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Speakers

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The Ohio State University
AGING SUMMIT
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A Coming of Age

“The aging of us, our society, holds opportunities. The longevity we’re achieving is remarkable, and it’s thanks to advances in medical science,” Dr. Clark-Shirley said. “I also see a world that doesn’t see it that way. I see families, people, communities that fear aging, try to avoid it, try to push it off.”

The reality is dramatic and unavoidable. Ohio has one of the fastest growing populations of older adults and is part of a nine-state group that currently comprises 51% of people in the United States over 65.

LGBTQ+ people over 65 will more than double from about 3 million today to 7 million in 2030.

Yet, Dr. Clark-Shirley said, “Most of the evidence, most of the research that we have that has informed the cornerstone of our medical practices, our understanding of gerontology, is based on the experiences of older white people.”
“We know that religious affiliation and beliefs, spiritual beliefs, influence treatment decisions,” she said. “Are we accounting for this? How are we factoring this into our assessments and treatments and conversations with and about the older population? We’re an increasingly diverse, aging society, and like Chris Nguyen, PhD, ABPP, Director of Neuropsychology and Director of the Office of Geriatrics and Gerontology asked, are we ready for it?”

One of the challenges individuals and professionals face is the deep reach of ageism in our culture. “Ageism is stereotyping, prejudice, discrimination against people on the basis of their age. Older people are marginalized,” Dr. Clark-Shirley said, “and their concerns disparaged.”

Society has internalized that marginalization. According to the World Health Organization, one in two people worldwide are ageist against older people. “These fatalistic beliefs that we have about our own aging prevents us from going to the doctor,” Dr. Clark-Shirley said.
It doesn’t have to be that way. “There’s a direct relationship about how we feel about our own aging and how long we live,” Dr. Clark-Shirley said.

“The more comfortable we are with our own aging, the less stigma and bias we will apply to other people who are aging.”

Dr. Clark-Shirley advocated for the training of all practitioners in gerontology, not just geriatricians. “Social workers, pharmacists, surgeons, generalists, nurse practitioners, speech pathologists are all already seeing more older patients,” she said. “Ohio State could play a really important role in leading the way for a cross-departmental, cross-college curriculum that embeds the really core principles of gerontology so that everyone is smarter and more well prepared to work with older adults.”

$63 billion in one year. $1 out of every $7 spent by Medicare on healthcare for 8 conditions was attributable to ageism.

**Experiencing detrimental treatment as an older person**
- Treated with less respect, courtesy, called names, insulted
- Viewed by others as unintelligent

**Negative beliefs of older persons about older people in general**
- It’s normal to be depressed when you’re old
- It’s impossible to escape mental slowness that happens with aging
- Having aches and pains is an accepted part of aging

**Negative beliefs of older persons about their own aging**
- The older I get, the more useless I feel
- Thing keep getting worse as I get older

Foundation for Excellence

Dr. Carol Bradford, MD, MS, FACS, Dean, College of Medicine, Vice President of Health Sciences, Wexner Medical Center, endorsed that vision, “We aspire to be a national leader in this space at Ohio State. We want to develop a collaborative action plan that will impact all of us and all of the various communities we collectively serve, and really allow us to spearhead a paradigm shift.”

“Our ambition at the College of Medicine is to transform the health of our communities through inclusive and innovative education, discovery and care. What I find so remarkable is that aging is one of the only areas in health care that impacts every single one of our communities. It is truly universal, yet, our society struggles with not only how we perceive aging, but also how we support our aging population. At Ohio State, we want to be a leader in those two key areas.”

– Dr. Carol Bradford, MD, MS, FACS, Dean, College of Medicine, Vice President of Health Sciences, Wexner Medical Center

Dr. Nguyen opened the summit by stating, “It is a privilege and an honor to stand before you today as we gather to address one of the most profound and universal aspects of the human experience – aging.”

“This summit represents a significant milestone in our collective journey to better understand, embrace, and adapt to the challenges and opportunities that come with advancing age.” he said. “Aging is a shared human experience, one that transcends borders, cultures, and backgrounds. It is a journey we all embark upon, and today, we come together to celebrate the wisdom, resilience, and vitality that aging brings to our lives.”

Photo: Dr. Carol Bradford delivers Aging Summit opening remarks.

Photo: Dr. Chris Nguyen, PhD, ABPP addresses Aging Summit participants.
The Ohio State University Aging Summit

“Our world is experiencing a remarkable demographic shift, with a growing population of older adults.” Dr. Nguyen continued. “This transformation presents us with both unique opportunities and complex challenges. How we navigate this demographic shift will profoundly impact societies, economies, healthcare systems, and the overall quality of life for individuals as they age. **As we age.**

“Let us seize the day and work together to create a world where aging is celebrated, wisdom is cherished, and every individual’s journey through life’s seasons is marked by dignity, respect, and joy.” he concluded.

Ohio State has already been developing programs aimed at addressing an aging population. The Ohio State University College of Nursing houses both the Center for Healthy Aging, Self-Management and Complex Care (CHASM-CC) and the Golden Buckeye Center for Dementia Caregiving. The James Cancer Hospital includes the Cancer and Aging Resiliency Clinic (CARE), a nationally recognized, collaborative, multidisciplinary approach to treat aging patients with cancer. The College of Social Work houses the Age-Friendly Innovation Center.

The Center for Healthy Aging, Self-Management and Complex Care focuses on six broad areas of inquiry, according to Dr. Jodi McDaniel, PhD, RN, FAAN, Assistant Professor in the College of Nursing:

- Symptom science
- Health equity
- Cognition
- Acute and chronic conditions
- Health promotion
- Social determinants of health

The center has 24 tenure-track faculty, an increase from 10 faculty at its inception 10 years ago. The key to its success has been building clinical and community partnerships. Kathy D. Wright, PhD, RN, APRN-CNS, PMHCNS-BC, FAAN, Assistant Professor, College of Nursing, said working in the community means forming bidirectional relationships and listening for what is needed. “Going out there and trying to recruit for research and making that your primary goal is never going to work,” she said. “You have to be out there, and you have to engage with the community.”
The Ohio Department of Aging, after a multi-year long needs assessment that included an online survey of more than 1,200 individuals, hearings across the state, and gathering input from older adults, local leaders, related organizations, and service providers, published the 2023-2026 State Plan on Aging. This plan includes a strategic blueprint to address the needs of older adults and to build the capacity of long-term care systems.

“Infrastructure – housing, service availability and accessibility, technology – must be part of the equation,” Jennifer Carlson, Assistant Director, Ohio Department of Aging, said.

The availability of services that address issues like food insecurity, rehabbing homes to make them more accessible, and personal care assistance can ensure that more people can age in place, delaying or avoiding the need for costly long-term, skilled nursing home care.

Much of the state’s programming for older adults is funded with federal dollars, including Medicaid, Carlson shared, and there is a great need for ensuring that these programs are sustainable. Future planning must also address workforce issues, housing, and tax policy.
To ensure that state legislators appreciated the critical need and the value of programs focused on older adults, The Ohio Department of Aging leaders engaged a wide coalition, including the business community, to educate and rally support.

“We believe the vision and the goals are achievable,” Carlson said, “but only with collaboration from public and private partners like yourselves, and it has to be a concerted effort.” That partnership will require advocacy, funding, engaging a wide range of participants, and a commitment to implementing and evaluating evidence-based solutions.

“It’s our vision that Ohio is the best place to age in the nation,” said Jennifer Carlson, Assistant Director of the Ohio Department of Aging, “with a goal that all Ohioans live longer, healthier lives, with dignity and autonomy, and disparities and inequities are eliminated.”

That vision was endorsed by Dean Bradford, “We aspire to be a national leader in this space at Ohio State. We want to develop a collaborative action plan that will impact all of us and all of the various communities we collectively serve, and really allow us to spearhead a paradigm shift.”

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**WHY IT MATTERS: LIFE EXPECTANCY**

In Ohio, there is a **29 year life expectancy gap** depending on the zip code where a person lives.

- **Stow, OH**
  - Life Expectancy: **89.2 years**
- **Franklinton, OH**
  - Life Expectancy: **60 years**
  - **29.2-year gap statewide**
- **Grandview Heights, OH**
  - Life Expectancy: **81.9 years**
- **Franklinton, OH**
  - Life Expectancy: **60 years**
  - **4 miles apart | 21.9 year gap**

Source: Ohio Department of Aging | Aging.ohio.gov
A critical aspect of this vision is the promotion of person-centered care, offering adaptable models that meet the unique needs and preferences of each individual. Inclusion and bridging the gap between those with resources and those without are essential to create an equitable and age-friendly community. Providing knowledge and accessibility to resources, as well as creating age-friendly healthcare environments, is crucial.

Interdisciplinary collaboration between scholars, practitioners, and older adults, with the possibility of forming a sustainability-focused consortium, will help in developing comprehensive solutions. Connectivity and community engagement, along with caregiver support and safety measures, are pivotal for the well-being of older adults. Addressing affordability issues related to housing, transportation, food, and healthcare is essential.

World Café Discussion

After a morning of presentations, Summit participants gathered around tables in groups of four or five, using a process called World Café to explore three questions. A World Café is a meeting process that involves a series of simultaneous conversations around a particular issue or topic.

World Café Question 1: What could an age-positive future in Ohio be?

The responses struck consistent themes: Aging should be reframed as a privilege, shifting the perspective from a burden to a celebration of the wisdom and experience that come with age. Education and early intervention programs should be promoted to raise awareness and provide resources for proactive health management.
Promoting a purposeful life, emphasizing preventative care and education, universal design, and the integration of research and practice are all necessary to create an inclusive and accessible community. Building awareness about available resources and expanding community programs will further enhance the quality of life for older adults. Collaboration and integration between various sectors are required, and special attention should be given to non-Medicaid eligible older adults, ensuring they have access to necessary resources.

Recognizing that happiness often increases after the age of 60, a diverse range of professionals and community members should be included to contribute to the well-being of older adults. This comprehensive approach will foster a more inclusive and age-positive future in Central Ohio.

**PARTICIPANTS RECOMMENDED:**

- Reframing aging as a privilege
- Promoting education and early intervention programs
- Affordable and accessible housing
- Easy access to public transportation
- Person-centered care
- Involve older adults
- Education and outreach programs
- Age-friendly healthcare
- Interdisciplinary collaboration
- Socialization and community engagement
- Access to safe and healthy environments
- Access to healthy, affordable food
- Encouraging older adults to lead purposeful lives
- Promoting preventative healthcare
- Emphasizing universal (accessible) design
- Building awareness of available resources
- Community programs to promote socialization and well-being
- Support older adults who do not qualify for Medicaid
- Emphasizing that happiness increases after 60
- Broadening the team to include a diverse range of professionals and community members

*Photo: Ohio State student volunteer, Zoe Chen, posts World Café comments for discussion.*
People – experts, older adults, students, engaged volunteers – are the top resources participants identified for building an age-positive future. They also noted, too, that Central Ohio is underpinned by a rich tapestry of valuable assets, including the Central Ohio Area Agency on Aging, the Franklin County Office on Aging, and a network of Urban Aging Research Centers complemented by supportive services and community-based organizations.

Efforts to streamline existing resources and establish points of contact for navigation, as exemplified by the Area Agencies on Aging and health system navigators, promote a more coordinated approach.

Community leaders and organizations are deeply engaged, manifesting a commitment to addressing the needs of the aging population. Collaboration in the form of listservs and platforms for knowledge-sharing are on the rise, enhancing the collective effort.

An increasing awareness of the aging demographic has propelled a multidisciplinary group of professionals to launch crucial conversations and catalyze action. Central Ohio boasts access to high-quality healthcare institutions to cater to the needs of older adults.

“Central Ohio benefits from a confluence of diverse leadership, in both academic and civic realms, and evidence-based initiatives, harnessing the power of research to connect with change-makers.”

World Café Question 2:
What do we have here now that makes this possible?
Expertise and coordination are prioritized, ensuring that knowledge is effectively harnessed, and a pervasive sense of engagement and passion resonates across organizations dedicated to aging issues. These stakeholders are strongly committed to raising awareness and making research and knowledge acquisition a priority.

Central Ohio is well-equipped with the technology and resources essential for creating age-friendly solutions. Strong community support and a commitment to inclusion fosters investments in public spaces and facilities that bolster the well-being of older adults. The network of individuals, scholars, students, and professionals facilitates collaboration, and opportunities for education and careers in gerontology and geriatrics are expanding.

Ultimately, Central Ohio is characterized by a collective sense of care and commitment, uniting various stakeholders to address the unique needs and challenges of its aging population, reinforcing the region’s journey toward an age-positive future.

**PARTICIPANTS IDENTIFIED KEY RESOURCES:**

- Central Ohio Area Agency on Aging, Franklin County Office of Aging, other urban aging research centers, supportive services, and community-based organizations
- “Brutus” and other advocates and role models for older adults
- Strong academic, business, civic, and regional leadership
- Expertise and evidence-based initiatives
- Coordinated systems and navigational support
- Community support and engagement
- Collaboration initiatives
- Growing awareness
- Funding support
- High-quality healthcare
- Commitment to research and knowledge acquisition
- Accessible technology
- Investments in public spaces and facilities
- Commitment to inclusion
- Networks of individuals, scholars, students, producers, and professionals
- Gerontology/geriatrics programs
- People who care
World Café Question 3: What more do we need to learn from our communities? Who will teach us?

The answer is simple: ask older adults.

Ask people from different walks of life and meet them where they are. Listen and learn what people want and need. Ask where barriers exist and aim to understand their lived experience. Learn values, traditions, customs and beliefs of communities. Ask the caregivers, the service providers, the families. What is important, what are their fears? What have they seen that has worked, and what hasn’t?

A comprehensive approach and engaging a diverse array of individuals is essential. This encompasses seeking insights from thought leaders, both within and beyond our state, and engaging all communities, regardless of their size or characteristics. Promoting intergenerational collaboration is pivotal, as is fostering mutual understanding, encouraging collaboration, combating ageism, and promoting respect for different generations while acknowledging differences and similarities.

The importance of conducting needs assessments directly with older adults, getting proximate to their experiences, is highlighted. Community concerns related to aging should be identified and addressed, considering fears and concerns as they relate to the issues of diversity within specific communities. Understanding the significance of accessibility and inclusivity and learning what matters to the community is key.

Evaluating successes and challenges from past experiences, tailored to the specific needs of each community, should inform future initiatives.

Emphasis placed on crafting community-specific solutions, drawing from research, lived experience, translation, and dissemination of knowledge.

Identify barriers and develop strategies to overcome them.

Trust will only be built through bi-directional communication. Engagement with funders and donors is essential. Learning from service providers, insurance/benefit providers, and individuals navigating the healthcare system is critical to the process.

Work toward inclusivity that involves community members and local agencies representing various racial and ethnic groups.

Recognize the diversity of backgrounds and experiences, and make a commitment to understanding the values, traditions, religions, customs, and beliefs of each community.

Encourage the collection of practice-based evidence and lived experiences while also acknowledging the expertise of professionals.
The themes discussed in the 2023 Aging Summit World Café session underscore the importance of active listening, embracing diverse perspectives, and developing a community-centered approach to better address the multifaceted requirements of aging populations.

**HOW CAN WE LEARN?**

- Seek insights from thought leaders within and outside the state
- Embrace all communities to ensure a diverse range of voices are heard
- Engage directly with older adults and caregivers, ask what is important, needed, and wanted
- Build trust and encourage intergenerational collaboration
- Identify and address fears and concerns around aging
- Determine what matters to each community and what accessibility means to different groups
- Learn from past experiences, what has worked and what hasn’t
- Identify and address barriers and make solutions community-specific
- Focus on the priorities and preferences of older adults
- Listen to older adults, caregivers, and the community as a whole
- Ensure that people representing diverse racial and ethnic groups speak, host, and moderate meetings
- Seek to understand values, traditions, religions, customs, and beliefs of various communities
- Encourage the collection of practice-based evidence and lived experiences
- Acknowledge the expertise of professionals and learn from service providers
- Listen actively and attentively; a one-size-fits-all approach is insufficient
- Let older adults guide us in determining priorities and needs
- Develop the skill of listening empathetically and learn from those experiencing adversity
- Address advocacy and policy issues with realistic expectations
- Use qualitative research methods to capture the lived experiences of care partners and older adults
What’s Next?
The 2023 Aging Summit at The Ohio State University was just the beginning. Over the next three years, there will be more conversations, more actions, using the themes identified in the Summit to make Ohio, especially Central Ohio, “the best place to age in the nation.”

WHAT’S NEEDED
• Engage a much larger, more diverse community that recognizes the breadth of needs
• Increase education about aging and ageism
• Intergenerational collaboration between practitioners, caregivers and policy makers around aging to shift from challenge mindset to opportunity for positive change
• Funding to support aging consortium
• Prioritize easier healthcare navigation
• Address fragmented services to those without means
• Affordable, accessible and safe housing
• Universal availability and affordability for healthy food

Ohio already has the 6th LARGEST population of older adults in the country
Source: The Ohio Department of Aging | Aging.Ohio.gov
This decade, Ohio’s population of adults age 60 and older will grow 28X MORE than the general population

Photo: Aging community members enjoying healthy activities.
The Ohio State University Aging Summit

The Three Year Plan

The Summit identified a series of actions and priorities that together will enable The Ohio State University to build a new institution to bring together older adults, academics, the community, government, healthcare, and service providers to change the climate around aging in our state and specifically Central Ohio.

The keys are engaging a more diverse group of people; actively listening to their experiences and concerns; building strong collaborations; and ensuring that all planning and decisions are driven by data.

Stakeholder Engagement:
Identify and engage with key community leaders and organizations specializing in aging issues.

Community Outreach:
Develop a comprehensive strategy to gather insights from diverse communities.

Program Development:
Conduct needs assessments and initiate intergenerational collaboration and ageism awareness.

Community-Centric Development:
Implement targeted programs and services that directly respond to community needs.

Inclusive Policies and Accessibility:
Develop inclusive policies, ensuring accessibility for all members.

Continuous Improvement:
Continuously evaluate and adapt, remove access barriers, and build trust.

Holistic Health Initiatives:
Launch preventative care-focused health and wellness programs.

Integrated Community Support:
Further integrate support services within the community for older adults and their caregivers.

Collaborative Care Access:
Collaborate and coordinate with service, insurance, and healthcare providers, streamlining access to care.

YEAR 1: OUTREACH   YEAR 2: DEVELOPMENT   YEAR 3: INTEGRATION

Year 1: Outreach

The first year of the plan will be focused on increasing participation among the following stakeholders: leading thinkers about aging issues, organizations and individuals who work with older adults, and older adults themselves from a broad spectrum of economic backgrounds, cultural and religious experiences, and neighborhoods – urban, rural, suburban.

This will require developing a comprehensive outreach strategy to connect with people where they are most comfortable sharing insight on what can sometimes be difficult topics. Tactics will include town hall meetings, diverse focus groups, surveys and other polling, and especially reaching into and becoming part of communities.

We will offer cultural competency training to ensure effective work in diverse communities so that staff and community leaders understand the range of values, traditions, customs, and beliefs.
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Older adults, as well as caregivers and service providers, have rich experience of where we are now and know what must be improved. Needs assessments will be developed to understand their specific concerns and priorities. The data gleaned will be used to develop new and more effective programs.

The conversation around aging affects people of all ages and requires challenging and overcoming stereotypes and preconceptions about age. Educational initiatives will be developed and aimed at raising awareness about ageism and its effect on people old and young.

The target audience for those efforts will be schools, local media, and social media.

Intergenerational programs, which connect younger and older people in meaningful ways, can create experiences that can blow apart preconceived notions of what it means to be young in the 21st century and to be aging in a youth-oriented culture. Mentorship and joint community projects can begin to foster mutual understanding and respect among different generations.

Year 2: Development

The data and insights collected in the first year will be used to create and implement programs and services that directly respond to community needs. It will also shape the development of policies and initiatives that ensure resources and programs are accessible and inclusive for all people in the region. Representatives of diverse communities will identify barriers and limitations to accessing services and will be enlisted to guide the planning and implementation of more effective and inclusive policies and programs.

By working transparently and ensuring that programs are developed and delivered with the welcome input of participants, subject experts, and community leaders, bi-directional trust will be built. This lays a foundation for long and effective partnerships. In addition, donors and funders will see outcomes that benefit the community and effect change where needed.

Continuous evaluation will be built into plans for programs to ensure their effectiveness and to incorporate new information as it is unearthed. The evaluation process will include regularly adjusting approaches and tactics based on feedback and observation.
Year 3: Integration

Integration will be one of the keys to the third year: integrating support services into communities, bridging the gap between research and practice, and building cooperation between insurance/benefit providers, service providers, and healthcare providers.

New programs will be launched around health and wellness, reflecting the priorities and preferences of older adults and healthcare providers while emphasizing preventative care and continuing to offer active listening sessions around evolving needs and concerns. Persistent follow up will help to build each community’s sense of belonging and the faith that they are being heard.

Efforts will be made to streamline access to services, through stronger collaboration between service providers, insurance and other benefit providers, and healthcare institutions. In addition, we will encourage the use of practice-based evidence while acknowledging the value of professional expertise in an effort to bridge the gap between research and practice.

Finally, we will invest in qualitative research to capture the lived experiences, challenges, and aspirations of care partners and older adults, informing program and policy development. Our experience in the community and with real people, real service providers, and researchers will frame our efforts to advocate for aging-related policy based on realistic expectations and well-documented community needs.