

CCoA

California Commission on Aging

Turning Ideas into Action

Proceedings

*Recommended Objectives and Action Steps to Improve
the Quality of Life for Older Californians*

California Delegation to the 2005 White House Conference on Aging

Sacramento, CA * November 29-30, 2006

CCoA

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California Commission on Aging

The California Commission on Aging approved on February 7, 2007 the release of the proceedings from the Turning Ideas into Action Forum. The recommendations included in the proceedings represent outcomes from the Forum participants and do not necessarily reflect the positions or policy directions of the California Commission on Aging.

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Executive Summary

Answering their own clarion call to action, California delegates to the 2005 White House Conference on Aging (WHCoA) participated in a two-day Forum (*Turning Ideas into Action* and *Building Momentum*) convened by the California Commission on Aging (CCoA) and the California Health and Human Services Agency (CHHSA) in Sacramento, California on November 29-30, 2006. The purpose of the Forum was to give California's 2005 WHCoA delegates and other committed advocates an opportunity to tailor the 2005 WHCoA resolutions to California. Participants succeeded in crafting twenty-five (25) actionable objectives to improve the quality of life of older Californians over the next nine years. Eleven of the recommended 25 objectives were elevated to priority status. Of those, two were chosen by attendees as urgent priorities to address at the local level.

The process of distilling the top resolutions that provided a framework for the 2005 WHCoA into a refined set of tracks for participants to address in the Forum was shaped by delegate feedback and other research findings. *Healthcare*, *Livable Communities*, and *Workforce* surfaced as the three strategic issue areas for the California meeting. Breakout sessions, clustered by strategic issue area, were then offered to participants. Disease Management, Rural Healthcare Access, Transitional Care, and Health Promotion were offered under the *Healthcare* track; Cultural Diversity, Intergenerational Activities, Mobility, and Housing were offered under the *Livable Communities* track; and, Access to Employment Opportunities, Workforce Capacity, and Direct Care Workers were offered under the *Workforce* track. Issue-area experts from throughout California facilitated the breakout sessions and guided participants in the process of developing two to three actionable objectives for each of the eleven topics presented.

Participants were encouraged throughout the Forum to form strategic alliances, build effective coalitions, and evaluate solutions in terms of feasibility and impact. In her opening remarks, keynote speaker Kim Belshé, Secretary, California Health and Human Services Agency, reminded participants of California's very real economic challenges. She urged attendees to craft goals consistent with four "P's": *Priority* (clarify "priorities"), *Prepare* (clarify the "problem"), *Partnership* (form "bold alliances"), and *Policy Windows* (seize "opportunities"). The Forum's first day lunchtime speaker, Dr. Fernando Torres-Gil, Director of the Center for Policy Research, UCLA, and a 2005 WHCoA Delegate, challenged participants to take up the "mantle" and provide leadership, vision, grass roots organizing, and the moral imperatives necessary to make California a successful service model for older adults.

If a community – such as the one represented here today – is clear about what's important and why, it enhances the ability of the community to be successful

Secretary Belshé

Robert Blancato, President of Matz, Blancato & Associates, Inc., and a member of the 2005 WHCoA Executive and Policy Committees, opened day two of the Forum. He congratulated the

spirited 2005 WHCoA delegation from California and reminded its members that their roles as delegates and advocates will continue until the next WHCoA in 2015. In his closing remarks, Mr. Blancato emphasized the importance of cultural competency in the work of delegates and encouraged delegates and other Forum participants *to make change happen* on behalf of older adults in California and across the nation.

Priority Objectives

By the close of the first day of the Forum, eleven objectives (listed below) were selected by participants as priorities for action at both the State and local levels. On day two, consensus was reached that the objective promoting cultural diversity be integrated as a critical element in *all* the priority objectives, and that the housing and mobility objectives be designated most exigent at the community level. Key action steps to achieve the urgent housing and mobility priority objectives were subsequently identified (highlights listed below). Finally, Forum participants identified the need to create a “Chat-Room” or web site – to electronically exchange ideas, share advocacy information, and develop action strategies – for delegates and other committed parties to facilitate work on the priority objectives.

1. **Housing:** Establish a 20% set-aside from Proposition 1C (Housing and Emergency Shelter Trust Fund Act of 2006) funds for senior housing.
Action steps highlights:
 - a. Organize (within 30 days) a statewide meeting of senior organizations to develop a strategy for establishing a maximum 20% set-aside for older Californians from Proposition 1C.
 - b. Draft a letter to the Governor regarding Proposition 1C.
2. **Mobility:** Implement the California Mobility Action Plan – apply the principles of the plan locally as well as statewide.
Action steps highlights:
 - a. Develop a strategy for promoting the California Mobility Action Plan and transportation services for older adults vis à vis the new Transportation Bond.
 - b. Organize local coalitions representing community-based organizations and county services to advance multi-modal transportation strategies.
3. **Cultural Diversity:** Weave educational components addressing cultural competency into all systems serving older Californians.
4. **Intergenerational Activities:** Create a statewide leadership position to advance intergenerational activities.
5. **Direct Care Workers:** Implement a statewide pilot project promoting standardized training for direct care workers. Establish tiered training along the model of nursing programs.
6. **Workforce Capacity:** Advocate for education on geriatric workforce issues at State and local levels.

7. **Access to Employment Opportunities**: Develop statewide curriculum for employers addressing diversity issues that highlights older employees. Develop partnerships with community colleges and other educational institutions to create this training module for employers.
8. **Disease Management**: Coordinate an educational Summit to implement an effective outreach campaign addressing chronic conditions/disease management and caregiver assistance.*
9. **Health Promotion**: Request California Health and Human Services Agency to sponsor a Health Promotion Summit, modeled after the 2003 Summit: *A California Blueprint for Fall Prevention*, for a wide range of stakeholders – employers, human service organizations, education leaders, etc.*
10. **Transitional Care**: Create a workgroup under the Olmstead Advisory Committee, with representation from public/private and consumer stakeholders, as well as State and federal representatives, to establish culturally competent standards for improved transitions from acute settings and institutional settings to home and other community settings, as well as funding for pilot studies regarding best practices in transitional care.♦
11. **Rural Healthcare Access**: Expand Telemedicine to increase access for rural older adults to health specialists and services.

* Note: The two Summits may be held simultaneously

♦ Subsequent discussion regarding this objective on the second day of the Forum revealed that formation of a transitional care workgroup, under the Olmstead Advisory Committee, would duplicate current Olmstead workgroup efforts. Consequently, participants agreed to draft a letter to the Olmstead Advisory Committee addressing the need to incorporate standards of cultural competency in Transitional Care.

Table of Contents

Executive Summary	iv
Priority Objectives	v
Table of Contents	vii
Purpose and Overview of Forum	9
Opening Remarks and Keynote Presentations	10
Day One: Turning Ideas into Action	12
Strategic Issue Area: Healthcare	12
<i>Disease Management</i>	13
<i>Rural Healthcare Access</i>	15
<i>Transitional Care</i>	17
<i>Health Promotion</i>	19
Strategic Issue Area: Livable Communities	21
<i>Cultural Diversity</i>	21
<i>Intergenerational Activities</i>	23
<i>Housing</i>	25
<i>Mobility</i>	27
Strategic Issue Area: Workforce	29
<i>Access to Employment Opportunities</i>	29
<i>Workforce Capacity</i>	31
<i>Direct Care Workers</i>	33
Day Two: Building Momentum	35
Conclusion	37
Appendix A: <i>2005 White House Conference on Aging Top Ten Resolutions</i>	38
Appendix B: <i>Forum Planning Committee</i>	39
Appendix C: <i>Forum Program</i>	41

Appendix D: *Forum Participants* 48
Appendix E: *Letter to Governor Schwarzenegger Regarding Proposition 1C* 49

Purpose and Overview of Forum

California's national reputation for passionate commitment and advocacy on behalf of older adults was confirmed at the 2005 White House Conference on Aging (WHCoA). Delegates from California "seized the day," participating actively in conference workshops and caucuses. Held in Washington, D.C., December 5-8, 2005, the conference provided delegates and aging advocates, from all fifty states, the opportunity to discuss and debate critical aging issues, including the fifty resolutions framing the symposium. By the end of the conference, a number of resolutions were advanced as urgent priorities (see Appendix A), key among them *Reauthorization of the Older Americans Act*. While several of these resolutions paralleled the California delegation's priority list, accompanying implementation strategies were, in many instances, too broad or too simplified for execution. In response, the California delegation asked the California Commission on Aging (CCoA) and the California Health and Human Services Agency (CHHSA) to convene a follow-up meeting to review California's aging agenda and recommend actionable solution-specific strategies.

As the "the principal advocate in the state on behalf of older individuals," the CCoA, together with the CHHSA, organized the *Turning Ideas into Action and Building Momentum* Forum, held in Sacramento, California on November 29 – 30, 2006. The purpose of the Forum was to provide California delegates from the 2005 WHCoA and other stakeholders – state-level policy makers, senior advocacy organizations, service providers – with an opportunity to turn ideas discussed at the WHCoA into action at the State and local levels.

Based on a post-WHCoA survey of California delegates commissioned by CCoA, delegates overwhelmingly indicated they wanted to do the following: (1) reunite to talk about issues affecting aging services, specifically in California; (2) identify several issues where a united effort could be sustained; and (3) build upon local level efforts, potentially hosting regional mini-forums. The structure and design of the statewide Forum was based on this feedback, as well as the following: findings from a study that compared the WHCoA recommendations with existing state planning documents; and, aging issues which lend themselves to concrete solution-specific strategies and have already received some state and local level attention.

The Forum included a combination of presentations, breakout sessions, and group discussion. Eleven breakout sessions addressing a wide-range of aging topics were grouped under three strategic issue areas – *Healthcare, Livable Communities, and Workforce*. Issue-area experts from throughout California facilitated the breakout sessions and guided participants in the process of developing two to three actionable objectives for each topic presented. The Forum brought together 112 aging advocates. These proceedings present the summary of ideas, recommendations, objectives, and action steps proposed at the Forum to improve the quality of life of older adults in California.

Opening Remarks and Keynote Presentations

“Welcome to California’s first post-White House Conference on Aging Forum.” With this introductory remark, Jorge Lambrinos, Chair, CCoA and 2005 WHCoA Governor’s Delegate opened the *Turning Ideas into Action* and *Building Momentum* Forum. Mr. Lambrinos welcomed participants and thanked the Forum’s sponsors, The California Endowment, The California HealthCare Foundation, and Kaiser Permanente. He paid special tribute to the members of the California delegation who attended the 2005 WHCoA, recognizing their tremendous contributions to the discussion, debate, and advancement of aging issues at the conference. In addition, he acknowledged the CCoA for their vital role in preparing delegates and alternates for the WHCoA and for organizing the Forum in partnership with the CHHSA.

Following Mr. Lambrinos’s introduction, Leah Wyman, Chair, CCoA White House Conference on Aging Committee and 2005 WHCoA Policy Committee Delegate, spoke briefly. Ms. Wyman encouraged participants to focus their efforts throughout the Forum on developing the following: blueprints for action that prepare California for the aging of its population; strategies that focus on the health and long term care needs of California’s older population; and strategies that focus on the needs of California’s diverse population.

Kim Belshé, Secretary, California Health and Human Services Agency (CHHSA), provided the Forum’s keynote address. Ms. Belshé commended the leadership effort provided by the CCoA, the California Department on Aging, and the California Health and Human Services Agency in organizing the Forum. She opened her presentation by acknowledging the good news that people are living longer with the balanced counterpoint that the needs of our aging nation and state are growing more complex. Highlighting California’s efforts to make older adults and persons with disabilities a priority, she cited the efforts of the Olmstead Advisory Committee;¹ California’s award of a Centers for Medicare and Medicaid Real Choice Systems Change Transformation Grant – California Community CHOICES, dedicated to improving long-term support services; and, Governor Schwarzenegger’s support for healthcare affordability and access, health promotion and prevention, and home and community-based services.

... raising awareness is not enough. We need to figure out a way to take awareness and translate it into action.

Secretary Belshé

Secretary Belshé recognized the importance of the Forum’s selected strategic issue areas, *Healthcare*; *Workforce*, and *Livable Communities*, and the intersection of the State’s efforts in each of these areas. She noted in the area of *Healthcare* that the Department of Health Services is hosting a number of innovative healthcare models that have the potential to be replicated; she affirmed the Governor’s commitment to addressing *Workforce* issues and growing healthcare worker shortages;

¹ California’s Olmstead Advisory Committee is responsible for providing input to the CHHSA regarding implementation of the California Olmstead Plan – Olmstead refers to the 1999 decision in *Olmstead v. L.*, in which the Supreme Court ruled that keeping persons in institutions who could transition to a community setting constituted discrimination under the Americans with Disabilities Act.

and, with respect to *Livable Communities*, she highlighted the State’s endorsement of the California Mobility Action Plan and Proposition 1C.

Secretary Belshé concluded her remarks by pledging to work at the State level to promote the needs of older Californians. She noted however that progress on aging issues is not the sole purview or responsibility of the State. As such, she called on Forum attendees to partner with the State and others to work locally on issues of critical importance. Finally, Secretary Belshé encouraged participants to translate awareness into action and to thoughtfully select priority goals and action step consistent with four “P’s”: *Priority* (clarify “priorities”), *Prepare* (clarify the “problem”), *Partnership* (form “bold alliances”), and *Policy Windows* (seize “opportunities”).

Lora Connolly, Acting Director, California Department of Aging (CDA) and 2005 WHCoA Governor’s Delegate spoke next. In her remarks, Ms. Connolly discussed the Reauthorization of the Older American Acts, CDA’s award of a federal health promotion grant², and the importance of senior advocates participating in Proposition 63 (Mental Health Services Act) workgroups and public forums. Following Ms. Connolly, Sandy Smoley, 2005 WHCoA Governor’s Delegate and Co-Dean of the California Delegation, briefly addressed participants. Ms. Smoley echoed the sentiments of Secretary Belshé and encouraged participants in the Forum to remain committed to action at the local level. The last speaker of the morning, Ray Mastalish, 2005 WHCoA Policy Committee Delegate and Co-Dean of the California Delegation, urged attendees to promote issues affecting older adults at the local level through any of the following: meeting with local officials and/or local legislators; writing advocacy letters (AARP, the Congress of California Seniors, the California Senior Legislature, local media); making presentations to local groups; developing community-based coalitions; and, using WHCoA resolutions and selected Forum goals to support funding applications for aging initiatives.

The Forum’s first day lunchtime speaker, Dr. Fernando Torres-Gil, Director of the Center for Policy Research, UCLA, and a 2005 WHCoA Governor’s Delegate, challenged participants to take up the “mantle” and provide leadership, vision, grass roots organizing, and the moral imperatives necessary to make California a successful service model for older adults. To launch the work of the second day of the Forum, Robert Blancato, President of Matz, Blancato & Associates, Inc., and a member of the 2005 WHCoA Executive and Policy Committees, provided opening remarks. Congratulating the spirited 2005 WHCoA delegation from California, Mr. Blancato reminded attendees that their delegate responsibilities and advocacy roles continue until the next WHCoA in 2015. In closing, he emphasized the importance of cultural competency in the work of delegates and encouraged delegates and other forum participants *to make change happen* on behalf of older adults in California and across the nation.

² *Empowering Older People to Take More Control of Their Health Through Evidence-Based Prevention Programs: A Public/Private Collaboration* – a three-year pilot project for older adults addressing Chronic Disease/Self-Management, Balance, and Medication Management in five counties in California.

Day One: Turning Ideas into Action

During the first day of the Forum, *Turning Ideas into Action*, participants voiced their ideas, concerns, and solutions regarding a variety of social and health challenges affecting older adults in California. As noted, eleven breakout sessions organized by the three strategic issue areas of *Healthcare*, *Livable Communities*, and *Workforce*, were offered to participants. Facilitated by resident issue-experts, each workshop supported rich idea exchanges and engaging discussions. Following the pre-Forum directive – *that ideas be turned into action* – each breakout session concluded with several objectives, solution-specific strategies, for the topic reviewed. The intent of the objectives was twofold: to inform the state about the pressing needs of older Californians; and to give delegates a framework from which to develop specific advocacy steps for improving quality of life for older Californians at the local level. Below is a summary of discussion highlights and selected objectives for each breakout session.

Strategic Issue Area: Healthcare

Healthcare continues to represent one of society’s most challenging conundrums. While basic healthcare is intrinsic to quality of life and fundamental to aging well across the life course, barriers are experienced daily by many of California’s most vulnerable populations, chief among them older adults.

Older adults who are low-income, members of minority groups, and live in isolated settings face the greatest adversity in terms of receiving adequate healthcare. While barriers to healthcare (access, affordability, language, etc.) are well

It is our most fundamental right to have healthcare and it is a moral imperative, for each of us, to promote this right

Aging Advocate

documented, they remain difficult to overcome. The following breakout session summaries address the strategic issue area of *Healthcare* through the lens of Disease Management, Rural Healthcare Access, Transitional Care, and Health Promotion.

Disease Management

Focus: Strategies to improve elder health and quality of life over the life span

Facilitator: Cheryl Phillips, Chief Medical Officer, Sutter Health Partners and 2005 WHCoA Governor's Delegate³

Dr. Cheryl Phillips opened the Disease Management session with five probing questions regarding disease management: What is it? What are the components? What are the gaps and barriers? How do we integrate home and community-based services into a disease management model? How do we integrate support to include caregivers? These questions initiated thoughtful group discussion. With Dr. Phillips's guidance, attendees further examined disease management and its relationship to self-empowerment, individuals' functional abilities, and identified gaps and barriers in healthcare, prior to honing several priority solution-specific strategies.

Discussion Highlights

1. Participants outlined the following working definitions of disease management, chronic conditions, and population health:
 - a. Disease Management = self-empowerment of chronic care
 - b. Chronic Care = a condition that does not go away
 - c. Population Health = the health (and health needs) of a group as a whole; population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups

2. Before formulating specific objectives for disease management, attendees identified the following challenges associated with this area of healthcare :
 - a. Mental health component is often overlooked
 - b. Older adults are isolated
 - c. Barriers to healthcare access lead to default emergency room care
 - d. Fragmented chronic care coordination
 - e. Multiple medication prescriptions that don't address the "big picture" problem
 - f. Health literacy; reading ability; language barriers; vision/hearing ability; web access
 - g. Educating physicians and consumers about disease management
 - h. Reimbursements for care coordination within primary care settings
 - i. Lack of trained Gerontologists and Geriatricians
 - j. Integrating aging education in all curricula and programs

³ Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

- k. Payment for disease management – default is Medicaid and Skilled Nursing Facilities

Selected Priority Objectives

1. Coordinate an educational Summit to implement an effective outreach campaign addressing chronic conditions/disease management and caregiver assistance.
 - a. Focus on development and promotion of appropriate educational materials, accessible resources, outreach to doctors and health care professionals (and others) about community resources, and coordinated county website with resource information).
2. Create partnerships to enhance outreach – reach out to elected officials, senior centers, and national-group resources; educate and engage family caregivers, churches, senior living complexes, Employee Assistance Programs, and other work force programs.
3. Develop policy to promote disease management: explore reimbursement mechanisms; pursue funding and deployment of pilots; restructure Multipurpose Senior Services Program (MSSP) to host an income-neutral eligibility program; expand existing demonstrations and cost containment; review the Virginia model; focus on prevention; integrate current resources to do outreach focusing on health and wellness not just chronic conditions; measure impact.

Rural Healthcare Access

Focus: *Strategies to enhance access to health care in rural communities, including the application of telemedicine*

Facilitator: **Kathleen Maestas**, Acting Executive Director for the California Health Policy and Data Advisory Commission and Administrator for the Rural Health Policy Council⁴

Ms. Kathleen Maestas provided a comprehensive overview of the issue of rural healthcare access. Acknowledging the complexity of the topic, she highlighted the growing field of Telemedicine in rural areas. A leading example of the effectiveness of telemedicine in California is the *Open Door Telemedicine and Visiting Specialist Center* in Eureka, California. The Center connects four rural clinics to outside telemedicine networks to provide a wide range of specialty consultations. Ms. Maestas also recognized recent legislation signed by Governor Schwarzenegger, clearing the way for insurance reimbursement for patients in rural locations using Telemedicine (e.g., costs of sending, via digital photographs or video conferencing, tests, images, or X-rays captured at one site to another for diagnosis treatment or consultation).

Discussion Highlights

1. Participants raised the issue of whether Health Maintenance Organizations (HMOs) might be able to expand service coverage beyond the current 15 mile or 30-minute driving restrictions.
2. Regarding Telemedicine, participants recommended:
 - a. Increasing access (consider locating Telemedicine sites in grocery stores, post offices, libraries, schools, etc.)
 - b. Exploring partnerships
 - c. Reducing costs
 - d. Expanding awareness of this form of healthcare technology
3. Other approaches to improving rural healthcare access included: advancing legislation to cover malpractice insurance for rural healthcare providers; developing a network to pool purchasing, billing practice, and employment for rural healthcare providers; and establishing a loan repayment program for medical professionals serving in rural areas.
4. Attendees reported that many rural pharmacies are not accepting the Medicare Part D plans seniors signed up for.

⁴ Recorder: Chris Martinek, Student, Fielding Graduate University and 2005 WHCoA Observer

Selected Priority Objectives

1. Expand Telemedicine to increase access for rural older adults to health specialists and services.
2. Establish legislation to change California law to allow rural hospitals to employ physicians.
3. Additional objectives to consider include: establishing a Loan Repayment program for medical professionals; developing a Transportation Coalition to address local needs and issues; and engaging pharmacies as a resource for rural seniors.

Transitional Care

Focus: Strategies to facilitate transitions from hospital/institutional settings to a home- and community-based setting

Facilitator: Andrew Scharlach, Professor of Social Welfare and Director of the Center for the Advanced Study of Aging Services, University of California at Berkeley⁵

Dr. Andrew Scharlach provided session attendees with an overview of the issue of transitional care, highlighting two dimensions of the issue: the transition from acute care (hospitals) to home and community-based settings; and the transition from long-term care facilities to home and community-based settings. Dr. Scharlach further elaborated on several recent critical developments associated with long-term care policy: the Olmstead Decision⁶; growing national and state focus on improved long-term care systems; and the results from the 2005 WHCoA. He also reviewed the following key findings from a University of California, Berkeley study addressing *Transitional Care*: discharge planning is inadequate; there is significant lack of coordination between hospitals and home and community-based services; hospital-based discharge planners are often inadequately trained, lacking the necessary skills to facilitate transitional care for patients; and delays, costs, transportation problems, poorly trained caregivers, and low levels of medical literacy contribute to insufficient transitional care. Based on these findings, the study recommended promoting multidisciplinary teams as an effective transitional care tool and creating more supportive discharge planning processes to include follow-up and post-discharge caregiver training. Following his presentation, Dr. Scharlach invited participants to brainstorm issues, ideas, and recommendations central to facilitating smoother transitions for Californians from hospitals and institutional settings to home and community-based settings.

Discussion Highlights

1. Participants discussed the range of issues affecting transitional care and proposed the following recommendations:
 - a. Initiate discharge planning before hospitalization, when feasible
 - b. Conduct risk-needs assessment after discharge
 - c. Improve coordination between providers (discharge planners and community providers)
 - d. Make transitional care a priority
 - e. Develop “navigation” tools
 - f. Enhance existing resources and resource centers
 - g. Train providers about discharge plans
 - h. Promote policy recommendations at the state which advance improved transitional care

⁵ Recorder: Janet Tedesco, Grants Specialist, California Department of Aging

⁶ The 1999 decision in *Olmstead v. L* – in which the Supreme Court ruled that keeping persons in institutions who could transition to a community setting constituted discrimination under the Americans with Disabilities Act.

- i. Enforce Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements for discharge planning
- j. Insure that “discharge plans” are conceived and carried out as “transition” plans
- k. “Transition” Plans would benefit from the following: doctor follow-ups; follow-up in the home (assessment) after discharge; incentives for hospitals to promote effective transition plans; increased community resources; community advocates to assist in managing transition plans; funding from Housing and Urban Development (HUD) to implement universal design; and funding to create affordable, supportive, and accessible housing
- l. Fund SB 953 Care Navigation Proposal
- m. Meet with trade associations to address discharge and transition issues relevant to their work
- n. Change state laws to promote *housing with services*
- o. Advance cultural competency in Transitional Care
- p. Expand Public Authorities to serve people above Medi-Cal eligibility
- q. Organize medication management systems in the community
- r. Improve incentives for hospitals/nursing facilities to invest in community resources
- s. Improve community resources with increased funding for aging and social services
- t. Identify a model “benchmark” of excellent discharge/transition planning

Selected Priority Objectives

1. Create a workgroup under the Olmstead Advisory Committee, with representation from public/private and consumer stakeholders, as well as State and federal representatives, to establish culturally competent standards for improved transitions from acute settings and institutional settings to home and other community settings, as well as funding for pilot studies regarding best practices in transitional care. ♦
2. Create incentives for hospitals to implement adequate transitional care plans, including assessment of post-discharge needs and plans for meeting those needs, and sanctions for failure to do so.
3. Pass legislation to enforce and fund portions of the State’s Olmstead Plan.

♦ Subsequent discussion regarding this objective on the second day of the Forum revealed that formation of a transitional care workgroup, under the Olmstead Advisory Committee, would duplicate current Olmstead workgroup efforts. Consequently, participants agreed to draft a letter to the Olmstead Advisory Committee addressing the need to incorporate standards of cultural competency in Transitional Care.

Health Promotion

Focus: Strategies to integrate health promotion into home- and community-based services

Facilitator: **June Simmons**, CEO, Partners in Care Foundation and 2005 WHCoA Policy Committee Delegate⁷

June Simmons provided participants with a detailed overview of health promotion, offering new insights about its meaning for both consumers and healthcare providers. Following her presentation, participants reviewed and discussed some of the common “assumptions” about health promotion before drafting a list of pressing recommendations for this topic area.

Discussion Highlights

1. Participants agreed that health promotion, as a core component of healthcare, is no longer limited in meaning. Broader in scope now, it has moved beyond “everyone has to be well” or what matters is “resolution of a health issue.” Today, health promotion is intended for each and every person. Participants also recognized the emergence of a new, more flexible definition and paradigm of “independence.”
2. Participants offered the following recommendations to advance health promotion:
 - a. Assist the federal aging network to promote “health” and to work more closely with health resources
 - b. Encourage California Department of Aging (CDA) and the California Department of Social Services (DSS) to assume stronger proactive roles for systems change on behalf of advancing health promotion policies and practices
 - c. Assist CDA, via current and future grants and available state funds, to “put legs on evidence-based initiatives as replacements to existing programs to help older adults” – target goals to include reducing “pain” and cutting health decline (by 50%). State must recognize that 40% of deaths among older adults are due to modifiable risk factors: obesity; physical inactivity; pain; depression; falls; and poor nutrition
 - d. Include Dental Health coverage under Medicare
 - e. Encourage use of Proposition 63 funds for mental health needs of seniors
 - f. Advance nutrition services and educate populace and legislative representatives that nutrition improves health and cognition. Train caregivers and public and private service personnel about the benefits of balanced nutrition
 - g. Explore mobility technology solutions – investigate low cost options and increase access for seniors through alternate mobility modalities

⁷ Recorder: Sharon Monck, Executive Director, Renaissance at Kensington Place, Walnut Creek, CA.

- h. Bolster Adult Protective Services (APS) funding
- i. Establish caregiver training—incorporate a core competency curriculum (include nutrition education) and a minimum qualification level
- j. Address workforce retooling
- k. Assertively address *fall prevention* through: medical risk assessment; home assessment; mobility assessment; training; elimination of hazards; involve medical providers in fall prevention efforts; establish infrastructure to support fall prevention through community college coursework; engage the Administration on Aging and the Centers for Disease Control in this campaign.
- l. Enhance survivability of “ongoing disabilities:” increase survival rates; remove stigmas; promote changes in trends
- m. Advocate and work with community colleges to train custodial care workers (e.g., College of the Desert)
- n. Create “Boomer” education to educate those 65+ in new areas
- o. Redefine “independence.” Give seniors self-management tools, emphasize “self”
- p. Educate health and wellness providers; develop protocol for primary care physicians to promote
- q. Restructure reimbursement system; redirect funds to patient education (system should make sense to physicians)
- r. Overcome societal ageism – include cultural and language sensitivities; develop broad base of support
- s. Create media partners, e.g., “Univision”
- t. Facilitate distribution of health promotion through a clearinghouse, one-stop information centers, mass education, existing organizations, etc.
- u. Target prevention message to younger audiences, e.g., corporate personnel
- v. Fully support nutrition services (Meals on Wheels, Congregate Meals) funding, access, healthy food options, and adequate wages for workers
- w. Promote safety issues (medications, care, housing)

Selected Priority Objectives

1. California’s Health and Human Services Agency to convene a Health Promotion Summit, modeled after the 2003 Summit: *A California Blueprint for Fall Prevention*, for a wide range of stakeholders: employers, human service organizations, education leaders, etc.
 - a. Purpose: to educate professionals, consumers, and service providers and to develop an Action Plan.
 - b. Partners: aging service network, community organizations; businesses; faith-based organizations.
 - c. Funding: by medical consortium.
2. Create a campaign which addresses the following health promotion themes: education, prevention, early intervention, funding, and technological innovations.

Strategic Issue Area: Livable Communities

Livable Communities might broadly be defined as “environments which support and sustain their residents.” Deconstructed however, the term encompasses a wide range of synergistically connected elements which promote healthy communities for all populations. California’s 2005 WHCoA delegates identified *Livable Communities* as a core strategic issue area for the *Turning Ideas into Action* Forum. Breakout sessions addressing housing, mobility, cultural diversity, and intergenerational activities were grouped and presented under *Livable Communities*. The following summaries capture the discussion highlights and recommended objectives for each breakout session.

Cultural Diversity

Focus: Strategies that support and improve access to culturally relevant and specific services for older Californians and their caregivers

Facilitator: Wesley Mukoyama, Executive Director, Yu-Ai Kai/Japanese American Senior Community Services and 2005 WHCoA Policy Committee Delegate⁸

Wesley Mukoyama opened the breakout session addressing Cultural Diversity by first providing a definition of culture: *Culture is defined broadly and includes race, ethnicity, national origin, primary language, gender, age, sexual orientation, physical and mental ability, spirituality, and religion.* Elaborating on the theme of culture, Mr. Mukoyama also presented a working definition of culturally competent health systems – *ones that are engaged with and responsive to diverse individuals and communities* – and the primary goal of these systems – *to increase cultural and linguistic competency of providers and systems to ensure that all person will have access to the highest quality of services.* Using these definitions and the three WHCoA resolutions addressing cultural diversity as a springboard for discussion, Mr. Mukoyama encouraged participants to identify how best to promote cultural diversity.

Discussion Highlights

1. The three WHCoA resolutions addressing cultural diversity include the following:
 - a. Resolution 39: Improve health decision making through promotion of health education, health illiteracy, and cultural competency.
 - b. Resolution 40: Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.
 - c. Resolution 44: reduce healthcare disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care and wellness.

⁸ Recorder: Eileen Bostwick, Director, Foster Grandparent and Senior Companion Programs, North Coast Opportunities and 2005 WHCoA Policy Committee Delegate

2. Feedback from the group included the following recommendations for each of the three WHCoA resolutions:
 - a. Resolution 39 – Requires appropriate literacy materials
 - b. Resolution 40 – Should include community interaction training programs
 - c. Resolution 44 – Promote pro-active strategies; develop basic understanding of cultural mores

3. Attendees also provided the following feedback and recommendations:
 - a. Translation doesn't equal literacy
 - b. Increase awareness of ethnic needs, e.g., address medication differences (dosage, tolerance, etc.) for different groups
 - c. Promote continuing education regarding cultural competency
 - d. Address "us versus them" mentality among service providers
 - e. Employ technology to educate and translate information to different groups, e.g., DVDs
 - f. Identify who is the audience for outreach – consumer or provider? Tailor education for different audiences
 - g. Engage qualified persons to do translation
 - h. Teach cultural diversity as a subject in all grades, kindergarten through high school and college/graduate school (including medical school)
 - i. Promote legislation for staff ombudsman in hospitals (consider using volunteers)
 - j. Leaders in all communities need to step up and encourage positive image
 - k. Respect "individual rights" versus the "community good"

Selected Priority Objectives

1. Weave educational components addressing cultural competency into all systems serving older Californians.

2. Educate and lobby legislature (including the California Senior Legislature) to require all schools teach cultural diversity; establish a task group from Forum to promote legislation mandating cultural diversity training in all schools:
 - a. Ensure all professional schools have cultural competency as core curriculum; and
 - b. Fund art groups to coordinate theatre groups educating people about cultural diversity/competency.

3. Recruit, train, and deploy groups (volunteers) as language and cultural advocates in communities to meet specific needs of service providers.

Intergenerational Activities

Focus: Strategies to promote intergenerational relationships and build stronger communities

Facilitator: Kelly Bruno, Vice President, ONEgeneration⁹

Kelly Bruno's introduction to the breakout session, Intergenerational Activities, commenced with an historical overview of the devolution of the multi-generational household. Ms. Bruno described current family-generational structures as typically more segregated than in the past. Reasons for this development include family members living geographically far apart and an increase in age-group clustering by community, e.g. retirement communities for older adults. Intergenerational activities, by contrast, offer communities the opportunity to experience aging as a normative process: younger folk may assist older adults (e.g., teaching computers); older adults can attend to the needs of younger persons (e.g., providing mentoring and childcare); younger and older persons can serve together (e.g., volunteer activities); and younger and older persons can share the same service site (e.g., day care). Another intergenerational development often overlooked is that of kinship care in which relatives, including older adults, assume parental responsibility for children. The benefits of intergenerational activities are many – for communities and individuals. Attendees brainstormed a wide range of intergenerational activities before honing several objectives for this emerging focus area.

Discussion Highlights

1. Participants identified the following program recommendations:
 - a. Create street theater opportunities for kids and seniors together – use as a teaching tool
 - b. Challenge high school students to identify local senior centers and other community programs to address in emergency situations
 - c. Create adult foster care option where seniors can move in with a family – consider using Medicaid waivers to financially support this kind of program
 - d. Build after-school programs in senior centers
 - e. Market program “success” stories
 - f. Create intergenerational nutrition programs
 - g. Develop financial planning and retirement programs that connect seniors with kids

2. Discussion also supported the following:
 - a. Every county to have an Intergenerational Activity employee (such as in San Diego County) to work on intergenerational activities
 - b. Establish a statewide Intergenerational Activity Network for advocacy and to increase awareness

⁹ Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

3. The group also recommended that state law be re-examined to determine if our present laws and regulations discourages the mixing of generations.

Selected Priority Objectives

1. Create a statewide leadership position to advance intergenerational activities.
2. Add incentives in existing Request for Proposals (RFPs) for intergenerational activities components.

*Somehow we need to get older
people close to growing children if
we are to restore a sense of
community, knowledge of the past,
and a sense of the future*

Margaret Mead

Housing

Focus: Strategies for promoting housing design that enhances aging in place and safety (e.g., fall prevention) in both new construction and existing housing through home modification, home repair, and universal design.

Facilitator: Jon Pynoos, UPS Foundation Professor of Gerontology, Co-Director of Fall Prevention Center of Excellence, Andrus Gerontology Center, University of Southern California and 2005 WHCoA Governor’s Delegate and **Gretchen Alkema**, Gerontology Researcher, Andrus Gerontology Center ¹⁰

Dr. Jon Pynoos and Dr. Gretchen Alkema, co-facilitators, introduced the Housing¹¹ session with an overview of several factors affecting housing opportunities for older adults: affordability, safety, accessibility, and lack of adequate options. After reviewing each of these factors, the presenters discussed policy recommendations to improve housing for older Californians. Recommendations included: instituting *Inclusionary Zoning* (build affordable units via developer tax); including older adults in the recent housing bond issue (Proposition 1C - Rebuild California Plan); creating trust funds for housing; adequately funding home modifications; funding housing with services (via tax credit program); and building better housing – promoting accessibility through “Universal Design.” Additional recommendations included making Assisted Living more affordable and changing zoning codes to allow greater options in housing design in general. Following an initial large group discussion, participants were invited to form four smaller discussion groups to identify two to three priority objectives to improve housing for older adults in California. Each group’s housing solution-specific strategies are summarized below with the session’s selected two priority objectives.

Group 1

1. Create local housing advocacy:
 - a. Place senior housing on local housing agenda
 - b. Promote affordable housing
 - c. Include senior housing on all cities’ General Plans
 - d. Institute Inclusionary Zoning
 - e. Pass mandatory Universal Design in all new housing construction and major remodel construction

2. Demand that Proposition 1C have a senior “set-aside” for senior housing.

Group 2

1. Promote affordability through Inclusionary Zoning.
2. Preserve affordable units via local enforcement and policies.

¹⁰ Recorder: Carol Sewell, Program Analyst, California Commission on Aging

¹¹ Housing had the largest attendance among Forum breakout sessions.

3. Support statutory right of first refusal to keep affordable units.

Group 4

1. Create public-private partnership to address housing for seniors – promote Inclusionary Zoning and Universal Design.
2. Establish senior housing set-aside with Proposition 1C funds.
3. Begin the *housing* dialogue at the Housing California Conference, Sacramento April 2007.

Group 3

1. Earmark 20% of Proposition 1C funds for senior housing.
2. Change law for tax credits for Assisted Living Facilities.
3. Require senior housing be included in all local general plans.
4. Ensure representatives from the *Housing/Construction* and *Developers* industries be at the table in all discussions addressing housing for older adults.

Selected Priority Objectives

1. Establish a 20% set-aside from Proposition 1C funds for senior housing.
2. Place housing for older Californians on the Housing California Conference agenda scheduled for April, 2007.

Mobility

Focus: Strategies to facilitate connections between health and human service programs and transportation at the state and local levels.

Facilitator: Peter Steinert, Interagency Coordination Liaison, California Department of Transportation and Chair of the Long Range Strategic Plan on Aging's Transportation Task Team¹²

Peter Steinert provided an overview of the *Mobility* issue for older Californians, focusing on transportation challenges and barriers. Outlining the State's efforts to address the issue, he highlighted California's Mobility Action Plan. Following his presentation of the Plan, session attendees recommended that the language and intent of the Plan recognize community-based organizations, involved with transportation, as vital partners and stakeholders in the development of an enhanced statewide transportation infrastructure. In addition to this recommendation, participants provided a number of other salient suggestions prior to developing several priority objectives promoting mobility for older adults in California.

Discussion Highlights

1. State should communicate with the electorate about transportation and mobility.
2. Stakeholder groups should communicate with the Legislature about the importance of transportation and mobility.
3. Promote mobility and transportation dialogue and concepts at the local and regional level between community-based organizations, local government, and other agencies.
4. Address restrictive and duplicative laws and regulations related to human services transportation funding programs.
5. Establish an interagency body to address transportation issues – with consumer representation, e.g., California Mobility Council (ensure the Council is advocacy oriented); Establish a Task Force to educate the Legislature and other policymakers regarding transportation issues and solutions – work with current programs and other stakeholder groups.
6. Promote and enforce existing transportation/mobility laws and regulations.
7. Ensure continuity in improving human services transportation coordination:
 - a. Data systems currently don't work together across programs/agencies

¹² Recorder: Allison Ruff, Principal Consultant, Assembly Committee on Aging & Long Term Care

- b. Need integrated data systems with adequate funding – conduct a Feasibility Study
 - c. Address local, state, and federal transportation barriers
- 8. Reinstate transportation as a priority/focus area for the Olmstead Advisory Committee.
- 9. Change State contract boiler plate language to require co-location of programs and services.
- 10. Address the Department of Motor Vehicles licensing issues and the five-year extensions.
- 11. Require State departments and agencies to use transportation access criteria when awarding contracts and location of facilities.
- 12. Address the transportation needs of seniors in Proposition 1A.
- 13. Promote and address the issues and needs of frail older adults and others who have mobility issues but are not ADA (Americans with Disabilities Act) eligible.
- 14. Incorporate transportation issues and telemedicine.

Selected Priority Objectives

- 1. Implement the California Mobility Action Plan – apply the principles of the plan locally as well as statewide.
- 2. Establish a California Mobility Council to address transportation issues.

Strategic Issue Area: Workforce

Workforce issues for our aging nation are growing in both complexity and urgency. What was previously considered a one-dimensional problem – the shortage of professionals and paraprofessionals to manage services and programs for the expanding older adult population – has now grown into a multi-dimensional challenge. In addition to a substantiated workforce shortage, the need to recruit, retain, and retrain existing workers as they age is fast becoming a parallel concern.¹³ *Workforce* represented the third strategic issue area for the *Turning Ideas into Action* Forum. Breakout sessions addressing Access to Employment Opportunities, Workforce Capacity, and Direct Care Workers were presented under this track. The following summaries capture each session’s discussion highlights and recommended objectives.

Access to Employment Opportunities

Focus: *Strategies that encourage retention, re-entry and career transitions.*

Facilitator: **Helen Dennis**, Specialist in Aging, Employment and Retirement and 2005 WHCoA Policy Committee Delegate¹⁴

Helen Dennis opened the session, *Access to Employment Opportunities*, with a review of current trends and statistics regarding employment opportunities for mid-life and older adults. Between 70 to 80% of Baby Boomers believe they will work beyond traditional retirement age. Boomers today report less financial security than previous generations and less confidence in traditional programs such as Medicare and Social Security. Referencing these and other significant statistics and research findings, Ms. Dennis introduced three employment tracks for mid-life and older workers: retention, re-entry, and career transitions. While reasons for pursuing these specific employment tracks vary – financial, job satisfaction, pursuit of meaning/purpose, health insurance – finding and/or maintaining employment can be challenging for this sector of the population because of ageism, financial disincentives (e.g., pension restrictions), skill mismatch (many seniors don’t want entry-level jobs), and worker perceptions and attitudes. Ms. Dennis’s overview stimulated subsequent discussion regarding appropriate objectives and strategies to enhance access to employment for mid-life and older workers in California.

Discussion Highlights

1. Create job training opportunities for older adults:
 - a. How to market “self”
 - b. How to use technology (computers)
 - c. Build on skill set

¹³ Berg, P., et al. (2006). Building an Aging Agenda for the 21st Century. Assembly Committee on Aging and Long-Term Care.

¹⁴ Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

- d. Promote adult education classes
2. Increase the role of the Private Industry Council.
3. Find new word for “senior” when referring to “senior worker.”
4. Increase entrepreneurship programs.
5. Develop education/training regarding older adult workforce for employers.
6. Establish strategic alliances to promote older workforce.
7. Brand the mission to educate society regarding the value of older workers.

Selected Priority Objectives

1. Develop statewide curriculum for employers addressing diversity issues, highlighting older employees: develop partnerships with community colleges and other educational institutions to create this training module for employers.
2. Decrease health insurance costs for older employees to reduce unwanted early retirement patterns.

Workforce Capacity

Focus: Strategies to prepare our workforce, including physicians, social workers, etc. to meet the needs of an aging population.

Facilitator: **Moira Fordyce**, M.D., M.B., ChB and 2005 WHCoA U.S. Senator's Delegate¹⁵

Dr. Fordyce introduced *Workforce Capacity* with an overview of several of the significant factors influencing this critical issue for California and the nation. First, the field of geriatrics (encompassing all aspects of an older person's life) touches all other specialties in medicine; yet, few physicians are skilled in geriatric practice and even fewer are practicing geriatricians. Second, Workforce is a vital element in all of the WHCoA Resolutions, beyond those specifically addressing it (Numbers 6,9,37, and 40). Third, education funding cuts have impacted efforts to create a skilled workforce (professionals, paraprofessionals, direct care workers, etc.) prepared to meet the needs of an aging nation, as well as efforts to retrain or re-engage older workers. And last, multiple programs and social and cultural institutions are in need of an educated workforce: Disease Management Programs; Healthy Nutrition Programs; Emergency Response/Disaster Planning efforts; and Volunteer and Civic Engagement Activities. In closing, Dr. Fordyce emphasized the societal benefits of an educated workforce (enhanced information technology support; increased patient advocacy; greater support and assistance to caregivers, Veterans, patients with end-of-life needs, etc.). Following Dr. Fordyce's overview and discussion, workshop participants identified essential objectives and do-able goals for this issue area.

Discussion Highlights

1. Addressing *Who should be educated about aging/elder issues?* participants identified the following:
 - a. Healthcare workforce and consumers – including healthcare professionals, paraprofessionals, professional students, direct care workers, legislators, anyone who comes into contact with elders, including – police, architects, transport tsars. Attendees also supported education in the schools; support programs linking grandparent's generation with grandchildren's generation, and Foster Grandparents Programs
2. Participants brainstormed the following Workforce goals:
 - a. Promote health education to produce healthier lifestyles, as early in life as possible
 - b. Prevent disease, encourage immunizations etc.
 - c. Diagnose disease as early as possible
 - d. Manage disorders as effectively as possible, bearing in mind risk/benefit analysis

¹⁵ Recorder: Carol Sewell, Program Analyst, California Commission on Aging

- e. Preserve function
 - f. Promote health literacy by all means – both high and low tech, outreach
 - g. Cultural competence essential across the board
3. Attendees recommended the following “Do-Ables” (efforts that are achievable):
- a. Develop strategic alliances/coalitions with:
 - i. Private industry – could make it work financially
 - ii. Labor unions
 - iii. AARP, American Society on Aging (ASA), American Geriatrics Society(AGS) – all have existing programs – expand them
 - iv. Others – high schools
 - b. Tap into vast resource of retired/about to retire professionals and other groups by:
 - c. Add a “Boomer Education Certificate,” awarded after 3 months at a community college
 - d. Expand pre-retirement training programs
 - e. Develop innovative programs to attract health providers into geriatrics and gerontology work, e.g., loan forgiveness
 - f. Require Geriatrics/Gerontology courses in all medical, nursing and other health education organizations – AGS already working on this
4. Other comments/suggestions included:
- a. Ageism in America; Importance of public image; Hollywood syndrome (Private industry has a part to play)
 - b. Freeze public employees pension at 100% Use excess funds to pay for education
 - c. Geriatrics/gerontology courses should be required across the board
 - d. Questions on geriatrics/gerontology in all licensing exams
 - e. Do education at school level – make it part of the continuum of living
 - f. Elder abuse is part of family violence, not something apart
 - g. Pursue Archstone Foundation and Hartford grants

Selected Priority Objectives

1. Advocate for education on geriatric workforce issues at State and local levels.
2. Establish Community College curriculum reflecting urgent Workforce needs – including adding and funding a Boomer Education Certificate program.

Direct Care Workers

Focus: Strategies to ensure that direct care workers can best be prepared to meet the needs of our aging population through appropriate support and training

Facilitator: Betty Malks, Director, Department of Aging & Adult Services, County of Santa Clara and 2005 WHCoA Congressional Delegate¹⁶

Betty Malks laid the foundation for the Direct Care Worker session with a comprehensive overview of the direct care workforce. Direct care workers include nursing assistants, assisted living workers, hospice workers, home health aides, and personal care attendants among others. This community of professionals and paraprofessionals provides paid hands-on care and personal assistance to Americans who are elderly, chronically ill, or disabled. Noting that all too often society disregards the value of direct care worker contributions and the challenges they face, Ms. Malks invited attendees to discuss strategies and objectives for improving the profession.

Discussion Highlights

1. Participants identified a multiplicity of issues affecting Direct Care Workers (DCWs) – individuals and the profession overall:
 - a. Lack of job satisfaction
 - b. High turnover rate
 - c. Need for trained DCWs
 - d. Most DCWs are women, ages 25 to 44
 - e. Most DCWs earn low wages
 - f. Majority of DCWs are working poor
 - g. Most DCWs have childcare issues
 - h. Consumers find agencies with DCWs expensive; by contrast, consumers who hire DCWs have increased risks (no background check, quality of worker uncertain, etc.)
 - i. Not all agencies purporting to do background checks do them
 - j. No backup care if DCW is ill
 - k. Recruitment difficult
 - l. Respite for DCWs is difficult
 - m. Job security is an issue
 - n. Being on call is an issue
 - o. Overall, very hard work
 - p. At many facilities there is a high resident to low DCW ratio
 - q. Issues of cultural competence abound
 - r. Absent or inadequate training – may lead to elder abuse
 - s. Relationship of immigration to DCW merits evaluation

¹⁶ Recorder: Chris Martinek, Student, Fielding Graduate University and 2005 WHCoA Observer

2. After evaluating the issues affecting this profession, attendees identified the following solutions:
 - a. Push for licensing DCWs
 - b. Workers to pay for background check
 - c. Enhance profession through respect, training (include Elder Abuse and Cultural Competence training), and benefits
 - d. Employ team approach in the profession – increases retention
 - e. Selectively recruit – choose persons who have interest in this field
 - f. Provide assistive devices to DCWs to help them do their jobs
 - g. Examine best-practices in other states (Iowa, Pennsylvania) and in California (College of the Desert’s Home/Direct Care Certificate)
 - h. Go to the Community College System to expand DCWs certificate program – to increase salary scale
 - i. Develop partnerships: DCWs and Cal-Works; Veteran’s Administration and Medical Schools; businesses (offer incentives, e.g., federal tax credits) for providing trained DCWs
 - j. Establish educational career ladder
 - k. Create a media campaign for recruitment
 - i. Educate consumers and families
 - ii. Emphasize career aspects and professional integrity and compassion
 - l. Charge CDA and other (appropriate) State Departments with sponsoring best-practice innovative/solution-driven efforts to address the WHCoA Resolutions addressing Direct Care Workers and other Workforce issues (Numbers: 6,12,13,14)
 - m. Launch public education and outreach effort to address the DCW issue

Selected Priority Objectives

1. Direct Care Workers: Implement statewide pilot project promoting standardized training for direct care workers; establish tiered training along the model of nursing programs.
 - a. Build credible profession
 - b. Create respect for workers
 - c. Increase recruitment efforts (include both respite and backup); consider launching a media campaign for community education regarding the need for and issues related to Direct Care Workers

Day Two: Building Momentum

Day two of the Forum, entitled *Building Momentum*, was designed to provide California's WHCoA delegation with an opportunity to build on the ideas and solution-strategies of the first day. Responding to post-WHCoA delegation feedback, it was also designed to give delegates and other partners an opportunity to identify one to two objectives for immediate attention at the local level. Robert Blancato, President of Matz, Blancato & Associates, Inc., and a member of the 2005 WHCoA Executive and Policy Committees, provided the day's opening remarks. Congratulating the spirited 2005 WHCoA delegation from California, he summarized several key outcomes from the first WHCoA in the 21st Century: Congress passed and the President signed the Reauthorization of the Older Americans Act; "coordination of long-term care" surfaced as a united interest for local, state, and national entities; providing opportunities and planning for Boomers was recognized "as no longer just nice but a necessity"; and finally, states emerged as central players in the development of both state and national aging policy. Reminding attendees that their delegate responsibilities and advocacy roles continue until the next WHCoA in 2015, Mr. Blancato commended delegates on their selection of and commitment to the Forum's topic issues. In closing Mr. Blancato emphasized the importance of cultural competency in the work of delegates and encouraged delegates and other Forum participants *to make change happen* on behalf of older adults in California and across the nation.

Following Mr. Blancato's remarks, the facilitator for the *Building Momentum* session reviewed the primary goals for the second day of the Forum: first, to select two objectives, from the previous day's eleven priority objectives to address at the local level; and second, to identify local-level strategies for the two objectives. Participants openly discussed and debated the merits of this exercise. Some indicated that reducing eleven objectives to two might impede efforts to achieve change in all areas; others voiced unease that the State might not acknowledge the need for state-level attention in multiple aging areas. Acknowledging these concerns, the discussion facilitator, along with several Forum Advisory Committee members, responded that while all eleven objectives could be selected as urgent priorities, the timing and pursuit of their implementation (contingent on advocacy efforts) would establish priorities within the eleven. For example, it was noted that several of the objectives would require immediate action to be achieved, while the timing of others could be assigned to next year or the next several years. That said, participants were encouraged to take advantage of opportunities to promote change associated with any of the objectives. Participants were also informed that all eleven objectives along with the Forum's full report would be directly shared with Secretary Belshé. After further discussion, the group agreed to select two of the priorities to address at the local level.

Attendees were encouraged to evaluate each objective in terms of feasibility, impact, and consistency with the four "P's introduced by Secretary Belshé during her opening remarks from the preceding day: *Priority* (clarify "priorities"), *Prepare* (clarify the "problem"), *Partnership* (form "bold alliances"), and *Policy Windows* (seize "opportunities"). Through a group selection process ("hot-dotting") participants selected the housing and mobility

objectives as urgent priorities for action at the community level. While discussing viable implementation activities for these objectives, the following action-steps for delegate follow-up were identified:

1. Create a “Chat-Room” and/or other electronic means (e.g., web site) for delegates and other committed partners to exchange ideas, share advocacy information, and develop action strategies addressing housing and other issues. Delegate Carl Burton offered to coordinate a “chat-room”.
2. Create a California Delegate Advocacy Group.
3. Organize a unified voice in Sacramento for Seniors (e.g., a Coalition).
4. Draft a letter to the Olmstead Advisory Committee addressing the need to incorporate standards of cultural competency in Transitional Care.
5. Draft a “how to” guide on conducting local advocacy with legislative representatives and send to CCoA. Delegate Marie Torres offered to submit materials.

Specific recommended action steps for the selected housing and mobility objectives are as follows:

Housing: *Establish a 20% set-aside from Proposition 1C funds for senior housing.*

1. Organize (within 30 days) a statewide meeting of senior organizations to develop a strategy for establishing a maximum 20% set-aside for older Californians from Proposition 1C
2. Draft a letter to the Governor regarding Proposition 1C (Appendix E)
3. Advocate for local intergenerational housing and affordable Assisted Living within Proposition 1C
4. Explore the availability of other potential housing funds for seniors – e.g., Proposition 63, Mental Health Services Act.
5. Address housing issues locally with Area Agencies on Aging, Advisory Councils, and Legislative representatives, as well as at the state and federal level
6. Establish local housing coalitions with representatives from the building industry
7. Incorporate cultural diversity (includes persons with disabilities and faith-based groups) and the principals of Universal Design in housing advocacy
8. Address housing with city-contract lobbyists in Sacramento

Mobility: *Implement the California Mobility Action Plan – apply the principles of the plan locally as well as statewide.*

1. Develop a strategy for promoting the California Mobility Action Plan and transportation services for seniors vis à vis the new Transportation Bond
2. Organize local coalitions representing community-based organizations and county services to advance locally-driven multi-modal transportation strategies
3. Advocate for more non-emergency medical transportation, e.g., paratransit
4. Explore alternative transportation strategies appropriate for individual locales – e.g., city/county taxi service contracts (Torrance, CA); volunteer drivers (Marin City Volunteer Program; Riverside County TRIP Program)
5. Create guides for transportation advocates explaining how transportation is measured and valued by local governments (e.g., efficiency vs. cost vs. value)
6. Develop specific mobility/housing advocacy training for delegates and other aging advocates
7. Explore community transportation partnerships such as the “Shared-Driving” program in Vermont. Delegate Betty Malks offered to provide information.
8. Use public access TV stations to help with transportation advocacy efforts

Conclusion

Participants attending the *Turning Ideas into Action* and *Building Momentum* Forum demonstrated remarkable commitment, resolve, and creativity. Throughout the two-day meeting, attendees thoughtfully reviewed, discussed, and debated a wide-range of critical aging issues. By the conclusion of the Forum, participants had successfully fulfilled the Forum’s primary purpose of developing the following, in draft form: blueprints for action that prepare California for the aging of its population; strategies that focus on the health and long term care needs of California’s older population; and strategies that focus on the needs of California’s diverse population. Attendees evaluated solution-specific strategies in terms of feasibility and impact. In the process, valuable approaches for building effective strategic alliances and coalitions were identified. By meeting’s end, the genuine sense of community among aging advocates at both the local and State level signaled that California is on its way to implementing a viable and successful aging agenda.

Appendix A

2005 White House Conference on Aging Top Ten Resolutions

- Reauthorize the Older Americans Act Within the First Six Months Following the 2005 White House Conference on Aging
- Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid and Unpaid Workforce
- Ensure that Older Americans Have Transportation Options to Retain Their Mobility and Independence
- Strengthen and Improve the Medicaid Program for Seniors
- Strengthen and Improve the Medicare Program
- Support the Geriatric Education and Training for All Healthcare Professionals, Paraprofessionals, Health Profession Students, and Direct Care Workers
- Promote Innovative Models of Non-Institutional Long-Term Care
- Improve Recognition, Assessment, and Treatment of Mental Illness and Depression Among Older Americans
- Attain Adequate Numbers of Healthcare Personnel in All Professionals Who are Skilled, Culturally Competent, and Specialized Geriatrics
- Improve State and Local Based Integrated Delivery Systems to Meet 21st Century Needs of Seniors

Appendix B

Forum Planning Committee

Sandi Fitzpatrick

Executive Director

California Commission on Aging

Sarah Steenhausen

Assistant Secretary, Long-Term Care

California Health and Human Services Agency

Lora Connolly

Acting Director

California Department of Aging

Ray Mastalish

Consultant

2005 WHCoA Policy Committee Delegate

Co-Dean of the California Delegation

Carol Sewell

Program Analyst

California Commission on Aging

Leah Wyman

California Commission on Aging

WHCoA Subcommittee, Chair

Chuck Ayala

California Commission on Aging

Erica Goode

California Commission on Aging

Jorge Lambrinos

Chair, California Commission on Aging

Jon Pynoos

California Commission on Aging

Joanna Kim-Selby

California Commission on Aging

Building Momentum Session Advisory Committee
2005 White House Conference Delegates

Carl Burton

Pearl Caldwell

Marilyn Ditty

Don Hunt

Betty Mulholland

Bob Petty

Marie Torres

Hope Witkowsky

Appendix C

TURNING IDEAS INTO ACTION

Wednesday, November 29, 2006

9:00 a.m. – 5:00 p.m.

Holiday Inn Capitol Plaza

California Room

300 J Street

Sacramento, CA 95814

AGENDA

- 8:30 a.m. REGISTRATION AND CONTINENTAL BREAKFAST**
- 9:00 a.m. WELCOME/OPENING REMARKS**
- Jorge Lambrinos**, Chair, California Commission on Aging
and 2005 WHCoA Governor's Delegate
- Leah Wyman**, Chair, CCoA White House Conference on
Aging Committee and 2005 WHCoA Policy Committee
Delegate
- 9:15 a.m. TURNING IDEAS INTO ACTION: HOW TO FACILITATE
CHANGE AT THE STATE LEVEL**
- Secretary Kimberly Belshé**
California Health and Human Services Agency
- 9:45 a.m. FROM WASHINGTON D.C. TO SACRAMENTO: BUILDING
ON THE EXPERIENCE**
- Lora Connolly**, Acting Director, California Department of
Aging and 2005 WHCoA Governor's Delegate
- Sandy Smoley**, 2005 WHCoA Governor's Delegate and Co-
Dean of the California Delegation
- Ray Mastalish**, 2005 WHCoA Policy Committee Delegate
and Co-Dean of the California Delegation
- 10:15 a.m. BREAK**

10:30 a.m.

STRATEGY IDENTIFICATION SESSION #1

1.1 Disease Management

Strategies to improve elder health and quality of life over the life span

Facilitator: **Cheryl Phillips**, Chief Medical Officer, Sutter Health Partners and 2005 WHCoA Governor's Delegate

Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

Room: Balboa

1.2 Transitional Care

Strategies to facilitate transitions from hospital/institutional settings to a home- and community-based setting

Facilitator: **Andrew Scharlach**, Professor of Social Welfare and Director of the Center for the Advanced Study of Aging Services, University of California at Berkeley

Recorder: Janet Tedesco, Grants Specialist, California Department of Aging

Room: Granada & Hermosa

1.3 Mobility

Strategies to facilitate connections between health and human service programs and transportation at the state and local levels

Facilitator: **Peter Steinert**, Interagency Coordination Liaison, California Department of Transportation and Chair of the Long Range Strategic Plan on Aging's Transportation Task Team

Recorder: Allison Ruff, Principal Consultant, Assembly Committee on Aging & Long Term Care

Room: Calaveras

1.4 Workforce Capacity

Strategies to prepare our workforce, including physicians, social workers, etc. to meet the needs of an aging population

Facilitator: **Moira Fordyce**, M.D., M.B., ChB and 2005 WHCoA U.S. Senator's Delegate

Recorder: Carol Sewell, Program Analyst, California Commission on Aging

Room: Diablo

11:45 a.m.

BREAK

12:00 noon

LUNCHEON

**Sponsored by Kaiser Permanente
Room: California**

Moderator: **Celia Esquivel**, Vice Chair, California Commission on Aging and 2005 WHCoA Governor's Delegate

Welcome: **Susan Rosenthal**, Government Relations Specialist, Kaiser Permanente

Speaker: **Fernando Torres-Gil**, Ph.D., Director, Center for Policy Research, UCLA and 2005 WHCoA Governor's Delegate

1:15 p.m.

STRATEGY IDENTIFICATION SESSION #2

2.1 Rural Healthcare Access

Strategies to enhance access to health care in rural communities, including the application of telemedicine

Facilitator: **Kathleen Maestas**, Acting Executive Director for the California Health Policy and Data Advisory Commission and Administrator for the Rural Health Policy Council

Recorder: Chris Martinek, Student, Fielding Graduate University and 2005 WHCoA Observer

Room: Balboa

2.2 Cultural Diversity

Strategies that support and improve access to culturally relevant and specific services for older Californians and their caregivers

Facilitator: **Wesley Mukoyama**, Executive Director, Yu-Ai Kai/Japanese American Senior Community Services and 2005 WHCoA Policy Committee Delegate

Recorder: Eileen Bostwick, Director, Foster Grandparent and Senior Companion Programs, North Coast Opportunities and 2005 WHCoA Policy Committee Delegate

Room: Calaveras

2.3 Access to Employment Opportunities

Strategies that encourage retention, re-entry and career transitions

Facilitator: **Helen Dennis**, Specialist in Aging, Employment and Retirement and 2005 WHCoA Policy Committee Delegate

Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

Room: Diablo

2.4 Health Promotion

Strategies to integrate health promotion into home- and community-based services

Facilitator: **June Simmons**, CEO, Partners in Care Foundation and 2005 WHCoA Policy Committee Delegate

Recorder: Sharon Monck, Executive Director, Renaissance at Kensington Place, Walnut Creek, CA.

Room: Granada & Hermosa

2:30 p.m.

BREAK

2:45 p.m.

STRATEGY IDENTIFICATION SESSION #3

3.1 Intergenerational Activities

Strategies to promote intergenerational relationships and build stronger communities

Facilitator: **Kelly Bruno**, Vice President, ONEgeneration

Recorder: Meg Reeve, Advocacy Coordinator, Congress of California Seniors

Room: Granada & Hermosa

3.2 Direct Care Workers

Strategies to ensure that direct care workers can best be prepared to meet the needs of our aging population through appropriate support and training

Facilitator: **Betty Malks**, Director, Department of Aging & Adult Services, County of Santa Clara and 2005 WHCoA Congressional Delegate

Recorder: Chris Martinek, Student, Fielding Graduate University and 2005 WHCoA Observer

Room: Balboa

3.3 Housing

Strategies for promoting housing design that enhances aging in place and safety (e.g., fall prevention) in both new construction and existing housing through home modification, home repair, and universal design

Due to the interest in this topic, two rooms have been set aside for discussion.

Facilitator: **Jon Pynoos**, UPS Foundation Professor of Gerontology, Co-Director of Fall Prevention Center of Excellence, Andrus Gerontology Center, University of Southern California and 2005 WHCoA Governor's Delegate

Recorder: Janet Tedesco, Grants Specialist, California Department of Aging

Room: Calaveras

3.3 Housing (Continued)

Facilitator: **Gretchen Alkema**, Gerontology Researcher,
Andrus Gerontology Center

Recorder: Carol Sewell, Program Analyst, California
Commission on
Aging

Room: Diablo

**4:00 p.m.
HERE**

REFLECTIONS ON THE DAY/WHERE WE GO FROM

Room: California

Sarah Steenhausen, Assistant Secretary, California Health
and Human Services Agency and 2005 WHCoA Policy
Committee Delegate

Monique Parrish, Consultant, Lifecourse Strategies

Sandra Fitzpatrick, Executive Director, California
Commission on Aging and 2005 WHCoA Policy Committee
Delegate

6:00 – 7:30 p.m.

RECEPTION FOR 2005 WHCoA DELEGATES No Host Bar

Room: John Q. Ballroom (16th Floor)

BUILDING MOMENTUM SESSION

Thursday, November 30, 2006

8:30 a.m. – 12:00 noon

AGENDA

- 8:00 a.m. REGISTRATION AND CONTINENTAL BREAKFAST**
- 8:30 a.m. WELCOME AND RECAP OF YESTERDAY**
Sarah Steenhausen, Assistant Secretary, California Health
and Human Services Agency
- Sandi Fitzpatrick**, Executive Director, California
Commission on Aging
- 8:45 a.m. CAN THE CALIFORNIA DELEGATION BREAK THE
HISTORICAL PATTERN TO IMPACT CHANGE AND
WHAT TOOLS WILL BE NEEDED?**
Robert Blancato, Matz, Blancato & Associates, Inc. and
2005 WHCoA Executive Committee and Policy Committee
- 9:30 a.m. BUILDING ON THE MOMENTUM**
Monique Parrish, Consultant, Lifecourse Strategies
- 10:15 a.m. BREAK**
- 10:30 a.m. CONTINUING THE DISCUSSION**
Monique Parrish
- 11:45 a.m. CONCLUDING REMARKS**
Celia J. Esquivel, Vice Chair, California Commission on
Aging and 2005 WHCoA Governor's Delegate

Appendix D

Forum Participants

- ❖ Pauline Abbott
- ❖ Gretchen Alkema
- ❖ Bernice Ayala
- ❖ Chuck Ayala
- ❖ Kitty Barnes
- ❖ Eric Bassell
- ❖ Kimberly Belshé
- ❖ Bob Blancato
- ❖ Bert Bettis
- ❖ Eleanor S Bloch
- ❖ Eileen Bostwick
- ❖ Jacque Brown
- ❖ Kelly Bruno
- ❖ Carl Burton
- ❖ Pearl S. Caldwell
- ❖ Lora Connolly
- ❖ Joe Cox
- ❖ Karla Crawford
- ❖ Jack Christy
- ❖ William Dailey Jr
- ❖ Jim Davis
- ❖ Bobbie Day
- ❖ Helen Dennis
- ❖ Marilyn Ditty
- ❖ Paul Downey
- ❖ Celia J. Esquivel
- ❖ Andrea Feil-Dougan
- ❖ Lynn Friss Feinberg
- ❖ Sandra Fitzpatrick
- ❖ Paula Fong
- ❖ Moira Fordyce
- ❖ Patricia Hadison-Bloom
- ❖ Donald Hunt
- ❖ Cecila Hurwich
- ❖ William R. Jackson
- ❖ Sharon Jenkins
- ❖ Vernon L. Jones
- ❖ Diana Kalcic
- ❖ Mitch A. Kamin
- ❖ Helen Karr
- ❖ Derrell Kelch
- ❖ Clay Kempf
- ❖ Joanna Kim-Selby
- ❖ Sandra King
- ❖ Esther L. Koch
- ❖ Mary Ellen Kullman
- ❖ Darrick Lam
- ❖ Jorge Lambrinos
- ❖ Deanna Lea
- ❖ Joan B. Lee
- ❖ Jim Levy
- ❖ Richard Lundin
- ❖ Anne Mack
- ❖ Kathleen Maestas
- ❖ Betty F. Malks
- ❖ David Mandel
- ❖ Chris Martinek
- ❖ Kimberly Martinson
- ❖ Raymond Mastalish
- ❖ Phyllis McGraw
- ❖ Sharon Monck
- ❖ Wesley Mukoyama
- ❖ Mary Neumann
- ❖ Erin O'Keefe
- ❖ Dolores Olson
- ❖ Eve Orton
- ❖ Monique Parrish
- ❖ Gary Passmore
- ❖ Thea Perrino
- ❖ Paul Petersen
- ❖ Bob Petty
- ❖ Cheryl Phillips
- ❖ Yolanda Prado
- ❖ Jon Pynoos
- ❖ June Reese
- ❖ Meg Reeve
- ❖ Ric Rickles
- ❖ Carlos Rodriguez
- ❖ Susan Rosenthal
- ❖ Andrew Rossoff
- ❖ Allison Ruff
- ❖ Vivian Saver
- ❖ Marvin Schachter
- ❖ Andrew Scharlach
- ❖ Tim Schwab
- ❖ Carol Sewell
- ❖ Tim Sheahan
- ❖ June Simmons
- ❖ Sandy Smoley
- ❖ Havard Staggs
- ❖ Sarah Steenhausen
- ❖ Peter Steinert
- ❖ Karol Swartzlander
- ❖ Paige Talley
- ❖ Janet Tedesco
- ❖ Fernando Torres- Gil
- ❖ Marie S. Torres
- ❖ Larry Trujillo
- ❖ Joan M. Twiss
- ❖ Ed Walsh
- ❖ Bernard Weintraub
- ❖ Monika White
- ❖ Cynthia White-Parks
- ❖ David W. Wilder
- ❖ Wendi Williamson
- ❖ George Winslow
- ❖ Hope Witkowsky
- ❖ Leah Wyman

Appendix E

**Letter to Governor Schwarzenegger Regarding Proposition 1C
(*The Housing and Emergency Shelter Trust Fund Act of 2006*)**

TO: Governor Arnold Schwarzenegger

FROM: Delegates to the White House Conference on Aging and Partners

We appreciate your leadership and the successful effort to pass Proposition 1C – a measure benefiting all the people of our state.

Because of the great and increasing need for affordable and appropriate housing for older adults, we strongly urge that 20% of the available Proposition 1C Housing Funds be set aside for housing low income older adults, with special consideration for projects that include service for those with disabilities or other special needs.

As the Housing and Community Development Department develops its criteria for the distribution of Proposition 1C funds, we recommend and would appreciate your support of this proposal.

Sincerely and respectfully,