Group 1: Laura (facilitator), Kelly (notes)

Policy recommendation would focus on intergenerational technology training opportunities.

"The recommendation is to perhaps form a short term advisory committee to outline the COVID protocols necessary to create a large volunteer group of young people who will visit and hopefully teach seniors and people with disabilities how to get more technologically engaged. The point is to help reduce social isolation."

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Additional notes:

Safety issues:

- Caregivers and Providers going in to people's homes. How is this being monitored and/or controlled.
- Some places have had to reduce the # of employees going in to facilities. This has possibly led to caregivers then having to be responsible for more patients.
- In facilities, have to monitor employees with multiple jobs
- PPE- how to protect people
- Isolation
- Have had to delay other health care issues. People are neglecting their other health needs. Routine procedures are not happening
- Transportation issues- not available, over crowded
- Food insecurity. How is our population getting to the food banks.

Engagement and autonomy issues:

- Facility visitation. Formal supports and informal supports. Not able to see people in facilities for the most part. Also personal visitation. Profound impact on the social isolation and depression on the folks who live in the facilities. Some window visits and/or visits with plexiglass are happening. People need to be able to touch each other.
- COVID Fatigue: Family members who aren't complying with the rules. (programming inside the facilities is still happening. Activities are still happening as long as people don't leave the facilities)
- What is happening to individuals who live at home? Friendship Line at IOA makes and receives calls. The question is what happens to those who are not connected to any services. These folks are unseen.
- In hotels, everyone has some sort of smart phone to do some tele medicine.
- The digital divide is huge which leads to isolation

Action Items:

- Funding of social support. Want the Mayor to increase funding access to mitigate the social divide. Partner with other groups, such as the tech council, who are working on this same issue. The city has not used its authority to get the $ and the equipment for all of the unconnected. The question is how do we teach people how to use technology if we have to use the tech to teach them. Would be great if we could harness the collective knowledge of high schoolers to check in on and teach some of this population.
- Short term advisory body to discuss social isolation and the resources needed?
- The mayor should be the champion of a volunteer program that harnesses the young people who will visit older adults and people with disabilities. This will keep more people out of the hospital. IF we don't work on social isolation it will mean more hospitalizations.
- We need to get this on the national stage as a tech heavy city, we should be at the forefront of solving the problem.
- Our recommendation reaches people in congregate settings as well as people who live in community.

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Group 2: Cindy (facilitator), Susie (notes)

Policy Recommendation: Ensure that LTCCC members (especially community representatives) are sitting on all policy and/or decision making bodies related to COVID.

"LTCCC Member and consumer should be represented on all decision-making bodies (vaccine committee, health order discussions, CCC)"

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Additional Notes:

Safety issues:

- Risk of disease spread, specifically in the congregate living environment. Want residents to visit families but no parameters of visitors being a potential concern. No testing requirement of family members.
    - Access to testing, turn-around time – both for consumer at home but also for caregiver workforce
- Lack of access to services, doctors, may or may not get in-home care
- Mental health is a safety issue– telehealth not working for all (too short, only 30 min?) suicidality; lack of access to transit to get to appointments; mental health impacts ability for people to take care of themselves. Digital divide issues/ lack of good wi-fi
- Lack of updated, centralized list of resources (e.g. here are the social connection activities/opportunities); consumers don't know what clinics/services are opened.

- o   But isolation isn't necessary solved by directing resources at people. Interested in recruiting people who are isolated to reach out to others who are isolated.
- What is going to happen to the people who get vaccinated? People providing in home care aren't prioritized. How do educate people who get vaccinated? What does it mean—still wear masks and social distancing? Will still be contagious. Coordinated communication. Family, caregivers need to know, not just program operators. Autonomy issues – will people be forced to be vaccinate? Even if vaccinated some may have an allergy or other reason that they can't participate. What does it mean? How do we ensure people get the 2nd vaccine? Helping people feel safe in getting vaccinated.

Autonomy and engagement issues:
- Mental health is a safety issue– telehealth not working for all (too short, only 30 min?) suicidality; lack of access to transit to get to appointments; mental health impacts ability for people to take care of themselves. Digital divide issues/ lack of good wi-fi
- Lack of updated, centralized list of resources (e.g. here are the social connection activities/opportunities); consumers don't know what clinics/services are opened.
  - o   But isolation isn't necessary solved by directing resources at people. Interested in recruiting people who are isolated to reach out to others who are isolated.

Identify action items:
- Create resource directory
- Develop a peer to peer outreach program for social isolation; people with lived experiences should be involved and get some level of reimbursement for people with lived experience lead to peer efforts
- Improve technology access for social engagement and telehealth.
  - o   Increase awareness about existing programs to bring computers/tablets to people
  - o   In-person support for people who do get computers/tablets
  - o   Ensure wi-fi at ALFs
- Person and/or consumers on the LTCCC need representation the relevant decision-making bodies (vaccination, health order, CCC).
- Shelter in place orders should not allow more movement before it is safe to allow SNF visitation
- Allow more in-person visitation at SNFs
- Prioritize in home care provider and clients in vaccination. Also include seniors and people whose disabilities put them at high risk of COVID.
- **#1 peer-peer engagement role as stipend opportunity, with training/support to them on helping facilitate access to technology and using various methods to engage - phone/video check-in, safe 1-1 visits in appropriate location, access to safe place outdoors to walk or sit, etc.**

Prioritize one action item/policy recommendation:

1. **LTCCC Member and consumer should be represented on all decision-making bodies (vaccine committee, health order discussions, CCC)**
2. Improve digital divide/access issues
   a. Provide computers/tablets to isolated seniors and people living in ALFs
   b. Provide Wi-Fi in ALFs
   c. Provide safe individual training for older adults and people with disabilities
   d. Make people aware of existing opportunities to get tablets/computers/wifi

From Cathy Spensley in chat: Felton has funding from the California Public Utilities Commission, and are developing a Tech Squad, which is engaging volunteers to work one-on-on with older adults and people with disabilities, to get their individual devices connected, and then connected to all the great training that is going on with community partners. This just stared December 1, and any volunteers can reach out to Edith Yamanoha at Felton, eyamanoha@felton.org.

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Group 3: Jacy (facilitator), Amie (note taker)

Policy Recommendation would focus on Telehealth: accessibility of telehealth, training required for the use of telehealth and engage with partners on next steps and/or a specific policy around advancing the accessibility and availability of telehealth, such as a summit.

Potential Partners: Tech Council, MOD, DPH, DAS and other community partners

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Additional Notes:

Safety issues:

Tech

- Safety telehealth not accessible- older adults and disabled have lack of devices, ways to get online, etc. Lack of tele-connectivity
- 20 board and care and assistive living have no connection with internet based or devises to get onto the internet
- Resistance from older adults to connect to the internet. Many people think it is not possible
- In person services- not safe to do so- people are missing out with the reduction of the in-person services. Isolation and want to talk about it but unwilling to do internet-based items to do remote services

- Seniors- hard to explain the new tech and learning new things, continue/repetitive learning.
  - WIFI and Tech is needed now but unable to gain the needed WIFI due to living arrangements

Communication on all levels – discharges difficult and COVID added additional layer:
- Skilled Nursing Medical running out so discharged to home agencies and Home agencies unable to access discharge information and etc
- Treatment issues for ongoing preexisting health concerns
- System and personal level

Transit

- Reduced MUNI routes and how this affects how people get/receive items they need for their living needs. Fear of Safety or routine
- Essentials visits taking Uber or Lyft over MUNI – extra cost

COVID Testing

- COVID Testing- need mobile testing- because lack for travel means or abilities to get to testing.

Autonomy and engagement issues:

- Had preexisting issues with isolation and already starting on that scale. Lack of access to Tech. Dependent on tech for socialization, health, exercise and etc.
- Overcrowded in the Shared Spaces Program
- Lack of visiting of family members and friends- Assisted Living, license homes and community living supported homes.
- Confinement- individuals unable to walk to their normal local locations
- Less exercise more atrophy- falls more with in their environment and disorientation
- More anxiety and depression
- Restrictions places on individuals
- In home support services, has there been an increased in people needing IHSS or other home nursing staffing during COVID?
- Staff changes- multi caregivers' issues
- Multi programs- don't know each other's COVID protocols- how to replace staff that tested positive with COVID and etc.
- Generation gaps- how to take control their lives safely- More at risk, younger taking more chances they should be. Ageism and ableism
- Tension- keep at home or go to Social Day, Day Health Programs or CBAS program- Social Day.

- Messaging to the public that eldering is higher risk creating divisions in ageism
- Independence over dependence

Identify action items:

- Look at Tech- how to be meditating we the lack of tech, knowledge, access
  - Equity in addressing Ageism and Ableism
  - Lawsuits over it. ADA compliance in nursing care, institutions and group homes. Action item how to so a grant for places to have funds to pay for internet
  - Community partners share knowledge, hubs and expanding what works
  - Look at what has been working with others and scale it further out.
  - Whole section left out and how to train everyone
- Pandemic- make sure identified individuals are given access to vaccines on top of list. IHSS, intuitional settings, nursing homes, group homes, ILS and SLS.
  - Rec- LTCCC to provide a written recommendation to Public Health- not first come first serve
- More universal testing- Both people have symptoms and no symptoms.
- Senior Centers re-opening in staggered way- Scheduled groups of 10 or so - Dial in/ remote services. - DAS issue not LTCCC issue
- Health Department order influence on items that needs to reopen. LTCCC recs to reopen safety. Public transportation safety and guidelines
- When COVID numbers are better and weather better. City identify safe outdoor sites to meet for outdoor programming. - LTCCC ask City (Park and Rec) to partner for safety spaces to be outside for outdoor programming.

Prioritize one action item/policy recommendation:

Telehealth- scale up- the policy – Multi section – Health department, Tech Council, Mayor Council of Disability and other community partners need to have a summit which includes; (more next steps to move toward policy)

- Accessibility
- Training
- Scaling up programs
- Stigma- of ageism and ableism

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Group 4: Mark (facilitator & note taker)

Recommended Policy: Promote a public health campaign that highlights service barriers and the mental health impact of social isolation.

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Additional Notes:

Safety issues:

- Sick time/not enough sick time/leave
- turnaround time, access to tests
- priority for LTC workforce (access to PPE)
- focus on who is going into the facilities
- collecting data on seniors but not on PWDs — need to do more of this;
- people who use LTC are concerned about safety within their residences (are vulnerable populations receiving some sort of special protection vs the general population where they live —so they don't need to move). Can people
- Was there a good system for discharge planning/home care. When coming home from hospital?
- Choosing intensive home care services vs. over institutional rehab
- how do we assure consumers that the service providers they have are safe?
- Where are the really cheap home tests?

Autonomy and engagement issues:

- Guidance around balance which acknowledges need for socialization to reduce isolation and depression
- Reversal of ban on children playgrounds
- The unseen mental health problem — we are only counting those people who are in government
- no intersectionality in the mental health programs – so we are missing this data.
- A lot of our attention has been on unsheltered individuals
- We've seen a lot of uptick in requests for health. Lots of folks outside the public system who are not getting counted or served — including Board & Cares and SNFS that are private – we don't see what those needs are.
- behavioral services don't have enough providers available — "we are also disaster service workers – more than ⅓ of our staff are deployed elsewhere"
- an interesting conversation — did the SIP hotels pull resources from the rest of the community???

- lots of questions about who/how are we prioritizing vaccination

Identify action items:

- an extension of the volunteer service system — "buddy system," matching with people who have time and capacity to people who are along and isolated
- A more intentional effort looking at the intersection of isolation, pwds and OAs — how are we addressing Behavioral Health — a bigger deeper effort specifically IDing the PWD/OA population who are most at risk from isolation
- establish a model visitation policy, balance concerns of safety/autonomy/mental health
- Ubiquitous access to rapid testing (HOME?)
- FIRST in LINE for VACCINATIONS: Health Care Workers, 80+, Living in LTC Facilities (and their providers),
- MENTAL HEALTH first aid campaign — prevention based, everyone's health and wellness is considered, LOWER BARRIERS to services —   Public health policy that
- technology as a tool to intervene in