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**Hanley Center Forum 2024**

**Embracing Age Equity: Overcoming Ageism in Healthcare**

**World Café Notes**

**May 2, 2024**

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

**…Training/education of clinical providers?**

* Participatory medical care where caregivers become educators (& patients)
* Intergenerational education/connection at universities
* Badge/certificate programs for undergraduate students and pre-curriculum
* Start teaching/exposing high school students to older adults, talking about ageism
* Interactive experiences between all generations
* Market Maine as a learning laboratory as the oldest state
* Curriculum redesign that goes beyond merely specialty, integrating enhanced geriatrics. Exploring aging as part of diet, health
* Education & tools around transition and more training about SDOH factors that is easily accessible via EMR and has a connection to community based organizations

**…Workforce Challenges?**

* Job shadow/job swap for experience
* Programs to help transfer certifications from other countries to U.S.
* Supportive environment for older adults working longer
* Workplace flexibility
* Encourage more NPs, PAs, (mid-level) to enter geriatrics mentor programs
* Making career changes more popular/supported
* More education to address bias & fear working with older adults/trauma
* Tax credits

**…Age bias in practice to improve patient care?**

* Meaningful patient advisory committees
* 4 M’s – everywhere:
  + Mentation
  + Medication
  + Mobility
  + What Matters
* Dignity question – what matters to you? Age Friendly IHI Initiative
* Senior Leadership involvement
* Provide opportunities for staff to safely identify and challenge ageism
* Have a portfolio of tools to increase empathy and understanding of the experience of older adults
* Ageism training for all office staff (e.g. front desk, MAs, etc.)
* Incorporating news/priorities of older adults into structuring care environment
* Patient/provider interactions include time with caregiver (separate from patient)
* Survey patients after appointments by volunteers
* Strength based language
* Don’t attribute health issues to age alone
* Make part of ethics violations and look at national licensing standards regarding ethics

**…Inequity in treatment based on age stereotype/bias?**

* Root cause analysis of bias/root cause of deaths in older adults
* Patient/client voice at point of care. Give them confidence to ask for what they need
* Find & encourage ways to help people identify their own internal biases
* Find more research around health and aging – change stereotypes, but also make sure diagnoses are not missed!
* 4 M’s- age friendly healthcare education, training, implementation that include age breakdowns
* Create dashboard for metrics
* DEI education – include age (age is a multiplier!)

**…Access to supports and services for older adults, including dementia and home care?**

* Increase access by empowering caregivers to advocate in a knowledgeable/informed way
* Immersion training (living in a nursing home, Learn By Living program at UNE)
* MaineCare reimbursement for family/natural supports to do caregiving in home
* MaineCare reimbursement for aging services case managers-in-home
* Training + deploying more Geriatric Case Manager/Social Workers
* More respite supports

**Recap Notes with Dr. Marilyn Gugliucci**

* Ask “what’s most important” to older adults.
* Practice being aware of your bias!
  + Educate, test yourself online, etc.
* Root cause analysis
* Give patient/older adult/others confidence to ask for what they need
* Ask more open-ended questions (be OK with silence)
* DEI education and training should include age
* Access to transportation needs especially in rural Maine
* More respite support
* Caregivers and care partners need to be taken care of (health and financially) to increase caregiver options for older adults
* Privileges are only that when they aren’t requirements
* Talk to students about supporting older adults to live they want to live
* Older adults interact with youth at all ages – Maine as a learning laboratory
  + New Map of Life tool at Stanford University
* Designing tools with appropriate audience in mind
* Designate and identify who provides care needed
* Learn what you don’t know
* Support adults working longer
* Advanced Practice Providers – recruit more to focus on geriatrics
* Mentor peers and colleagues
* Educate to address bias (age bias) and trauma
* Participatory design
* Tax credits for Maine students who stay and work in geriatrics in Maine – Share this info!
  + Opportunity Tax Credit
  + Maine Loan Repayment (program for student loans)
* Maine Council on Aging – Outreach/trainings
* Integrate patient voices into current councils
* Use Strength based language & train everyone about it
* Question what are ethical violations in the care of older adults