

Interviews: Wesley Cheng, Sue Walker

3/26/24 Walker*

Sue Walker, age 59, married. She has been trained as a hospice volunteer. Her calling, however, is caring for seniors, especially a neighbor elderly couple.

The husband has active bladder cancer and the wife has Alzheimer's and OCD. Their 2 adult daughters are not immediately available easily though son-in-law does help with transportation on occasion.

Sue identifies isolation, transportation, food availability, and caregiving as major issues for them. They don't have any specific community available, and Sue is a major source of social exchange. Husband has limited driving to food stores nearby, about 3x/wk. Neither can cook for themselves; at best they can reheat food brought in from store or delivered. Their diet is limited to ready-to-eat foods, snacks, with limited fresh produce.

The husband is caregiver for wife but is on active cancer treatment and must sometimes be in the hospital. Since the bladder cancer is recurrent and may be metastatic, his life expectancy is limited. Both show increasingly poor judgment as they age.

Issues of food availability in both Sue Walker's neighbors and others in wealthy neighborhoods are not from economic problems but both issues of shopping and preparing food.

This family/neighbor situation is not rare, but it is unstable. Sue is an extraordinary neighbor and is dedicated to this couple. The rarity of this relationship and the foreseeable problems ahead make the need for outside professional caregivers very likely. Finding someone to replace Sue will not be easy and in general, very costly.

* Sue is working as a professional in communication, maintains very active life including high level exercise. We met by serendipity but conversation immediately converged on the conditions of older adults

3/29/24 Cheng**

Wesley created and runs the NPO Televisit. This is based on minimal technology. Tablets are supplied with a single click to join content and communicate by phone. Scheduled phone calls to seniors on maintain connection.

What Wesley describes as *invisibles* (hard to contact individuals) do read the Town Crier so they would get information on new programs.

Lists of "*invisibles*" can come from first responders (police, fire), ER doctors, geriatricians MD, possibly from CBO (Community Based Organizations) and religious institutions. These lists could be used for medical emergencies like earthquakes, fires, flooding, contagious diseases; access to this list would have to be regulated by HIPPA privacy guidelines.

Nutrition is a widespread issue. Homebound may have shopping problems (inc. transportation), difficulty preparing food, food delivery and quality of food. Refrigerators can be empty and poor quality foods (TV dinner, fast food, junk foods) may be only food available at any time. Social isolation and loneliness is also frequent.

New programs for older adults need to undergo scientific evaluation including why topic was chosen, intended audience and numeric record of attendees. Evaluation after 3mo or other specified time will determine whether program will continue for another observation period. Some individuals will drop out or be no-shows. Potentially correctible conditions include transportation, medical conditions (e.g. progressive dementia) and caregiving issues.

** Televisit is a non-profit and relies on grants from various sources. It's programs are active internationally. Originally Televisit was founded by a church by Wesley and his wife.

Draft 4/1/24

Margriet DeLang***

4/3/24

Margriet is a PhD Gerontologist, developer of SIPP, Senior Inclusion and Participation Project.

Our conversation centered on ways to start and nourish active programs meeting the priorities of the 8 Domains.

Appropriately, Los Altos changed its mission statement to include single persons: "The City's mission is to be a sustainable, vibrant and inclusive community in which to liv, work, visit and play." Formerly the mission statement emphasized being a "great place to raise a family."

We explored ways the city can create intergenerational connectors to increase contact between the *Wisdom generation* (seniors) and youth. This would address issues of social inclusion profiting both age groups. City departments are considering more carefully developing Age Friendly projects.

Developing programs that create family like networks build community relationships. This dynamic can address the isolation that results from biologic families being scattered all over the country.

Programs that include more than recreation are important. Something as simple as having group tables wherein different parties can start conversations with others they have just met. "Family nights" can be scheduled with open seating at large tables, especially in warm weather.

These meals could include some type of education and even have speakers discuss specific topics. Activities that are fun and creative will draw more attendance.

The Community Center could sponsor "classes" on creativity, storytelling, participatory art classes like watercolor painting or Ikebana flower arranging.

The Compassion Week activity attracts volunteers which automatically increases connections between strangers. Increasing and promoting volunteerism can help communities become more inclusive and expand networks.

Speakers series with "gastronomic bonding" (aka, shared food) and forming breakout small group discussions encourages sustained contact and mini-communities.

***Margriet has conducted workshops with High School students coaching elders how to use current technology more confidently.