR REPORT ON MONDAY. WHICH HAS MANY IMPLICATIONS FOR ELDER HOUSING, INCLUDING BOARD AND CARE AND PREVENTING HOMELESSNESS AND SSI AND WE ARE COORDINATING INTERNALLY AND EXTERNALLY. THE SAME IS TRUE WITH THE ALZHEIMER'S TASK FORCE WHICH MET TO TALK ABOUT DIAGNOSIS AND PREVENTION AND ULTIMATELY A CURE FOR ALZHEIMER'S. WE'RE**

**COORDINATING CLOSELY WITH THEM. AS THE NEW BEHAVIORAL TASK FORCE GETS SET UP, THAT WAS JUST ANNOUNCED IN THE BUDGET ON FRIDAY. THE NEW HEALTH CARE FOR ALL AND AFFORDABILITY. THE WONDERFUL THING ABOUT AGING, WE ARE AT EVERY TABLE AND OUR PARTNERS IN STATE GOVERNMENT HAVE EXTENDED THAT HAND. I WON'T SAY IT IS EASY, AND WE'RE RELYING ON ALL OF YOU TO HELP US MAKE SURE THE CONVERSATIONS ARE ALIGNED AND COORDINATED. BUT THAT IS OUR COMMITMENT TO YOU. GREAT. PD HERE WE GO. MORE QUESTIONS ABOUT THE NEED FOR RECOMMENDATIONS, I WOULD SAY MORE THAN A QUESTION. A RECOMMENDATION THAT ALZHEIMER'S AND DEMENTIA ORGANIZATIONS, IS CRITICAL THAT THEY ARE IN STRONG PARTNER WITH THE LGBT POPULATION. HOW DO WE MAKE SURE AS DEMENTIA RAISES TO CONNECT WITH THESE COMMUNITIES? WE WILL LOOK AT THIS VERY DEEP QUESTION. HOW DO WE LOOK AT STRENGTHENING THE COMMUNITY-BASED NETWORK AS OPPOSED TO DELEGATING TO HEALTH PLANS? THIS IS SOMETHING THAT THE LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE HAS BEEN WORKING ON AND WILL BE PREPARING RECOMMENDATIONS ON. LOOKING AT EXACTLY HOW DO WE PROVIDE SUPPORTS TO ELDERS ALL PLACES. HEALTH PLANS AND COMMUNITY-BASED NETWORKS AND HOW DO WE COORDINATE THAT CARE? THESE ARE GREAT TO HEAR BOTH NEW THEMES AND THEMES THAT WE NEED TO ELEVATE AND TACKLE. HOW WE DOING ON TIME? GREAT.**

**MORE VOICES FOR DOCTOR AND HEALTH PROFESSIONAL TRAINING. IN SMALL G, GERIATRICS. TO BORROW A SMALL TERM. SO EVERYONE IS PROVIDING SENSITIVE AND ACCURATE CAREGIVER CONVERSATION, I BELIEVE JANUARY 6TH LOOKING AT THE PAID CAREGIVER FORCE AND LOOKING AT FAMILY CAREGIVERS. OF COURSE THE BACKBONE FOR MANY OF US. AND LOOKING AT ASSISTIVE TECHNOLOGY AND THE ROLES OF TECHNOLOGY IN HELPING WITH CARE AND SUPPORTS AND SERVICES. THAT TOO WILL BECOME A FORTHCOMING RECOMMENDATION FROM THAT GROUP.**

**COUPLE OPERATIONAL QUESTIONS, IS THE PRESENTATION BEING RECORDED? YES, WILL BE SHARED WITH THE SLIDES. ANOTHER**

**OPERATIONAL QUESTION, THE GOVERNOR'S COMMISSION ON HEALTHY CALIFORNIA, THE ROOM NUMBER? ALL THAT INFORMATION SHOULD BE ON THE PARTNER CALIFORNIA HEALTH AND HUMAN SERVICE WEBSITE. I CAN'T DO A ROOM NUMBER OFF THE TOP OF MY HEAD. IF YOU CAN'T FIND IT, ABSOLUTELY E-MAIL US AND WE WILL DO OUR BEST.**

**A QUESTION ABOUT YES, I'M SO GLAD THIS QUESTION CAME UP. LORINDA, THIS IS A QUESTION ABOUT HEALTHY AGING. FOR YEARS PEOPLE IN THE FIELD OF AGING HAVE ARGUED USING THE MATERIAL HEALTHY. IN PART TO THE EFFECT OF INDIVIDUAL SELF EFFICACY. IS THERE A STRATEGY ON THE HORIZON THAT WILL ADDRESS THAT CONCERN? THAT HAS BEEN BROUGHT UP IN THE STAKEHOLDER ADVISORY COMMITTEE. THINGS LIKE SUCCESSFUL OR ACTIVE AGING AND MAKING SURE THEY ARE FULLY INCLUSIVE FOR ALL OF US AS WE AGE. INCLUDING PEOPLE WITH DISABILITIES AND AS MENTIONED, CHRONIC DISEASES. THAT IS A HOT TOPIC. IF YOU HAVE RECOMMENDATIONS, HEALTHY AGING IS THE TERM THAT WE ARE CURRENTLY USE AND PUBLIC HEALTH IS USING. BUT WE WELCOME ALL INPUT ON HOW TO DO THAT THE MOST INCLUSIVE AND CLEAR WAY POSSIBLE.**

**AND IF I COULD, NEXT QUESTION IS A GREAT TRANSITION AND I'M GOING TO LET IT BE THE TRANSITION TO THE NEXT SPEAKER. WONDERFUL PRAISE AND THANK YOU TO PUBLIC HEALTH FOR THIS CONCERTED EFFORT TO FOCUS ON AGING. IT IS A WONDERFUL MOVE TOWARDS A WHOLE PERSON AND REFLECTION OF DEMOGRAPHICS. AND THEY ARE HOPING TO HEAR MORE ABOUT FALLS. I WONDER IF THAT IS A GOOD TRANSITION TO INTRODUCE THE NEXT SPEAKER. VICTORIA JUMP FROM CALIFORNIA DEPARTMENT OF AGING.**

**>> VICTORIA: THANK YOU AND GOOD MORNING. THANK YOU FOR ALLOWING ME TO TALK ABOUT FALLS PREVENTION, WHICH TO ME IS A CRITICAL PART OF HEALTHY AGING. I WORK FOR THE COUNTY OF VENTURA AREA ON AGING, WHICH IS A STAND-ALONE AGENCY THAT PROVIDES A FULL**

**SCOPE OF PROGRAMS SERVICES TO ADULTS AND CAREGIVERS WITH THE INTENT OF MAKING SURE PEOPLE HAVE OPTIONS TO LIVE IN THE COMMUNITY AND THAT THEY AGE HEALTHY AND SUPPORTING THE CAREGIVERS AS WELL. MY HOPE IS BY HIGHLIGHTING A SUCCESSFUL PROGRAM THAT HELPS TO REDUCE FALLS, MY HOPE IS OTHERS WILL CONSIDER DOING THIS IN THEIR COUNTIES. THE SCOPE OF THE PROBLEM OF FALLS IS HUGE AND CONTINUES TO GROW AS THE NUMBER OF OLDER ADULTS INCREASES. EACH YEAR MORE THAN 1.6 MILLION OLDER ADULTS GO TO THE EMERGENCY DEPARTMENT FOR FALL-RELATED INJURIES. FALLS ARE THE NUMBER ONE CALLS OF FRACTURES, HOSPITAL ADMISSIONS, AND INJURY OR DEATH. MOST OF US KNOW SOMEONE THAT HAS FALLEN. LATER YOU WILL BE ABLE TO HEAR FROM SOMEBODY THAT HAS FALLEN.**

**NEXT SLIDE.**

**THE IMPACT OF FALLS-RELATED INJURIES AND DEATH ARE STAGGERING. EVERY 15 SECONDS AN OLDER ADULT A TREATED FOR A FALL OUR INJURY. EVERY 29 MINUTES, OLDER ADULT DIES FROM A FALL. AND YOU CAN SEE INJURY ADMISSIONS TO HOSPITALS AND OLDER ADULTS. NEXT SLIDE.**

**IN VENTURA COUNTY, APPROXIMATELY 35,000 FALLS OCCURRED BETWEEN 2014 AND 2018 AND THESE ARE PEOPLE OVER THE AGE OF 65. 65% OF THE FALLS OCCUR AT HOME WITH THE BALANCE OCCURRING IN SKILLED NURSING FACILITIES OR PUBLIC LOCATIONS. MOST PEOPLE THAT FELL WERE INJURED. NEXT SLIDE.**

**IT SHOULD COME AS NO SURPRISE THAT FALLS ARE COSTLY. IN 2017, CALIFORNIA MEDI-CAL PAID MORE THAN 1 BILLION IN HEALTH CARE COSTS RELATED TO NON-FATAL FALLS. THE HOSPITAL COST IS BETWEEN \$37,000 AND \$60,000. THE COST OF FALLS NATIONALLY TENDS TO INCREASE. JUST 20 YEARS AGO, THE COST TO THE US HEALTH SYSTEM WAS 19 BILLION ANNUALLY. AND THIS YEAR THE ESTIMATED COST OF FALLS NATIONALLY**

**WILL BE \$60 BILLION. WITH THE AGING OF THE POPULATION, THIS NUMBER IS ONLY GOING TO INCREASE UNLESS WE DO SOMETHING.**

**SO OUR COUNTY HOSPITAL SYSTEM NOTICED AN INCREASE IN NUMBER OF ADULTS FALL AND SHOWING UP IN THE EMERGENCY ROOM. THEY ASKED FOR THE LOCAL EMERGENCY MEDICAL SYSTEM TO DO A HEAT MAP OF WHERE FALLS WERE OCCURRING. EVERYWHERE, WHERE IS IT A PROBLEM? THIS IS THE COUNTY OF VENTURA, SHOWING CITIES AND ZIP CODES WHERE THE MAJORITY OF FALLS ARE OCCURRING, YELLOW AND RED THE MOST SIGNIFICANT AREAS. AND THESE DON'T NECESSARILY ALIGN WITH THE POPULATIONS WHERE MORE PEOPLE LIVE. THEY ARE GEARED FORWARD TOWARDS THE AGE OF THE POPULATION.**

**IN ADDITION TO LOOKING AT WHERE PEOPLE ARE FALLING, WE STARTED TO LOOK INTO MORE DETAIL AS TO WHY PEOPLE ARE FALLING. EVERY FALL IS NOT CAUSED BY THE SAME THING. WE LOOK AT THE MEDICAL CONDITIONS RELATED TO WHY PEOPLE WERE FALLING SUCH AS POOR VISION, DIZZINESS, MINI STROKES, DEMENTIA, OR THE USE OF ALCOHOL AND DRUGS. WHAT PEOPLE TRIP OVER AND IMPROPER FOOTWEAR SUCH AS FLIP FLOPS.**

**LOOKING AT THE COST OF THE HOSPITAL SYSTEM, WHERE PEOPLE WERE FALLING AND THE REALIZATION THAT THE NUMBER FALLING WAS INCREASING. THE PREVENTION COALITION WAS FORMED BRINGING TOGETHER THE MEDICAL COMMUNITY AND EMERGENCY MEDICAL SERVICE AND SOCIAL SERVICE PROVIDERS. THE GOAL IS TO IMPACT THE HEALTH AND WELL BEING OF THE COUNTY RESIDENTS FOCUSING ON FALLS. OLDER ADULTS ARE HIGH RISK GROUPS EMS PROVIDERS HAVE AN OPPORTUNITY TO ASSESS THE PATIENTS, IDENTIFY FALL RISK AND INITIATE THE PREVENTION PROCESS. AND MANY FALLS CAN BE PREVENTED.**

**THIS SLIDE SHOWS SOME OF THE COALITION PARTNERS. AS YOU CAN SEE IT IS REALLY A BROAD COALITION. THESE RELATIONSHIPS ARE CRITICAL FOR THE PROGRAM TO WORK. NEXT SLIDE.**

**IN DEVELOPING INTERVENTIONS WE WANTED TO ENSURE THAT IT WAS EVIDENCE-BASED MULTI-FACETED. THESE ARE TWO OF THE MANY JOURNAL ARTICLES AND RESEARCH DONE SHOWING THAT EVIDENCE-BASED EXERCISE PROGRAMS AND HOME MODIFICATIONS AND TARGETED RISK REDUCTION STRATEGIES DO WORK. ONE OF THE AUTHORS OF THE STUDY IN THE JOURNAL OF TRAUMA AND ACUTE CARE IS THE TRAUMA CODIRECTOR FOR THE COUNTY OF VENTURA MEDICAL CENTER WHO ALSO SERVES AS THE HEAD OF THE ELDERLY FALL PREVENTION COALITION.**

**SO IN PUTTING TOGETHER A PROGRAM, IT WAS DONE WITH A GOAL OF REDUCING THE NUMBER OF PREVENTABLE FALLS IN VENTURA COUNTY AND FOCUSING ON THOSE ABOVE THE AGE OF 65 AND RAISING AWARENESS OF FALL PREVENTION AND ESTABLISHING A BASELINE FOR FALLS AND DEMONSTRATING MITIGATION. OUR EFFORTS ARE FOCUSED ON CALLS THAT OCCUR IN COMMUNITY. EVENTUALLY THE COALITION WILL WORK ON FALLS THAT OCCUR IN SKILLED NURSING FACILITIES. WE ARE AWARE OF A POPULATION IN THE NURSING FACILITIES THAT CONTINUE TO FALL. WE PLAN TO WORK ON THIS IN THE FUTURE. WE WANTED NOT JUST TO BE ABLE TO SAY WE WERE REDUCING FALLS RG BUT TO SHOW IT. A DATABASE WAS SET UP TO SHOW EVERY FALL THAT OCCURRED. ONE OF THE EARLIER SLIDES A SHOWED A MAP THAT SHOWED THE SCOPE OF THE PROBLEM AND THE HOT SPOTS. IN LOOK K AT THE DATA FOR WHO IS FALLING, WE KNOW THAT 61% OF THE FALLERS WERE TAKEN TO THE HOSPITAL. 39% DECLINED OR THE PERSON DID NOT REALLY NEED TO GO TO THE HOSPITAL. 59% OF THE CALLS TO EMS WERE FOR FEMALE FALLERS, WITH THE BALANCE OF THEM BEING MALE. THE AVERAGE AGE FOR THE FALLER THAT LIVES IN THE COMMUNITY FOR MALE AND FEMALE IS 82 YEARS OLD. KNOWING ALL OF THIS DATA WHERE PEOPLE ARE FALL AND WHY THEY ARE FALLING, A PROPOSAL WAS MADE TO THE COUNTY TO FUND A PILOT STUDY TO LOOK AT REDUCING SECONDARY FALLS IN TARGETED AREAS. THERE WERE TOO MANY FALLS TO TAKE OVER THE COUNTY. THE DECISION WAS MADE TO COLLABORATE WITH FOUR HOSPITALS IN OUR AREA.**

**SO WHAT IS OUR PROGRAM? SO, AS AN OLDER ADULT FALLS, THEY EITHER CALL 911 OR DRIVE THEMSELVES TO THE HOSPITAL. IF THEY CALL FOR AN AMBULANCE, THE EMS DO A STANDARD SIZED ASSESSMENT OF THE INDIVIDUAL, TO DETERMINE THE CAUSE OF THE FALL. THIS INFORMATION IS ENTERED INTO THE EMS DATABASE, WHICH IS CALLED IMAGE TREND. ALL OF THE EMS PROVIDERS AND THE FIRE DEPARTMENTS USE THIS SYSTEM. DAILY A SOCIAL WORKERS GETS A REPORT OF EVERYONE OVER THE AGE OF 65 THAT HAS FALLEN. SO IF THE INDIVIDUAL DID NOT DECIDE TO GO VIA AMBULANCE TO THE HOSPITAL, AND THEY DRIVE TO THE HOSPITAL, THE EMERGENCY DEPARTMENT STAFF CAN EITHER FILL OUT A FORM AND FAX TO THE PROGRAM COORDINATOR OR THEY CAN USE THE LINK THAT HAS BEEN CREATED ON THE IPADS TO SEND A DIRECT REFERRAL TO THE PROGRAM. THE FALL PREVENTION SOCIAL WORKER SENDS LETTERS TO PEOPLE THAT HAVE FALLEN LETTING THEM KNOW ABOUT THE PROGRAM AND SOMEONE WILL BE CONTACTING THEM ABOUT THE**

**SO THE SOCIAL WORKER WORKS WITH THE INDIVIDUAL AND THEIR CAREGIVER MANY TIMES TO ARRANGE FOR HOME MODIFICATIONS AND ENROLL THEM IN EVIDENCE-BASED FALL PREVENTION CLASSES. WORK WITH HOME HEALTH AND WORK WITH THE PUBLIC HEALTH. IF A PUBLIC HEALTH NURSE IS NEEDED AS WELL AS CONNECTING THE PERSON TO OTHER COMMUNITY RESOURCES. IN VENTURA, WE DO HAVE ROBUST SET OF PROVIDERS. WE WORK WITH THE FALL COALITION TO HOST TWO FORUMS A YEAR TO EDUCATE THE PUBLIC ABOUT FALLS AND HOW TO PREVENT THEM. AND WE MAKE SURE THAT ONE OF THE TWO IS DONE IN SPANISH.**

**SADLY, NOT EVERYBODY ACCEPTS OUR HELP. WE TRY, BUT PEOPLE STILL SAY NO. HOWEVER, AFTER FIVE YEARS OF OPERATING THIS PROGRAM WITH THOUSANDS OF PEOPLE BEING TRACKED, WHAT WE DO KNOW THAT THOSE THAT HAVE FALLEN AND ACCEPT OUR HELP HAVE A 5% CHANCE OF FALLING AGAIN. THOSE THAT SAY NO, THEY ACTUALLY HAVE A 22% CHANCE OF FALLING AGAIN. NEXT SLIDE.**

**OKAY, SO FINALLY, RECOGNIZING THE NEED TO EXPAND THE PROGRAM TO PREVENT PEOPLE FROM FALLING COUNTY WIDE AND NOT DISTANCE-SPECIFIC AREAS. EVIDENCE-BASED CLASSES WERE SELECTED TO ADDRESS FITNESS NEEDS. ASSESSMENTS WERE DONE TO ENSURE WHAT WE ARE PUTTING THEM INTO THE RIGHT CLASS. WE HAVE A SUITE OF CLASSES. ADDITIONAL TESTS ARE CONDUCTED ON ALL PARTICIPANTS, SUCH AS A VISION TEST. THIS GOES INTO AN INTERACTIVE DATABASE WHERE WE USE ANALYTICS TO SHOW EFFECTIVENESS OF EACH CLASS AND THE INSTRUCTORS AS WELL AS OTHER DATA THAT WE COLLECT. SO MANY PEOPLE WANT TO KNOW HOW ARE WE PAYING FOR THIS? CURRENTLY THE COUNTY PROVIDES FUNDING FOR THE SOCIAL WORKER AND STAFF TO RECRUIT AND TRAIN STAFF AND TRACK DATA. ADDITIONAL FUNDING IS PROVIDED THROUGH THE DEPARTMENT OF AGING AND OLDER AMERICANS ACT AND THE LOCAL MEDICARE MANAGED ORGANIZATIONS. PUBLIC HEALTH IN THE PAST HAS HELPED PAY FOR THE CLASSES. FUNDING TO BE ABLE TO PROVIDE THE DATA ANALYTICS, WE HAVE A GRANT AND ALSO WE HAVE A COMPANY, DR. DUNCAN IS THE CO-OWNER AND PROVIDES FUNDING AS WELL BECAUSE HE SO BELIEVED IN THIS PROGRAM. WE HAVE ALL OF THE PARTNERS THAT PROVIDE TIME AND EXPERTISE TO MAKE THE PROGRAM WORK.**

**IN CONCLUSION, WE FEEL THE COLLABORATION BETWEEN THE MEDICAL, EMS AND COMMUNITY-BASED ORGANIZATIONS THAT TARGET PEOPLE AS WELL AS CONNECTING THEM TO EVIDENCE-BASED FALL PREVENTION PROGRAMS HAS BEEN PROVEN TO REDUCE FALLS. EXPANDING THE PROGRAM, ROUNDS OUT THE INTERVENTIONS TO REDUCE THE AMOUNT OF PREVENTABLE FALLS. SO THANK YOU.**

**>> THANK YOU SO MUCH FOR THAT PRESENTATION, VICTORIA. DURING THE PRESENTATION, WE LAUNCHED THREE POLLS. AND THANK YOU FOR THE PARTICIPANTS FOR RESPONDING TO THOSE POLLS. I'M NOW GOING TO SHARE OUT THE RESULTS OF THE POLLS. THE FIRST QUESTION THAT WE ASKED, HAVE YOU OR A FAMILY MEMBER OVER THE AGE OF 65 FALLEN IN THE LAST 12**

**MONTHS? WITH 40% OF RESPONSES, NO I HAVE NOT FALLEN. WITH 39%, YES, A FAMILY MEMBER OVER AGE 65 HAS FALLEN. WITH 20%, YES, I HAVE FALLEN.**

**SO MOVING ON TO THE NEXT POLL QUESTION. OF THOSE WHO HAVE FALLEN OR KNOW SOMEONE THAT HAS FALLEN, DID YOU REPORT THE FALL TO YOUR DOCTOR? WITH 61% INDICATING YES. AND 39% INDICATING NO. AND THE FINAL POLL THAT WE ASKED, WHICH OF THE FOLLOWING IS MOST IMPORTANT TO PREVENT FALLS? AND WITH 31% OF RESPONDENTS SAYING THAT SUPPORT FOR ESTABLISHING COALITIONS TO BRING TOGETHER SOCIAL SERVICES, MEDICAL PROVIDERS AND EMS PUBLIC SERVICE ANNOUNCEMENT AND OUTREACH. THAT WAS THE HIGHEST RESPONSE. NUMBER 2, WITH 26% WAS EXERCISE PROGRAMS. NUMBER 3 WITH 22% WAS HOME MODIFICATIONS. NUMBER 4 WITH 19% WAS CASE MANAGEMENT FOR PEOPLE THAT HAVE FALLEN. AND FINALLY, NUMBER 5, WITH 2% WAS HOARDING/DECLUTTERING PROGRAMS. THANK YOU FOR ALL THAT RESPONDED AND THANK YOU VICTORIA FOR THE PRESENTATION. WE WILL HAVE ADDITIONAL POLLS DURING THE NEXT PRESENTER.**

**>> THANK YOU SO MUCH FOR ALL THE QUESTIONS RECOMMENDATIONS THAT CONTINUE TO ROLL IN. VICTORIA, WE DO HAVE COMMENTS SAYING THAT FALLS ARE HAPPENING AT HIGHER NUMBERS AS YOU ACKNOWLEDGE AND MANY GO UNREPORTED OR HAPPEN WITHOUT INJURIES. IF YOU FOR ADDRESSING THE TOPIC THAT IS SO IMPORTANT TO EVERYONE. THE COMMENT REFLECT THAT. A COUPLE RECOMMENDATIONS, CAN YOU SCROLL A LITTLE BIT PLEASE? WE HAD A GREAT RECOMMENDATION ABOUT MAKING SURE THAT AS A PUBLIC EDUCATION EFFORT, THANK YOU LAURINDA FOR MAKING SURE THAT PUBLIC EDUCATION IS PART OF THIS. AS WE ALL AGE, WE UNDERSTAND, YOUR WORDS, THE AGING PROCESS AND HOW THAT AFFECTS OUR VULNERABILITY. IT HELPS IF PEOPLE KNOW THEY CAN HELP THEM PREVENT THEIR OWN FALLS. SO PUBLIC EDUCATION, RATHER THAN A FEAR-BASED OR REACTIVE APPROACH, CAN ADDRESS THE MYTHS ABOUT AGING. THE IMPORTANCE OF PUBLIC EDUCATION IS ONE RECOMMENDATION.**

**ANOTHER RECOMMENDATION, MAKE SURE THERE IS ADEQUATE ACCESS TO REHABILITATION AND HEALTH CARE SERVICES. IN PARTICULAR, INDIVIDUALS WITH CHRONIC DISEASE AND DISABILITY. I WILL MAKE A SHOUT OUT TO THE MEDI-CAL HEALTHIER CALIFORNIA FOR ALL PROCESS, SOME OF YOU MAY HAVE HEARD OF IT AS CAL AIM. LOOK K AT THE BROADER RANGE OF IN LIEU SERVICES AND THAT LENDS TO HELP ALL OF US AGE WELL AND HEALTHY. WHOLE PERSON AGING WAS ALSO ADDRESSED. ANOTHER SUGGESTION, THIS ISSUE COMES UP OVER AND OVER, HOW DO WE ENSURE THERE ARE MORE GERIATRICIANS, PROVIDING BASELINE GERIATRIC TRAINING TO ALL. AND IT COMES UP IN THE LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE AND I HEARD RECOMMENDS AT IT ON THE COMMISSION ON AGING HEARING LAST WEEK. SO THIS TOPIC OF GERIATRICS, NOT BEING -- TO WELL SERVE US AS WE AGE IS A HOT TOPIC AND RECOMMENDATIONS ARE WELCOME ON THAT.**

**ANOTHER TOPIC HAS COME UP WITH RURAL COMMUNITIES. THEY FACE UNIQUE CHALLENGES, OFTEN GIVEN THE DISTANCES DEARTH OF SERVICES. WE WERE HOSTING OF A COMMISSION ON AGING. ONE OF OUR ADVISORY COMMITTEE MEMBERS TALKED ABOUT THAT TOPIC. THEY WILL BE REPRESENTING RECOMMENDATIONS AT THE ADVISORY COMMITTEE MEETING ON TUESDAY. A WONDERFUL CONVERSATION ABOUT BOTH THE NEED TO MAKE SURE SERVICES ARE AVAILABLE AND AFFORDABLE AND CAN MEET THE NEEDS IN COMMUNITIES WITH DISTANCES AND MOUNTAIN RANGES AND THINGS TO ACCESS. AND CONVERSATIONS ABOUT HOW WE CREATE ATTRACTIVE, AFFORDABLE HOUSING FOR RURAL COMMUNITIES THAT ARE CLOSER TO SERVICES. IT HAS BEEN A MARK OF THE PROCESS SO FAR IS LISTENING AND THINKING COLLABORATIVELY AND CREATIVELY ABOUT ALL THE SOLUTIONS THAT MIGHT BE IN THE MIX.**

**ANOTHER SUGGESTION FOR PUBLIC EDUCATION, MAKING SURE FOLKS KNOW HOW TO GET UP SAFELY IF THEY FALL. QUESTIONS ABOUT COUNTY AND CITY AND HEALTH SERVICES AND WHAT WE CALL PARTNERSHIP. THIS IS**

**CRITICAL. AND THERE ARE BRIGHT LIGHTS OF AGING AND DISABILITY PROGRAMS. WHAT THE PLAN IS ABOUT IS SCALING AND PARTNERING AND SERVING ALL OF US WELL. ONE OF THE QUESTIONS IS WHAT ABOUT THE SILOS? AND THAT HAPPENS AT THE STATE LEVEL AS WELL. I APPRECIATE THE QUESTIONER CALLING OUT THAT PAST EFFORTS HAVE NOT BEEN THAT SUCCESSFUL. IT IS CRITICAL THAT WE LEARN WHAT WORKS AND WHAT NOT WORKS. WE ARE GOING TO HAVE A WEBINAR WEDNESDAY ABOUT LEADERSHIP. WHAT DOES IT NEED TO LOOK LIKE AT THE STATE AND COMMUNITIES? WHAT CAN WE DO AS THE MASTER PLAN MOVES TO LOCAL PLANS? HOW DO WE MAKE PARTNERSHIPS EASIER AND INEVITABLE? HOW DO WE DO THAT? WE ARE ADMINISTERING DIFFERENT FUNDING. AND THAT IS WORTH A TOPIC OF ITS OWN. FINAL NOTE, THE LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE ALSO IS TALKING ABOUT RECOMMENDATIONS THAT WILL BE FORTHCOMING AROUND THE LEADERSHIP AND COORDINATION OF STATE AND LOCAL GOVERNMENT AND HEALTH CARE. HOT TOPIC, MORE TO COME. THANK YOU FOR WEIGHING IN ON THAT.**

**LET ME TAKE A SECOND TO READ MORE FROM YOU. THIS IS WONDERFUL AND THEN I WILL HAND IT OVER TO THE ADVISORY COMMITTEE MEMBER. YES, MORE, MORE ON COUNTY AND CITY PARTNERSHIP. ONE THING I WILL SAY, WE AT THE DEPARTMENT OF AGING WORK CLOSELY WITH BOTH THE TRIPLE A'S AND THE COUNTY OF SOCIAL SERVICES. AGING PROGRAMS TEND TO BE THERE AS WELL. COMMUNITY PARTNERS THAT CONTRACT AND HEALTH PLANS. IT IS AT THE TOP OF OUR MIND HOW WE CAN KNOCKDOWN THE BARRIERS AND MAKE THE LOCAL PLANNING PROCESS STRONGER AND SMOOTHER SO THAT WE ARE CITY AND COUNTY, NONPROFIT AND GOVERNMENT ALL MOVING IN THE SAME DIRECTION. WELCOME MODELS OF WHERE IT IS WORK AND PLACES WHERE IT IS CHALLENGING AND THAT IS ABSOLUTELY PART OF THE PLAN. NOT JUST WHAT WE WANT TO DO, BUT HOW DO WE DO IT. WITH THAT, IT IS TIME TO HEAR FROM PROFESSOR TORRES GILL. I WILL HAND IT OVER.**

**>> THANK YOU VERY MUCH, IT IS AN HONOR AND EXCITING TO BE HERE AND WE COMMEND BOTH THE GOVERNOR AND ALL THE MEMBERS OF THE ADVISORY COMMITTEE. WE HAVE A BIG CHARGE AHEAD OF US, BUT THIS IS A GREAT OPPORTUNITY TO PREPARE FOR THE AGING OF CALIFORNIA. SO I BELIEVE I WILL FIRST OF ALL, LET ME JUST INDICATE THAT WE HAVE 34 MEMBERS ON THE STAKEHOLDER ADVISORY COMMITTEE. AND THEY REPRESENT PRETTY MUCH ALL THE KEY PROFESSIONAL EXPERTS, AGENCIES, ORGANIZATIONS, ADVOCACY GROUPS, COALITIONS. AND THEY REPRESENT PRETTY MUCH ALL KEY SEGMENTS THAT WILL BE IMPORTANT IN BRINGING TOGETHER NOT JUST COORDINATION, BUT IN IMPLEMENTING WHATEVER COMES OUT OF THE FINAL RECOMMENDATIONS TO THE GOVERNOR AND THE STATE LEGISLATURE AS WELL. AND I, AS ONE OF THE 34 MEMBERS, LOOK FORWARD TO BOTH REPORTING BACK TO THE NEXT STAKEHOLDER ADVISORY COMMITTEE. AND CONTINUING TO BE AN ADVOCATE FOR ALL PERSONS THAT ARE AGING AND AGING WITH A DISABILITY. AND TO PROMOTE THE MANY GREAT IDEAS THAT WE'VE COME UP WITH HERE ON THE HEALTHY AGING WEBINAR.**

**LET ME FIRST SHIFT, IF I MAY, THE PUBLIC COMMENTS. I TOOK TIME TO REVIEW THE VARIOUS COMMENTS AND TO INTEGRATE THEM INTO THE PRESENTATIONS THAT WE HAVE HERE TODAY. AND FIRST OF ALL, I WANT TO COMMEND MY TWO COLLEAGUES FOR THE TWO PRESENTATIONS. WHERE I THINK THE MAJOR ISSUE THAT COMES OUT OF THE TWO PRESENTATIONS, WHICH ARE SO IMPORTANT, IS THAT WE BEGIN TO LOOK AT ISSUES OF AGING, NOT JUST WHAT WE DO OR SHOULD TRY TO DO WHEN WE HIT WHATEVER ELDER YEAR WE CONSIDER. WHETHER IT IS 50 OR 65 OR 85. BUT RATHER THAT WE LOOK AT HOW WE AGE IN TERMS OF OUR ENTIRE LIFE SPAN. AND THE CONCEPTS OF LONGEVITY HAVE BEEN BROUGHT UP. AND HEALTHY AGING ULTIMATELY IS MOST INFLUENCED BY WHAT WE DO AND DO NOT DO WHEN WE ARE YOUNGER. WHETHER WE ARE TEENAGERS OR MIDDLE AGE, YOUNG, OLD. THERE IS SO MUCH THAT WE CAN BE DOING TO INCREASE THE PROBABILITIES, THE OPPORTUNITIES FOR HEALTHY AGING. BUT CERTAINLY EVEN IN LATER YEARS AND I'M 71 YEARS OLD, THERE IS MUCH WE CAN DO**

**EVEN NOW TO PRACTICE HEALTHY AGING. BUT HOPEFULLY, WE CAN BEGIN TO BROADEN THE LIFE SPAN TO START LOOKING AT HOW WE CAN BEGIN TO EDUCATE OTHERS. HERE I SUGGEST SOMETHING THAT I HOPE MIGHT BE TAKEN INTO ACCOUNT IN OUR ADVISORY COMMITTEE. CAN WE CONSIDER, FOR EXAMPLE, A LONGEVITY PLANNING CAMPAIGN FOR K THROUGH 12 STUDENTS? CAN WE BEGIN TO EDUCATE, INFORM, SOCIALIZE, YOUNGER PERSONS, K THROUGH 12 AND CERTAINLY IN COLLEGES, TO START RECOGNIZING THAT THEY HAVE THE OPPORTUNITY AS WAS BROUGHT UP BY THE EARLIER PRESENTATIONS, TO LIVE AT LEAST TO 81. CERTAINLY IT VARIES BY GENDER AND ETHNICITY AND RACE. BUT ALL OF US CAN ENJOY A LONGER LIFE SPAN. IS THERE A WAY TO BEGIN TO EDUCATE AND INFORM YOUNGER GROUPS, PERHAPS A LONGEVITY PLANNING CAMPAIGN AND BEGIN TO BRING THAT INTO THEIR MIND AND THINKING. AS ESTEEMED PHYSICIAN LAID OUT, ULTIMATELY THE BEST PRESCRIPTION FOR HEALTHY LONGEVITY, A POSITIVE LIFESTYLE BEHAVIORS, SOCIAL ENGAGEMENT AND MAINTAINING A PURPOSE IN LIFE. THAT SUMS UP VERY NICELY THE OVERALL CONCEPTS THAT ARE IMPORTANT IN TERMS OF HEALTHY AGING. IN TERMS OF THE PUBLIC COMMENTS, CLEARLY MANY OF THE PUBLIC COMMENTS RECOGNIZE SOME OF THE BASIC ELEMENTS IN PRACTICING HEALTHY AGING. EXERCISE, AND STAYING ACTIVE. A GOOD HEALTHY DIET. AND CERTAINLY MAINTAINING AS MUCH AS POSSIBLE, EMOTIONAL AND PHYSICAL HEALTH. AND LET ME JUST ADD HERE, I HAVE A PHYSICAL DISABILITY, BUT EVEN THOSE OF US WITH A PHYSICAL DISABILITY, OR COGNITIVE OR VISUAL, OR EMOTIONAL, WHATEVER OUR CONDITIONS MIGHT BE, THERE IS STILL MUCH WE CAN DO IN TERMS OF PRACTICING HEALTHY AND POSITIVE LIFESTYLE BEHAVIOR, BEING INVOLVED AND HAVING A PURPOSE IN LIFE. THOSE ARE BROUGHT UP IN THE PUBLIC COMMENTS.**

**BUT THERE ARE ALSO BIG CONCERNS THAT WE CANNOT ESCAPE OR IGNORE. AND CERTAINLY, I THINK THE STAKEHOLDER ADVISORY COMMITTEE WILL BE ADDRESSING THEM. THE HIGH COST OF PRESCRIPTION DRUGS CONTINUES TO BE THE BANE FOR THE PROBLEM, THE CONCERN FOR ALL OF US. GOV NEWSOM IS TRYING TO MAKE SOME STEPS TRYING TO INCREASE THE**

**COST OF PRESCRIPTION DRUGS. MANY OF THE COMMENTS, ACCESSING HEALTH AND MEDICAL CARE. THE ISSUES OF TRANSPORTATION, LIVING IN RURAL AREAS, FINDING A PHYSICIAN THAT WILL TAKE YOUR HEALTH INSURANCE OR MEDICARE IS AN ISSUE. MANY IF NOT MOST WORRY ABOUT FINANCES AND RETIREMENT AND SECURITY. AND VERY SIMPLY, DO I HAVE ENOUGH MONEY TO LIVE A LONGER LIFE? AND THOSE ISSUES ARE GOING TO BE PARAMOUNT. AND THE ISSUES OF HOUSING, THE HIGH COST, HOMELESSNESS. AND WE KNOW THAT OLDER ADULTS ARE NOW ONE OF THE FASTEST GROWING GROUP THAT IS FACING THE FEARS OF HOMELESSNESS. OF COURSE, WHAT WE ALL KNOW, LONELINESS AND DEPRESSION ALSO TAKE AWAY FROM HEALTHY LIVING. THE PUBLIC COMMENTS BROUGHT OUT MUCH OF WHAT WE NEED TO INCORPORATE. ONE OF THE INTRIGUING COMMENTS THAT CAME UP WAS A COMMENT REFERRING TO GETTING OLDER AND BEING SURPRISED ABOUT THE VICISSITUDES OF AGING. AND ESPECIALLY AGING BABY BOOMERS MAY NOT RECOGNIZE THAT CERTAIN THINGS HAPPEN AS WE GET OLDER. WHETHER IT IS SCIATICA OR ARTHRITIS OR DIFFERENT KINDS OF CHRONIC CONDITIONS. SOMEBODY SUGGESTING MAYBE PUBLIC HEALTH CAN DEVELOP A LIST OF COMMON MALADIES LIKELY TO OCCUR IN OLD AGE. AND THAT IS REALLY ABOUT BECOMING AWARE. WHAT HAPPENS TO US PHYSICALLY AND MENTALLY AS WE GET OLDER? IF WE KNOW WHAT THAT MIGHT BE, PERHAPS MAYBE WE CAN BEGIN TO PREPARE FOR IT EARLY ON AS WE GO THROUGH THAT LIFE SPAN.**

**MOVING TO THE NEXT SLIDE. LET ME ADDRESS SOME OF THE KEY CONCERNS THAT WILL FACTOR INTO TRYING TO LIVE A HEALTHIER LIFESTYLE. AS WAS BROUGHT OUT IN SUCH A COMPELLING MANNER, AND THANK YOU AMANDA AND PUBLIC HEALTH. WE FACE ECONOMIC, ETHNIC AND RACIAL DISPARITIES, GEOGRAPHY AND ZIP CODES MATTER. INCOME, RACE AND IMMIGRATION STATUS. AND THE GOVERNOR, FOR EXAMPLE, IN HIS PROPOSALS CAME UP WITH SOMETHING THAT I PERSONALLY FEEL IS VERY IMPORTANT, PROPOSING THAT UNDOCUMENTED SENIOR CITIZENS BE ELIGIBLE FOR MEDI-CAL. BUT CALIFORNIA IS SUCH A HUGE STATE AND THERE ARE MANY FACTORS THAT LET US KNOW HOW LONG WE LIVE. AND THE**

**ADVISORY GROUP IS TAKING THESE INTO ACCOUNT AND IS VERY SENSITIVE. I MYSELF HAVE DONE MUCH ON MY RESEARCH AS A PROFESSOR AT UCLA ON WHAT IT MEANS FOR CALIFORNIA TO BECOME A MAJORITY, MINORITY STATE. AND THE REST OF THE COUNTRY WILL BE, PERHAPS AS SOON AS 2042. CALIFORNIA IS A TREND SETTER. BUT KEEP IN MIND, CALIFORNIA HAS MANY WONDERFUL ADVANTAGES AND LESSONS TO SHARE WITH THE REST OF THE NATION. BUT WE ALSO HAVE MANY ISSUES, PROBLEMS AND CONCERNS THAT WE HAVE TO SHOW THAT WE CAN ADDRESS. AND I LIST HERE THE GREAT DISPARITIES IN INCOME, REALTY, HOUSING, RETIREMENT AND MUCH OF US ARE WELL AWARE OF THESE TREMENDOUS DISPARITIES. AND WE HAVE TO ADJUST FOR REGIONAL AND LOCAL VARIATIONS. WHAT MAKES CALIFORNIA UNIQUE IS THAT IT IS A NATION STATE. YOU NEVER HAVE TO LEAVE CALIFORNIA, EVERYTHING IS HERE. BUT WE ALSO HAVE GREAT DIFFERENCES. SO IF WE'RE GOING TO PRACTICE HEALTHY AGING, SOME PLACES ARE GOING TO BE MORE ABLE TO FIND THE RESOURCES AND SUPPORTS. CERTAINLY GROWING OLDER IN PALO ALTO AND GROWING OLDER IN THE GREAT TOWN OF STOCKTON ARE TWO DIFFERENT EXPERIENCES AND DIFFERENT ABILITIES TO TAKE FULL ADVANTAGE OF HEALTHY AGING. BUT I THINK WE'RE WELL AWARE OF THE GEOGRAPHIC DIFFERENCES.**

**LASTLY, LET ME COMMEND THE IMPORTANT DISCIPLINES THAT PLAY A BIG ROLE IN HEALTHY AGING AS WELL AS FALLS PREVENTION, WHICH I WILL GET TO IN A MOMENT. CERTAINLY REHAB PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPISTS AND DOCTORS AND SOCIAL WORKERS ARE VERY IMPORTANT IN WHAT WE DO. AND THE LAST THING, AND I HAVE HERE ON THE RIGHT SIDE OF THE SCREEN, THE ONE THING WE CAN ALL DO AS LAID OUT BY VICTORIA, IS TO PRACTICE FALLS PREVENTION. AND IF I CAN SHARE MY STORY, I'M KIND OF An EXAMPLE, A POSTER BOY FOR FALLS PREVENTION. SOME YEARS BACK I FELL. I THOUGHT I WAS PRETTY INDEPENDENT AND THOUGHT I COULD JUST DO WHATEVER I WANTED TO DO AND NOT WORRY ABOUT WHERE I WAS OR WHETHER IT WAS SAFE OR UNSAFE. I FELL, I FRACTURED MY FEMUR. I WAS LAID UP FOR 6 MONTHS WITH THE SURGERIES AND REHABILITATION AND ALL THE THINGS THAT GO INTO RECOVERING**

**FROM A FALL. AS THE DIRECTOR OF THE VENTURA COUNTY AGENCIES LAID OUT SO WELL, A FALL IS COSTLY. IT TOOK ME 6 MONTHS OUT OF WORK TO RECOVER. BUT SINCE THEN, I HAVE LEARNED MY LESSONS AND THANKS TO THE GREAT SERVICE OF THE USC FALLS PREVENTION CENTER HEADED UP BY DR. JOHN K. WHO HAVE THE GRANT FROM THE ADMINISTRATION FROM COMMUNITY LIVING TO PROMOTE FALLS PREVENTION ACROSS THE COUNTRY. THEY SENT STAFF TO MY HOME AND DID A FULL ASSESSMENT OF WHERE ARE THE RISKS AND THE INSECURITIES AND WHERE ARE YOU LIKELY TO SLIP AND LOSE BALANCE. BASED UPON THAT THEY DID A FULL HOME MODIFICATION AND DID A PHYSICAL HEALTH ASSESSMENT IN TERMS OF WHAT ARE MY PARTICULAR RISKS ON FALLING. FROM THAT WE DID THINGS FROM THE GRAB BARS, SLIP RESISTANCE FLOORS, GETTING RID OF THROW RUGS. MAKING SURE WHEN I TAKE STEPS UP AND DOWN THAT I HAVE SOMETHING TO GRAB ON TO. PLUS THEY SHOWED ME HOW WE CAN ALL TAKE PERSONAL RESPONSIBILITY FROM THAT. I BEGAN TO PRACTICE RELIGIOUSLY, TAI CHI, SWIMMING, GETTING IN AND OUT OF CARS, MOVING AROUND HOME: ALL OF US ARE AT RISK. I'M HAPPY TO SAY SINCE MY LAST BIG FALL, MANY YEARS AGO, I HAVE BEEN FALL FREE AND I HOPE STAY THAT WAY. THAT IS THE ONE THING WE CAN DO; PRACTICE FALLS PREVENTION AND I MENTIONED A COUPLE THINGS THAT CAN GO WITH IT. I WANT TO THANK ALL OF YOU AND THE AUDIENCE AND THANK YOU TO ARE KIM AND THE REST FOR INCLUDING ME ON THIS WONDERFUL WEBINAR. RECOMMENDATIONS ON THIS TOPIC FOR HEALTHY AGING AND YOUR QUESTIONS. QUESTIONS FOR ANY OF THE 3 PANELISTS, DEPARTMENT OF PUBLIC HEALTH, VENTURA COUNTY, PROFESSOR OR MYSELF, GO TO THE QUESTION AND ANSWER BOX AND TYPE ANY QUESTIONS OR RECOMMENDATIONS. RECOMMENDATIONS WELCOME. WHILE YOU ARE THINKING ABOUT THAT AND TYPING IN QUESTIONS TO US, WE'RE GOING TO EXPERIMENT. THANK YOU FOR BEARING WITH US, ON SOME LIVE POLLING. USING YOUR CHAT FEATURE IF YOU SEE THAT IN THE FOOTER, FIRST QUESTION FOR YOU, WE LIFTED UP IN THIS PRESENTATION, YOU HEARD US LIFT UP 3 TOPICS AS KEYS TO HEALTHY AGE, FALSE PREVENTION, ALZHEIMER'S AND DEMENTIA PREVENTION AND OPIOID OVERUSE AND MISUSE. ARE THOSE THE RIGHT THREE? THE FIRST QUESTION. IN THE CHAT**

**BOX YOU CAN RESPOND YES OR NO. WOULD YOU AGREE THAT THOSE ARE 3 OF THE PRIORITIES FOR HEALTHY AGING? I WILL ASK A QUESTION NEXT. WOULD YOU AGREE THAT ALL 3 SHOULD BE PRIORITIZED? GO TO THE CHAT BOX AND YES AND NO. WHILE THE CHATS ARE GOING, IF THE SLIDE COULD ADVANCE TO SLIDE 15 FOR A SECOND.**

**LET'S SEE IF WE CAN PULL UP SLIDE 15. THANK YOU, SO MANY VOTES ARE FLYING IN. WONDERFUL. GREAT VOTER PARTICIPATION HERE.**

**OKAY. AND THEN THE SECOND QUESTION I'M GOING TO ASK YOU FOR THE CHAT, WE'VE GOTTEN DOZENS AND DOZENS RESPONDED TO THAT. I SAY THE MAJORITY, BUT NOT UNANIMITY. BUT WE WILL COUNT IT FOR SURE. LET ME TRY THE SECOND QUESTION, LOOK AT THE LIST THAT OUR PARTNERS IDENTIFIED AS OTHER TOPICS THAT ARE KEY TO HEALTHY AGING, WHICH WOULD YOU ADD AS PRIORITIES. YOU SEE INFLUENZA, ALL LISTS HERE. (READING LIST)**

**WHICH OF THOSE WOULD YOU LIFT UP?**

**I WILL GIVE YOU A MINUTE TO HAVE THOSE ROLL IN. SO ON THE FIRST QUESTION, 23 PEOPLE SAID YES, THOSE 3 ARE ALL PRIORITIES. 6 SAID NO. APPRECIATE THAT PERSPECTIVE. THAT IS GREAT. AND THEN ON WHAT ELSE SHOULD BE LIFTED UP? SCANNING, LOTS OF EMERGENCY PREPAREDNESS. UNDERSTANDABLE GIVEN THE RECENT WILD FIRE AND POWER SHUT OFF. NUTRITION, NUTRITION, NUTRITION,. DENTAL AS COME UP A NUMBER OF TIMES. YES, AND LOTS OF COMMENTS ON SOCIAL CONNECTION, INTEGRATION, INCLUSION. EXCELLENT.**

**CLIMATE CHANGE, A COUPLE COMMENTS. VERY HELPFUL. WE DO HAVE SPECIFIC WEBINAR WEDNESDAYS COMING UP ON EMERGENCY PREPAREDNESS. WE HAVE ANOTHER ONE COMING UP ON ISOLATION AND INCLUSION AND FOCUS ON AGEISM AND BEHAVIORAL HEALTH. THOSE WILL**

**HAVE SPECIFIC TOPICS COMING UP. AND CONTINUING ON BRAIN HEALTH. VERY VERY HELPFUL. CAN WE CONCERN TO THE Q AND A?**

**I SEE SEVERAL HAVE COME IN. SCROLL DOWN FOR THE NEW ONES THAT HAVE COME IN. LOTS AND LOTS OF QUESTIONS FOR THE PRIMARY CARE, GERIATRICS. HOW DO WE HAVE MORE OF OUR HEALTH CARE PROFESSIONALS TRAINED TO SERVE OLDER PEOPLE. CONCEPT OF COMMUNITY HEALTH CARE WORKERS IS SUGGESTED. HOW DO WE WORK ON MAKING SURE, NOT ONLY IN THAT -- AS WELL AS CULTURAL COMPETENCY, MAKING SURE THAT THE HEALTH CARE IS SENSITIVE AND APPROPRIATE AND RESPONSIVE TO THE DIVERSE CLIENTELE? EXCELLENT. SO LOTS OF GERIATRICS. THERE ARE A COUPLE PEOPLE WHO ARE SAYING, I WOULD LIKE TO HAVE MORE INFORMATION ABOUT THE MASTER PLAN OVERALL. NOT SPECIFICALLY THIS CONTENT TOPIC. WE DIRECT YOU TO THE NEW WEB PAGE THAT HAS JUST LAUNCHED. HAPPY TO GIVE THE REMINDER THAT ENGAGED CA.ORG IS NOW LIVE. WE WELCOME COMMENTS AND MORE FORMAL RECOMMENDATIONS AT ANYTIME THROUGH THE WEBSITE. HAPPY TO PROVIDE MORE ABOUT MASTER PLAN. IF MASTER PLAN 101 WEBINAR WOULD BE HELPFUL, WE'LL TAKE THAT FEEDBACK. WHAT WE'RE DOING WITH THIS SERIES IS DIVING INTO 15 TOPICS. WE WANT TO LIFT UP WHAT IS WORK AND WHAT IS UNDER WAY AND WE WANT TO HEAR FROM YOU WHERE THE MASTER PLAN NEEDS TO GO NEXT.**

**SEVERAL PEOPLE WANT TO MAKE SURE THAT WE ARE AWARE OF THE VILLAGE MOVEMENT, WHICH WE ARE AWARE. THAT HELPS HOST A ROUNDTABLE IN NEVADA COUNTY. AND ALSO IS HOSTING ONE IN HUMBOLDT COUNTY IN THE SPRING. WE VERY MUCH RECOMMEND TO EVERYONE THAT PEOPLE BECOME AWARE OF THE VILLAGE MOVEMENT, WHERE VOLUNTEERS ARE ACTIVATED TO HELP WITH EVERYTHING RANGING FROM RIDES TO ISOLATION CONNECTION AND MORE THAN I COULD DO JUSTICE TO.**

**MANY COMMENTS COMING IN AROUND MAKING SURE THAT THE PLAN AND THE PROGRAMS AND SERVICES ALSO MAKE THOSE CONNECTIONS. FOR EXAMPLE HEARING LOSS IS -- PEOPLE WITH HEARING LOSS ARE LESS LIKELY**

**TO BE DIAGNOSED WITH DEMENTIA. MAKE SURE THAT COGNITIVE HEALTH AND PHYSICAL AND BEHAVIORAL HEALTH ARE ALL BETTER CONNECTED AND BETTER COORDINATED. MAKING SURE PEOPLE CAN GET HEARING AIDS IS A VERY SPECIFIC RECOMMENDATION. ALWAYS LIFTING UP THAT WE ARE TALKING ABOUT THE LOW-INCOME ELDERS WHO ARE ACCESSING SERVICES THROUGH MEDICAID AND THE MISSING MIDDLE WHO ARE SUFFERING WITH THE GAPS IN MEDICARE ON THE SUPPORTS AND SERVICES. MAKING SURE TO ADDRESS ALL CALIFORNIANS. AND I THINK UNLESS THERE ARE MORE COMMENTS, WE WILL DO A QUICK SCAN AT THE CHAT. YES, GREAT CONTINUOUS IMPROVEMENT. MORE MATERIALS SPANISH. ENGAGE CA.ORG IS COMING IN SPANISH AND TRADITIONAL CHINESE AND WE ARE COMMITTING TO GETTING BETTER EVERY WEEK AND EVERY MONTH. WE WILL BE DOING THAT AND ENGAGING MORE. AND A STRONG -- A QUESTION THAT IS A GREAT SEGUE INTO WRAPPING UP AND THE NEXT ONE IS A QUESTION ABOUT WORKING. WHERE ARE WE GOING TO TALK ABOUT OLDER WORKERS? AND THE ANSWER IS NEXT WEDNESDAY. SAME TIME SAME PLACE. I WILL COME BACK WITH THE CONVERSATION FOR THE STATE PARTNER AND LOCAL LEADER ABOUT ALL THE ISSUES AROUND IN OLDER WORKERS. BOTH PEOPLE WHO ARE WORKING LONGER BECAUSE THEY NEED TO, TO AFFORD THE LONGER YEARS AND PEOPLE WHO WANT TO FOR CONTINUED PURPOSE. AS YOU SEE, WE ARE TACKLING A TOPIC A WEEK. MANY OF THE ONES THAT HAVE COME UP HERE ARE LISTED AND AS I SAID, THERE IS MARCH AND APRIL STILL TO COME. IF YOU HAVE A REQUEST OR SUGGESTION FOR A TOPIC, IF YOU HAVE A REQUEST OR SUGGESTION FOR A SPEAKER, WE WOULD LOVE TO HAVE IT. I WANT TO THANK JENNIFER AND THE TEAM. WE WELCOME THAT FEEDBACK. OTHER THAN THAT, I WILL DO ONE LAST PLUG FOR THE WEBSITE. IT JUST LAUNCHED YESTERDAY, DESIGNED TO MAKE IT EASIER TO STAY INFORMED AND INFORM US. AND COMING SOON IN MULTIPLE LANGUAGES. THAT IS WHERE YOU WILL FIND THE SLIDES AND LINKS TO THE SLIDES AND RECORDINGS OF THESE. AND ALL UPDATES ON WHERE WE ARE WITH THE MASTER PLAN. THANK YOU SO MUCH FOR BEING A PART OF THIS PILOT. THIS FIRST ONE AND THE PRESENTERS WITH THEIR EXPERTISE AND WISDOM AND**

**ALL OF YOU FOR SPEAKING UP. LOOKING FORWARD TO MORE OF THE CONVERSATIONS TO COME.**

**THANK YOU.**

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