

Equity Strategy Session:
Older & At-Risk Adults During COVID-19 Pandemic April 3, 2020
Captioners Transcript

Captioner joined meeting in progress (approximately 3 minutes after start)

Mariel Kriesel

>> Then, largely thank thanks to the MPA is the roll of advisory and demeanor. We were talking about the digital divide and how to breach that for elders as well as school children. We abdicate for Geriatric expertise in healthcare decisions. Some of the they thinks we talked about in previous meetings, how to have as many phone lines as possible. Covid-19 line, we have responsibility to English, Hispanic and Chinese. They reach many people, and we are grateful for that. We want to reach beyond. We are looking at partnerships with ethnic media and radio to reach other audiences to target the check in campaign.

We want to support family caregivers. In a moment, I'm preessed that the master plan stakeholders are there for care giving support. We have a webinar Wednesday to talk about briefly. We are trying to close digital divide, skills issues, onboarding issues, particularly in the broadband community. Digital solutions are not more everybody, but they are good for telehealth and delivery. Going forward, data fund, Covid-19 impact and non-Covid-19, death trends, to get those by race, to see disparities there before that may play out here as well as other impacts, right? Wanting to make sure we are one California, but we experience this differently.

Part of wanting to reconvene you all, we know partner based trust, expertise, history, are going to be critical and want to think together about what that can look like deepening the partnership at this moment, of urgent need. Let me stop. That was the quickest highest level of areas we are trying to reach all Californians and responding to all Californians, but know we can always do better and more. With that, I'll stop and turn it to the next piece of our agenda.

I believe Rico and Kevin will start us and Carmen will start us in the equity discussion of Covid-19?

>> Kevin: I thought Carmen was starting us, but this is Kevin. We thank your team, Kim, and the Governor for all of the work you are doing. There is more we can do for older adults.

>> You are un-muted. Go, Carmen. Echoing Kevin.

>> Carmen: Thank you for being here. We have a lot of things we are doing, but we want to ask you all, what are the strengths and challenges you are seeing in your community. Can you describe what you are seeing on the ground in your network. The best way to do this, there is a raising the hand feature.

We want to hear from you. You are the experts. Are you seeing language issues? Where are you seeing disparities? Are you seeing people struggling more than others? What does that look like in the area you are in. Maybe it's working. Maybe we can duplicate at a state level. There are strengths, we want to touch on those and make adjustments to what we are doing on our end. I want to open it up on the floor to see if anyone has anything they would like to offer.

Rico: I'll kick it off. This is Rico. Working with St. Barnabas and sister agencies serving a low-income, mostly low English proficient capability, what we are seeing in terms of challenges is on point in some of the things Kim identified, which I'm pleased to hear, because for example, the digital divide is hitting hard. I was talking to other groups about this. Particularly among low-income, older adults, though many of them have smartphones, they don't know how to maximize the utilization of the smartphones, so we are grappling with the issue. That's now hitting us hard. For example, another issue that we are also seeing, even though I'm seeing entities including the state of California is translating material, there are still other information and other realtime documents that are coming to our client's homes. Because our case managers aren't able to be there in person as we would usually be, they are bringing, for example, documents that are in English only needing translation. If they had the ability to utilize their smartphones and quite simply take a picture, attach and send back, we could perhaps use that to help in translation.

Here we have a cross of two different issues that we are having to deal with in that situation. I'm really pleased to hear the team is looking at this. The digital divide is very real. I would add that given communities we serve, there is a broadband within the urban settings as well. We need to bring more attention, and obviously, it might not be something we can address today, but certainly something that we can advocate on behalf of the investment, not just in rural areas but low-income urban areas for better quality, faster-speed internet. In cases, if you want to connect, it's very difficult. Everybody coming online is making things slower. These are things we are experiencing and challenges we are facing above and beyond meals in isolation and things like that.

>> Thank you so much, Rico, for opening it up. I see two people in our queue. That's a great start. You are mentioning a lot of things we want to improve on. First Karen, and then Eddy.

>> Karen: This is Karen Lincoln. We are collecting data for our African-American constituents, primarily Los Angeles, and agencies in the area asking about the needs. The primary needs have come back as hygiene kits for many of the people we serve in the area. We also have -- we have broadband issues. This is one of my concerns and has been for years, in terms of African-Americans having one of the lowest levels of access to broadband, particularly older African-Americans, 38% have access to the internet. We are also asking our constituents about whether they can get their medications and get food and necessities online or not. The other thing that's coming up in data we are collecting are the fact that many African-Americans, because they don't have access to some of this information online or get the information late if at all, notices coming in English are not easy to read and understand because of literacy levels.

Also, food, toiletries, etc., already difficult to get because there are fewer markets in many of our neighborhoods are even more difficult to get, so many of our constituents are unable to disinfect their homes or have exhausted the supplies of paper products to disinfect their homes or don't have access to these things. I think the gap is widening for people who are already at disadvantaged levels with respect to getting their hands on these product and being able to afford them. With the sheer -- sort of absence of products in terms of where to buy the products, it's becoming problematic.

>> We are seeing that around all of the regions. It's definitely exacerbated in the low-income areas. Thank you for that. Edie?

>> Edie: This is Edie.

>> I apologize.

>> Edie: No problem. At the Alzheimer's association, we have pivoting and offering educational programs virtually where we can to a webinar. We have had one major success for our Chinese speaking population. We had a Chinese webinar on Alzheimer's disease with researchers and physicians speaking. We had 540 unique users on during the three hour session on a Saturday -- last Saturday. It was conducted in mandrin, and people came from across the country and internationally, we had callers from Australia and Czech and other places. I think the webinar format

does work for some. This was our mandarin speaking population. These folks tend to come from Taiwan and our places, but more accustomed to technology.

I don't think this will be as successful with our Cantonese speaking population given the China town or Oakland area may not be Aztec savvy. To Rico's point about the smartphone, recently, we did a task force meeting in the central valley Fresno area. I have heard repeatedly that many households don't have internet. Even if we were to offer it, I'm not sure they are equipped to use it. People have smartphones, but they don't use it for work like you and I do. They use it for day-to-day basic functions. I think that really, what we have to consider, in addition to offering webinars to provide information and education, we need to look at phone options, low-tech as possible. AARP teleTown Halls are a great example of that. Recently, I have heard from an organization -- I think it's COVIA with phone education. Even for adult population to have attendance is a barrier. I don't know what system uses dial the phone number and you have an access code, but whatever they are using, it's only one digit access code they use. That allows people to be able to get on easier, ten digits is apparently too many. The other thing I would share is that, thinking about our isolated populations, that some of our more marginalized communities are more isolated during the pandemic.

LGBTQ folks in particular, a nice example of a good partnership is open house in San Francisco, has partnered with Mona me, a volunteer visitor type of program. They are setting it up to call many isolated seniors. I think there are great partnerships happening in the midst of all of this. Definitely looking at different types of formats offering information and education and also, I think this was mentioned, echoing the idea of when we are providing the information in multiple languages, it's looking at education literacy level, and I have heard this from the Mexican consulate recently, to simplify it and make it relatable. We just put out a topic sheet on Covid-19 and care giving.

I can tell the Spanish version has too much text and the format is probably not relatable to the central valley folks. Those are my main points I want today hit on.

>> Those are great points talking about digital divide, how to make it accessible, holistic translation. That's what you are making me think of the words. We have to continue with language access. We have three more people in the queue. I want to get to Kevin's part. Thank you so much, Edie. Cheryl, Marty and Marcy. We are going to be our last three. Cheryl brown, why don't we start with you?

>> Cheryl: Thank you. I'll be brief as possible. I have been talking to the people in the community -- I have not been out of the house, but I have been talking on the phone. I was having a meeting with business people and ministers on yesterday or the day before. I was telling them about the money that the seniors are going to be getting in a couple of months or weeks. They are going to be getting it, so the scams are going to be really, really out there and very, very difficult for our seniors to navigate. So I said, you know, if we could do something and teach them how to use their smartphones, one of the pastors started laughing and said, our members have jitterbugs. They don't have a smartphone. He was telling me that we need to work on even trying to get smartphones, get connectivity down here. I saw what the governor did with the students. I'm wondering if we can't look at doing that with our seniors where you provide the device and provide the connectivity? That's number one. The digital divide Rico is talking about is where that comes in. We have a case where we have problems with husbands and wives being in the house so long. We have a senior who -- his wife got so fed up she left the house, went to her daughter's house.

No one checked on him for several days. He had not taken his medicine. He had not eaten anything. The church sent nurses to his house so they could take care of his needs. That's another issue. The loneliness is something that we are dealing with in our church and our pastor is dealing with that. One of the things that people are asking for is mass. If you are not going out of the house, you don't need a mask. We are trying to keep people at home. That's what we are telling them. You are supposed to stay home. People who are caregivers of loved ones with Alzheimer's are being hit

hard. Yesterday, one person called and said, I have to get out of the house. I have to get out of this house and just left his wife who had fallen twice, and he had to leave the house.

What's working, I think, on that side -- that's what struggles are. What's working is -- it has made, especially the churches in our community, it's made them all get on Facebook live so that they could have their services. A lot of people are starting to get on there if they have the connectivity, which is really good. Then, someone said something about people -- the ten digit pin numbers and so forth. Congressman Pete Aguilar has Town Halls. They are telephonic. When he calls you, you just press one and get into the call. I thought maybe that might help. I don't know how they do that. It's done. That's it.

>> That's wonderful. One digit rather than ten digits, that seems a good way churches becoming more active on Facebook. We are alone together in that way. Marty, and then -- I see a couple -- let me say this before you start. I see a couple more people raising their hand. In the interest of time, I'm going to have Marty Lynch and then I'll take comments of -- if we can put them in the chat box?

>> Carmen, this meeting we don't have a chat box. If we can do shorthandoffs, we can hear more from more people. We can talk more and talk soon, but I would like to hear more voices. Marty, Marty, each of you want to comment.

>> Marty: I can be quick. I asked our geriatricians serving low income mostly American elders what they were seeing, and the main thing they raised was, as the health system pivots to virtual, the older age groups and low income patients are not having the ability, because of technology, because of hardware broadband issues and sophistication with technology and smartphone whatever it is, to do the virtual visits. They feel that's putting patients at risk. It puts the provider at risk too. That area is an important one. Secondly, I would say that Kim probably knows, but others may not. Health plans have been asked to come up with a strategy to reach out to the older and disabled members. In most of the health plans, certainly the older members are mostly diverse population folks. We are missing the opportunity if we don't work with them to help them figure out the best way to do that. I hope we can work with the plans department of managed healthcare and DHCS on that messaging. That's it. Thank you.

>> Marcy: Just quickly, there was an equity analysis and found one of the most underserved communities are more likely to utilize LGBTQ senior service providers and agencies. We have to get the word out through LGBTQ media, newspapers, to host and really shore up the community nonprofits that are doing an amazing job, quite overwhelmed having to use the phone to reach out to people. Most folks don't have the technology to do the visits online. For example, open house by phone every person through the door since 2019.

That puts the community nonprofits -- they are stretched. One of the things happening, which is inspiring is to see them being community nonprofits coming together to coordinate the services and doing that with the department of disability and aging here in San Francisco. That coordination is happening both at the mayor's office of transgender initiative and the reconvening of LGBTQ aging policy task force. So many folks are not using and haven't used historically mainstream services. It puts the pressure on the few agencies to really carry the burden of the work, and they need relief in a number of areas like technologies, especially, not just to assist the clients, but staff as well.

It seems like the most important point is true in terms of food, nutrition and having enough hygiene and disinfectants on hand across the board.

>> Dr. Clark fargate.

>>> I want to represent the numbers I represent are clinics. We have moved mostly to on air virtually. There is a compilation of documents even things other states are doing including maps of hot spots to go to with communications. I'm happy to share that. I was looking frantically to assure me there is no chat. I'm happy to share that with you, Kim, if that's helpful to the group.

>> Derrick and then Kevin.

>> Derrick: Some of you may be aware of leaders blaming China as the origin of Covid-19. While this may be true,

[There is someone typing, clicking, over the top of the speaker]

>> I hope we can do something about it.

>> Thank you, Derrick.

>> Thank you all. Thank you for all talking about strength and challenges you are seeing. I'll turn it over to Kevin. He can do the next part of the discussion.

>> Kevin: Thank you, everyone. We were going to talk -- this may be a vehicle to share, but -- one second. I'm sorry.

>> I couldn't tell if it was my children or Kevin's. I'm glad it's Kevin's. We are all managing in different ways. It's okay.

>> Kevin: I'm back. Those are my kids. Sorry about that.

>> Don't apologize.

>> Kevin: Talking about how we are sure that our response in this moment puts equity at the center, we thought we could use a blog post that one of my colleagues wrote this week that highlights the intersectional nature that many of the older adults in the community are experiencing this crisis in. The blog centers on stories about older adults part of the Asian American Pacific Islanders in our country, and how the layers of their identity really inform how they are experiencing the crisis and tells the story of an older adult who has been concerned about the virus for health reasons. Also hears stories about a neighbor who has experienced violence because he was wearing a mask on a bus and was attacked with racial slurs and threat of violence because of the virus and API communities. That led the older adult to isolate sooner than others.

This leaves some of the communities more isolated without access to the services they need to respond in this moment. Understanding that intersection of nature, what are things we need to pay attention to? We have started to highlight some of them in our conversation. Some things highlighted in the piece Denny wrote included the importance of our community denouncing racism. Especially for the API community, that the racist attacks that the community has experienced impede their lives and ability to get care and for their health to be considered, and the context of the racism and XENO phobia the community has experienced. We need that to be part of our response at every level that we are denouncing the racism and related attacks arising in the crisis.

We need to acknowledge the heightened needs because of the nature of their identities. In the story of the blog of the older woman that isolated sooner because of concerns about racist attacks, some of our communities have been isolated longer than the social distancing or physical distancing orders have been in place. Their need for food and community-based services are heightened. The importance of cultural competence, understanding how recommendations around masks impact different communities differently. How food and the relationship between food delivery and culture is critical. That leads thinking about cultural competence and language, the importance of language being right for all of our communities.

A couple of things we didn't hit on in the blog case I wanted to add after talking more with Denny and responses we received from that piece, the intersectionality of income, how low income older adults, the identity of low income often intersects with the identities that our group focuses on and how that can lead to disparity access. Another thing is health disparities and prevalence of conditions in specific communities of color and how that might make them more vulnerable to the illness and to the great ramifications from the illness. I think a shocking and sad example of this is that where the data is tracking impact of the virus in communities by race ethnicity, for example in Michigan, 40% of those

that have died are black, from the African-American community. That far exceeds the percentage of African-Americans in Michigan.

We need to pay attention to the way the health disparities are making the crisis particularly acute in some communities. That idea ties in with data collection. I'm interested to hear more, Karen, about what you are doing there. I think we need to collect data and look at race and ethnicity in the data to understand how the data is playing out. The final thing, the equity group doesn't focus on ages. So much all of the master plan for aging, we need to look at equity and how ageism can impact decisions about who gets care and what kind of care they get. AARP put out a statement today. Justice for aging has a statement in the works to make clear issues of disability and age should not be factor in determining access to care.

We should not use other terms which imply that age and disability is not a reason to receive care they don't need. That is critical too. That's a bit of a framework or elements we need to look at. Some are mentioned today. Here, we love to continue to get feedback of the elements that need to be front and center in the Covid-19 response for the state, at the local level and in our organizations as we are all doing what we do to be responsive at this time.

>> It looks like there are hands raised and ready to participate. I'm going to go to take them in order as I see them. Looks like Karen has her hand raised.

>> Karen: Sorry, Kevin.

>> The new hands are Mariel or Jeffrey.

>> Let's go to Mariel, then.

>> I'm Mariel Kriesel with disability community resource center. I was on a call earlier today regarding healthcare rationing. I think it's a significant issue that is impacting people with all kinds of disabilities right now as well as seniors. We as advocates need to be involved in discussions with hospitals beyond that of being a patient, but just in the ethic's conversations, to put those -- to put our voices as people with disabilities into the discussion, this is an issue that was -- it existed long before Covid-19 emerged. I think that the presence of this right now is just basically raising the issue and bringing it front and center. The conversation really just encouraged me to consider how I might participate in the conversations with hospitals around the ethics of rationed care. Thank you.

>> Yeah. That's a wonderful point and wonderful place for collaboration with the disability community which has provided great leadership on this with the aging community as well. They intersect, disability, older person and if English is not your primary language, how can we make sure that a hospital is going to provide the same care and attention to the individual and not have discrimination in the way they provide care based on all of those things is a critical issue. Jeffrey?

>> Jeffrey: This is Jeff with the Latino coalition for healthy California. Thank you for sharing that perspective. I was reminded on a call earlier this morning that we have to get more nuanced with our descriptions of historically marginalized communities. One point I'll highlight specific to the Latino community. While it's true the digital divide is very real and particularly important in the state, our communities are on smartphones accessing WI-FI and information on smartphones with Latino seniors, we are seeing a high percentage of what's that? That is popular in Latin America and in the United States, a few studies showed Latino usage within the U.S. is highest among Latinos. One of the concerns for us with smartphone usage and information around Covid-19 and what's app, there is a lot of information shared widely from other countries in Latin America. That's one concern.

A second concern we are hearing from our local partners, communities are in multigenerational households. Kids are home from school. We are getting a report about programming in the central valley highlighting anxiety in kids in the multigenerational households. I wanted to highlight these points.

>> excellent. I would like us to open up as technology allows, our team, to allow some of our participants in addition to, we heard from panelists, but we have 73 people calling in from the zoom version of public comment. Team, are we able to see raised hands or call on folks?

>> Nelson: Participants, please push star 6 on the phone or click the raised hand icon and you can get into the queue for public comment.

The first one is Bill Seve. Go ahead, Bill.

>> Bill: Hello, everybody. I wanted to let you know, there is a Latino organization in Los Angeles called "the Wallace memorial project." They are doing conferences on mental health, well being and other activities to engage. There are activities out there. We just need to identify them and network within you guys. Also, I was at a press conference yesterday with the transcommunity addressing us head on. I'm going to e-mail the talking points to you guys. You can review them.

>> Thank you, Bill.

>> Nelson: To get into the queue, push the raised hand icon to speak. There is no one in the queue at this minute.

>> Kim: I appreciate that. That gives us a chance to speak about next steps. Please reach out. This dialogue will continue. Couple of things, please send us Carmen Gibbs is the point person. Send us resources like you mentioned, Bill. We are working hard to make it comprehensive and user friendly. It's changing almost daily. We want to be a better sharer of promising peer practices, so let us know about things like that. I'm happy Donna Benton and others are putting together a new webinar Wednesday focused on supporting families and caregivers. Donna or Rico, do you want to talk about that or give a promo for that?

>> Rico is going to do that for us.

>> Rico: Happy to. Thank you, Kim. We have been collaborating with you and your team looking at developing a short educational series for caregivers and older adults. Essentially, the goal is to reach caregivers and adults isolated, disconnected or are marginalized. Looking through the equity lens, looking at low income, digital divide, low access, race and language perspective, looking at things through intergeneration consideration, we have developed a framework by which we hope to achieve the goal and the objectives. Also, thinking about working through this framework and partnership on the MPA, many of you on this call, faith based communities, ethnic media, local organizations working with these particularly communities who are often on the edges trying to find ways to connect with them more effectively.

I think it's time, like Cheryl raised family dynamics that resulted from the situations that sound like this kind of programming will be extremely helpful. There are ways that what's app and other things to look at. With that said, if I could ask Susan to quickly share about the framework. Susan, are you on?

>> Kim: I think she is. I don't know if we can un-mute her? Nelson, can you see her?

>> Rico: Donna, would you like to share thoughts about the framework itself?

>> Donna: The way we looked at it, we wanted to reach people that might be caring for someone what we are calling "long distance" but that can be defined as someone placed at this time, and they can't reach out to family members, so what can we do in that area to help people that have anxiety around that. The other quadrant we look at, we want to talk about wellness and ways to find healthy ways of managing stress during this time.

The other two quadrants, Rico, you might remember them better? I know Susan wrote them down, but --

>> Rico: What we could do, we can forward that to folks. We have a framework we developed. Both in the home as well as long distance as well as a caregiver of someone in a facility, for example, having to deal with those kind of issues, and working through some of the issues that I mentioned through the equity lens. We are trying to address a number of different kinds of scenarios as a

caregiver, in these particular situations. We are hoping to find ways that are effective and educating and informing the care giving community through various ways so we are not only reaching those who may be well connected within our resources, but particularly those who, you know, being sporadically connected or those that have not. We are looking at partners to bring to the fold to help us increase our reach to connect with as many people on different platforms as possible.

>> Kim: That's great. We are excited to have the webinar Wednesday pivot and be more driven by the community. We are happy to partner up, and I think you are aiming for this Wednesday coming up, Maria Schryver, an Alzheimer's event, but hopefully, you can spend your Wednesdays, possibly afternoon acknowledging caregivers have full mornings. More to come on Wednesday events we'll work hard to be accessible.

That leaves us with four buckets. One, sharing resources better. We have Judy Thomas from compassionate care e-mailing resources to help health facilities trying to work on triage but trying to do so in a way that does bridge the disability and diverse communities. These are tough issues. There are lots of resources we want to share and find things like the governor's statement Monday that there would not be rationing on disability or discriminatory basis. We want to get our resources better organized. Send them to Carmen. Send them in. We are working to make them more visible. Second are the new series of community gatherings, if you will. I hear your great feedback about keep it simple, numbers simple. We can look at other technologies. Third, there are policy recommendations, digital divide, health disparities, whole family strategies, data collection, antidiscrimination -- equipment, equipment, equipment. Hygiene masks or PPE.

I think it will be great to hear more from the group about charting our work and holding each other accountable. The fourth question about when we come together again. I know we are all running and busy, so I want this to be a support and not a stress. Let's think too about when and how we stay connected. That's the most important thing to stay connected. When and how, we can think together about that. Rico, Kevin, anything to add?

>> No.

>> Kim: Thanks, everybody. Stay in touch and we'll be in touch. Glad to be doing it with you. Thank you so much.

>> Thank you.