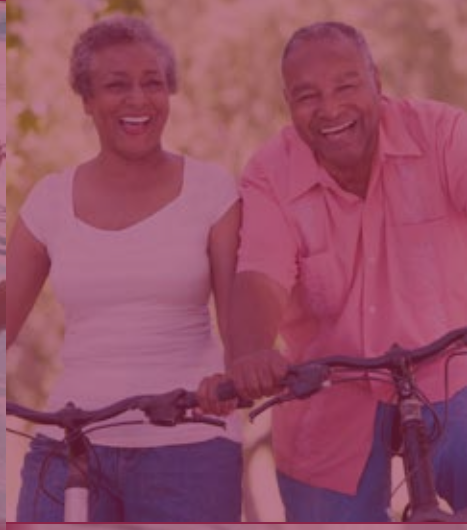

INCLUSIVE
HEALTH CARE

INCLUSIVE HEALTH CARE FINAL REPORT

A Planning and Implementation Toolkit

April 2022

Funded by the Michigan Health Endowment Fund

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Executive Summary

Detroit Area Agency on Aging (DAAA) is a private, nonprofit agency that serves older persons, adults with disabilities, and caregivers residing in Detroit, Hamtramck, Harper Woods, Highland Park and the five Grosse Pointes. DAAA's mission is to educate, advocate and promote healthy aging to enable people to make choices about home and community-based services and long term care that will improve their quality of life. Founded in 1980, the agency is one of 16 Area Agencies on Aging in the state of Michigan and 625 in the nation. DAAA assists the 153,540 sixty-plus older adults along with adults with disabilities and their caregivers to remove social, economic, physical, and psychological barriers to their independence. To do this, the agency partners with its service provider network of 120 organizations and community partners to create aging-friendly neighborhoods through nutrition, health and wellness, and senior services that help older people age in place.

In Fall 2021, DAAA partnered with the American Association of Retired Persons Michigan (AARP-Michigan), and the Michigan Public Health Institute (MPHI) to develop an ***Inclusive Health Care Community Action Plan*** to guide the community's steps in addressing health disparities and premature death of older adults. This plan was designed to focus on strategies to better address the coordination and integration of the Social Determinants of Health as well as issues associated with the lack of access to technology.

Over the course of six months, DAAA and its partners established an Inclusive Health Care Taskforce which organized itself into five subcommittees, each representing one of the social determinants of health: Health, Education, Economics & Retirement, Community & Social Context, Education, and Neighborhoods & Built Environment. Each subcommittee identified a goal, core objectives, key results to show those objectives had been met, action steps and partners needed to get there, as well as throughline issues tied to the digital divide. The high-level results and strategies outlined in the Community Action Plan are highlighted below:

Strategic Goals

- **HEALTH** To improve the health status of older adults through enhanced access to care and technology, and to reduce premature death and health disparities of older adults.
- **EDUCATION** Equal accessibility, earmarked funding outlay for aging and their programs, with seniors having a voice in what's best for them.
- **ECONOMICS & RETIREMENT** Everyone has adequate access to income/benefits throughout the life course to yield their financial security.
- **SOCIAL & COMMUNITY CONTEXT** Better coordination of resources among supportive service providers.
- **NEIGHBORHOOD & BUILT ENVIRONMENT** Engage all generations, including private and public sectors of the community, in creating a place to age safely and successfully.
- **DIRECT STRATEGIES TO COMBAT THE DIGITAL DIVIDE** Draw out from each Social Determinant of Health a plan from which to overcome barriers through the use of technology while simultaneously overcoming the digital divide.

HEALTH

KEY RESULT 1: Dramatically increase the amount of time healthcare professionals need to spend in Geriatrics during their residency, education or practicums. **(By 2025+)**

KEY RESULT 2: All aging adults will understand their insurance options and policies so that knowledge will activate access to care. **(By 2025+)**

KEY RESULT 3: All aging adults have access to affordable, comprehensive insurance. **(By 2025+)**

KEY RESULT 4: Home Health Aides (HHAs) and Community Health Workers (CHWs) are trained to provide a wider array of services for their patients/participants including education around digital technology (with increased pay). **(By 2025)**

EDUCATION

KEY RESULT 1: Passage of a senior millage and/or earmarking of lottery/senior education tax funding for programs serving the aging population. **(By 2023-2025)**

KEY RESULT 2: Establishment of a public access channel for older adults, created, produced, and directed by those aging in place. **(By 2025)**

ECONOMICS & RETIREMENT

KEY RESULT 1: All aging Detroiters are financially literate and lead discussions about economics and retirement planning across the lifespan**. (By 2024)**

KEY RESULT 2: Everyone has adequate access to income/benefits throughout the life course, including job and placement assistance for encore careers **(By 2025+)**

SOCIAL AND COMMUNITY CONTEXT

KEY RESULT 1: People who are aging alone have the same support as those who are aging within a family structure. **(By 2025+)**

KEY RESULT 2: Partner directly with United Way of Southeastern Michigan and their Close the Loop program using SDOH Navigators to help partner agencies better coordinate and integrate care inclusive of an anti-ageism campaign. **(By 2023)**

KEY RESULT 3: Establish and market social engagement programs through MOU with United Way of Southeastern Michigan **(By 2023)**

NEIGHBORHOOD & BUILT ENVIRONMENT

KEY RESULT 1: City and state policies allow rather than impede aging Detroiters to stay in safe, secure, and affordable housing. **(By 2023)**

KEY RESULT 2: Aging Detroiters who are experiencing substance abuse disorders, mental health concerns, or dementia are supported. **(By 2025+)**

KEY RESULT 3: Age-friendly communities with intentional, affordable, and accessible housing; accessible food, home repair services; transportation, walkable communities, parks, and other amenities: along with clean air, and water. **(By 2025+)**

KEY RESULT 4: Public safety, engagement of block clubs and Community Development Corporations to safeguard seniors. **(By 2023-2025)**

THROUGH LINE THEMES AND ISSUES ACROSS THE FIVE SOCIAL DETERMINANTS OF HEALTH AND TECHNOLOGY

To address the digital divide, the Taskforce outlined 3 goals related to the digital divide that must first be grappled with before other actions may be taken:

- ★ All Detroiters have devices and Broadband Internet.
- ★ All Detroiters know how to use the devices at a minimum.
- ★ All Detroiters know how to use devices at levels approaching digital natives.

Each IHC Taskforce Subcommittee identified digital divide issues that needed attention over the next three years after the Taskforce establishes a Think Tank to analyze data regarding the impact of the digital divide on older adults and the larger community and position itself for implementation:

DIRECT STRATEGIES TO COMBAT THE DIGITAL DIVIDE

KEY RESULT 1: Relevant statistical data needs to be gathered and mapped regarding who has devices, who needs devices and who has Broadband. **(By 2023)**

KEY RESULTS 2: Establish Think Tank and/or Training Center **(By 2023-2025).**

Key Results

HEALTH - KEY RESULT

KEY RESULT: All aging adults are comfortable and knowledgeable using technology for telehealth and other health care needs. **(By 2025+)**

EDUCATION - KEY RESULT

KEY RESULT: Every grandparent raising or helping to raise grandchildren receives the necessary tools to provide the educational support required. **(By 2023)**

★ Identify earmarked funds from senior-millage and/or lotteries to support face-to-face and online programming. **(By 2023)**

ECONOMICS AND RETIREMENT - KEY RESULT

KEY RESULT: Publication of a Toolkit designed to address financial concerns for seniors including estate planning decisions, and especially RETIREMENT that can be used by all ages and built upon over the course of one's life. **(By 2023-2025)**

SOCIAL & COMMUNITY CONTEXT - KEY RESULT

KEY RESULT: Development of a senior-directed social media app. **(By 2023-2025)**

NEIGHBORHOOD & BUILT ENVIRONMENT - KEY RESULT

KEY RESULT: City planning and infrastructure decisions accommodate/assure technology for across the life span. **(By 2025+)**

(Refer to the Inclusive Health Care Taskforce Community Action Plan to review activities and partners to be engaged. It can be found at: www.detroitseniorsolution.org)

CONCLUSION

The establishment of the Inclusive Health Care Taskforce has afforded the community with a unique opportunity to address the Social Determinants of Health and the digital divide collectively over the next three years (2023-2025) through constituents, public and private partners, and other community stakeholders. The strategic planning process executed over a six-month period enabled participants to dream and re-imagine how citizens could better prepare for growing old and giving older adults a bigger voice in re-shaping health care in the community through a SDOH Lens.

Participants were excited about embedding the Age Friendly Communities 4Ms Framework into our local health and long-term care systems and deploying community health workers and home health aides to orient homebound seniors in using technology. They dreamed about better access to broadband, devices and pop-up educational training sessions throughout the community as well as the creation of a Retirement Planning Toolkit, SDOH App and a senior-directed Cable TV program. They re-imagined Detroit as a more age-friendly, safe, and resource-enriched community with adequate grocery stores, housing rehabilitation and home repair services with adequate transportation, and accessible/affordable housing. These resources were to be available to not only homebound and active older adults, but for the generations following them. They also saw the endless possibilities of supporting caregivers and bringing youth, adults with disabilities and seniors together to get them engaged in intergenerational activities; enriching the lives of each of these groups.

As DAAA works with AARP Michigan and other partners, we will be examining ways to keep momentum and to jumpstart the engagement of more public and private partners as well as consumers. This includes engaging the IHC Taskforce, recruiting retirees who want to break out of their Covid-19 jail cells and tapping into public and private resources to transition from planning and dreaming to implementation and community action!

Recommendations

- Submit Community Action Plan to the Michigan Health Endowment Fund.
- Engage existing partners, MPHI & AARP Michigan, to identify what human capital and resources can be contributed to this plan.
- Seek additional monetary and in-kind resources through the Michigan Health Endowment Fund and other public and private grantors.
- Keep existing and new partners engaged to support implementation.
- Maintain Taskforce information on the DAAA website under “Inclusive Healthcare Taskforce.”
- Utilize unspent funding to maintain momentum and kickstart implementation until other funding is available.
- Prioritize SDOH App, Retirement Planning Toolkit and Cable TV Program along with Digital Divide Strategy.

Introduction

In 2020, the Detroit Area Agency on Aging (DAAA) contracted with Wayne State University School of Medicine under the leadership of Herbert Smitherman, MD, Principal Researcher, to commission its third *Dying Before Their Time (DBBT)* study. This *DBTT* study, first published in 2003 with a follow-up study in 2012, was conducted to discern the health and mortality status of older Detroiters who were found to have a premature death rate of 2 to 2.5 times that of older adults in the remainder of the state of Michigan in the initial study.

To pursue recommendations in the third edition of this award-winning *Dying Before Their Time* report, DAAA decided to examine how it could bring public and private partners together to better coordinate and integrate the Social Determinants of Health – factors that comprise of 80% of an older adult's health and wellness status. DAAA approached the Michigan Health Endowment Fund who expressed interest in funding this effort. The Health Fund suggested the involvement of AARP Michigan as a key partner in this venture. AARP Michigan had recently published *Disrupt Disparities: A Continuum of Care in Michigan for Michiganians 50 Years and Older* in October 2018. The report called for expanding Broadband, a Family Caregiver Tax Credit and expansion of Michigan Medicaid to address the Social Determinants of Health. Both DAAA's DBTT study and the Disrupt Disparities sought to reduce health disparities among older adults.

Ronald S. Taylor, President and CEO, Detroit Area Agency on Aging approached the Michigan Public Health Institute (MPHI) to facilitate the implementation of the community-wide planning process in alignment with a grant proposal drafted by DAAA. Anne Holmes Davis, Vice President of Planning and Program Development, DAAA and Phillip Barnhart, Health Equity Consultant, MPHI were designated as Inclusive Health Care Taskforce Co-Leads with support from a talented Implementation Team from both organizations. Four Wayne State University School of Medicine Students also supported the initiative.

Inclusive Health Care Taskforce Goal

To develop a community action plan or road map designed to coordinate and integrate social determinants of health to reduce health disparities and to close the gap on the technology digital divide.

Objectives

- ★ To develop a community action plan/roadmap/conceptual framework for connecting the community to technology, community resources and the social determinants of health.
- ★ To address the digital divide to reduce health disparities of older adults, caregivers, and other city residents.
- ★ To research systemic technological changes needed within and outside of the provider network to better integrate care and develop the community's health care work force.
- ★ To develop process and community impact methodology for evaluating implementation of the Inclusive Health Care initiative.
- ★ To develop a Community Action Plan and toolkit to support implementation and program replication including an Inclusive Health Care Taskforce Summit.

The *Inclusive Health Care Taskforce (IHC) was* established to facilitate obtaining input from public and private partners, consumers and stakeholders. The Taskforce consisted of an Executive Advisory Council, a Steering Committee, and five Subcommittees supported by an Implementation Team. MPHI tapped Elizabeth Whittaker-Walker of Raymond Whittaker Design, LLC to synthesize and analyze input from the community, to facilitate a strategic planning session, and to use the environmental scanning data and discussions to prepare the Community Action Plan. Ms. Whittaker-Walker, an international equity strategist, presented the Community Action Plan at the IHC Summit.

DAAA worked with MPHI and Wayne State University (WSU) Student Interns to develop an IHC Webpage on its Website to encourage engagement and centralize deliverables produced by the IHC Taskforce. This includes curating videos/PowerPoint presentations of meetings, a partnership directory, literature review, best practices, and the Community Action Plan.

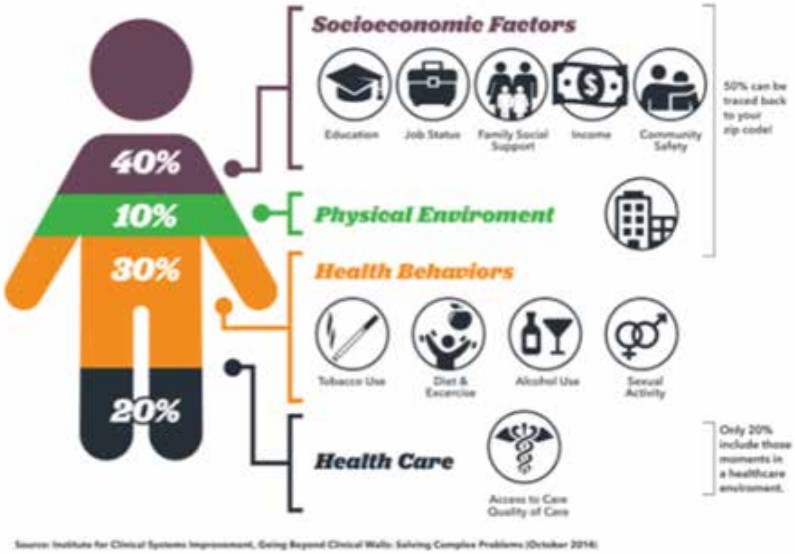
After the Community Action Plan was developed and supported by consensus building at the Summit, partners were surveyed to evaluate the planning process. The Implementation Team summarized the process in this final report and toolkit to support program replication.

Inclusive Health Care Task Force Charter

Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, risks, and quality-of-life outcomes. Extensive research indicates that about 80% of the health and well-being of older adults and the general population alike are significantly tied to the SDOH with 20% associated with access to health care.

The Taskforce committed itself to *operating from a position of "productive outrage" about the continuing premature and excess death rate of older Detroiters exacerbated by Covid-19 to drive system change at the urging of* Renee Canady, CEO of MPHI.

The factors associated with the SDOH include socioeconomics at 40%, the physical environment at 10% and healthcare behaviors at 30%. These factors influence the health of people and communities include socio-economic status related to income and financial status; power, social engagement, and societal value; educational status and literacy level; the physical environment and neighborhoods as well as occupational and retirement status.



The *Inclusive Health Care Task Force* was established to bring together public and private partners and consumers to work collaboratively to develop a community action plan that provides a road map for community action centered around better coordinating and integrating systems and resources that impact health and wellness. Each subcommittee adopted this Charter and its guiding principles.

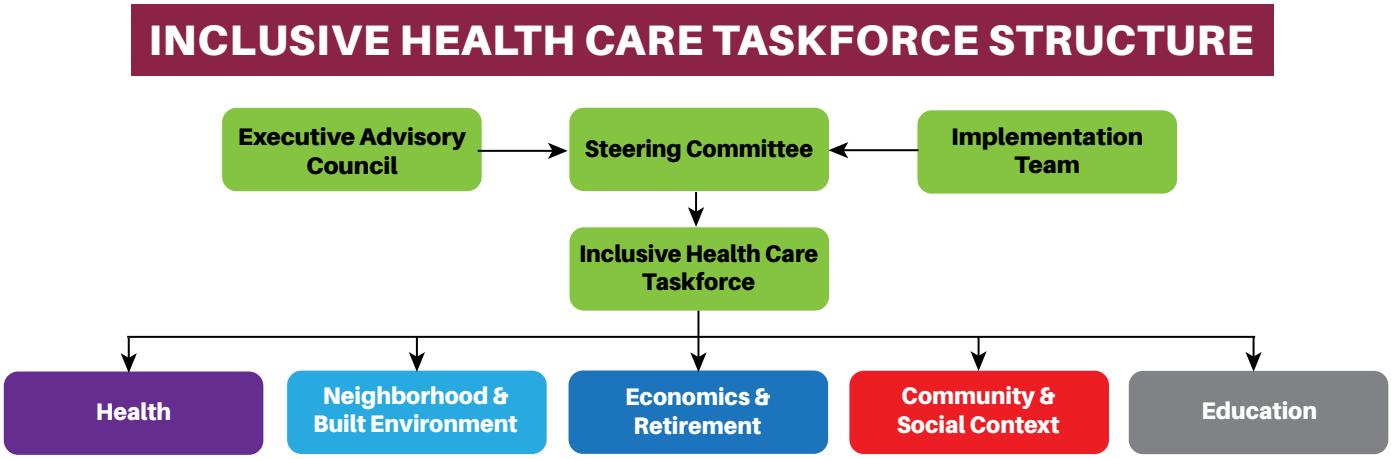
GUIDING PRINCIPLES OF THE INCLUSIVE HEALTH CARE TASK FORCE

1. Allow all voices to be heard to develop a comprehensive, inclusive health care strategy for the targeted community.
2. Promote strategies that bring public and private partners as well as consumers together to better integrate and coordinate community assets and resources for maximum community impact.
3. Pursue outcomes that can be measured and make a difference in the lives of individuals across the lifespan that use technology to bridge resources and generations.

DELIVERABLES:

1. Engage public and private partners and consumers in strategic planning discussions designed to facilitate the development of strategies and recommendations to improve access to care among older persons, adults, and younger populations to reduce health disparities.
2. Recommend strategies to better coordinate and integrate health care along the continuum of care to ensure that patients are connected to healthcare systems that provide preventative care and proper treatment plans.
3. Improve and expand access to training, broad-band internet access and technology to help keep people healthy.

The structure of the *Inclusive Health Care Task Force* and its Executive Advisory Council, Steering Committee and five Subcommittees are described below:



DAAA reached out to over 200 public and private organizations, consumers and community stakeholders to engage them in the community-planning process. The agency worked with MPHI to layout a timeline for activities in alignment with the grant application submitted to The Michigan Health Endowment Fund.

Executive Advisory Council

The Executive Advisory Council consists of Ronald Taylor, President and CEO of the Detroit Area Agency on Aging (DAAA); Renee Canady, Ph.D., President and CEO of MPHI (Michigan Public Health Institute) and Paula D. Cunningham, State Director of AARP Michigan (American Association of Retired Persons) Michigan. These individuals provided oversight to the Inclusive Health Care Taskforce. The group met during the pre-planning phase as well at during strategic milestones during the process to provide guidance. They participated in panel discussions at the Kick-Off/Launch and Summit.

The Steering Committee

The Steering Committee consists of the Chairs, partners and consumers of the five Subcommittees, the implementation team and Wayne State University student interns. The five subcommittees focused on the five domains of the SDOH:

- **HEALTH**
- **EDUCATION**
- **ECONOMICS & RETIREMENT**
- **SOCIAL AND COMMUNITY CONTEXT**
- **NEIGHBORHOOD AND BUILT ENVIRONMENT**

Steering Committee

The following individuals were selected to serve as chairs and vice-chairs of the five subcommittees. These individuals were utilized to bring additional stakeholders or consumers to the table with an eye towards implementation. The chairs and vice-chairs of each subcommittee are noted below:

HEALTH

Sudha Sankar, Chair	Diegeses Projectz
Farha Abbasi, Vice-Chair	Michigan State University

EDUCATION

Kristie King, Chair	Senior Regional Collaboration – Southeast MI
Lisa Whitmore-Davis, Vice Chair	Wayne County Senior Services & Veteran Affairs

ECONOMICS & RETIREMENT

Mary McDougall	Operation ABLE
LaToya Nicole Hall	WSU, Successful Aging Financial Empowerment (SAFE)

SOCIAL & COMMUNITY CONTEXT

Phyllis Edwards, Chair	Bridging Communities, Inc. (Retired)
Mary Carmen Munoz, Vice Chair	La Sed Senior Center

NEIGHBORHOOD AND BUILT ENVIRONMENT

Brenda Price, Chair	Associate State Director, AARP Michigan
Beverlyn Hilton, Vice Chair	Wayne County Treasurer's Office

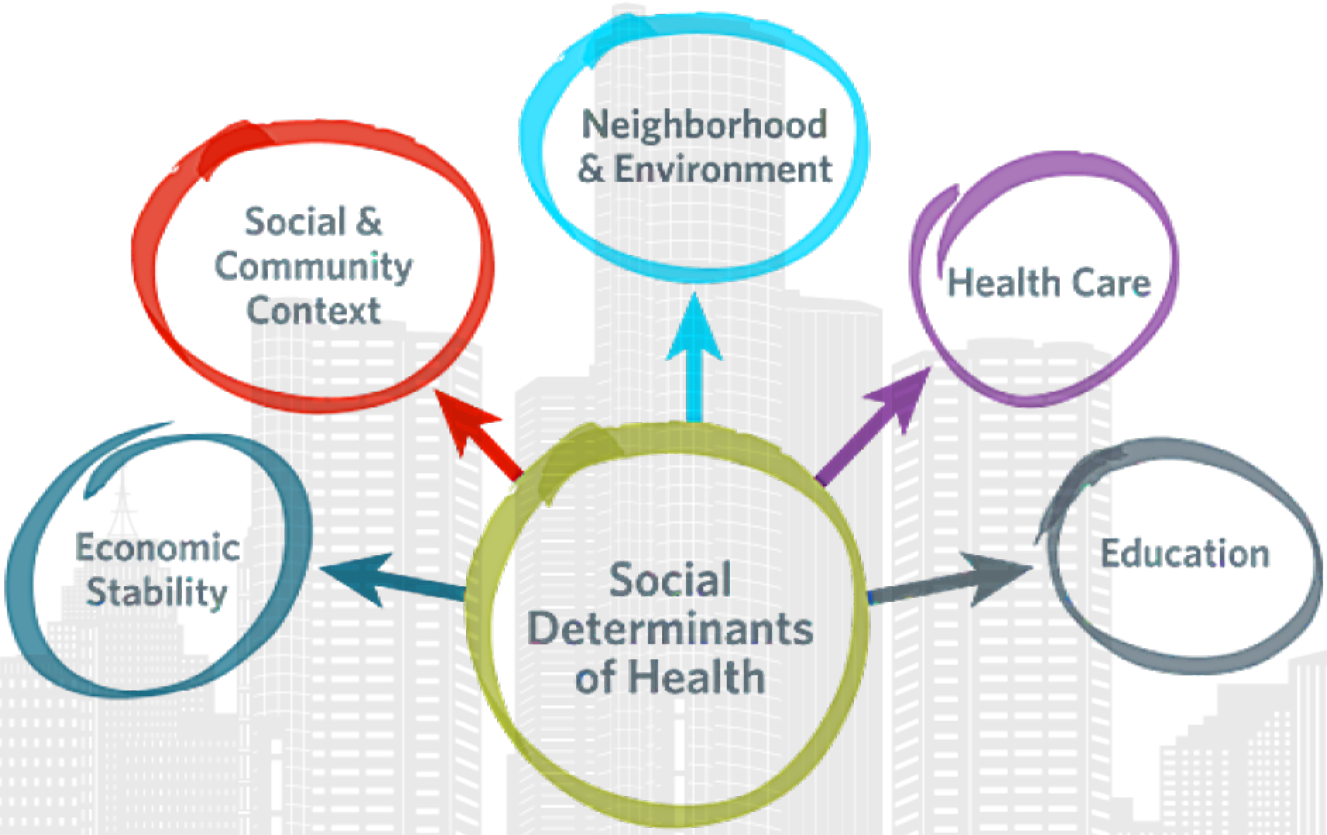
Subcommittees

These five Subcommittees of the Inclusive Health Care Task Force were charged to collectively provide input into the community action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH. Phillip Barnhart, Health Equity Consultant facilitated subcommittee meetings and Elizabeth Whitaker-Walker, Raymond Whittaker Design, LLC. and served as the facilitator of the Strategic Planning discussions after subcommittees met to provide input. MPHI met with DAAA's Planning Team every 2-3 weeks to get direction on implementation as well as to prepare for sub-committee meetings.

During Strategic Planning Check-in meetings, the Implementation Team built agendas for the upcoming meetings, designed or selected processes and tools to be used to gather data and reviewed outcomes from previous meetings. Both DAAA and MPHI also had internal meetings with team members to prepare for the Implementation Plan Check-in meetings and to work on action items for the upcoming planning sessions.

The subcommittees of the Taskforce met four times – twice individually and twice collectively to provide input into the process. The subcommittees were brought together on the Zoom process and MIRO Boards, break out rooms and brainstorming techniques were used. After input was received from the individual or group meetings, Elizabeth Whittaker-Walker facilitated discussions at a single Strategic Planning session. This information was gathered in a three-hour session.

All subcommittees were also tasked to examine how technology could add value to their assigned domains as a throughline theme.



The Charters and expected deliverables for each subcommittee appear on the following pages:

Inclusive Health Care Task Force
Health Subcommittee

Health Sub-Committee Purpose: Many people in the United States, State of Michigan and Detroit area do not get the health care services they need. The Health Care Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area related to health care access and quality, with a focus on better coordinating and integrating health care access and services as well as the technology and training needed to improve their quality of life.

■ Deliverables:

1. Develop strategies and recommendations to improve access to care among older adults and younger populations upstream to reduce health disparities.
2. Recommend strategies to better coordinate and integrate health care along the continuum to ensure that patients are connected to healthcare systems that provide preventative care and proper treatment plans.
3. Improve and expand access to training, broad-band internet access and technological devices to help keep people healthy.

Inclusive Health Care Task Force
Education Subcommittee

Education Sub-Committee Purpose: Education is a life-long learning proposition that enriches the lives of all citizens. People with higher levels of education are more likely to be healthier and live longer. The Education Sub-Committee of the *Inclusive Health Care Task Force* will assess educational assets and needs of older persons, youth and adults in the Detroit metropolitan area that can enrich their lives with a focus on life-long learning, the expansion of intergenerational programs and the expanded use of technology to improve their quality of life.

■ Deliverables:

1. Develop strategies and recommendations to provide high-quality educational opportunities that enrich the lives of youth, adults, older persons, and caregivers to address health literacy upstream to reduce the onset of chronic diseases.
2. Expand intergenerational programs and experiences to increase understanding of the aging process.
3. Improve and expand access to training, broad-brand, and technological devices.

Inclusive Health Care Task Force
Economics and Retirement Subcommittee

Economics & Retirement Sub-Committee Purpose: In the United States, 1 in 10 people live in poverty and many people cannot afford healthy food, health care, and housing – their basic needs. In the Detroit area, 1 in 3 older adults live in poverty**.** The Economics and Retirement Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area to ensure that there is adequate access to employment and training, as well as retirement planning to improve the quality of life.

■ Deliverables:

1. Develop strategies and recommendations to improve access to employment and training as well as retirement planning for all ages with an emphasis on 50-plus individuals.
2. Develop linkages between public and private partners to better integrate and coordinate access to basic needs and services.
3. Explore strategies to improve access to technology and training to facilitate job placement and retirement planning.

Inclusive Health Care Task Force

Social and Community Context Subcommittee

Social and Community Context Sub-Committee Purpose: People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. The Social and Community Context Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan that support positive relationships and opportunities at home, work and within the community including the integration of the technology and training needed to improve their quality of life.

■ Deliverables:

1. Develop strategies and recommendations to improve access to mental health and other services needed for those at-risk.
2. Recommend strategies for community diversity, equity, and inclusion as well as social justice.
3. Better coordinate family and kinship support services throughout the lifespan including using technology, social media and other state-of-the-art strategies supported by interaction and technology.

Inclusive Health Care Task Force

Neighborhood and Built Environment Subcommittee

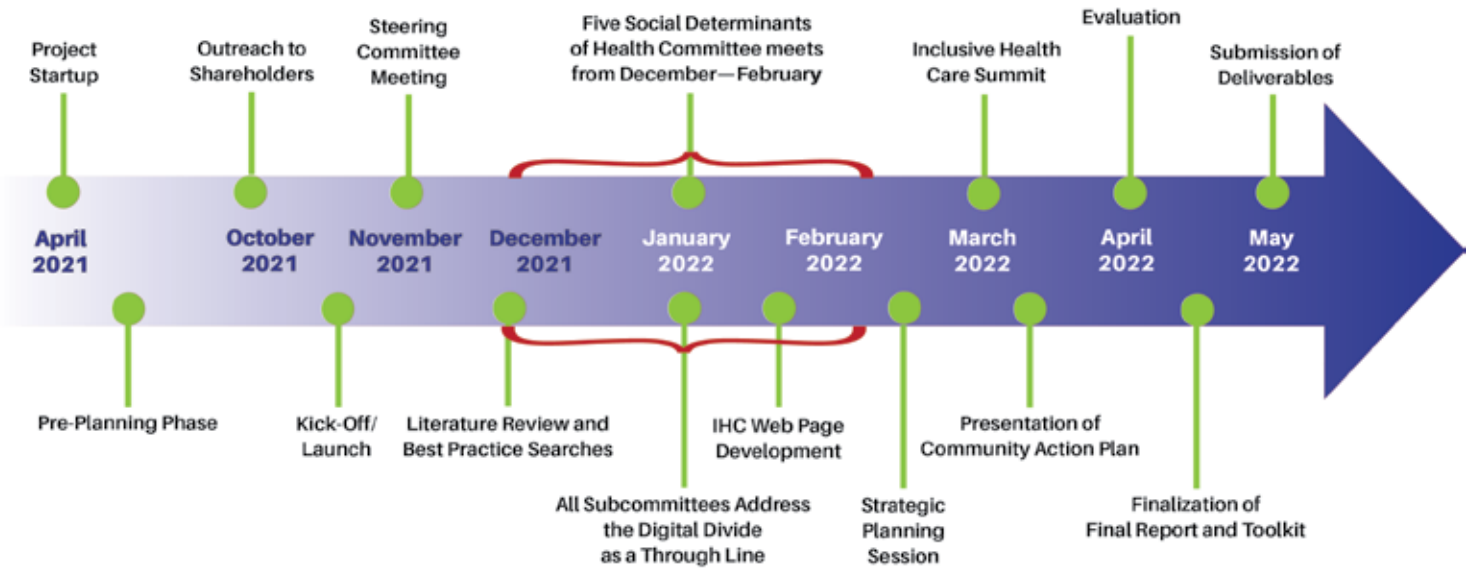
Neighborhood/Built Environment Sub-Committee Purpose: The neighborhoods residents live in have a major impact on their health and well-being. The Neighborhood and Built Environment Sub-Committee of the *Inclusive Health Care Task Force* will assess the neighborhood assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area, with a focus on improving health and safety in places where people live, work, learn and play to improve their quality of life.

Deliverables:

1. Develop strategies and recommendations needed to improve public safety.
2. Recommend strategies to reduce exposure to environmental factors such as poor air quality, soil and water quality through policy changes, interventions and improved and responsive regulations.
3. Expansion of the adoption of age-friendly community principles and practices through neighborhood organizations/block clubs as well as municipalities – local, county, and regional governmental levels.

The Gantt Chart below outlines the cadence of meetings outlined for the process:

THE INCLUSIVE HEALTH CARE TASKFORCE PLANNING PHASE GANTT CHART



Implementation Team

The Implementation Team consists of DAAA and MPHI staff team responsible for operationalizing the project and meeting logistics:

- **Anne Holmes Davis – DAAA, Co-Lead**
- **Crisshara Allen**
- **DiAnna Solomon**
- **Chloe Holmes**
- **Ryan Michael**
- **Helen Love**
- **Phillip Barnhart, MPHI, Co-Lead**
- **Fayana Richards**
- **May Darwish-Yassine**
- **Julie Heany**
- **Jordan Evans**
- **Vanessa Burnett**

Inclusive Healthcare Taskforce
SUMMARY

KEY FINDINGS:

HEALTH To improve the health status of older adults through enhanced access to care and technology, and to reduce premature death and health disparities of older adults.

EDUCATION Equal accessibility, earmarked funding outlay for aging and their programs, with seniors having a voice in what's best for them.

ECONOMICS & RETIREMENT Everyone has adequate access to income/benefits throughout the life course to yield their financial security.

SOCIAL & COMMUNITY CONTEXT Better coordination of resources among supportive service providers.

NEIGHBORHOOD & BUILT ENVIRONMENT Engage all generations, including private and public sectors of the community, in creating a place to age safely and successfully.

DIRECT STRATEGIES TO COMBAT THE DIGITAL DIVIDE Draw out from each Social Determinant of Health a plan from which to overcome barriers through the use of technology while simultaneously overcoming the digital divide.

Health

KEY RESULT 1: Dramatically increase the amount of time healthcare professionals need to spend in Geriatrics during their residency, education or practicums. **(By 2025+)**

KEY RESULT 2: All aging adults will understand their insurance options and policies so that knowledge will activate access to care. **(By 2025+)**

KEY RESULT 3: All aging adults have access to affordable, comprehensive insurance. **(By 2025+)**

KEY RESULT 4: Home Health Aides (HHAs) and Community Health Workers (CHWs) are trained to provide a wider array of services for their patients/participants including education around digital technology (with increased pay). **(By 2025)**

Education

KEY RESULT 1: Passage of a senior millage and/or earmarking of lottery/senior education tax funding for programs serving the aging population. **(By 2023-2025)**

KEY RESULT 2: Establishment of a public access channel for older adults, created, produced, and directed by those aging in place **(By 2025).**

Economics & Retirement

KEY RESULT 1: All aging Detroiters are financially literate and lead discussions about economics and retirement planning across the lifespan**. (By 2024)**

KEY RESULT 2: Everyone has adequate access to income/benefits throughout the life course, including job and placement assistance for encore careers **(By 2025+)**

Social & Community Context

KEY RESULT 1: People who are aging alone have the same support as those who are aging within a family structure. **(By 2025+)**

KEY RESULT 2: Partner directly with United Way of Southeastern Michigan and their Close the Loop program – using the SDOH Navigators to help partner agencies better coordinate and integrate care inclusive of our anti-ageism campaign. **(By 2023)**

Key Result 3: Establish and market social engagement programs through a Memorandum of Understanding with United Way of Southeastern Michigan.

Neighborhood & Built Environment

KEY RESULT 1: City and state policies allow rather than impede aging Detroiters to stay in safe, secure, and affordable housing. **(By 2023)**

KEY RESULT 2: Aging Detroiters who are experiencing substance abuse disorders, mental health concerns, or dementia are supported. **(By 2025+)**

KEY RESULT 3: Age-friendly communities with intentional, affordable, and accessible housing; accessible food, home repair services; transportation, walkable communities, parks, and other amenities: along with clean air, and water. **(By 2025+)**

KEY RESULT 4: Public safety, engagement of block clubs and Community Development Corporations to safeguard seniors. **(By 2023-2025)**

Direct Strategies to Combat the Digital Divide Key Results

KEY RESULT 1: Relevant statistical data has been gathered and mapping has been completed regarding who has devices, who needs devices, who needs Broadband.

KEY RESULT 2: Establish Think Tank and Training Center **(By 2023-2025)**

HEALTH

KEY RESULT: All aging adults are comfortable and knowledgeable using technology for telehealth and other health care needs. **(By 2025+)**

EDUCATION

KEY RESULT: Every grandparent raising or helping to raise grandchildren receives the necessary tools to provide the educational support required. **(By 2023)**

- Identify earmarked funds from senior millage and/or lotteries to support face-to-face and online programming.

ECONOMICS AND RETIREMENT

KEY RESULT: Publication of a Toolkit designed to address financial concerns for seniors including estate planning decisions, and especially RETIREMENT that can be used by all ages and built upon over the course of one's life. **(By 2023-2025)**

SOCIAL & COMMUNITY CONTEXT

KEY RESULT: Development of a senior-directed social media app. **(By 2023-2025)**

NEIGHBORHOOD & BUILT ENVIRONMENT

KEY RESULT: City planning and infrastructure decisions accommodate/assure technology for all across the life span. **(By 2025+)**

(Please refer to the Inclusive Health Care Community Action Plan to review activities and partners to be engaged. It can be found at: www.detroitseniorsolution.org)

Partner Profile, Evaluation and Satisfaction SURVEY RESULTS

On April 8, 2022, the Detroit Area Agency on Aging disseminated a partnership survey to constituents and community stakeholders to develop a profile of who participated in the planning process, to gauge their satisfaction level and to obtain input on executing the next phase of the community-wide initiative. SurveyMonkey was used to execute the survey.

Partner Engagement Profile

Of those responding to the survey, **37.5%** were from private non-profit organizations **20.8%** were older adults, caregivers or persons with disabilities; while government organizations, business/corporations or college/university were each represented at 8.3% each and 16.7% were affiliated with other types of organizations.

Age and Gender of Participants

Of those engaged in the Inclusive Health Care Taskforce, 0**%** were 18 – 29 years old*; **8.3%** were 30 years to 49 years old, **33.3%** were 50 – 59 years old; **37.5%** were 60 years to 69 years old and **20.8%** were 70 years to 84 years old. Eighty-six **(86%)** of the participants were female and **13%** were male.

* Four Wayne State University students who supported the effort are not included in these responses.

Race and Ethnicity of Participants

Seventy-one **(71%)** of the respondents reported being African American/Black, **17%** Caucasian/White; **4.1%** Hispanic/Latinx, **4.1%** Asian/Pacific Islander and **4.1%** identified as Multi-Racial.

Engagement of Inclusive Health Care Taskforce Meetings

Thirty-three (**37%)** percent of participants attended 1-2 meetings, **29.1%** attended 3-4 meetings, **25%** attended 5 or more meetings and **12.5%** reported not attending any meetings. Individuals were able to access the Inclusive Health Care Taskforce Webpage on DAAA's Website. Of the **137** individuals who registered for the IHC Summit, **67** individuals actually attended the meeting which was powered by Zoom.

When asked if there was sufficient time to create the Community Action Plan, **82.6%** responded in the affirmative and **17.4%** said there was insufficient time. Of those who responded to the survey, **78.1%** indicated that they were able to stay meaningfully engaged and **21%** said they were not.

Seventy-four **(74%)** percent of respondents felt that the public and private sectors were fairly represented and **26%** reported that more public and private engagement was needed.

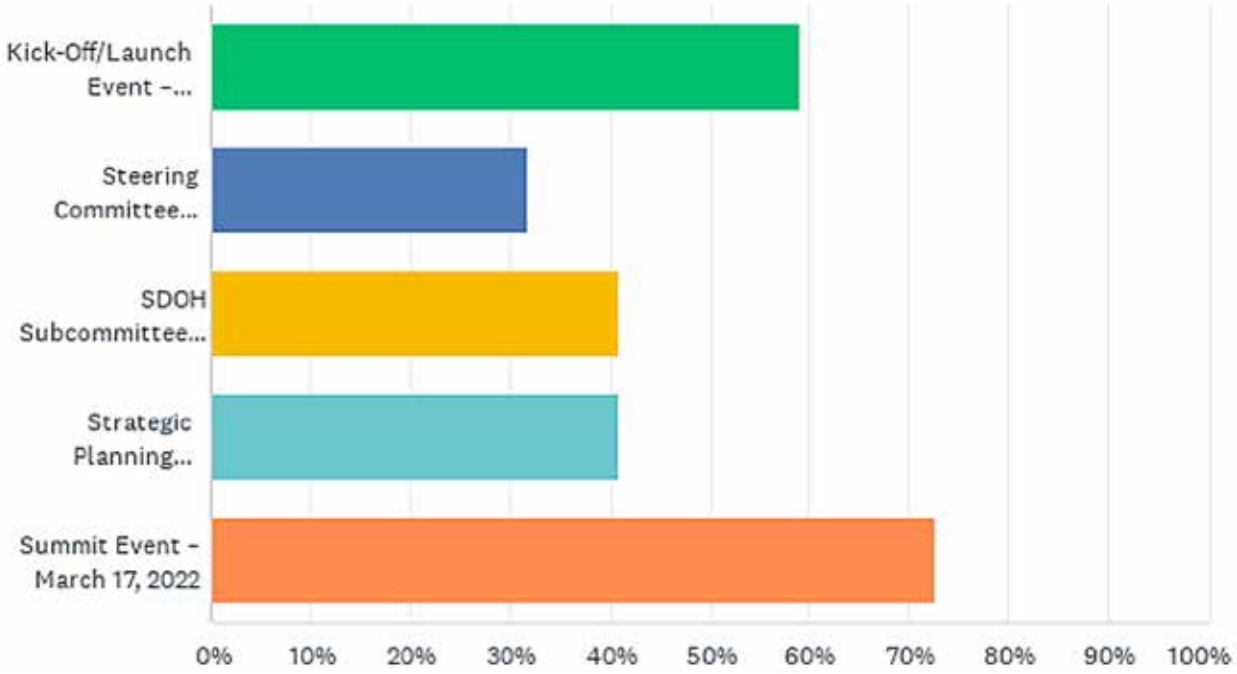
Ninety-six percent **(96%)** of respondents were optimistic about public and private partners being able to address the Social Determinants of Health (SDOH) armed with the Inclusive Health Care Taskforce Community Action Plan and **4%** felt that partners only had a fair chance of addressing the SDOH.

Engagement Activities

When asked to select the activities which helped respondents to stay engaged in the planning process, **72.7%** of the respondents selected the Summit; **59%** selected the Kick-Off/Launch; **40%** highlighted both the Subcommittee meetings and Strategic Planning Session while **32%** selected the Steering Committee meeting.

Popular facilitation tools/methods among participants consisted of presentations by experts **(62.5%),** panel discussions **(58.3%),** use of Zoom Breakouts **(45%)**, moderated brainstorm sessions **(42%),** Fist to Five **(25%),** Inclusive Health Care Taskforce Webpage **(17%),** and Miro Boards **(12.5%).** Exactly **12.5%** of respondents reported that they had not used any of the tools.

Most Effective Engagement Activities



Overall Experience

Overall, **40.9%** respondents reported the planning process that the IHC Taskforce was engaged in was "wonderful" and **59.1%** indicated "okay". None of the respondents reported "not great".

Respondents shared a variety of suggestions or recommendations to support implementation:

- Implement a heartier, more personalized recruitment process for partners and the engagement of more consumers, municipalities, businesses/corporations, and IT companies.
- Convene regular quarterly stakeholder meetings.
- Share a menu of ways individuals can be engaged during implementation with more and less intense options.
- Provide more information and time to prepare in advance of meetings.
- Digital divide plan should include more strategies on individuals who will never use technology or who do not have access to broadband.
- Recommends more engagement of individuals with disabilities and undocumented older adults.

Implementation & Monitoring Plan

During the implementation of the Inclusive Health Care Community Action Plan, DAAA will conduct Quarterly updates with the Taskforce. The Five Subcommittees will track progress on their established goals and objectives and report it to the Implementation Team at the cadence needed. A Think Tank consisting of retirees and other public and private stakeholders will serve as champions for digital divide technological efforts, working collaboratively with the Chairs of the Subcommittees. Microsoft Planner will be used to track progress on the goals, objectives, activities and key performance indicators outlined for each Subcommittee.

Microsoft Planner is a team-oriented tool that can be used in a variety of ways across organizations. For the Inclusive Healthcare Taskforce, the Microsoft Planner will be a valuable tool to use in order to track the

progress on the various tasks needed to facilitate implementation of the Community Action Plan. Tasks will be assigned to individuals within the Taskforce, and all members added to the Inclusive Healthcare Taskforce Plan. In the application, the Implementation Team will be able to review and check the progress of the various tasks that have been assigned to subcommittees. In addition, taskforce members and partners will also be able to access documentation that is uploaded to the application for viewing purposes. The use of this application will help smooth out the facilitation of required tasks and keep the Taskforce organized throughout the implementation process. A dashboard will visually summarize progress on the implementation of milestones.

Conclusion

The establishment of the Inclusive Health Care Taskforce has afforded the community with a unique opportunity to address the Social Determinants of Health and the digital divide collectively over the next three years (2023-2025) through constituents, public and private partners, and other community stakeholders. The strategic planning process executed over a six-month period enabled participants to dream and re-imagine how citizens could better prepare for growing old and giving older adults a bigger voice in re-shaping health care in the community through a SDOH Lense.

Participants were excited about embedding the Age-Friendly Communities 4Ms Framework into our local health and long-term care systems and deploying community health workers and home health aides to orient homebound seniors in using technology. They dreamed about better access to broadband, devices and pop-up educational training sessions throughout the community as well as the creation of a Retirement Planning Toolkit, a SDOH App and a senior-directed Cable TV program. They re-imagined Detroit as a more age-friendly, safe, and resource-enriched community with adequate grocery stores, housing rehabilitation and home repair services with adequate transportation, and accessible/affordable housing. These resources were to be available to not only for homebound and active older adults, but for the generations following them. They also saw the endless possibilities of supporting caregivers and bringing youth, adults with disabilities and seniors together to get them engaged in intergenerational activities; enriching the lives of each of the groups.

As DAAA works with AARP Michigan and other partners, we will be examining ways to keep momentum and to jumpstart the engagement of more public and private partners as well as consumers. This includes engaging the IHC Taskforce, recruiting retirees who want to break out of their Covid-19 jail cells and tapping into public and private resources to transition from planning and dreaming to implementation and community action!

Recommendations

- Submit Community Action Plan to the Michigan Health Endowment Fund.
- Engage existing partners, MPHI and AARP Michigan, in identifying what human capital and resources can be contributed to this plan.
- Seek additional monetary and in-kind resources through the Michigan Health Endowment Fund and other public and private grantors.
- Keep existing and new partners engaged to support implementation.
- Maintain information on the DAAA website under “Inclusive Healthcare Taskforce.”
- Utilize unspent funding to maintain momentum and kickstart implementation until other funding is available.
- Prioritize SDOH App, Retirement Planning Toolkit and Cable TV Program along with a Digital Divide strategy.

Appendix A: Partners

HEALTH

Member	Organization
Sudha Sankar, Chair	Diegeses Projectz
Farha Abbasi, Vice-Chair	Michigan State University Department of Psychology
Mary Janevic, Ph.D.	University of Michigan School of Public Health
Lillian Preston	Community Volunteer/Retired
Sara Gold	United Way of Southeastern Michigan
Rebecca Lindsay	University of Michigan School of Public Health
Denise Fair-Razo	City of Detroit Health Department (Chief Public Health Officer)
Lisa Campbell	Sinai-Grace Guild Community Development Corporation
Cheryl Walker	Precise Home Healthcare Detroit
Jennifer Lepard	Alzheimer's Disease Association
Steve Ebbin	Legacy Medical Foundation

EDUCATION

Member	Organization
Kristie King, Chair	Senior Regional Collaboration – Southeast MI
Lisa Whitmore-Davis, Vice Chair	Wayne County Senior Services & Veteran Affairs
Marilyn French-Hubbard	Retired (DAAA Board of Directors)
Rebecca Masisak	Tech Soup Global
Jennifer Mendez, Ph.D.	Retired/Wayne State University School of Medicine
Patricia Rencher	Urban Aging News
Sharmaine Robinson	City of Highland Park

ECONOMICS AND RETIREMENT

Member	Organization
LaToya Hall, Chair	WSU Institute of Gerontology – SAFE Program
Mary McDougall, Vice Chair	Operation ABLE
Stephanie Donaldson	Consultant
Elmer Duff	Retired, (Veteran Services)
Katy Graham	Wayne County Neighborhood Legal Services
Laura McMurtry	Bureau of Aging, Community Living and Support
Donna Shellman	Detroit Area Agency on Aging/MMAP
Dolores Sturdivant	Community Volunteer/Retiree

SOCIAL & COMMUNITY CONTEXT

Member	Organization
Phyllis Edwards, Chair	Bridging Communities, Inc. /Retired
Mary Carmen Munoz, Vice Chair	LA Sed Senior Center
Andrea Anderson	Skillman Foundation
Rev. Wendell Anthony	Fellowship Chapel
Winona Bynum	Detroit Food Council
SaTrice Coleman-Betts	St. Patrick Senior Center - Midtown
Melissa Draughn	Hannan Center
Anarosa DeLaRosa	LA Sed Senior Center
Shelia Dudley	Service Coordination
Marilyn French-Hubbard	Retired / DAAA Board of Directors
Lillian Preston	Community Volunteer/Retiree

NEIGHBORHOOD & BUILT ENVIRONMENT

Member	Organization
Brenda Price, Chair	AARP Michigan
Beverlyn Hilton, Vice Chair	Wayne County Treasurer's Office
Reginald Best	Elmwood Park Church of Christ
Tyler Klifman	Southeast Michigan Council of Governments
Amy Malmer	Mac Web
Stephanie Osterland	Habitat Detroit
Tamara Perry	Wayne State University
Patricia Rencher	Urban Aging News
Claudia Sanford	Senior Housing Preservation-Detroit/UHC
Virginia Skrzyniarz	Piast Institute
Velina Sullivan	Next to Win
Ashely Tutwiler	Sinai-Grace Guild Community Development Corporation
Kevin Vettraino	SEMCOG

Special Thanks to Wayne State University School of Medicine Student Interns

- Catrina Stephan
- Sofia Howson
- Nicole Hao
- Arjun Muralidharan

Appendix B: Literature Review

General Links

Dying Before Their Time Study III

Dying Before Their Time III DAAA 2020 Final.pdf | DocDroid

Inclusive Health Care Taskforce Community Action Plan

Inclusive Health Care Community Action Plan FINAL.pdf | DocDroid

Education Links

The Need to Address the Ongoing Digital Divide to Achieve Improved Health

https://www.detroitseniorsolution.org/app/uploads/2022/02/droppingout.pdf

Configuring the Older Non-User: Between Research, Policy and Practice of Digital Exclusion

https://www.detroitseniorsolution.org/app/uploads/2022/02/SI-82-Configuring-the-Older-Non-User_-Between-Research-Policy-and-Practice-of-Digital-Exclusion.pdf

The Digital Divide and Health: Examining Digital Access as a Social Determinant of Health

https://www.detroitseniorsolution.org/app/uploads/2022/02/Withers_The_Digital_Divide-as-a-SDOH.pdf

Bridging the Digital Divide in Older Adults

https://www.detroitseniorsolution.org/app/uploads/2022/02/Wu_Bridging-the-digital-divide-in-older-adults_-a-study.pdf

Health Links

Predictors of e-Health Usage: Insights on the Digital Divide from Health Information National Trends Survey, 2021

https://www.detroitseniorsolution.org/app/uploads/2022/02/PDF.pdf

Telehealth: Rural American and the Digital Divide

https://www.detroitseniorsolution.org/app/uploads/2022/02/Telehealth-Rural-America-and-the-Digital-Divide.pdf

The Future of Remote Care Technology and Older Adults

https://www.detroitseniorsolution.org/app/uploads/2022/02/Future-of-Remote-Care-Technology-and-Older-Adults-Final-Nov-2020.pdf

Focusing on Digital Health Equity

https://www.detroitseniorsolution.org/app/uploads/2022/02/Lyles_Focusing-on-Digital-Health-Equity.pdf

Impact of the Digital Divide in the Age of Covid-19

https://www.detroitseniorsolution.org/app/uploads/2022/02/Ramsetty_Impact-of-the-digital-divide-in-the-age-of-COVID-19.pdf

Social and Community Context Links

A Tale of Two Divides: Technology Experiences Among Racially and Socioeconomically Diverse Older Adults

https://www.detroitseniorsolution.org/app/uploads/2022/02/Cotten_A-Tale-of-Two-Divides_Technology-Experiences-Among-Racially-and-Socioeconomically-Diverse-Older-Adults.pdf

Appendix B: Literature Review (Continued)

Bridging the Digital Divide for Urban Seniors Community Partnership

https://www.detroitseniorsolution.org/app/uploads/2022/02/Cresci_Bridging-the-Digital-Divide-for-Urban-Seniors-Community-Partnership.pdf

Building Our Own Bridges: How a Distressed Urban Neighborhood Bridges the Digital Divide

https://www.detroitseniorsolution.org/app/uploads/2022/02/Fernandez_Building-Our-Own-Bridges_How-a-Distressed-Urban-Neighborhood-Bridges-the-Digital-Divide.pdf

Digital Inclusion as a Social Determinant of Health

https://www.detroitseniorsolution.org/app/uploads/2022/02/Sieck_Digital-inclusion-as-a-social-determinant-of-health.pdf

The Digital Divide Has Grown Old: Determinants of a Digital Divide Among Seniors and Retirement

https://www.detroitseniorsolution.org/app/uploads/2022/02/Friemel.pdf

Economics and Retirement Links

The Effect of Ageism on the Digital Divide Among Older Adults

https://www.detroitseniorsolution.org/app/uploads/2022/02/McDonough_The-Effect-of-Ageism-on-the-Digital-Divide-Among-Older-Adults.pdf

Teaching Older People Internet Skills to Minimize Grey Digital Divide

https://www.detroitseniorsolution.org/app/uploads/2022/02/Mubarak.pdf

From Psychological to Digital Disengagement: Exploring the Link Between Ageism and the Grey Digital Divide

https://www.detroitseniorsolution.org/app/uploads/2022/02/LaGrace.pdf

Neighborhood & Built Environment Links

Urban Internet Myths and Realities: A Detroit Case Study

https://www.detroitseniorsolution.org/app/uploads/2022/02/Urban-Internet-Myths-and-Realities_A-Detroit-Case-Study.pdf

Broadband and To the Neighborhood: Digital Divide in Detroit

https://www.detroitseniorsolution.org/app/uploads/2022/02/Reisdorf_Broadband-to-the-Neighborhood_Digital-Divides-in-Detroit.pdf

The Digital Divide and Urban Older Adults

https://www.detroitseniorsolution.org/app/uploads/2022/02/Cresci_Digital-Divide-and-Urban-Older-Adults.pdf

Intelligent Technologies for Bridging the Grey Digital Divide

https://www.detroitseniorsolution.org/app/uploads/2022/02/Intelligent-techGrey-Digital-Divide.pdf

Appendix C: Best Practices

Featuring contributions of Wayne State University School of Medicine Pewter Fellows

Health

Healthy Aging Helping People to Live Long and Productive Lives and Enjoy a Good Quality of Life

Healthy Aging in Action

The State of Mental Health and Aging in America

Subjective Cognitive Decline - A Public Health Issue

Education

Multi-Stakeholder Perspectives on Information Communication Technology Training for Older Adults - Implications for Teaching and Learning

Older Adults' Internet Use for Health Information - Digital Divide by Race_Ethnicity and Socioeconomic Status

Overcoming the Digital Divide with a Modern Approach to Learning Digital Skills for the Elderly Adults

Reducing the Digital Divide: Connecting Older Adults to IPad Technology

Education Best Practices Literature Review

Economics and Retirement

Top 10 Ways to Prepare for Retirement

Budgeting Financial Education Toolkit for Seniors

A Guide to Finance for Seniors

Financial Retirement Best Practices Lit Review

Social and Community Context

NADTC (Aging & Disability Transportation) Best Practices Compendium

The Healthy Meal Program: A Food Insecurity Screening and Referral Program for Urban Dwelling Older Adults

Combating Food Insecurity: Tools for Helping Older Adults Access SNAP

Community Context Best Practices Literature Review

Appendix C: Best Practices (Continued)

Neighborhood & Built Environment

Healthy Aging Reflection

Sense of Community, Loneliness, and Satisfaction in Five Elder Cohousing Neighborhoods

The Impact of a Naturally Occurring Retirement Communities Service Program in Maryland, USA

The Pioneers of the Villages: An Exploration of Membership and Satisfaction Among Beacon Hill Village Members

Healthy Aging in Housing

Approaches to Easing the Affordable Housing and Health Care Challenges

Promising Aging in Community Models in the U.S. Village, Naturally Occurring Retirement Community (NORC), Cohousing, and University-Based Retirement Community (UBRC)

Appendix D: Communications & Marketing

Video Links & PowerPoints

Inclusive Health Care Task Force Webpage:
https://www.detroitseniorsolution.org/inclusive-health-care-taskforce/

- **Inclusive Health Care Taskforce Launch/Kick Off - November 5, 2021**
- **Inclusive Health Care Taskforce Joint Subcommittee Meeting - February 10, 2022**
- **Inclusive Health Care Taskforce Strategic Planning Session - February 17, 2022**
- **Inclusive Health Care Taskforce Summit - March 17, 2022**

https://www.detroitseniorsolution.org/app/uploads/2022/02/SDOH-DAAA-AT-11.5.21-_Final.pdf

Appendix E:

DAAA/MPHI INCLUSIVE HEALTH CARE STRATEGIC PLANNING TOOLS

Expertise/Tools	How They Were Used
Implementation Team	Preparation for milestone events, Taskforce meetings; maintenance of meeting notes; facilitation of discussions; Webpage development, Literature Review; editing of the Community Action Plan; program evaluation survey
Wayne State University Medical Students	Researched and summarized best practices
Consulting Services	Strategic Planning facilitation; preparation of draft Community Action Plan
Zoom Video/Audio Platform	Meetings powered by Zoom, internal meeting on Microsoft Teams
Breakout Rooms & Polling	Breakout Rooms used to focus discussions by Domain, polling used for voting
MIRO Board	MIRO Boards captured brainstorming results
Strategic Planning Brainstorming Tools	Brainstorm matrix used to capture goals, objectives, activities, key results expected, partners and timeline
Fist to Five	Consensus building tool used online
MS PowerPoint & Canva	Tools used for Kick-Off/Launch, Steering Committee and Summit
Inclusive Health Care Webpage	Hosted at www.detroitseniorsolutions.org
J. R. Underhill Communications	Agency website: www.jrunderhill.com

Appendix F: Inclusive Health Care Taskforce Summit Synopsis

Introduction:

To kick off the Inclusive Health Care (IHC) Taskforce Summit, Phillip Barnhart, Healthy Equity Consultant, Michigan Public Health Institute (MPHI), provided an introduction featuring the protocol for the public testimony, noted the partnership between the DAAA, MPHI, and AARP Michigan for their work on this project, and gave a warm welcome to Elizabeth Whitaker Walker, Principal, Raymond Whitaker Design, LLC, who presented the IHC Taskforce Community Action Plan.

IHC Taskforce Community Action Plan:

Elizabeth Whitaker Walker started the presentation off with some preliminary poll questions for attendees, explained the make-up and organization of the taskforce, and highlighted the common theme across all domains for this project -- the impact of the Digital Divide on seniors. Ms. Walker explained Social Determinants of Health and how the Digital Divide has had an impact on each domain. She also noted the goals tailored to the Digital Divide which include: All Detroiters have access to Broadband Internet; Have devices at their disposal; and Have effective knowledge on how to use these devices. The Key Objectives and Core Action Steps for each Social Determinant of Health were also shared. Finally, a "Fist to Five" activity was held and attendees were able to rate their approval of this plan on a scale from 0 – 5. Most of the attendees gave the plan a 5 out of 5 rating, with some additional ratings of 4 and 3 in the results.

Panelist/Panel Discussion:

Ronald Taylor, MBA, DAAA President & CEO; Renee Canady PhD, President & CEO, MPHI, & Brenda Price, Community Outreach, Metro Detroit, AARP Michigan

- **How can the public and private sector positively impact health disparities and the technology gap?**
  - Dr. Canady felt that motivating Elected officials in order to get them behind new policies that would lessen health disparities and the digital divide. She noted that this isn't just a senior problem but one for everyone and we must have enough social consciousness to help out our society.
  - Ms. Price thought it is better to inform decision makers in the private sector on challenges in communities. She felt that Public Sector Administrators should also be more informed of challenges in health disparities.
  - Mr. Taylor would like to implement policies that drive/create social alignment with medical care to reduce health disparities seen in our Region.
- **What approaches can be implemented in Metro Detroit to better coordinate and integrate social determinants of health?**
  - Dr. Canady felt that commitment to building working relationships with groups of people who are committed to better the health conditions of seniors would be a good approach.
  - Mr. Taylor would like to see sincere engagement from other segments/industries in the community; such as government, school systems, etc.
  - Ms. Price feels that there should be accountability/responsibility for moving the needle on matters that are important to the community.

- **What can be done to the widening gap in health and social disparities across the lifespan?**
  - Ms. Price feels there is need for a broader model of education that includes topics relevant to older adult life; introducing these topics in the K-12 school ranges in order to inform young people on the challenges they will face in the future. This will also bring awareness to some young people about the issues faced by older adults.
  - Mr. Taylor felt the intersection of public health, community service organizations, and social services organizations is key. He also stressed the need to address health literacy at a younger age to educate; and the importance of working with school systems and intergenerational programs.
- **Questions and Statement posted in Chat:**
  - Jamie Junior: I think this presents an opportunity to create more synergy between our senior and disabled communities.
  - Dr. Fayanna Richards: loves the ideas revolving around the intergenerational programs.
  - Claudia Sanford: In regards to housing many seniors and disabled individuals are left out of low-income housing and other services.
  - Laura Riddick: Question on low-income vs. Affordable housing and who is it for?
  - Mary Carmen Munoz: A big issue in our community is the availability of wellness classes in Spanish.
  - Anne Holmes Davis: How can we engage the technology industry to address the Digital Divide?

Open Discussion - Led by Anne Holmes Davis, Vice President, Planning and Program Development, Detroit Area Agency on Aging

To those who gave an answer of a 3 or 4, are there things that you think are missing that would move you to be more excited about this plan?

- **Dr. Jennifer Mendez:** She would have liked to see more of the other stakeholders at this session.
- **Michael Dieschlein:** Liked the diverse group of partners, he saw many local organizations, however he did not see the State Department of Health and Human Services which operates the Medicaid program.
- **Wynona Bynum:** She would like to be able to review the plan. Did not see much related to food services. She encouraged the Taskforce to let attendees know that the plan will be available for their viewing post-summit.
- **Jamie Junior:** Would like to see more on engaging the Disabled Community. She would like to see more on environmental modifications for seniors in their homes.
- **Helen Love:** Consider hosting monthly zoom sessions to engage more members/sectors of the general public.
- **Ana Rosa Delarosa:** Undocumented individuals don't have access to programs such as MI Choice Waiver, would like to see more services and information made available to this population.

What other partners do you think that we need to bring to the table in order to implement this plan?

- Disability Community
- State Organizations
- Wayne County Veterans Group
- Arts Organizations
- Non-Profit Developers
- State & Local Representatives/Legislators
- Banks & Credit Unions
- Senior Housing Preservation of Detroit Coalition
- Michigan State Housing Development Authority
- Detroit Employment Solutions
- AARP Senior Employment Services Program
- Wayne State University – Michigan Developmental Disabilities Institute

What are some other forms of funding/resources that we could bring to the table in order to facilitate implementation?

- **Brenda Price:** Encourage a strategy around fund development, possibly hiring a Fund Developer to lead these initiatives and go after non-traditional funders, as well as identify champions to support the plan.
- **Michael Dieschelin**: Target the American Rescue Plan Act for funding.
- **Helen Love**: There are many retired professionals in the public and private sector who would be a great targeted brainstorming group with several fields of expertise and connections.

A Call to Action

- Submit Community Action Plan to the Michigan Health Endowment Fund
- Solicit funding from public and private partners to support implementation
- Engage existing partners, MPHI & AARP Michigan, to identify what human capital and resources can be contributed to this plan.
- Taskforce information can be found on the DAAA website under “Inclusive Healthcare Taskforce.”

Closing Remarks

Ms. Davis recognized the contributions of MPHI to this taskforce as well as AARP Michigan, and the DAAA Internal Planning Team. All attendees at the Summit were thanked for their input and suggestions. Paul Bridgewater, former President and CEO, DAAA, congratulated participants for continuing to address key findings from the award-winning ***Dying Before Their Time*** series.

Strategic Action "At-A-Glance"

2022-2025

INPUTS

- FUNDING
- PUBLIC POLICY
- RESEARCH
- COMMUNITY PARTNERSHIPS
- LANDSCAPE ANALYSIS

STRATEGIES

- CONVENING STAKEHOLDERS
- CENTRALIZE RESOURCES
- REDUCE TECHNOLOGICAL DISPARITIES
- BUILD CURRICULA
- EXPAND PUBLIC POLICY
- HUMAN-CENTERED PROGRAMS + APPLICATION DESIGN
- BUILD FINANCIAL SECURITY

ACTIVITIES

Context: Covid-19 pandemic, digital divide, institutional racism, inequitable funding formulas, economic hardship, staffing shortages, policies, & politics

HEALTH
improve access to care + technology

EDUCATION
earmark funding for senior education

ECONOMICS & RETIREMENT
increase access to benefits + build financial literacy

COMMUNITY & SOCIAL CONTEXT
survey seniors about their aging plans

develop a toolkit to support care navigation

market existing support programs

NEIGHBORHOOD & BUILT ENVIRONMENT
identify & convene senior advocates

Identify gaps in care + opportunities for collaboration

OUTPUTS

- Increase # of trained senior advocates
- Insurance

- Passage of millage for senior programs
- Senior-led public access channel

- Public quarterly convenings for seniors
- Detroit is model for senior poverty eradication

Solo seniors have a plan for aging, are aware of their support needs and know:

- what resources are available to meet them
- how to access those resources

Safe, accessible, and supportive age-friendly communities

OUTCOMES

SHORT-TERM

Reduction in premature death and health disparities of older adults

More equitable distribution of funding/resources

Financial security

Cross-generational engagement

Safety

Technological access

LONG-TERM

A community that cares for the vulnerable and advocates for the well-being of our constituents.

Overarching technological priorities: All Detroiters have devices and broadband internet, know how to use the devices at a minimum, know how to use devices at levels approaching digital natives

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Detroit Area Agency on Aging
The Senior Solution

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AARP® Michigan