

Thank you to our
BREAKFAST SPONSOR

The logo for New England Cancer Specialists features a vertical column of five circles on the left side. The circles are colored from top to bottom: dark blue, medium blue, light blue, very light blue, and white. The text 'NEW ENGLAND' is positioned above 'Cancer Specialists' in a dark blue, sans-serif font. 'NEW ENGLAND' is in all caps and a smaller font size, while 'Cancer Specialists' is in title case and a larger font size.

NEW ENGLAND
Cancer Specialists

Welcome to Hanley Forum 2024

**Embracing Age Equity in Healthcare:
OVERCOMING AGEISM**

May 2, 2024
9:00 a.m. - 4:00 p.m.
Harraseeket Inn, Freeport, ME

The poster features a grid of images: a healthcare professional with an elderly patient, an elderly woman reading, a man at a birthday party, two men looking at a laptop, and a group of people socializing.



Let's set the context for our day together....



Welcome to Hanley Forum 2024

**Embracing Age Equity in Healthcare:
OVERCOMING AGEISM**

May 2, 2024
9:00 a.m. - 4:00 p.m.
Harraseeket Inn, Freeport, ME

The poster features a grid of images: a healthcare professional with an elderly patient, an elderly woman reading, a man at a birthday party, two men looking at a laptop, and a group of people socializing.





THE HANLEY CENTER 2024 FORUM

Embracing Age Equity in Healthcare: Overcoming Ageism

5.02.2024 | 9AM-4PM

9:00am	Welcome - Judiann Smith, Executive Director and Dr. Lisa Letourneau, Senior Advisor, Delivery System Change, Maine DHHS
9:15am	Community Building Activity - Judiann Smith
9:30am	Age Equity, How Can We Get There- Dr. Rebecca Spear, Director of Geriatric Medicine Fellowship, Maine-Dartmouth Family Medicine Residency
10:15am	Break
10:30am	Facilitated World Café: Where is there real opportunity to lead change in Maine?- Judiann Smith
11:45am	Lunch
12:30pm	Networking Activity - Janell Lewis, Director of Leadership Development
1:00pm	Welcome Back: Next up! - Janell Lewis
1:05pm	World Café Debrief - Marilyn Gugliucci, PhD, Director of Geriatrics Education and Research, University of New England
1:45pm	If I Could Make One Wish: Ageism and Age Equity from the 30,000 Foot View- Jess Maurer, Esq., Executive Director, Maine Council on Aging
2:30pm	Break
2:45pm	Bright Spots Panel: <ul style="list-style-type: none">• Emily Follo, MD, Leadership in Preventative Medicine, Maine Medical Center• Kelly Creamer, OTR/L, Director of Wellness & Rehabilitation, LincolnHealth• Melissa Fochesato, MPH, PC-S, Director, Community Health, Mid-Coast Hospital• Mike Hersey, PT, CSCS, Director of Sports Medicine, MaineHealth• Nicole Yeo-Fisher, MSW, LCSW, Clinical Education Manager, HealthInfoNet
3:45pm	Closing, Change-Makers: One Commitment at a Time - Judiann Smith

Thank you to our
PREMIUM SPONSOR



Northern Light HealthSM

Thank you to our Sponsors!

BREAKFAST
SPONSOR



LUNCH
SPONSOR



SNACK
SPONSOR



BOOK
SPONSOR



SUPPORTIVE
SPONSOR



Welcome to Hanley Forum 2024

**Embracing Age Equity in Healthcare:
OVERCOMING AGEISM**

May 2, 2024
9:00 a.m. - 4:00 p.m.
Harraseeket Inn, Freeport, ME

The poster features a grid of images: a healthcare professional with an elderly patient, an elderly woman at a table, a man at a birthday party, two men looking at a laptop, and a group of people at a table.

Dr. Lisa Letourneau

Senior Advisor,
Delivery System
Change

Maine DHHS



Let's Build Community!

Pair up at your table (trios are A-OK).

Introduce yourselves and discuss these questions:

- ❖ How did you form your ideas about what it means to get old?
- ❖ What experiences and people shaped these ideas?

Dr. Rebecca Spear

Director of Geriatric
Medicine Fellowship

Maine-Dartmouth
Family Medicine
Residency



Age Equity: How Can We Get There

Rebecca Spear, DO FACP
Hanley Forum 2024

Agenda

- Ageism
- Geriatrics in Maine
- World Café Introduction

Ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.



(2021 WHO)

Types of Ageism

- Interpersonal Ageism
 - Ageism directed at others based on bias we hold
- Self-directed Ageism
 - Ageism directed at ourselves based on bias we hold



Ageism Impacts

- Employment opportunities
- Financial security
- Offered medical care
- Life expectancy



Geriatrics in Maine

HEALTH

NEWS CENTER
MAINE

Maine needs more geriatricians for dementia care, as number of patients grows

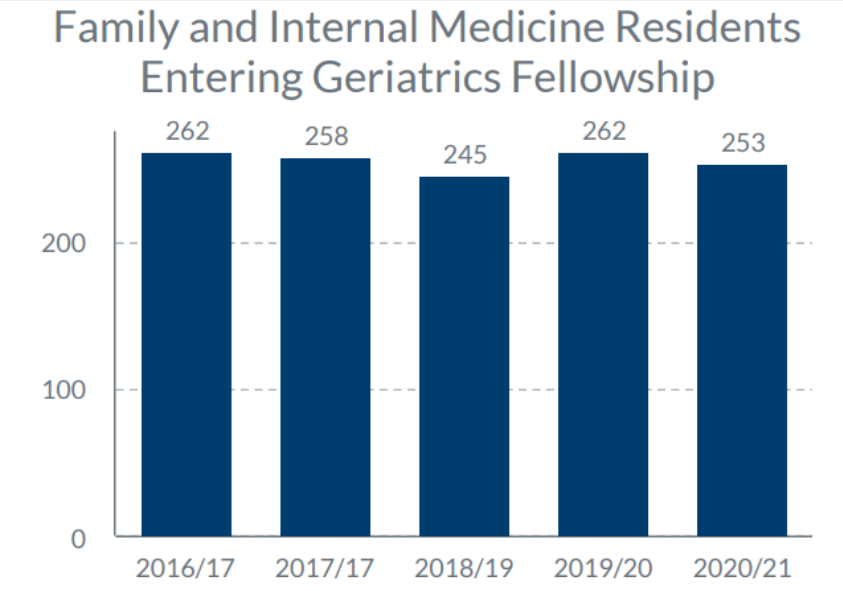
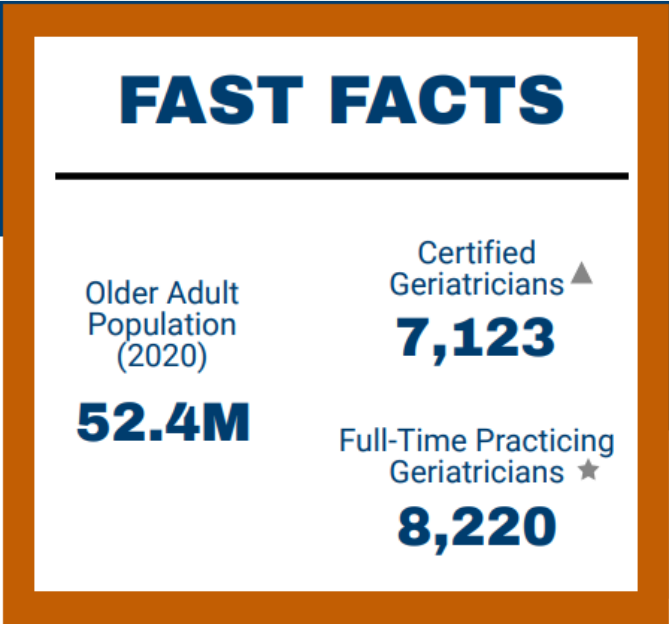
The most recent data shows 29,600 Mainers age 65 and older live with Alzheimer's, 10% of that population, and there are just 36 geriatricians currently in the state.

- Committed to meeting state needs
- Collaborative work
- Community connection

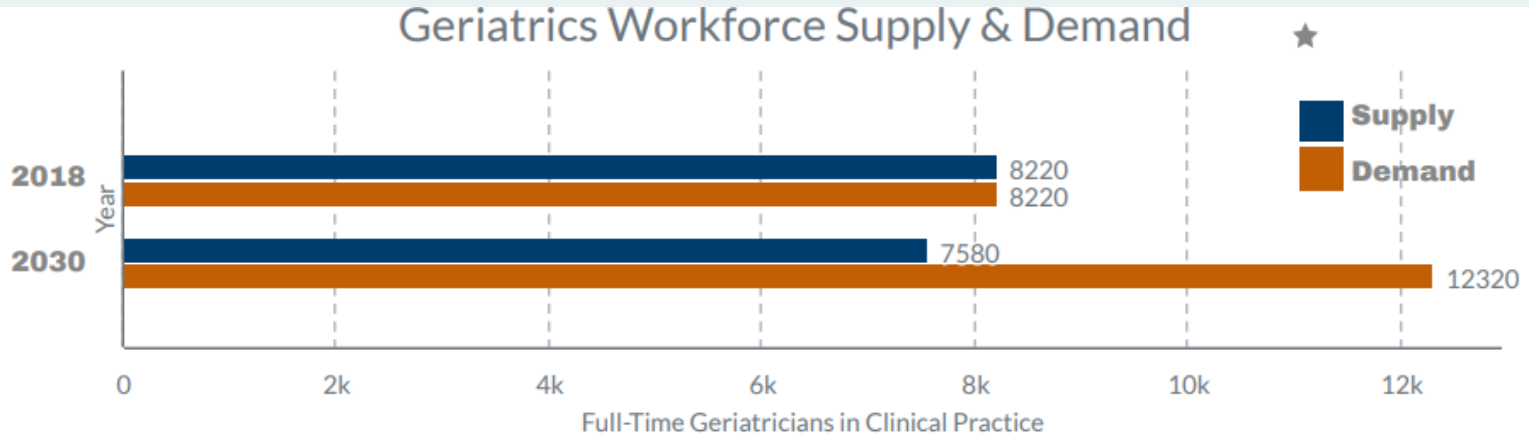


Training and education of clinical providers

Geriatrician shortfall

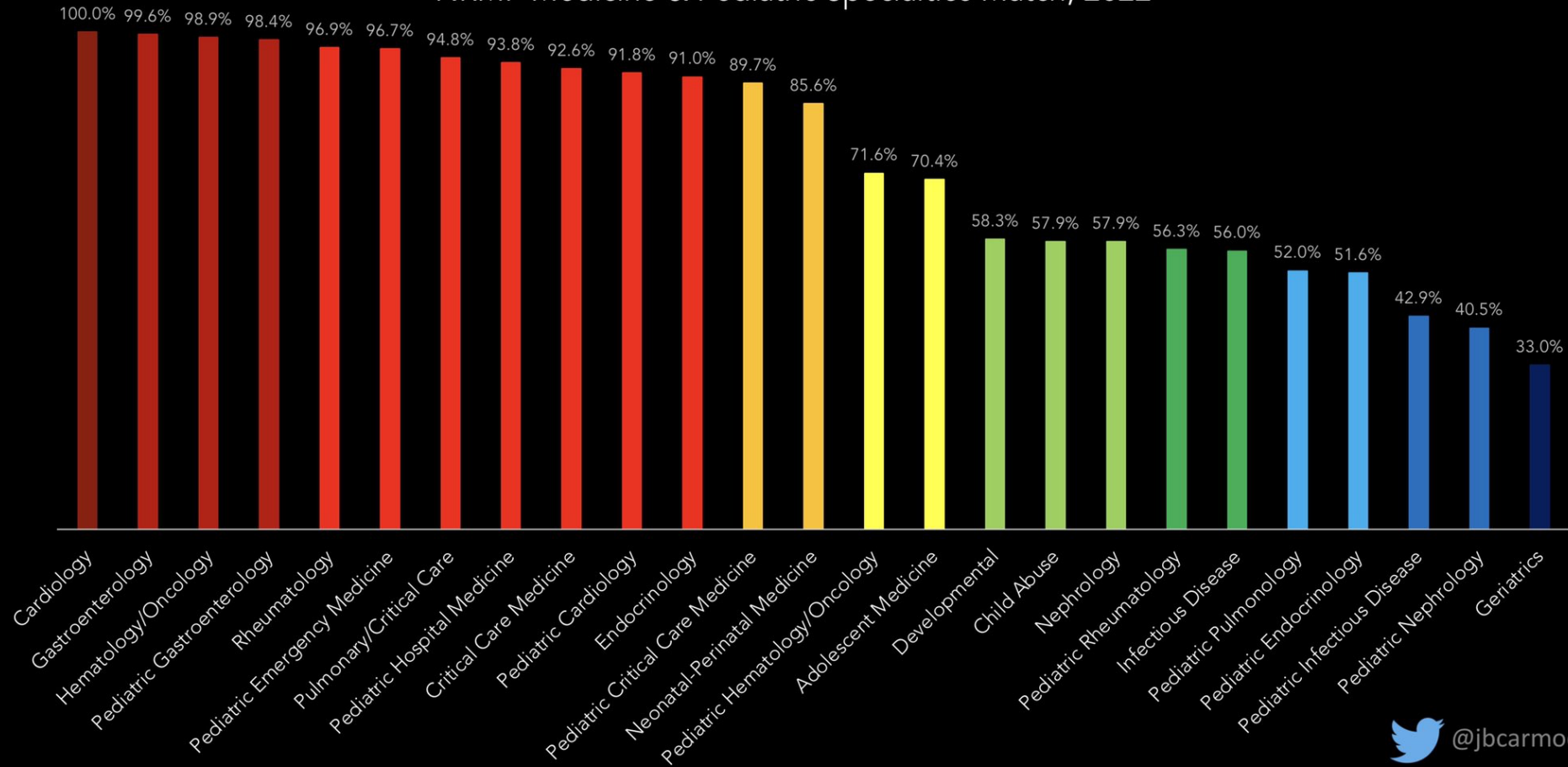


50%
INCREASE
in demand for
geriatricians,
2018-2030 ★



Fellowship program fill rate

NRMP Medicine & Pediatric Specialties Match, 2022



 @jbcarmody

Challenges

- Interest in the specialty
 - Exposure
 - Complexity
 - Research foundation
- Reimbursement structure
 - Reimbursements dependent on Medicare and Medicaid program rates
 - Lower pay for an extra year of training



Disrupting treatment based on age
stereotype/bias

Evidenced-based treatments



AMERICAN
COLLEGE of
CARDIOLOGY



American
Heart
Association

ASCVD
Risk Estimator

Ageism in research

- Osteoporosis treatment studies average age 64, decades lower than the average age for hip fractures
- Many guidelines exclude older adults because older adults were excluded from original studies

Ageism in treatment

- Healthy older adults who played a 30 minute game reinforcing positive stereotypes of aging experienced increased in walking speed and swing time compared to those with reinforced negative stereotypes about aging

The screenshot displays the ASCVD Risk Estimator interface. At the top, it shows two risk categories: 10-Year ASCVD Risk (25.2% calculated risk, 11.2% risk with optimal risk factors) and Lifetime ASCVD Risk (Lifetime Risk Calculator only provides lifetime risk estimates for individuals 40 to 59 years of age). Below this, the tool title 'ASCVD Risk Estimator' is shown with a 'Reset All' button. A note states: 'Intended for patients with LDL-C < 190 mg/dL (4.92 mmol/L), without ASCVD, not on LDL-C lowering therapy'. The 'Demographics' section includes fields for Sex (Male selected), Age (78), and Race (African American selected). A tooltip for the age field states: 'Lifetime Risk Calculator only provides lifetime risk estimates for individuals 40 to 59 years of age. Age must be between 20-79'. The 'Labs' section shows input fields for Systolic Blood Pressure (130 mm Hg) and Diastolic Blood Pressure (80 mm Hg), with a 'Unit Type' selector set to 'US'.

(2017 McGarvey)
(1999 Hausdorff)



Addressing age bias in practices to improve patient experiences

Bias in healthcare settings

Elderspeak

- “Are we ready for our bath?”
- “Here are your medications, sweetie”
- Associated with increased resistiveness to care for patients with dementia

Addressing bias

- Education
- Intergenerational experiences





Workforce Challenges

Homecare
Long-term care

Long Term Care Staffing

- Persistent staffing issues that have persisted following the pandemic
- Low wages
- Lots of competition for these employees
- Staffing agencies paying more and charging more

Maine

- 1918 people unemployed Spring 2020
- Only 39% returned to the industry
- Wage advocacy- 125% minimum wage beginning Jan 2021

“Long-term care isn’t sought out. When people hear you work in a nursing home, people look at you as less of a nurse than someone who works in an emergency room . . . like you have less knowledge, less skill.”

—An administrator



Access to supports and services for older adults

Getting the right supports

- Home care services
- Transportation services
- Medical care
 - Primary care
 - Specialty care
- Information on options to navigate new challenges

'Looking for a small miracle:' Older Maine couple puts out newspaper ad to find housing

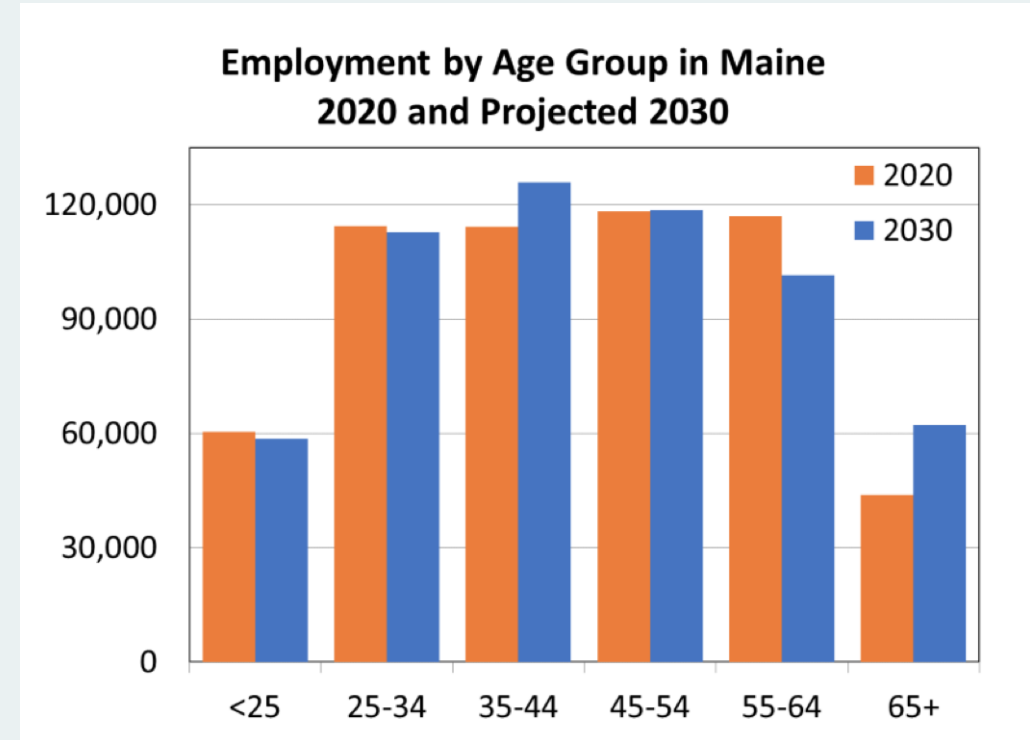




Policy/benefit design at a statewide level

Benefit and Policy Considerations

- Flexibility for individual needs
- Training opportunities
- Transparent retirement information and benefits
- Health benefits
- Disability benefits



WHAT WE NEED



More
Geriatrics
Experts



More Geriatrics
Training for the
Whole of Our
Health Workforce



More Public
Education to
Empower
Older Adults &
Caregivers



Health Policy
that Can
Support Us All
as We Age

REPORT HIGHLIGHTS



[cvd_risk_estimator/index.html#!/calculate/estimator/](#)

al Function of Older Persons: Reversibility of Age-
<https://doi.org/10.1111/j.1532-5415.1999.tb07437.x>

tematic Review. *Gerontol Geriatr Med*. 2022 Apr
PMCID: PMC9008869.

gement of Osteoporosis. *J Am Geriatr Soc*, 65:

rove Care in Nursing Homes" Feb 2024. OEI 02-20-

per ad to find housing". *WGME*. April 24, 2024.
t-newspaper-ad-find-place-older-elderly-disabled-

ct on Dementia Care. *American Journal of*
[1508318472](#)



Thank
you

Rebecca Spear, DO FACP

Maine-Dartmouth Geriatrics

Rebecca.spear@mainegeneral.org

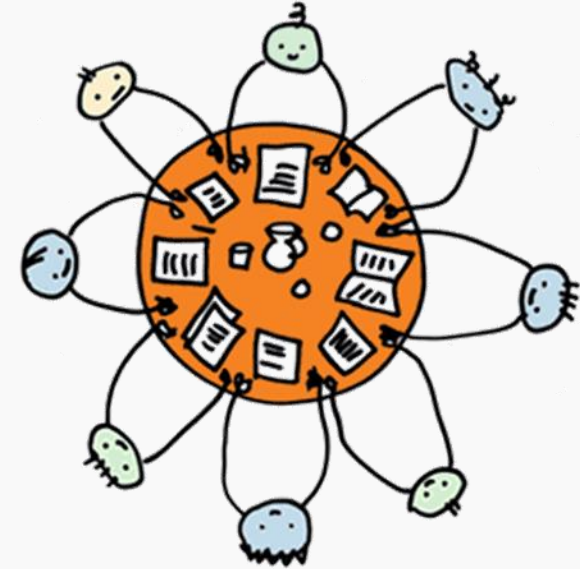
15 minutes max
PLEASE! 😊



Hanley Café!

What are the opportunities to lead change in Maine with regard to ageism and...

- *Training/education of clinical providers?*
- *Workforce challenges?*
- *Age Bias in practice to improve patient experience?*
- *Inequity in treatment based on age stereotype/bias?*
- *Access to supports and services for older adults, including dementia and home care?*



The image by Shutterstock is licensed under a Creative Commons License.

Hanley Café Instructions:

Choose a scribe.

Brainstorm ideas to solve the challenge listed on your flip-chart paper.

You have 10 minutes to scribe, write clearly as next groups need to read and understand what you've written.

When you hear the chime, move to the next numbered table, stay together as a group.

When you get to the next table, choose a new scribe, consider the question as a group.

Review the prior groups' ideas and place a star next to those you agree with.

Scribe new ideas or add to the already documented ideas.

Each time you hear the chime, move to the next table, choose a scribe and complete the process again.

4 rounds

Thank you to our
LUNCH
SPONSOR!



A top-down view of a desk with a dark wood grain surface. In the top left, a small white ceramic pot with a succulent sits on a light-colored wooden coaster. A white keyboard is partially visible in the bottom left. A white spiral-bound notebook with lined pages is open on the right, with a light blue pen resting on it. A white sheet of paper is placed in the center, featuring the words 'WELCOME BACK' written in a thick, black, hand-drawn font.

WELCOME
BACK

Trio-Time!

Find 2 people you don't know. Start by introducing yourselves and where you work, then take turns answering this question:

What is a leadership highlight where you stepped up as a leader, tried something different, and had a good result?

Trio-Time!

Find 2 people you don't know. Start by introducing yourselves and where you work, then take turns answering this question:

When was a time in your early life that you learned something new about leadership? What did you learn and from whom did you learn it?

Trio-Time!

Find 2 people you don't know. Start by introducing yourself and where you work, then take turns answering the following question:

With the rapid pace of change in healthcare, how do you stay resilient and what do you do to recharge your batteries?

Hanley Café Debrief

Dr. Marilyn Gugliucci,
PhD

Director of Geriatric
Education and Research

University of New
England



Jess Maurer, Esq.

Executive Director

Maine Council on Aging





One Wish
Ageism & Age-Equity – a 30,000 foot view

Presented by the Maine Council on Aging
Jess Maurer, Executive Director, Maine Council on Aging
Funded by the John A. Hartford Foundation and Point32Health Foundation

These slides are adapted from the Maine Council on Aging's Leadership Exchange on Ageism and Power in Aging programs and include © copyrighted material. Please ask permission to reproduce

MAINE

COUNCIL

ON AGING

Fill in the blank...

Older people are our _____.

Maine's Demographics

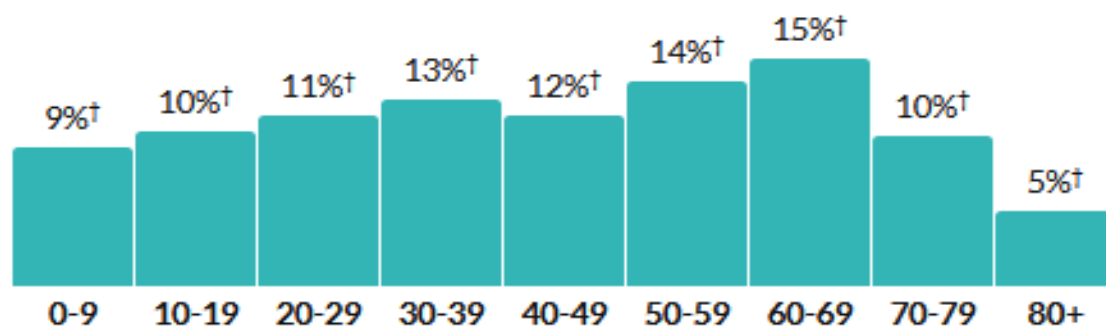
Age

45.1

Median age

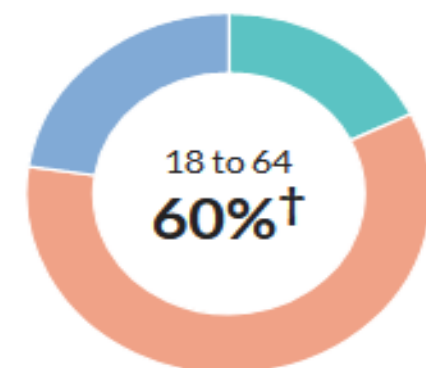
about 20 percent higher than the figure in United States: 39

Population by age range



[Show data / Embed](#)

Population by age category



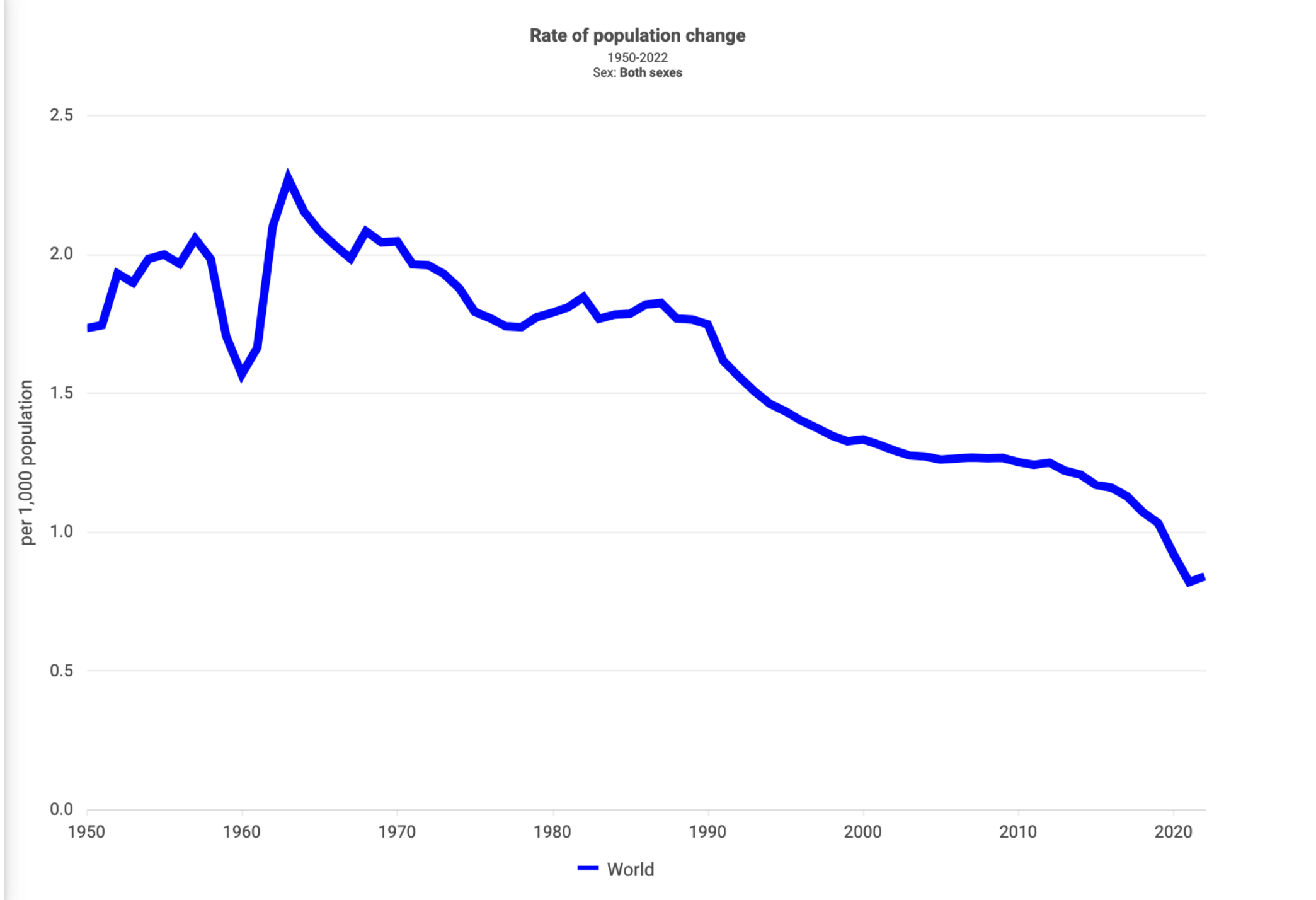
■ Under 18
 ■ 18 to 64
 ■ 65 and over

[Show data / Embed](#)

Population by age category (Table B01001) [View table](#)

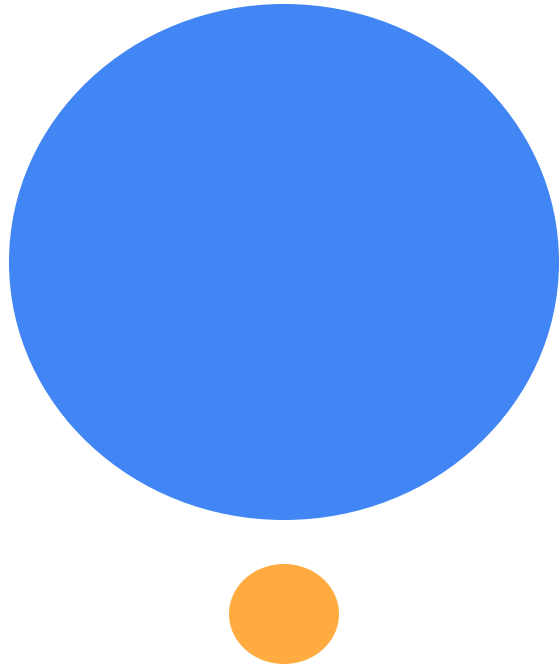
Column	Maine		United States		United States		United States	
Under 18	17.7%†	±7106.4%	245,491	±5,067.7	21.7%†	±36.2%	72,325,602	±101,759.8
18 to 64	59.7%†	±23938.5%	826,956	±9,322.9	61%†	±101.6%	203,139,645	±158,280.3
65 and over	22.6%†	±9057.6%	312,893	±6,336.9	17.4%†	±28.9%	57,822,315	±95,293.6

Source:
Jennifer
Sciubba,
Author, 8
Billion &
Counting



Worldwide Birthrate shift

Year 1968



Source:
Jennifer
Sciubba

Women had 5+
children on
average

Women had ≤ 2
children on
average

Year 2022



“This shift towards fewer babies is permanent and not a problem to be solved...That’s why I always start by putting this in global context. This is not some fluke; this is not an exception; **this is a permanent shift the likes of which we’ve never seen before.**”

Migration - a trap in thinking

“We have the world’s largest stock of migrants in the US. So, we tend to think global migration is really high. But really, 2 to 4 percent of people live outside the country in which they were born. There are actually far more older people worldwide than there are migrants. ***If you look at those ages sixty-five to seventy-four, there are about 200 million more of them than all global migrants.***”

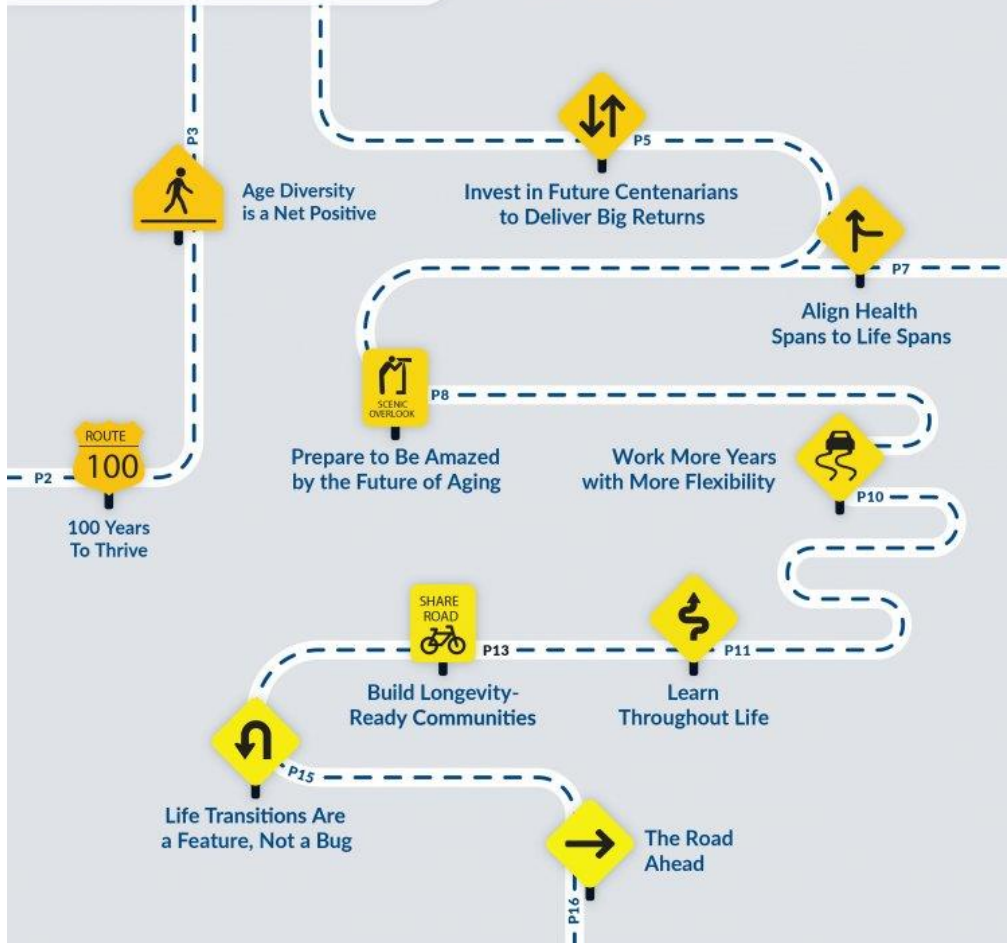
Jennifer Sciubba, International Demographer

The New Map of Life



A Report from
**The Stanford Center
on Longevity**

NOVEMBER 2021



Report Recommends:

- Align health span with life span
- Age-diversity is a net positive
- Work more years with more flexibility
- Build longevity-ready communities
- Ensure lifelong learning
- Life transitions an expected feature
- 100 years to thrive!

What's wrong with this workforce solution?

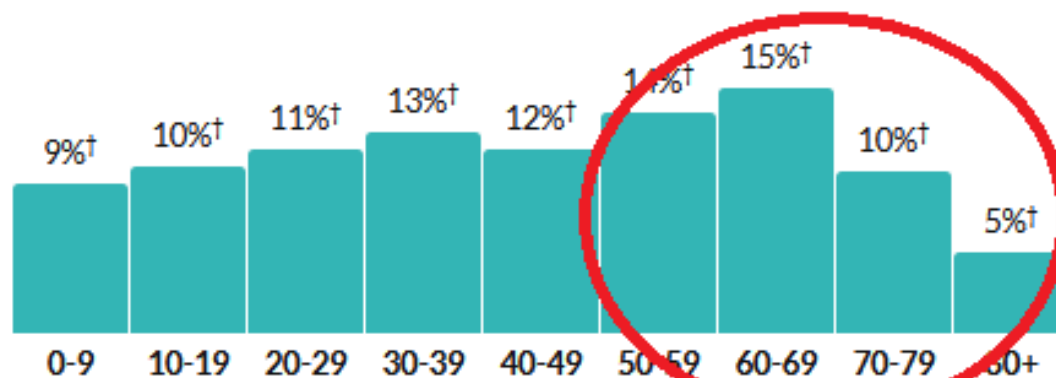
Age

45.1

Median age

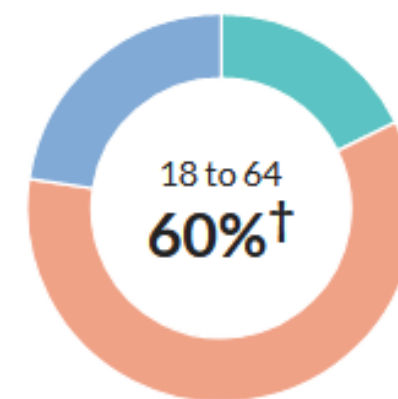
about 20 percent higher than the figure in United States: 39

Population by age range



[Show data / Embed](#)

Population by age category



Under 18 18 to 64
65 and over

[Show data / Embed](#)

Population by age category (Table B01001) [View table](#)

Column	Maine				United States			
Under 18	17.7%†	±7106.4%	245,491	±5,067.7	21.7%†	±36.2%	72,325,602	±101,759.8
18 to 64	59.7%†	±23938.5%	826,956	±9,322.9	61%†	±101.6%	203,139,645	±158,280.3
65 and over	22.6%†	±9057.6%	312,893	±6,336.9	17.4%†	±28.9%	57,822,315	±95,293.6

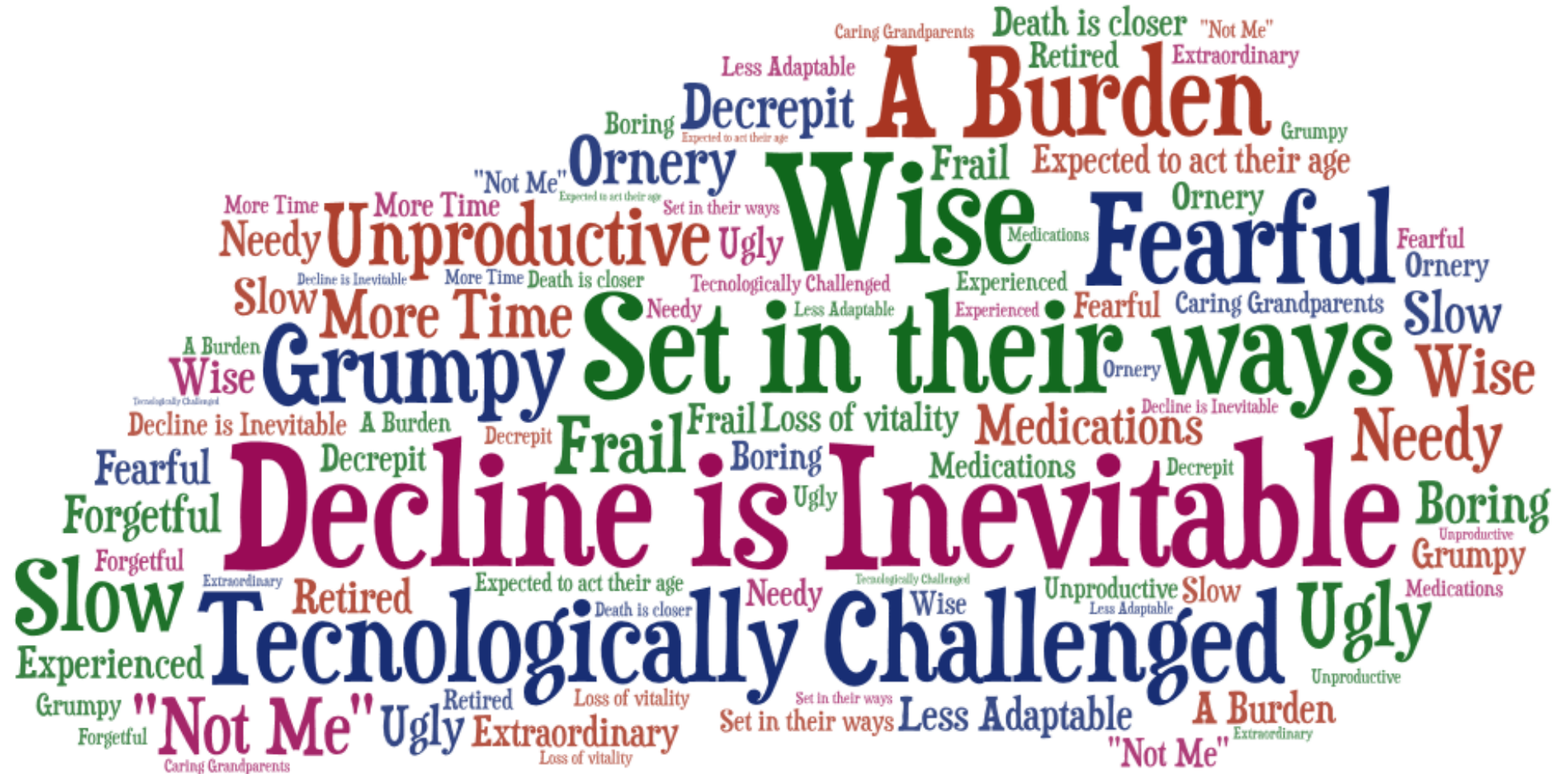
The wave we've been sold



Cartoon by Graham Mackay – approved to be shared not printed

Messages about Aging and Older People

Word Cloud from a group sharing on messages, stereotypes, assumptions, attitudes, or beliefs about aging and older people.



A Global View on Ageism

“Ageism pervades many institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system.”

“Ageism...is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline.”

WHO Global Report on Ageism, March 2021

Ageism at Work



Impacts of Ageism - Health

Ageism in healthcare leads to significantly increased costs to our health system.

In 2020, the first study on the cost of ageism on the US economy was published – it found that annually one in every seven dollars (***\$63 billion***) spent on health care for the eight most expensive conditions was due to ageism.

Intersectionality: Discrimination Magnified

Disparities from other systems of discrimination (race, gender, rurality, class, sexual orientation, ability, etc) all get worse as people age.

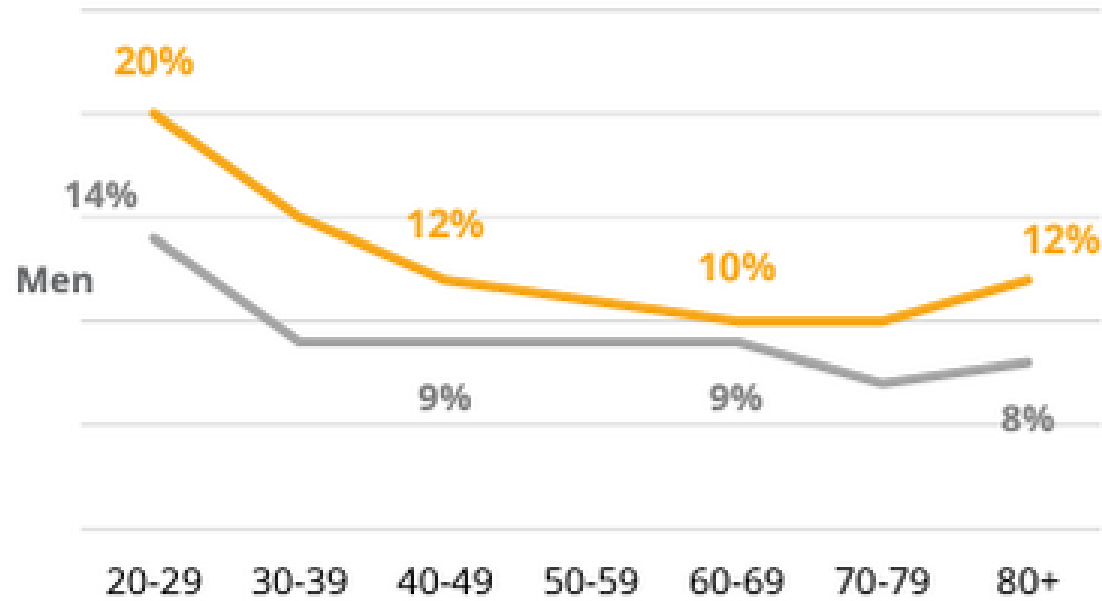
Other systems of discrimination are ALSO operating at all four levels and ALSO affect messages, resources and rules.



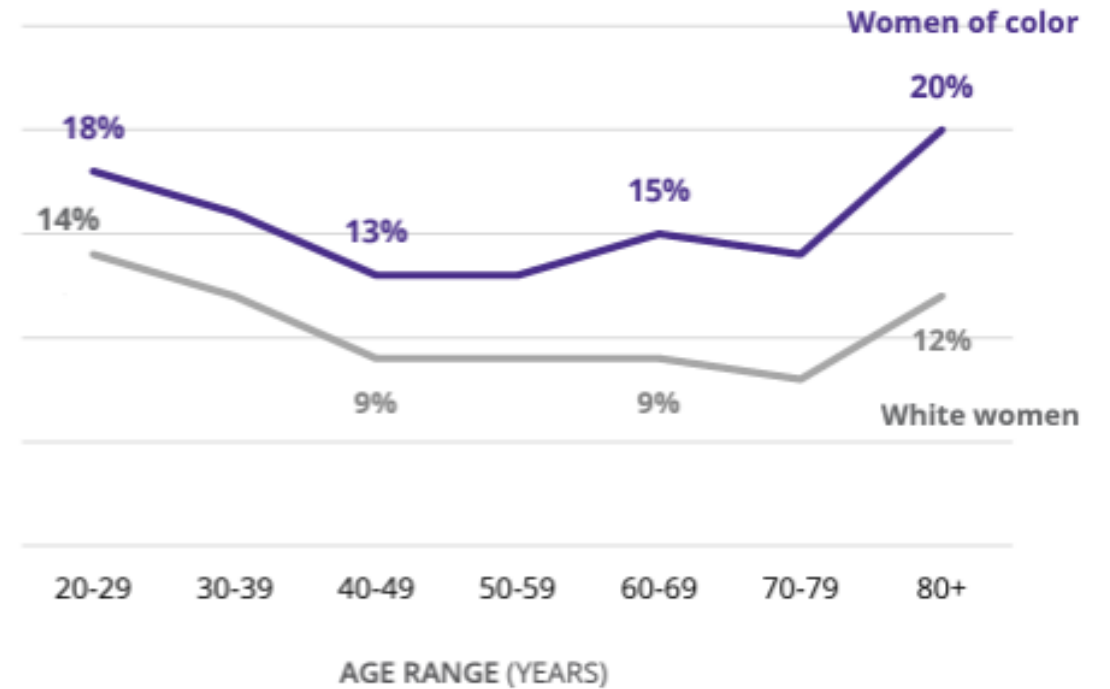
The intersection of age, gender, race and poverty

Percent of population living in poverty, 2019

Women



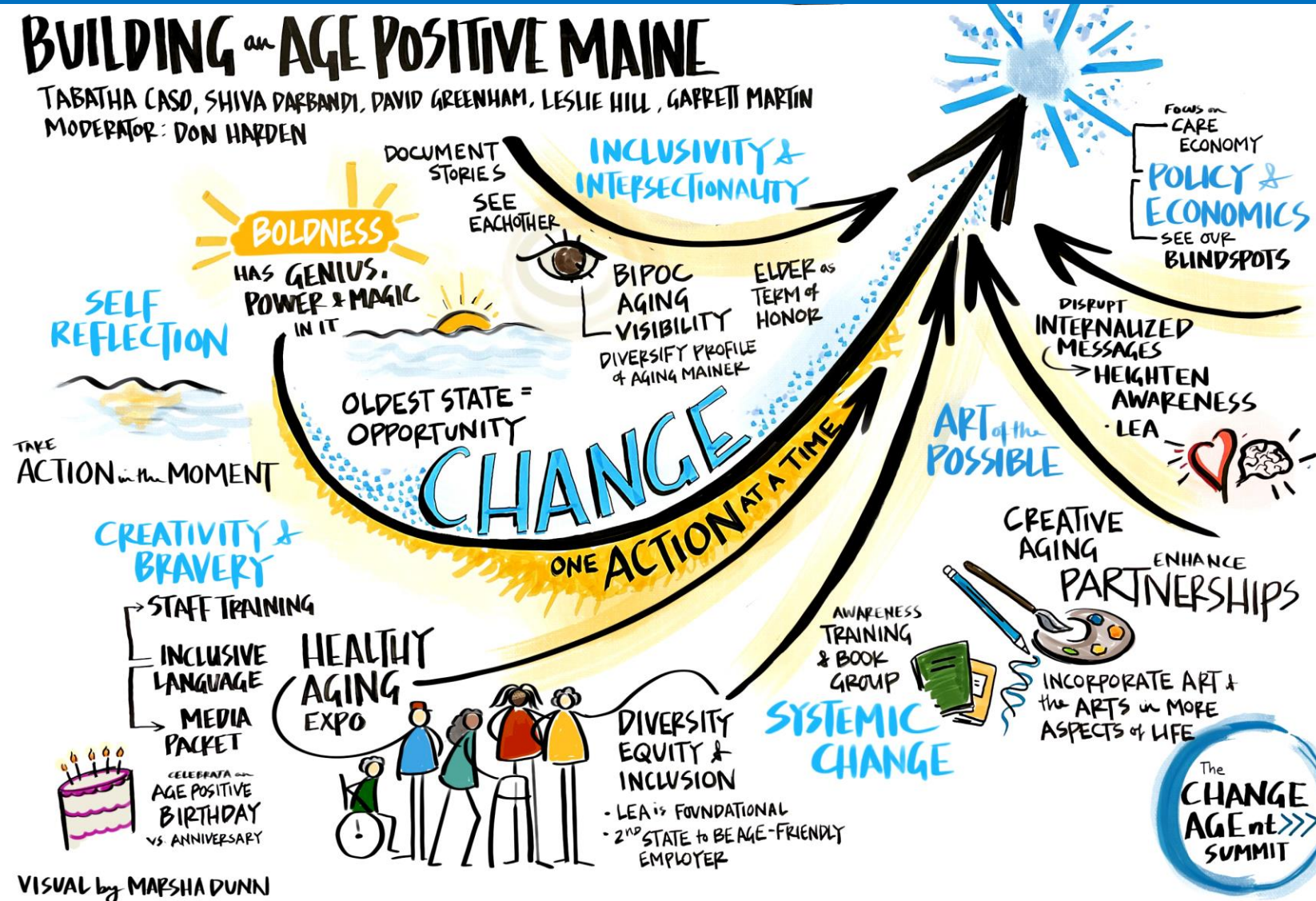
Percent of population living in poverty, 2019



The wave we're riding in Maine

BUILDING an AGE POSITIVE MAINE

TABATHA CASO, SHIVA DARBANDI, DAVID GREENHAM, LESLIE HILL, GARRETT MARTIN
MODERATOR: DON HARDEN



VISUAL by MARSHA DUNN

How do we flip the script on ageism?



Age Equity – Intentional Inclusion

Equality



Equity



Portland Wheelers Logo

Robert Wood Johnson Foundation Graphic on Equity

Why it “matters”



Mattering = *feeling* valued and *adding* value

Feeling valued = inclusion and belonging

Adding value = purpose

Purpose, inclusion & belonging = better physical health, less anxiety & depression, longer life – 7.5 years longer!

Reducing age-bias starts with us!

1. Don't participate in sharing ageist messages.
2. Call people (gently) out for ageist remarks.
3. Include yourself - we're all aging. Shift to "us" instead of "them."
4. Live your age - lead by example by embracing your own age and the accumulated skills and knowledge that come with aging.
5. Use neutral words to describe older people - avoid "senior" "elderly" "elder" - let's just call them people - or older people if you have to.
6. Avoid painting all older people with the same brush.
7. Build defenses against the ageism present in everyday culture.

Reduce age-bias in your organization

- Train HR managers and supervisors on ageism and implicit age bias and set expectations for staff around these issues.
- Ensure that ageism is included in your organization's Diversity, Equity, & Inclusion program, **and include older workers with lived experience.**
- Implement age-bias disrupters: remove graduation date questions, use age-blind resume reviewers, and review job postings and job descriptions for age-bias.
- Be aware of and address inadvertent and overt age discrimination:
 - Hold employees accountable for interpersonal acts of age bias.
 - Call out age-based stereotypes, bias, humor, comments, and jokes.
 - Check the images on your websites & materials.
 - Don't reinforce stereotype based on generational bands

In Healthcare Adopt the Age-Friendly 4Ms



An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Ask what matters most! Asking is an antedate to treating an older person like a stereotype.

Align what matters most in an older adult's life with their plan of care.

Use the Age-Friendly Public Health Framework



For more information, visit:
<https://www.tfah.org/initiatives/age-friendly-public-health/>

One wish? That we see older people as a valued and vital part of Maine's future and align our actions and policies with this view.



Thank you
to our
SNACK
BREAK
SPONSOR!



Bright Spots Panel!

Kelly Creamer, OTR/L, Director of Wellness & Rehabilitation, LincolnHealth/MaineHealth

Dr. Emily Follo, Fellow, Leadership in Preventative Medicine, Maine Medical Center/MaineHealth

Melissa Fochesato, MPH, Director of Community Health, Mid-Coast Hospital/MaineHealth

Mike Hersey, PT, CSCS, Director of Sports Medicine, MaineHealth

Nicole Yeo-Fisher, LCSW, Clinical Education Manager, HealthInfoNet



Building Age
Positivity

Project Team
Members

Kelly Creamer, , OTR/L, LincolnHealth

Dr. Emily Follo, Maine Medical Center

Lissa Merrill, Stephen's Memorial Hospital

Elizabeth Ciccarelli, Maine Medical Association

David Pied, Maine Centers for Disease Control

Bill Bourassa, Harvard Pilgrim Health Care

Hanley Healthcare Leadership Development - Class XVII

Age Positivity



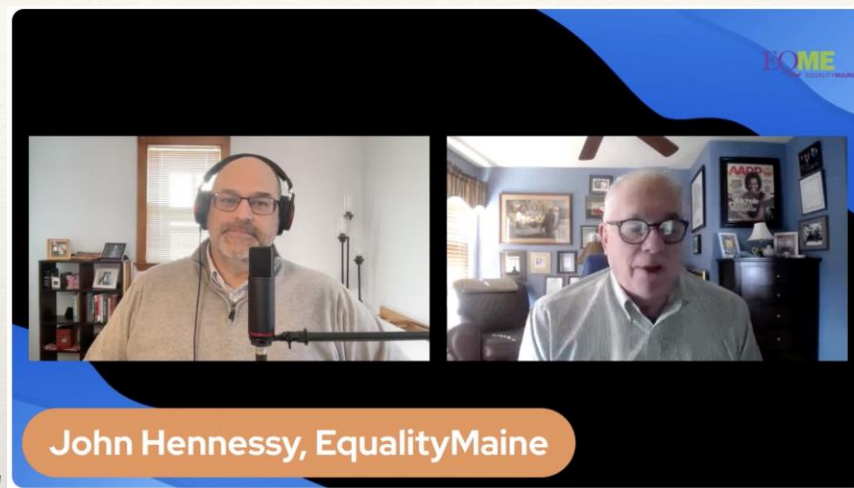
Introduction








- ❖ Hanley Healthcare Leadership Development - Class XVII
- ❖ Theme: Ageism
- ❖ Topic: Age Positivity!
- ❖ Interviews - experts and older adults with lived experience


Interviews

- ❖ Don Harden, Maine Council on Aging
- ❖ Kathy Vezina, Maine Council on Aging
- ❖ Marilyn Finch, RN at MaineHealth
- ❖ John Hennessy, Equality Maine - Network for Older Adults
- ❖ Peter Baker, LCSW, Geriatrics department at MaineHealth




Interview Video Series





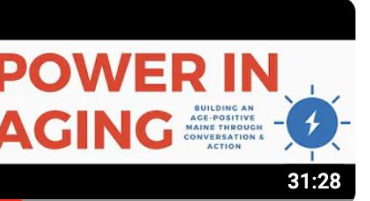
Search     

 **Hanley Health Leadership XVII**
@HanleyHealthLeadershipXV-ix4mq · 5 videos
More about this channel >

Subscribe

Home Videos 

Uploads ▶ Play all

 20:38	 23:53	 28:08	 18:01	 31:28
Kathy Vezina Maine Council on Aging 7 views · 12 days ago	John Hennessy Interview 8 views · 3 weeks ago	Marilyn Finch Interview 8 views · 3 weeks ago	Peter Baker Interview Age Positivity & Healthcare 15 views · 3 weeks ago	Don Harden MCOA Interview 15 views · 3 weeks ago

Interview: Kathy Vezina

- ❖ Kathy Vezina
 - ❖ Nurse, attorney
 - ❖ Manager, Equity & Healthy Aging Initiative - MCOA
 - ❖ Experience in leadership development, community behavioral health, reproductive justice



Words from Experts

Marilyn:

“How can you make someone’s life a little easier?”

“Don’t stop learning, don’t stop listening”

Don:

“The first thing is to literally notice people around you - like your older neighbors”

Peter:

“Making sure we’re aware of our own biases and systematic ageism that might be occurring, so we can dismantle some of that”

Kathy:

“Many of the policy decisions that have been implemented over time have been influenced by ageism and so are part of systemic ageism.”

John:

“Older adults thought they were done with this ‘coming out’ stuff...and it turns out that we’re never done.”

Intersectionality of Age and LGBTQI Health

Project Team Members:

Naneen Chace-Ortiz, MSN, RN, MaineHealth

Melissa Fochesato, MPH, Mid-Coast Hospital

Karen Gurney, CMPE, FACMPE, MaineHealth
Medical Group

Maryann Harakall, MPPM, Maine Centers for
Disease Control

Dr. Michael Madaio, Mid-Coast Hospital

Dr. Brendan Prast, MaineHealth

Ageism in Primary Care

Project Team Members

Rachel Grant, MBA, SHRM-SCP, Redington Fairview
General Hospital

Mike Hersey, PT, CSCS, MaineHealth

Sharon McAllister, OTR/L, MaineGeneral Health

Fides Nduwimana, WMCA WIC

Diandra Staples, HealthReach Community Centers

Emily Walters, MPH, MaineHealth



Do's & Do NOT's of AGEISM

★ What *should* you say & what *shouldn't* you say

✓ Do Say

Thank you for coming in today.

Let me review your test results with you.

Any concerns with memory?

You appear to be in good health.

Let your arm relax, I am happy to hold it for you if you'd like.

✗ Don't Say

Sweetie, thank you for coming in today.

Did you bring someone with you so I can review your test results with them?

Senior citizens experience more memory loss.

You look good for your age.

Honey, let me hold your arm while I do your blood pressure.

What Ageism Looks Like



"I didn't feel heard. I felt like my symptoms were being ignored only because I am 74 years old and my doctor thought my symptoms were age related. After being ignored for so long I finally got a diagnosis of Addison's disease with the help of my children who had to speak on my behalf, all because no one would listen to me and it shouldn't be that way!"

Ageism can manifest as ignoring or dismissing treatable concerns such as:

- falls,
- joint pain,
- hearing or vision loss

that would be checked out right away in younger patients.

Even though these challenges are common with aging, it doesn't mean they're a normal process of aging.



Do's & Do Not's of AGEISM

★ What *should* you say & what *shouldn't* you say

Do Say

Thank you for coming in today.

Let me review your test results with you.

Any concerns with memory?

You appear to be in good health.

Let your arm relax, I am happy to hold it for you if you'd like.

X Don't Say

Sweetie, thank you for coming in today.

Did you bring someone with you so I can review your test results with them?

Senior citizens experience more memory loss.

You look good for your age.

Honey, let me hold your arm while I do your blood pressure.

Adults aged 50-80 with a positive view of aging... **88%** Feel more comfortable being themselves
80% Have a strong sense of purpose
65% Think their life is better than they thought it would be



82% of Older Adults experience a form of Ageism in a Primary Care setting and as a result are likely to experience:

- Decline in Physical Health
- Decline in Mental Health
- Decline in Cognition
- Social Isolation
- Reduced Quality of Life

There are 3 types of Ageism:



Institutional ageism - when an institution perpetuates ageism through its actions and policies.



Interpersonal ageism - occurs in social interactions.



Internalized ageism - when a person internalizes ageist beliefs and applies them to themselves.



Ageism in Primary Care & How YOU can be part of the solution

Ageism is the unfair prejudice, or discrimination, on the grounds of a person's age.

Exploring Structural
Ageism in
Governmental Health
& Healthcare
Programs - Changes
to Improve Care

Project Team Members

Maddison Bourassa, Office of Behavioral Health,
Maine DHHS

Dan Demeritt, Maine Association of Health Plans

Chanbopha Himm, Maine Centers for Disease
Control

Betty St. Hilaire, CHW, LSX, MaineGeneral Health

Jenn Toms, OnPoint Health Data

Nicole Yeo-Fisher, LCSW, HealthInfoNet

Exploring Structural Ageism in Governmental Health & Healthcare Programs - Changes to Improve

HLD 2024 Project Group 5

Betty St Hilaire, Chanbopha Himm, Dan Demeritt, Jenn Toms,
Maddison Bourassa, Nicole Yeo-Fisher

COMMUNITY AGING IN PLACE

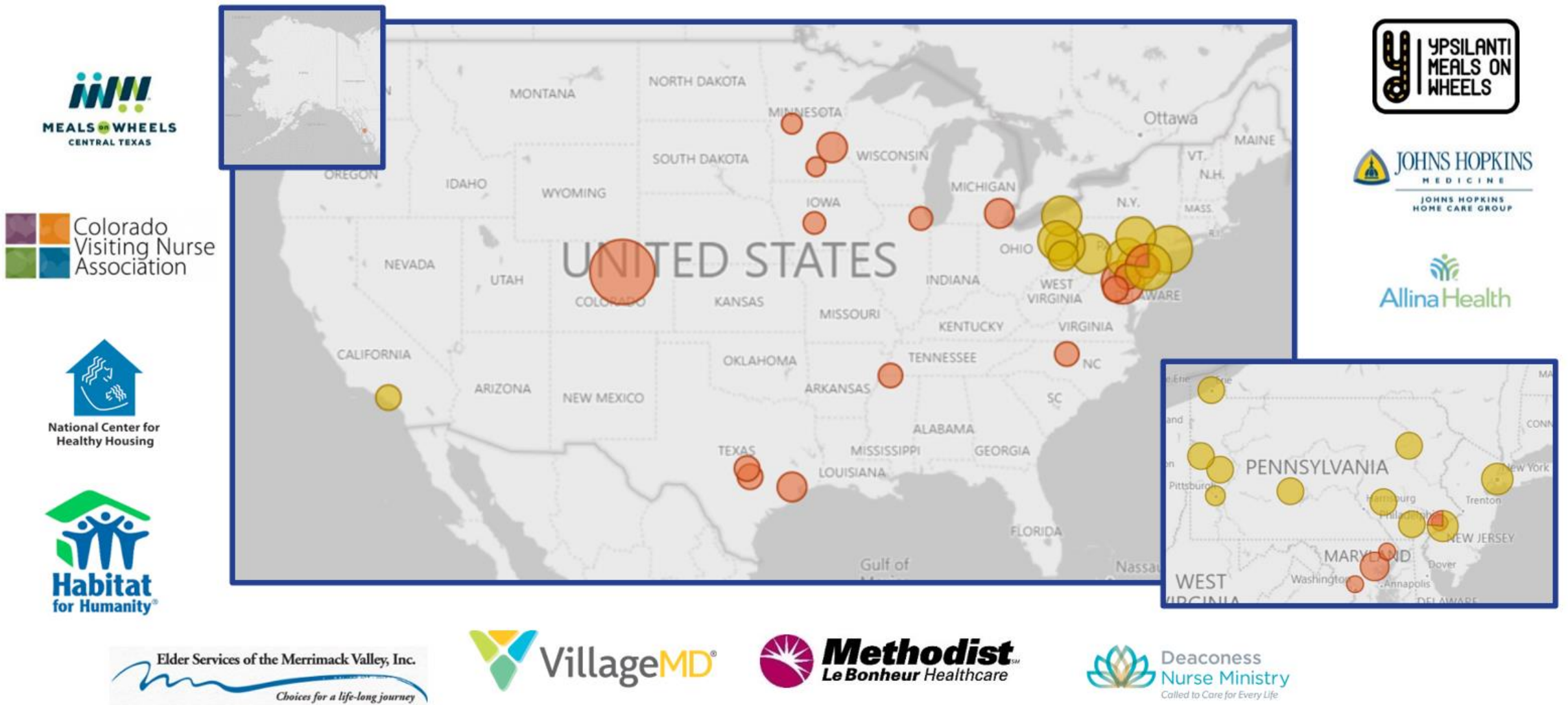
ADVANCING BETTER LIVING FOR ELDERERS

Home is where health is. People with functional limitations and chronic conditions are four times more likely than the general population to be among the five percent costliest users of health services. And yet, function is rarely addressed in medical visits.

- **CHALLENGE:** In today's health care environment, improving health largely falls outside of health care facilities
- **SOLUTION:** CAPABLE is a person-directed, home-based program that addresses both function and healthcare expenses



45 Implementation Sites, 20 States



CAPABLE & the Lewiston Housing Authority

Current Program:

- Licensed through Johns Hopkins and funded through Older Adult Home Modification Program (OAHMP) grant
- Only agency in Maine running this program

To participate you must:

- Be 62+ or disabled
- Own a home or live in a home that a family member owns
- Live in Androscoggin County
- Want to improve on the way you perform at least one daily living tasks
- Meet income guidelines

CAPABLE: Evidenced Base Outcomes



MORE THAN 6X RETURN ON INVESTMENT

Roughly \$3,000 in program costs yielded more than \$30,000 in savings in medical costs driven by reductions in both inpatient and outpatient expenditures.



HALVED DIFFICULTIES IN FUNCTION

Participants had difficulty with an average of 3.9 out of 8.0 Activities of Daily Living (ADLs) at baseline, compared to 2.0 after five months.



IMPROVED MOTIVATION

The change in physical environment further motivates the participant. Addressing both the people and the environment in which they live allows the person to thrive.

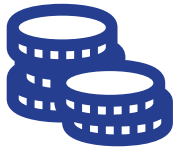


REDUCED SYMPTOMS OF DEPRESSION

Symptoms of depression, as well as the ability to grocery shop and manage medications also improved.

Our Project

Serving the Lewiston Housing Authority



BACKGROUND: LHA GRANT EXPANSION

LHA applied for a larger 2024 OAHMP grant to expand the program

- CAPABLE would expand from only serving the Lewiston area to include in Franklin, Oxford, Kennebec and Cumberland Counties
- Barriers to program entry reduced – would be open to home renters as well as owners



GOAL: GROWING CAPABLE

- Build trust and increase community engagement
- Marketing support to increase awareness and grow number of applicants

Our Project

Serving the Lewiston Housing Authority



PROJECT SCOPE

- **Direct Engagement Targets:** Developed comprehensive contact template of service providers and local resources for targeted outreach new counties and statewide organizations (e.g., CAP agencies, AAA organizations, medical offices, FQHCs, and universities)
- **Culturally Responsive Engagement Strategies:** Developed strategy for approaching community leaders and organizations and/or faith leaders with respect, empathy, and compassion to promote equity, access, and opportunity across all ethnic communities
- **Communication Plan and Calendar:** Provided a communication plan for announcing the grant award and expansion of services through traditional earned media outlets. The plan included a strategy for leveraging owned and shared communication channels (i.e., social media platforms, websites, and newsletters) to spread awareness



Closing & Commitments

What have you heard today that could be useful to you and your team when it comes to mitigating ageism?

Describe the connections, skills and experience YOU can contribute to an initiative to mitigate ageism in your workplace, community, family.

What is your commitment coming out of today? In your sphere of influence, what tangible step will you take in the next 7 days to move the conversation about ageism in healthcare forward?

Thank you to our Book Giveaway Sponsor!

MaineHealth

Thank you to our Hanley Team!



Final thank you sponsors!



MaineHealth



Mark Your Calendar Now to SAVE THE DATE!

Hanley Center 2025 Annual Networking Event

Monday, December 2, 2024

5:30-8:30pm

Harraseeket Inn, Freeport, ME

Maine's Healthcare Networking Event of the
Year!



Other Upcoming Hanley Offerings!

- ❖ Health Leadership Development (HLD 18)! Application period closes May 15th!
- ❖ Nursing Leadership Development Course – Cohort 2 – Commences October, Enrollment Open Now!
- ❖ Women in Health Leadership Seminar Series – Cohort 3 – Commences October, Enrollment Open Now!
- ❖ Physician & Provider Executive Institute = The Foundational Course, Southern/Central Region, Commences October 2024, Enrollment Opening Soon
- ❖ Host a Hanley Summer Intern 2025, Position Descriptions for Host-Sites Due Fall 2024
- ❖ Physician & Provider Executive Leadership Institute – The Advanced Course, Cohort 8 – Commences March 2025, Enrollment Opening in June 2024

