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Q1 Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

Deaf and Hard of Hearing individuals who reside in assisted living centers/nursing homes are not receiving communication access, which increases their sense of isolation and depression. They are not able to participate in discussions relating to their health issues, workshops and activities offered at their place of residence, or interact with other residents who can hear. Many Deaf and Hard of Hearing individuals are placed in silo, not with other Deaf and Hard of Hearing residents at other facilities.

Q2 Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

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Goal 2: Livable Communities & Purpose. We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.

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Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

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Goal 4: Economic Security and Safety. We will have economic security and be safe from abuse, neglect, exploitation, and natural disasters and emergencies throughout our lives.

Q3 Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Objective 2.1: California's neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.

Objective 2.2: Californians will age with lifelong opportunities for social and civic engagement, volunteering, learning, and leadership.

Objective 3.1: Californians will live in communities with policies and programs that promote well-being throughout our lifespans.

Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.

Objective 4.3: Californians, as communities and as individuals, will plan, prepare and respond to disasters and emergencies fully including the needs and vulnerabilities of older adults and people with disabilities.

Q4 Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

Each facility needs to provide communication access, including sign language interpreters and real time captioners, for Deaf and Hard of Hearing individuals.

Q5 Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

Deaf, Hard of Hearing, DeafBlind, and Late Deafened individuals. At least 10% of the population have hearing differences.

Q6 Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

- *Provide communication access for D/HH individuals
- *Provide transportation to Deaf Agencies for D/HH senior citizens
- *Provide Deaf-sensitivity trainings to staff at nursing homes/assisted living centers

Q7 Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

To comply with Americans with Disabilities Act and other disability related laws

Q8 Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:

Chestnut Lane in Oregon: <https://www.avamere.com/avamere-at-chestnut-lane/>

Two places in Florida: The Peninsula and Abbey Delray: <https://www.sun-sentinel.com/health/fl-xpm-2013-04-29-fl-deaf-retirement-homes-20130426-story.html>

Q9 Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

Utilize Deaf Agencies to provide social opportunities for D/HH senior citizens, enforce legislation to provide communication access, and require assisted living centers/nursing homes to provide communication access.

Q10 Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

- *Happier and more socially engaged D/HH senior citizens
- *Communication is happening between D/HH senior citizens and staff at nursing homes/assisted living facilities
- *Families report that their D/HH senior relatives are happier at their place of residence and are socially active

Q11 Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

- *Improved communication between D/HH senior citizens and caregivers at facilities
- *Decreased neglect and reports of adult abuse
- *Longer lifespans of D/HH residents as many die within a short time of being placed in a facility due to isolation, depression, and neglect

Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020...

Improved communication access between D/HH residents and staff

Mid term: By 2025...

More placements of D/HH senior citizens in facilities with communication access

Long term: by 2030...

D/HH senior citizens living happier, healthier, and longer lives

Q13 Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Refer to articles about Chestnut Lane in Oregon and two facilities in Florida to get idea of how to provide comparative services/facilities in California. We have a larger D/HH Community in California, yet other states offer accessible living facilities.

Q14 Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

Interpreting/CART services are expensive but would improve the quality of life for D/HH senior citizens. They would be able to communicate their emotional, physical, social, and medical needs and not be neglected, isolated, or "abandoned" as before. Decrease risk of malpractice and negligence on the part of caregivers and facilities.

Q15 Prioritize your recommendation: [How would you prioritize your recommendation relative to other needs/priorities?]

High

Q16 Contact information: [Let's stay in touch!]

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