

LIVING BETTER, LONGER

A PRESENTATION ON AGING WELL, AGE-INFORMED CARE, AND WHAT IT
MEANS TO THRIVE AT EVERY STAGE OF LIFE

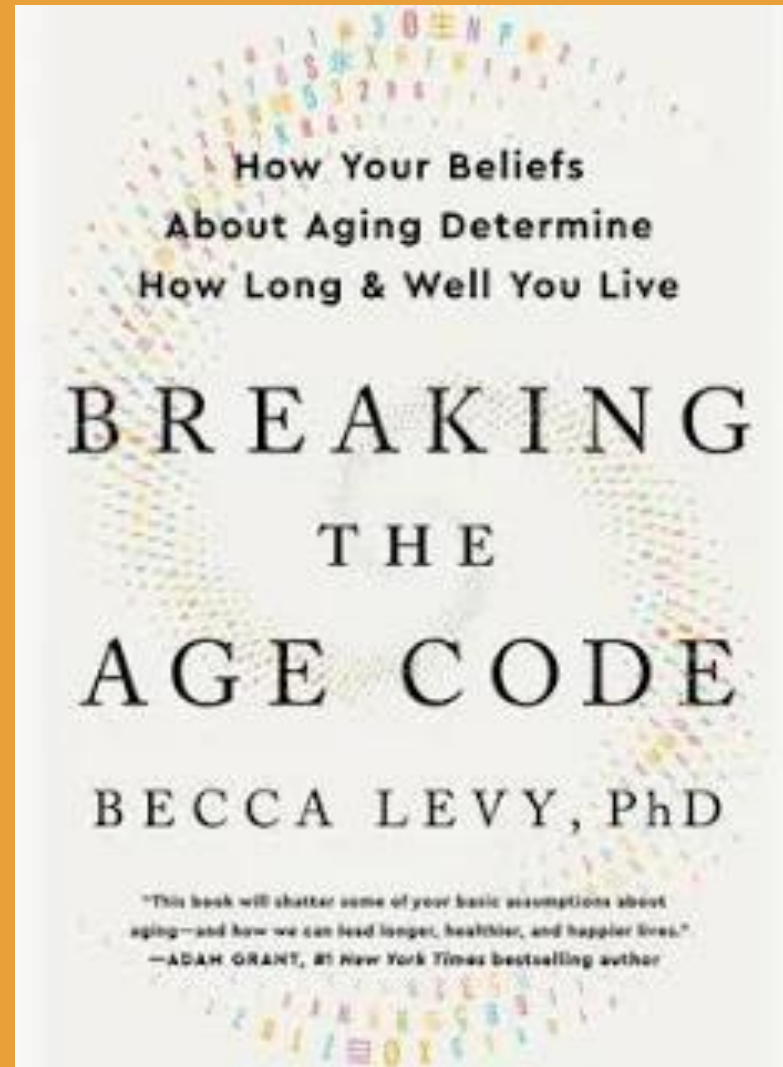
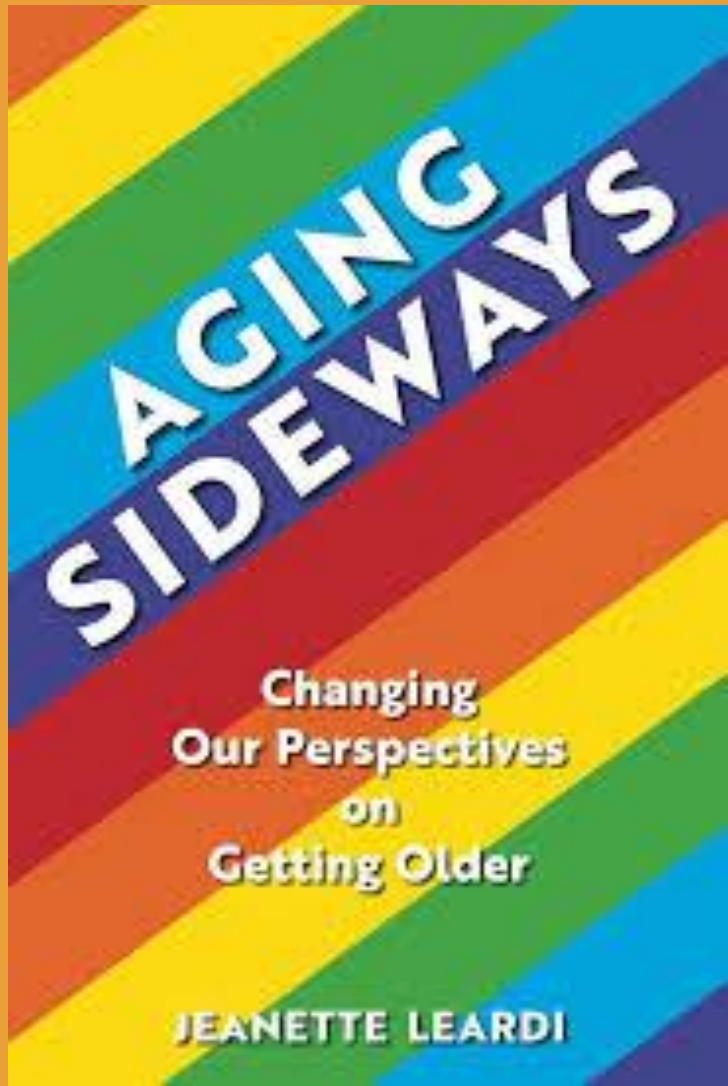
PRESENTED BY: BRITTANY WILLIAMSON, LCSW





OBJECTIVES

- IDENTIFY PERSONAL BELIEFS, ASSUMPTIONS, AND ATTITUDES ABOUT AGING AND DESCRIBE HOW THESE PERCEPTIONS MAY INFLUENCE THE AGING EXPERIENCE.
- EXPLAIN THE IMPACT OF AGEISM, STEREOTYPES, AND AGE-INFORMED LANGUAGE ON OLDER ADULTS, SERVICE DELIVERY, AND COMMUNITY ATTITUDES.
- DESCRIBE KEY COMPONENTS OF AGING WELL, INCLUDING HEALTH, SOCIAL CONNECTION, FINANCIAL WELLNESS, AGING IN PLACE, AND EMPOWERED AGING.
- APPLY A NEW PERSPECTIVE ON AGING BY RECOGNIZING BARRIERS, CHALLENGING COMMON MYTHS, AND EXPLORING WAYS TO SUPPORT INTERGENERATIONAL CONNECTION AND AGE-INCLUSIVE PRACTICES.





CREOKS MISSION AND GOAL FOR AGING SERVICES

- SUPPORT IN NAVIGATING LIFE CHANGES
- EDUCATION ABOUT HEALTH/HEALTH CHALLENGES
- ASSISTANCE IN MAINTAINING YOUR INDEPENDENCE, QUALITY OF LIFE, AND DIGNITY.



ARE YOU AWARE OF YOUR IMAGE OF AGING?

WE ALL HAVE IMAGES THAT MAY BE BASED ON LOTS OF SOURCES SUCH AS SOCIAL MEDIA, BOOKS, SONGS, AND MAGAZINES. THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR RESPONSES WILL BE KEPT CONFIDENTIAL. AFTER EACH WORD OR PHRASE, CLICK THE RESPONSE FROM “STRONGLY DISAGREE” TO “STRONGLY AGREE” THAT BEST SHOWS HOW WELL THE WORD MATCHES THE FIRST IMAGE OR PICTURE OF **OLDER PEOPLE** THAT COMES TO MIND.





IMAGE OF AGING QUIZ

HEALTHY

SENILE

CAPABLE

HELPLESS

ACTIVE

GRUMPY

WISE

[HTTPS://BECCA-LEVY.COM/QUIZ/](https://becca-levy.com/quiz/)



How we **think and feel** about aging directly shapes how we age. Our perceptions — often formed without our awareness — influence our behaviors, our health, and even our longevity.



“THE SINGLE MOST IMPORTANT FACTOR IN DETERMINING
LONGEVITY—MORE IMPORTANT THAN GENDER, INCOME,
SOCIAL BACKGROUND, LONELINESS OR FUNCTIONAL HEALTH—
IS HOW PEOPLE THINK ABOUT AND APPROACH THE IDEA OF OLD 8
AGE,”

- DR. BECCA LEVY.

WHERE DOES YOUR IMAGE OF AGING COME FROM?

- 100TH DAY OF SCHOOL
- ANTI AGING COMMERCIALS (1980 “WASH THE GRAY AWAY”) WASH GRAY AWAY
- ANTI AGING “BEAUTY” PRODUCTS

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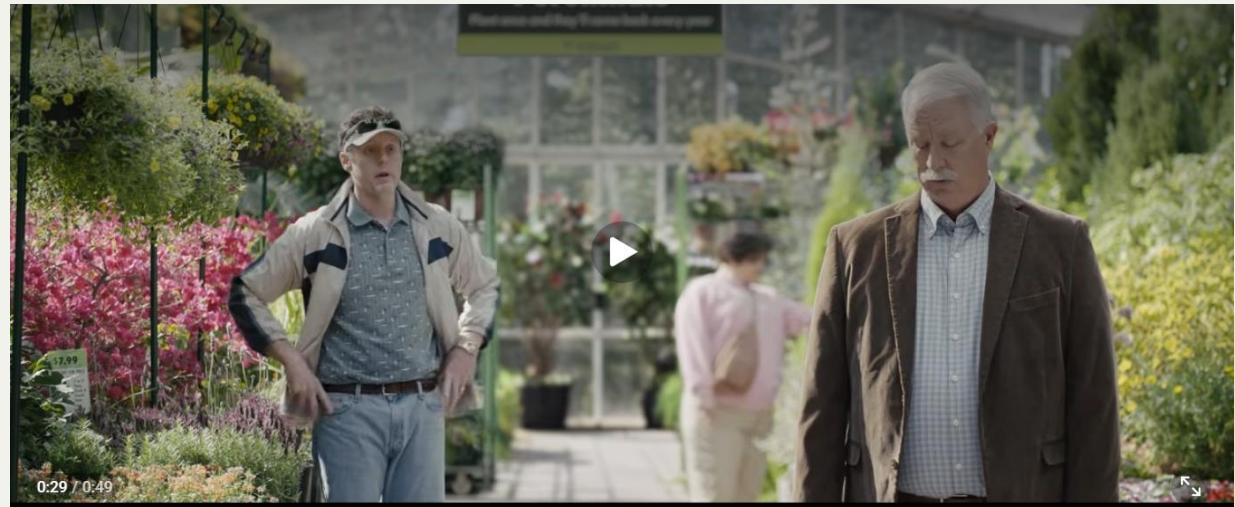


COMMERCIAL EXAMPLES



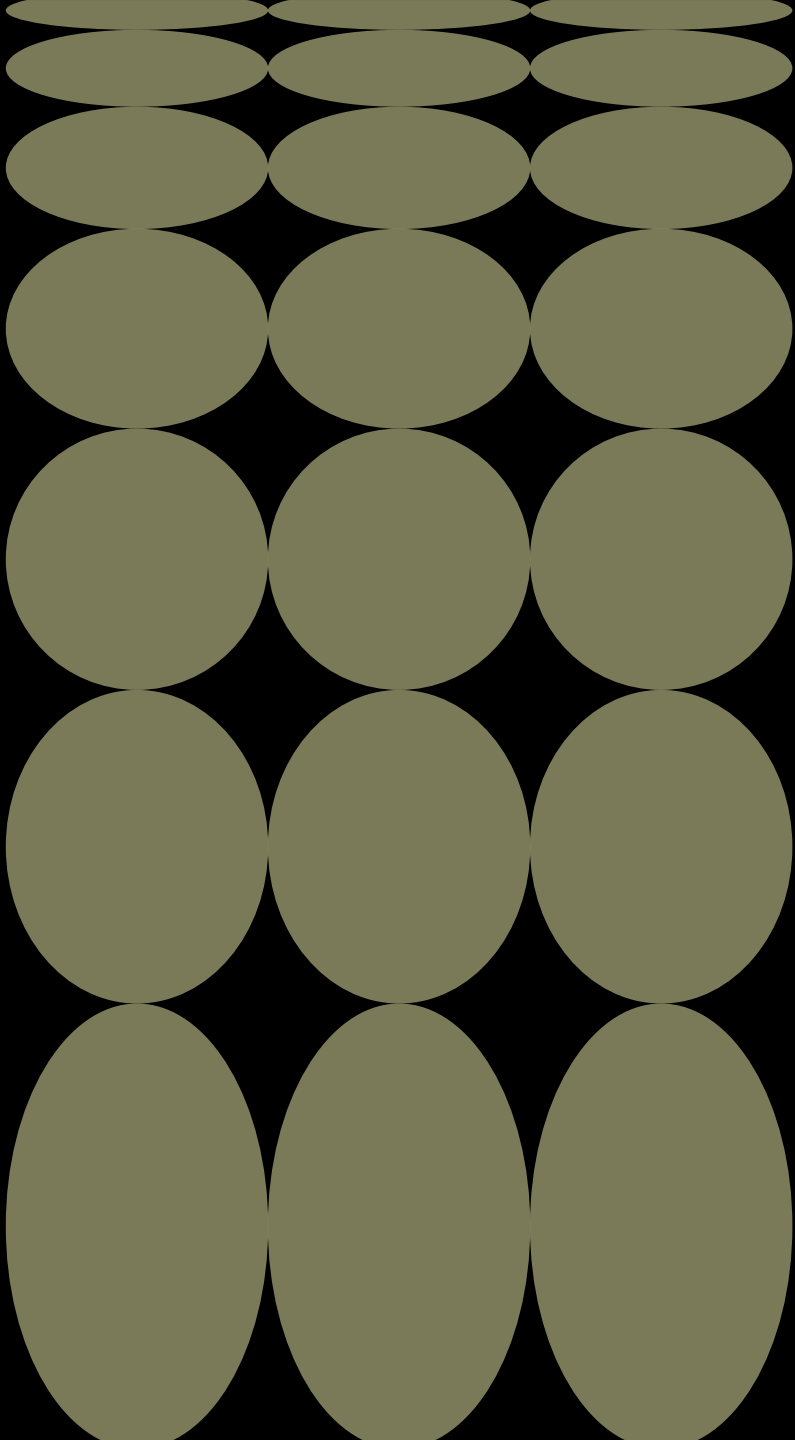
MENS ANTI AGING

PROGRESSIVE





MYTH OR FACT?

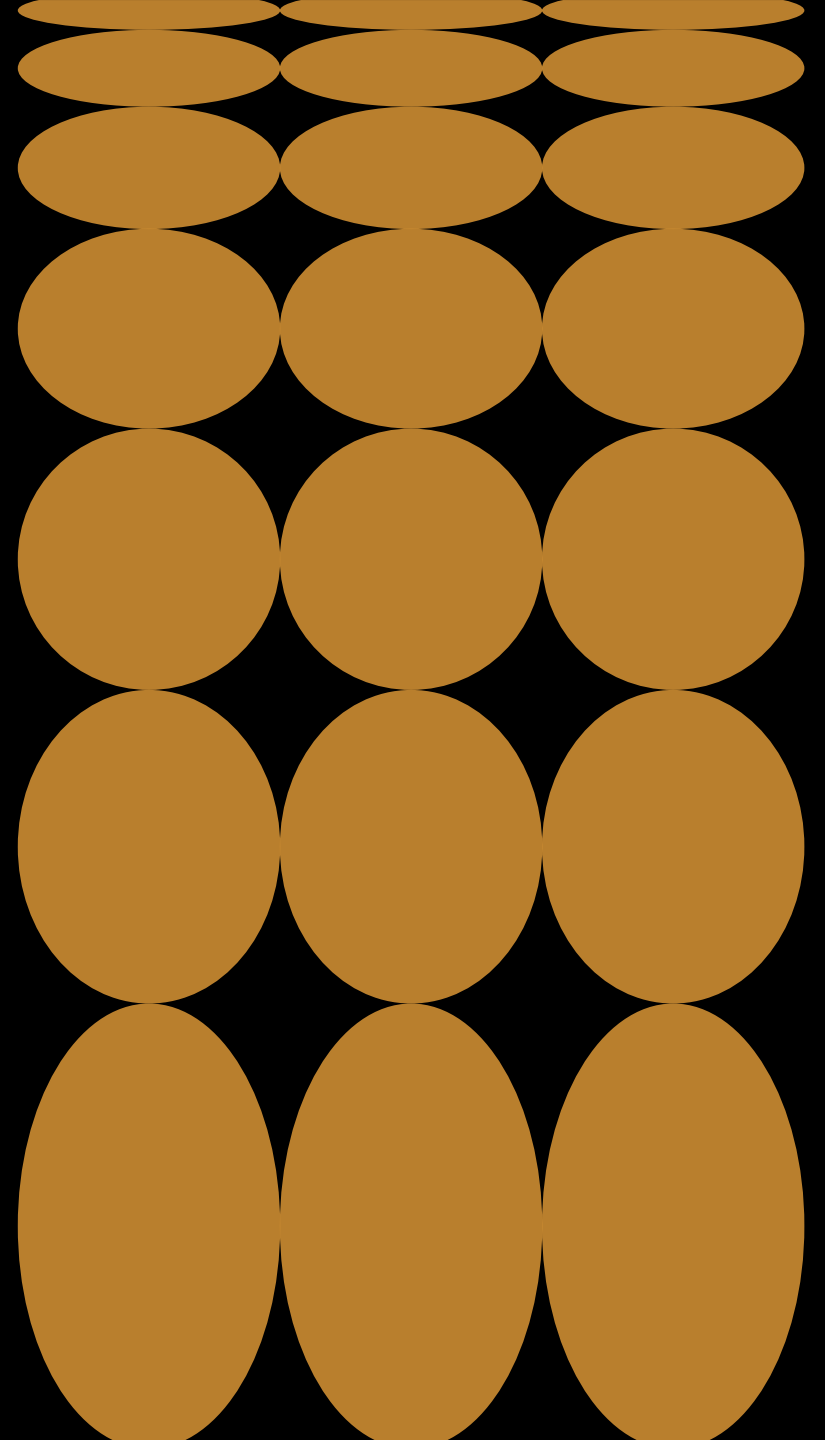


HAVING A POSITIVE
MINDSET ABOUT AGING
INCREASES YOUR LIFE
EXPECTANCY BY 7
YEARS.

MYTH OR FACT?

**YOU CAN'T
TEACH AN OLD
DOG NEW
TRICKS.**

MYTH OR FACT?



MYTH OR FACT?

**AGING MEANS DECLINING
HEALTH AND/OR DISABILITY.**

MYTH OR FACT?

MEMORY LOSS IS AN INEVITABLE PART OF
AGING.

HOW OLD IS OLD?

WHAT AGE COMES TO MIND WHEN YOU THINK OF
SOMEONE BEING “OLD”





HOW OLD IS OLD?

- AGES 10 TO 20 BELIEVE THE AVERAGE PERSON BECOMES OLD AROUND AGE 60.
- PEOPLE IN THEIR 40'S TO 50'S BELIEVE THE AVERAGE PERSON BECOMES OLD IN THEIR LATE 60's.
- AGES 80 TO 90 BELIEVE THE AVERAGE PERSON DOES NOT BECOME OLD UNTIL AROUND 70.

5 SPECIFIC AGING PARADIGMS

- CHRONOLOGICAL AGE
- FUNCTIONAL AGE
- LIFE – STAGE AGE
- POLICY AGE
- PERCEIVED AGE

WHY IS AGE INFORMED
LANGUAGE IMPORTANT?

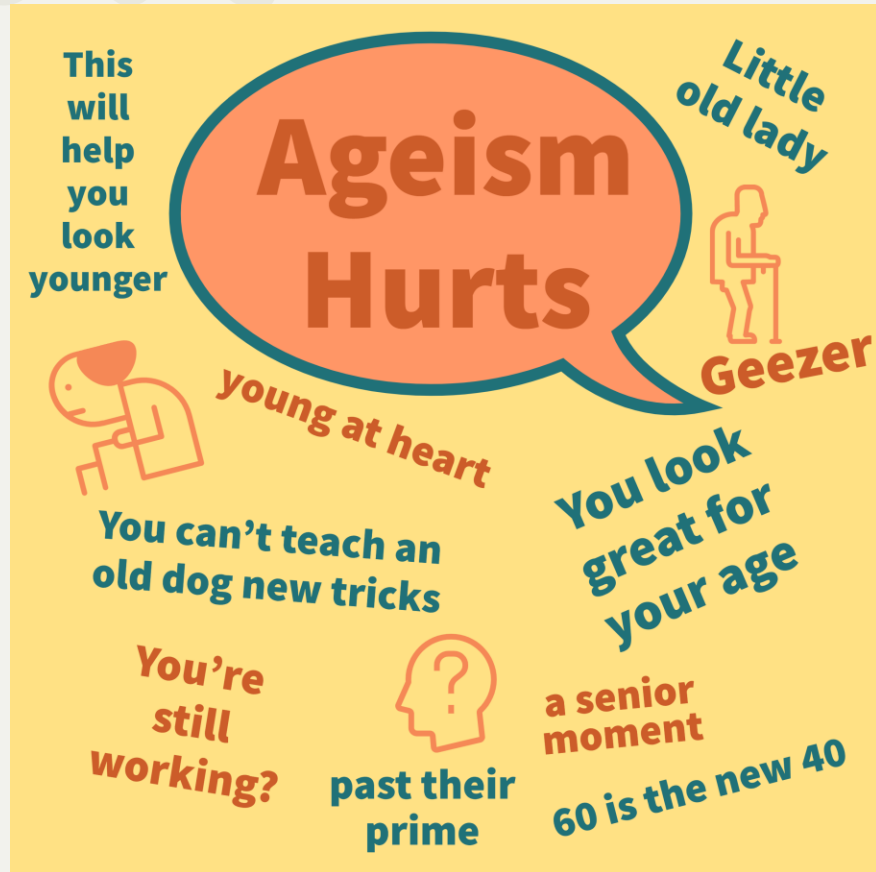




WHAT IS AGEISM?

- **AGEISM** - FROM “ANTIAGING” FACE CREAMS TO WISECRACKING BIRTHDAY CARDS ABOUT GETTING OLDER TO “OK, BOOMER” MEMES, THE MESSAGE IS CLEAR: BEING OLD IS SOMETHING TO AVOID. NEVER MIND THAT, IF WE HAVE THE GOOD FORTUNE TO LIVE A LONG LIFE, INACCURATE STEREOTYPES ABOUT AGING WILL HARM ALL OF US.

WAYS AGEISM SHOWS UP



- INTERNALIZED
 - IMPLICIT
 - CULTURAL
- INSTITUTIONAL
- INTERPERSONAL



AGEISM AND STEREOTYPES

- BENEVOLENT AGEISM
- ELDER SPEAK
- Demeaning Jokes
- ASSUMPTION ABOUT – POOR
SIGHT/HEARING/MEMORY/COGNITION/LACK OF
COMPETENCE/TECHNICAL SAVVY/SOCIAL
INCOMPETENCE/VALUE

COMMON AGEIST COMMENTS AND PHRASES TO AVOID

- PSEUDO-COMPLIMENTS
- WORKPLACE/COMPETENCE BIAS
- STEREOTYPICAL JOKES: "OLD DOG, NEW TRICKS," "SENIOR MOMENT," OR "OK, BOOMER".
- ELDERSPEAK



WHAT WOULD IT LOOK LIKE IF AGING WAS UNBOUND BY AGEISM?

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=S0QXTAZO
H2W](https://www.youtube.com/watch?v=s0QXTAZoH2w)



CULTURAL CONSIDERATIONS OF AGING

OTHER SOCIETIES AND CULTURES HAVE
HISTORICALLY VIEWED OLDER ADULTS
DIFFERENTLY THAN OUR OWN.

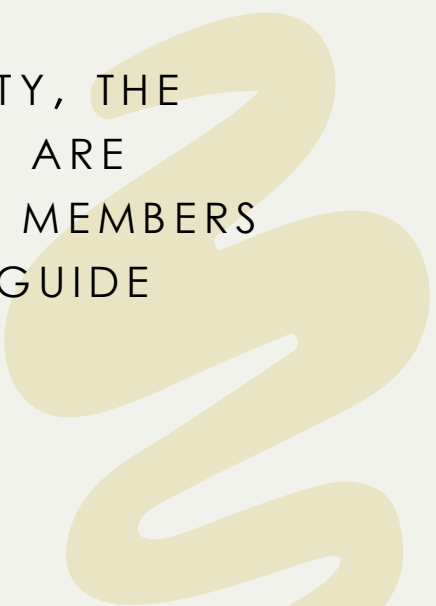


CULTURAL CONSIDERATIONS

HISTORICALLY, NATIVE AND INDIGENOUS CULTURES HAVE REVERED THEIR ELDERS. IN THEIR CULTURE, RESPECT FOR THE OLDER MEMBERS OF THEIR FAMILIES IS DEMONSTRATED BY CARING FOR THEM AT HOME IN A PLACE OF HONOR. THE ELDERS ARE THE FIRST TO EAT AND HAVE THE MOST COMFORTABLE SEAT IN THE HOME. THEY ARE KNOWN AS WISDOM KEEPERS AND SPIRITUAL GUIDES.

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THE ELDER FOLKS ARE SEEN AS PILLARS IN THE COMMUNITY, THE SACRED KNOWLEDGE KEEPERS AND STORY TELLERS AND ARE RESPONSIBLE FOR PASSING THEIR CULTURE TO THE YOUNGER MEMBERS OF THE COMMUNITY. THE ELDERS LEAD COUNSELS AND GUIDE DECISION MAKING.





CULTURAL CONSIDERATIONS

HISTORICALLY, JAPANESE CULTURE ALSO VIEWS THEIR ELDERS WITH PROFOUND RESPECT. IT IS DEEPLY ROOTED IN THE CONCEPTS OF “OYADOKO” MEANING FILIAL PIETY MEANING AGE EQUATES WISDOM. RAPID MODERNIZATION HAS PROMPTED JAPAN TO BUILD ONE OF THE MOST COMPREHENSIVE SOCIALIZED CARE SYSTEMS KNOWN TO CARE FOR THEIR OLDER ADULTS ALTHOUGH FAMILY CARE DOES REMAIN THE IDEAL. JAPAN HAS ALSO ENACTED LONG TERM CARE INSURANCE SYSTEM IN 2000 FUNDING BOTH IN HOME HELPERS AND FACILITY CARE.

JAPAN ALSO HAS SOMETHING CALLED ACTIVE AGING OFTEN WORKING PAST 70 WITH WORK OR COMMUNITY-BASED HOBBIES AND SEEING OUT “IKIGAI” OR A REASON FOR BEING”.



PERCEPTIONS ON AGING

IN OUR SOCIETY, THERE IS A TIMELINE THAT IS PRESENTED FOR US TO FOLLOW, HOWEVER, THERE ARE MANY FOLKS THAT HAVE BEGUN THEIR CAREERS OR THEIR FAMOUS CAREERS AT A LATER AGE.

FAMOUS AGING ADULTS

TONI MORRISON THE WINNING NOVELIST,
EDITOR AND PROFESSOR. SHE WAS 58 YEARS
OLD WHEN SHE STARTED TEACHING AT
PRINCETON UNIVERSITY AND WAS AGE 62
WHEN SHE WON THE PULITZER PRIZE IN
LITERATURE.

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FAMOUS AGING ADULTS

ARIANNA HUFFINGTON IS AN AUTHOR AND BUSINESSWOMAN. SHE IS THE CEO OF THRIVE GLOBAL, AND SHE CO-FOUNDED HUFFINGTON POST AS A MOST WIDELY READ DIGITAL MEDIA OUTLET AT THE AGE OF 55.

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“WHENEVER YOU CAN, ASK FOR FEEDBACK. DON’T THINK OF IT AS CRITICISM, THINK OF IT AS A GIFT”

FAMOUS AGING ADULTS

JULIA CHILD THE AUTHOR OF MASTERING THE ART OF FRENCH COOKING STARTED THE FAMOUS COOKING SHOW AT THE AGE OF 50 AND PUBLISHED THE COOKBOOK AT THE AGE OF 49.

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FAMOUS AGING ADULTS

LAURA INGALLS WILDER STARTED WRITING HER
FAMOUS LITTLE HOUSE IN THE BIG WOODS SERIES
AT THE AGE OF 65.

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COLONEL HARLAND SANDERS STARTED FRANCHISING
KENTUCKY FRIED CHICKEN AT THE AGE OF 62.



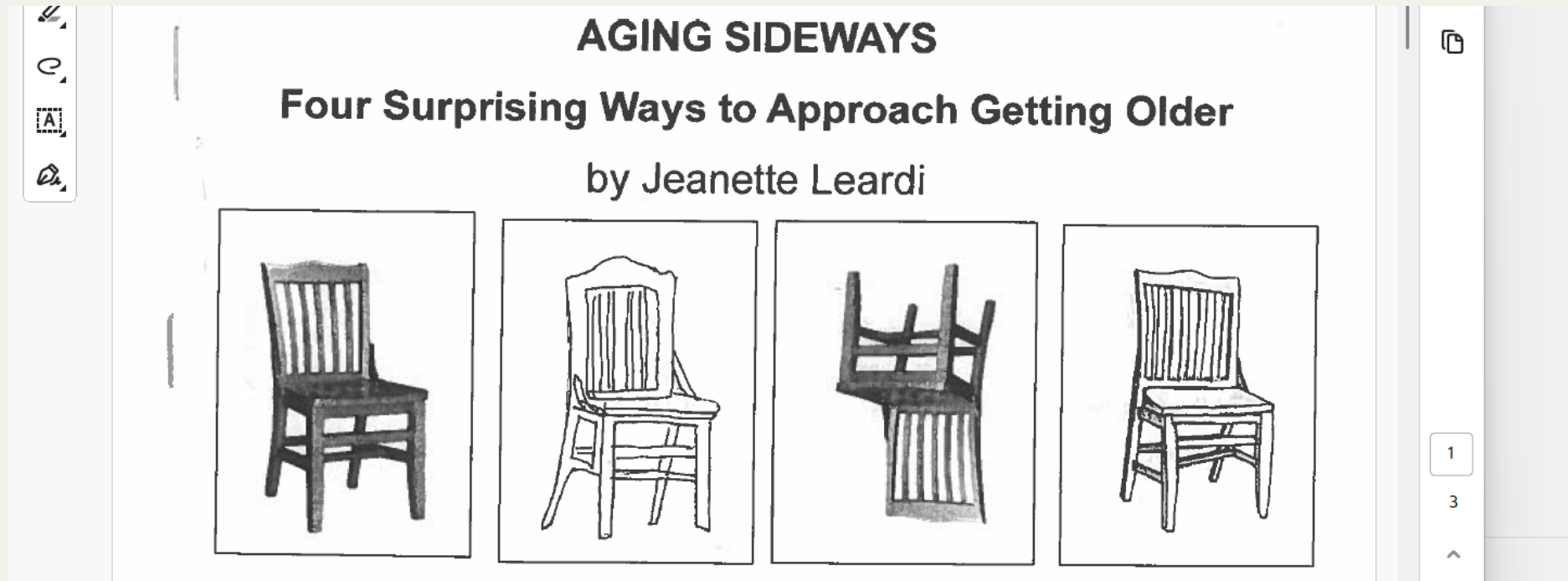
SMALL CHANGES ARE HAPPENING ALL AROUND. RATHER THAN SEEING OLDER ADULTS AS A BURDEN OR AS THE “OLD FOLKS” OR AS “SILLY”, CHANGES HAVE BEEN TAKING PLACE. FOR EXAMPLE, THE GOLDEN GIRLS WERE THE SAME AGE AS THE WOMEN ON SEX IN THE CITY, EARLY TO MID 50’S. AND IF YOU REMEMBER YOU REMEMBER, THERE WAS A BIG DIFFERENCE IN APPEARANCE, ATTITUDE AND SITUATIONS.

WHICH LEADS TO ANOTHER DEBATE; MUST OLDER ADULTS REQUIRE LOOKING YOUTHFUL, “MAKING MONEY” OR HAVING A “RELATIONSHIP” TO HAVE WORTH?

DRAWING ON THE
RIGHT SIDE OF THE
BRAIN – ATTEMPT
TO DRAW CHAIR
UPSIDE DOWN



DRAWING ON THE RIGHT SIDE OF THE BRAIN





STRATEGIES FOR AGING “SIDEWAYS”

SIDESTEPPING A DEEPLY
EMBEDDED OBSTACLE YOU'RE
APPROACHING RATHER THAN
RETREATING FROM IT OR FUTILELY
TRYING TO REMOVE IT





STRATEGIES FOR AGING “SIDEWAYS”

REDEFINING A TERM OR CONCEPT IN A WAY THAT
MAKES ITS MEANING MORE ACCURATE OR MORE
RELEVANT TO YOU



STRATEGIES TO AGING “SIDEWAYS”

LOOKING PERIPHERALLY AS YOU MOVE FORWARD
RATHER THAN ONLY STRAIGHT AHEAD OR IN THE
REAR-VIEW MIRROR

STRATEGIES IN AGING “SIDEWAYS”

BEING OPEN TO THE UNEXPECTED RATHER THAN
CONTROLLING WHAT YOU ENCOUNTER IN THE
MOMENT





LEVVYS ABC METHOD FOR AGE DECLINING MINDSETS

- INCREASING AWARENESS
- PLACING BLAME WHERE BLAME IS DUE
- CHALLENGING NEGATIVE AGE BELIEFS

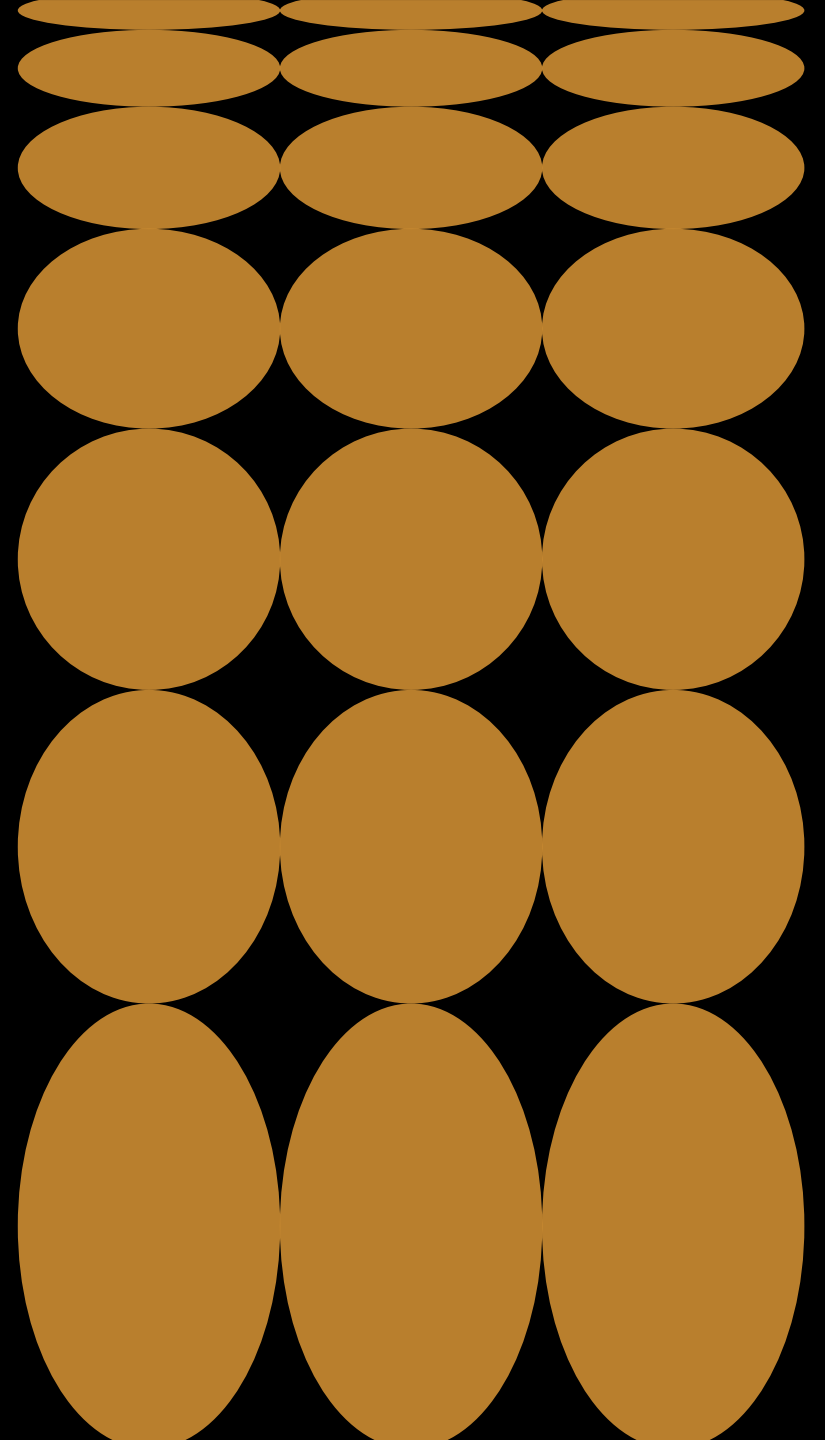
WHAT DOES IT MEAN TO AGE WELL?

GOOD HEALTH

SOCIAL CONNECTION/SUPPORT

FINANCIAL WELLNESS

AGING IN PLACE





WHAT DOES IT MEAN TO AGE WELL?

SOCIOECONOMIC CONTEXT

RACE/ETHNICITY

GENDER

PHYSICAL/MENTAL ABILITY

WHERE WE LIVE

LEVEL OF EDUCATION

LEVEL OF INCOME

ACCESS TO RESOURCES





GOOD HEALTH

- ACCESS TO PREVENTATIVE AND CONTINUED CARE
- CARE COORDINATION/CASE MANAGEMENT
- AFFORDABLE MEDICATION
- NUTRITION
- PHYSICAL ACTIVITY
- SOCIAL AND EMOTIONAL WELL BEING
- COGNITIVE HEALTH
- EDUCATION



BARRIERS GOOD HEALTH

- CURRENT DATA SHOWS MANY OLDER ADULTS ENDURE PRECARIOUS SOCIOECONOMIC SITUATIONS AND UNDER – OR – OVER
- OUR AGING CARE COORDINATORS HAVE SEEN A STEADY PATTERN OF OVERMEDICATING AGING ADULTS FROM PRIMARY CARE PHYSICIANS.
- CLIENTS ARRIVE FOR SERVICES WITH A MEDICATION LIST THAT VARIES BETWEEN 10-30 MEDICATIONS.



SOCIAL CONNECTION & SUPPORT

SOCIAL SUPPORT IS CRITICAL FOR HEALTHY AGING,
DIRECTLY PROTECTING OLDER ADULTS AGAINST
LONELINESS, COGNITIVE DECLINE, AND CHRONIC
DISEASE.

BARRIERS TO SOCIAL SUPPORT

- REDUCED MOBILITY
- THE LOSS OF LIFELONG FRIENDS AND FAMILY
- INADEQUATE OR INACCESSIBLE PUBLIC TRANSPORTATION
- DIGITAL EXCLUSION



FINANCIAL WELLNESS

- PLANNING FOR THE FUTURE
- SAVINGS
- RETIREMENT
- NAVIGATING HEALTHCARE COST
- LONG TERM CARE
- PLANNING FOR CHANGE IN COGNITION
- PROTECT AGAINST EXPLOITATION

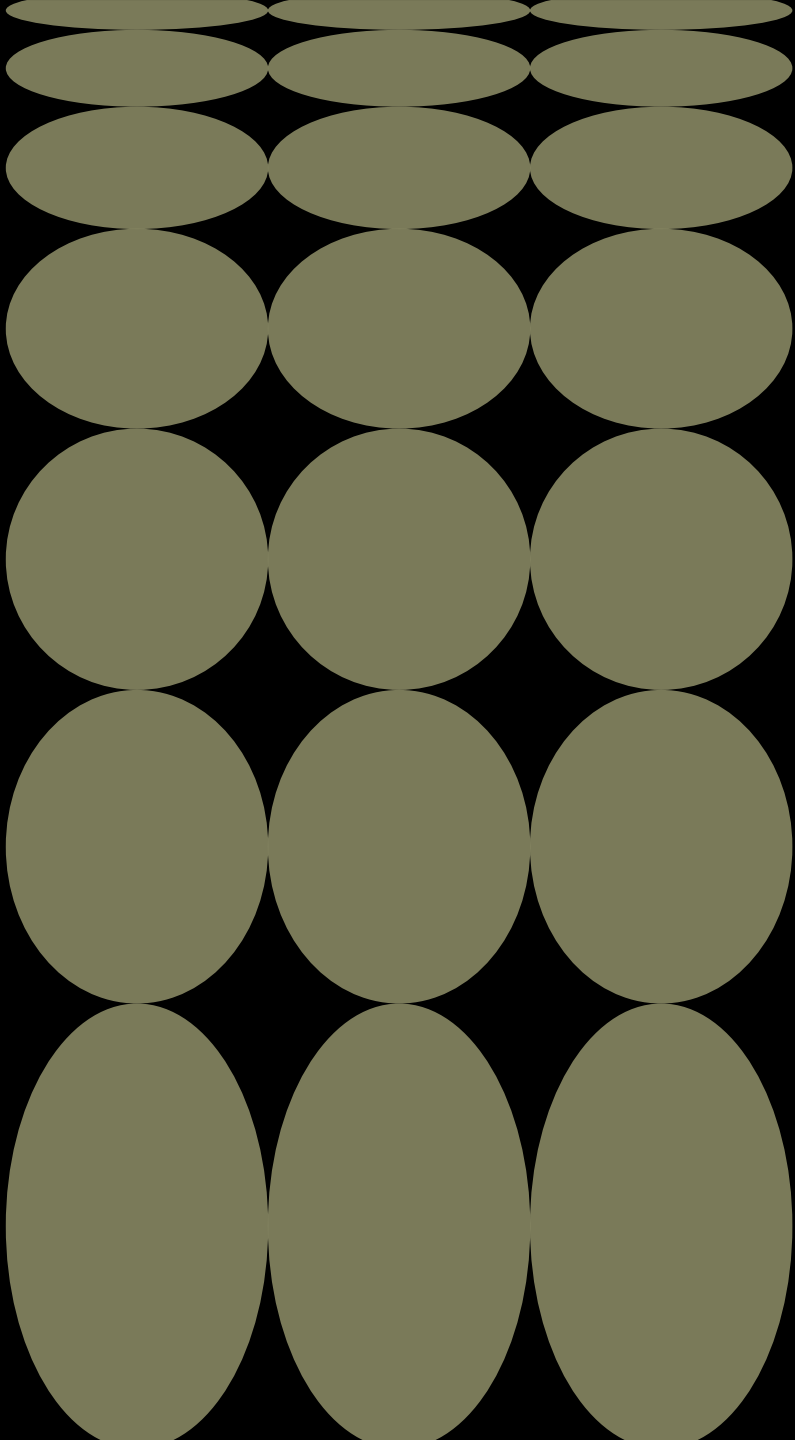
Figure 1: Financial Wellness Pyramid





BARRIERS TO FINANCIAL WELLNESS

- EMPLOYMENT DISCRIMINATION
- OUT OF POCKET HEALTH CARE EXPENSES
- MEDICARE LIMITATIONS
- FIXED INCOME
- DIGITAL LITERACY
- VULNERABILITY TO FRAUD/SCAMS



AGING IN PLACE

HOME MODIFICATIONS & SAFETY

ASSISTIVE TECHNOLOGY

SUPPORT SERVICES & DAILY LIVING

FINANCIAL & COMMUNITY PLANNING



BARRIERS TO AGING IN PLACE

ACCESSIBLE HOUSING

AFFORDABLE HOUSING

ACCESSIBLE LONG-TERM CARE

ISOLATION





INTERGENERATIONAL IMPORTANCE ON AGING

- WHAT WERE TYPICAL INTERACTIONS WITH AGING ADULTS WHEN YOU WERE YOUNGER?
- WHAT IS SOMETHING YOU HAVE LEARNED FROM AN AGING ADULT THAT HAS STUCK WITH YOU?
- IF YOU ARE AN AGING ADULT, WHAT IS SOMETHING YOU HAVE LEARNED FROM A PERSON YOUNGER THAN YOU THAT HAS STUCK WITH YOU?



INTERGENERATIONAL CONTINUED

INTERGENERATIONAL EXCHANGE IS A TWO-WAY STREET. THE YOUNG ALSO BRING ASSETS TO THE TABLE THAT BENEFIT OLDER GENERATIONS.

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WHY DO YOU THINK INTERGENERATIONAL INVOLVEMENT IS IMPORTANT?



ERIKSON'S STAGES OF DEVELOPMENT: ADOLESCENTS AND YOUNG ADULTS THE PULSE OF THE FUTURE

WHAT TO OFFER: YOUNGER INDIVIDUALS PROVIDE A PULSE ON CURRENT CULTURE, FRESH PERSPECTIVES ON MODERN PROBLEMS, AND AN INFECTIOUS ENTHUSIASM FOR LIFE.

HOW THEY CONTRIBUTE: FOR SENIORS, INTERACTING WITH YOUNGER PEOPLE HELPS KEEP THE MIND SHARP, STAVES OFF COGNITIVE DECLINE, AND PREVENTS FEELINGS OF LONELINESS.

ERIKSON'S STAGES OF DEVELOPMENT: MIDLIFE (40-65) THE ANCHOR OF GENERATIVITY

WHAT TO OFFER: THIS IS THE PRIME TIME FOR ACTIVE MENTORSHIP, CAREER GUIDANCE, AND RAISING THE NEXT GENERATION. ADULTS IN THIS AGE BRACKET HAVE ACCUMULATED EXTENSIVE LIFE EXPERIENCE AND PROFESSIONAL SKILLS.

HOW THEY CONTRIBUTE: THEY ARE HIGHLY EQUIPPED TO TRANSLATE THEIR HARD-EARNED LESSONS INTO ACTIONABLE SUPPORT FOR YOUNGER PEOPLE

ERIKSON'S STAGES OF DEVELOPMENT: OLDER ADULTHOOD (AGES 65+): THE KEEPERS OF WISDOM

WHAT TO OFFER: OLDER ADULTS OFFER HISTORICAL CONTEXT, EMOTIONAL RESILIENCE, AND AN EMPATHETIC PERSPECTIVE ON AGING AND OVERCOMING ADVERSITY.

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HOW THEY CONTRIBUTE: THEY PROVIDE A VITAL SENSE OF CONTINUITY AND IDENTITY FOR YOUNGER GENERATIONS, WHICH CAN HAVE PROFOUND PSYCHOLOGICAL BENEFITS FOR BOTH PARTIES.

CREATING AN AGE INFORMED SYSTEM OF CARE TO ASSIST WITH AGING WELL

- THE GOAL IS TO CREATE HEALTH SYSTEMS THAT ENSURE EVERY OLDER ADULT RECEIVES THE BEST CARE POSSIBLE, IS NOT HARMED BY CARE, AND IS SATISFIED WITH THE CARE THEY RECEIVE.
- OLDER ADULTS RECEIVE HEALTH CARE AND SOCIAL SERVICES FROM A VARIETY OF PROVIDERS: PRIMARY CARE, BEHAVIORAL HEALTH, CBO, AREA AGENCIES ON AGING, HOME HEALTH, ACUTE CARE HOSPITALS, ASSISTED LIVING, NURSING HOMES, VETERANS' SERVICES, SUBSIDIZED HOUSING, TRANSPORTATION...
- • PERSON-CENTERED, INTEGRATED AND COORDINATED CARE ACROSS PROVIDERS IS CRITICAL TO ADDRESSING NEEDS AND LINKING INDIVIDUALS WITH ESSENTIAL MENTAL HEALTH, MEDICAL, AND COMMUNITY PROGRAMS.
- • COMPREHENSIVE CARE COORDINATION LEADS TO IMPROVED TREATMENT ENGAGEMENT AND OUTCOMES, MORE EFFICIENT CARE, AND EFFECTIVE SUPPORT SYSTEMS. INTEGRATION OF PHYSICAL HEALTH, BEHAVIORAL HEALTH, AND HOME AND COMMUNITY-BASED SERVICES IS KEY...

HOW CREEKS ASSISTS WITH AGING WELL

- DO FOR, DO WITH, CHEER ON.
- ALL CLIENTS AGED 50 WITH SMI AND 65+ YEARS AND OLDER ARE UNDER THE UMBRELLA OF OUR AGING SERVICES.
- SPECIALIZED AGING TEAM THAT ARE AGE INFORMED.
- INCORPORATING PHYSICAL WELLNESS IN GROUPS AND CLIENT'S DAILY LIVES.
- AGING SPECIFIC MODALITIES
- INCREASING SOCIAL WELLNESS
- CARE COORDINATION
- CARING FOR CAREGIVERS

Transport	Transport to clinic, food pantries, etc.
Research and provide	Research and provide resource information, including, but not limited, to food pantries, clothing closets, medical equipment, assistance with utilities, and much more
Assist	Assist clients in filling out paperwork
Staff	Staff clients with their team members

Tai chi - Tai Chi's focus is moving for better balance.

Walk with Ease - Walk with Ease is walking to aid with arthritis. It is a 6 week; 18 session program.

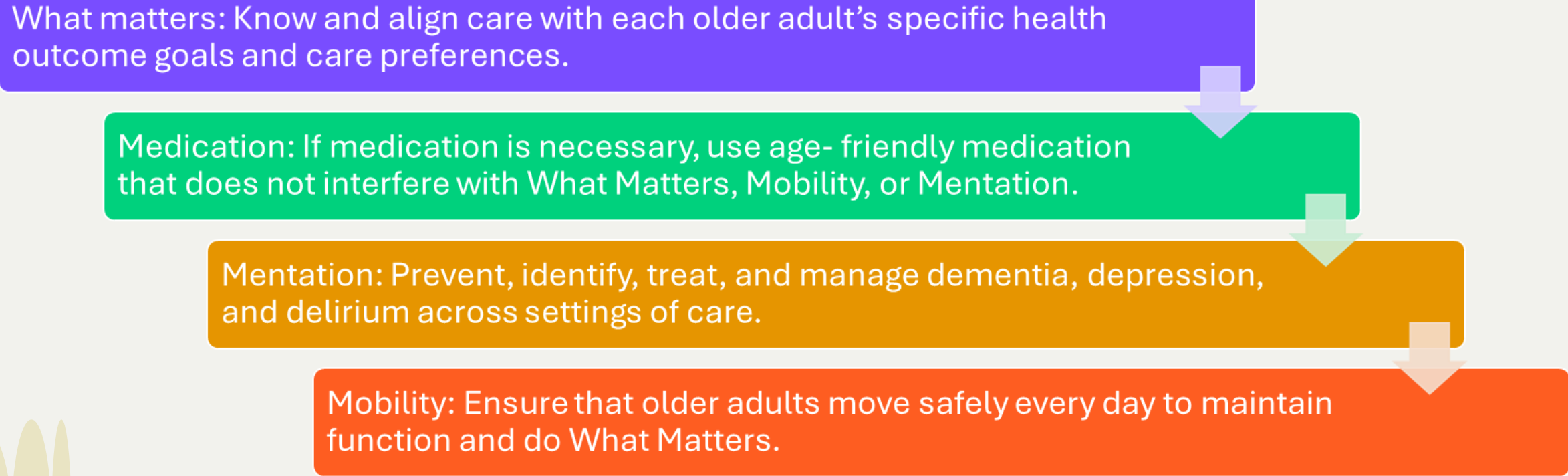
Other ideas - Soup can exercise, walking in place, chair yoga.

BOOTS ON THE GROUND

- REFERRAL PROCESS
- INTAKE
- SCREENING FOR SERVICES/PROGRAMS
- CARE COORDINATION/CASE MANAGEMENT (DOC VISITS, TRANSPORTATION, RESOURCE GATHERING)
- PEER SUPPORT
- GROUP
- COMMUNITY ENGAGEMENT/PARTNERS

4M'S FOCUSING ON WHAT MATTERS MOST

What matters: Know and align care with each older adult's specific health outcome goals and care preferences.



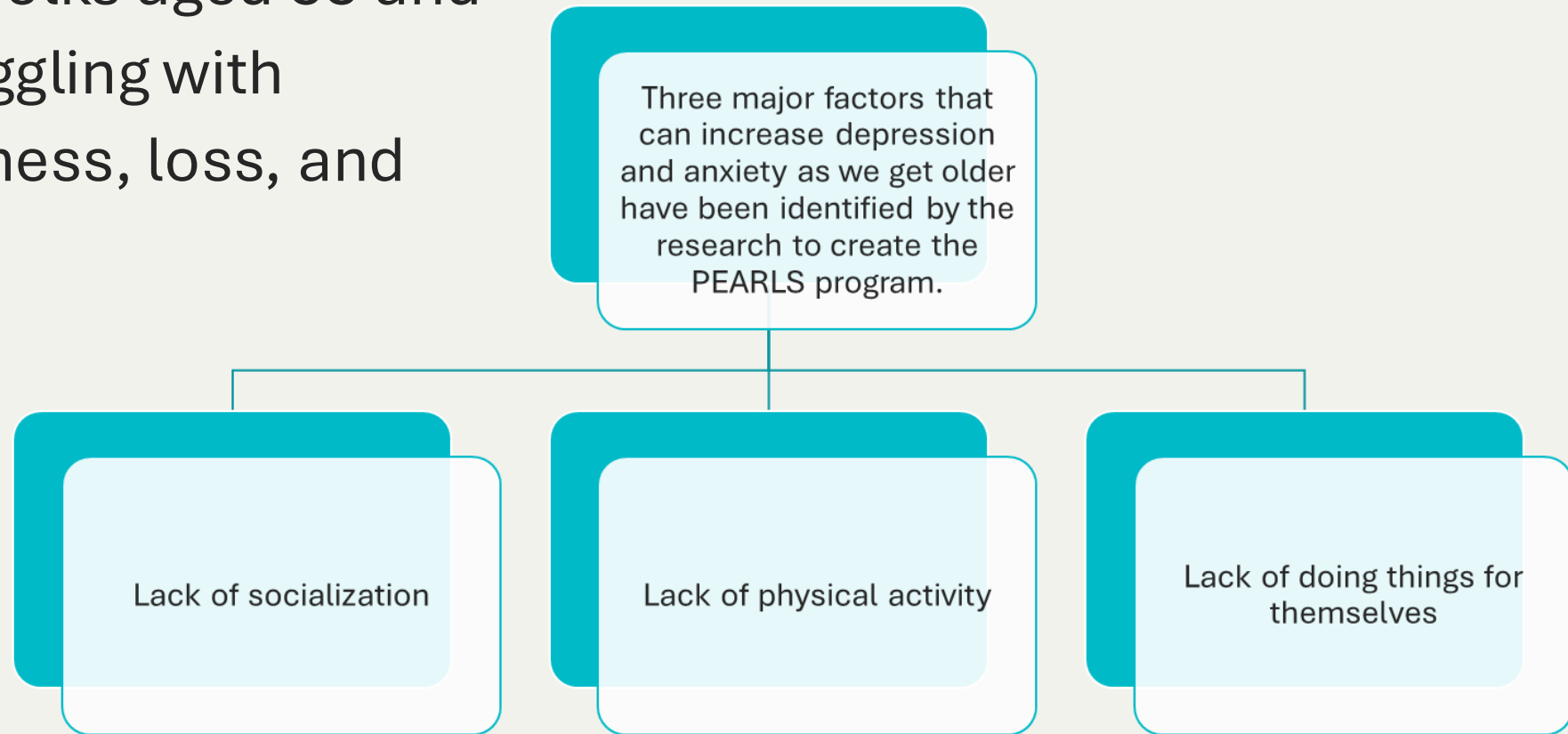
Medication: If medication is necessary, use age- friendly medication that does not interfere with What Matters, Mobility, or Mentation.

Mentation: Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility: Ensure that older adults move safely every day to maintain function and do What Matters.

PEARLS

PEARLS is an evidence-based program aimed at folks aged 55 and older who are struggling with depression, loneliness, loss, and more



CARING FOR CAREGIVERS

- ADULTS AGED 60 AND OLDER AND THEIR CARE PARTNERS
- PROGRAM HAS BEEN PROVED TO HAVE POSITIVE HEALTH OUTCOMES
- EDUCATION, RESOURCES, SUPPORT
- FOCUS ON WHAT MATTERS TO CAREGIVERS/CARE RECIPIENTS
- PLAN TO FOCUS ON PHYSICAL EMOTIONAL WELL-BEING
- DECLINE IN HOSPITAL/ER VISITS FOR CARE RECIPIENTS
- INCORPORATING CARE NEEDS AND PREFERENCES OF THE OLDER ADULT





CAREGIVER CHALLENGES

- 1 IN 5 FULL TIME EMPLOYEES CARE FOR A FAMILY MEMBER OR FRIEND
- 55 MILLION CAREGIVERS IN THE US
- EMOTIONAL/PHYSICAL BURDEN
- SELF CARE FOR CAREGIVER OFTEN NOT A PRIORITY
- FEELINGS OF ISOLATION/GUILT/SHAME
- HIGHER LEVELS REPORTS FOR DEPRESSION



BENEFITS OF C4C

BETTER QUALITY OF CARE
DELAYED INSTITUTIONALIZATION
BENEFIT-FINDING
STRONGER BONDS
LOWER DEPRESSION RISKS
INCREASED PREPAREDNESS
REDUCED BURNOUT



SCENARIO 1

- 51-year-old male
- Self referral
- Emotional and behavioral concerns as a child (age of onset 13)
- Hx of inpatient stays starting at age 13
- Reported sexual trauma from hospital stay
- Hx of delusions (onset in high school continued into adulthood)
- High school graduate
- Reported pornography addiction
- Limited social support/lives alone
- Born with mild form of cerebral palsy
- Hx of seizures
- Currently receives disability
- Currently taking medication for anxiety, sleep, and seizures

SCENARIO 2

- 63-YEAR-OLD FEMALE
- SELF REFERRED
- REPORTS SYMPTOMS OF DEPRESSION, HEARING VOICES, SEEING THINGS THAT ARE NOT THERE, PARANOIA
- DIFFICULT TIME FINDING WORK
- HX OF TRAUMA, GRIEF AND LOSS
- HIGH SCHOOL GRADUATE/CNA SCHOOL
- DISABILITY – BONE DISEASE, ARTHRITIS, NEUROPATHY
- MEDICATIONS FOR DEPRESSION, PAIN, AND PSYCHOSIS



WRAP UP – PROTECTIVE FACTORS OF AGING WELL

- ACCESS TO HOUSING, HEALTHCARE, AND OTHER RESOURCES
- AVAILABILITY OF SUPPORT NETWORKS AND SOCIAL BONDS
- INVOLVEMENT IN COMMUNITY ACTIVITIES
- SUPPORTIVE FAMILY RELATIONSHIPS
- EDUCATION (E.G. WISE USE OF MEDICATIONS) AND SKILLS
- PURPOSE AND IDENTITY
- ABILITY TO LIVE INDEPENDENTLY



TESTIMONIALS

1. "THE PEARLS PROGRAM HAS ENCOURAGED ME TO TAKE A LOOK AT MYSELF AND TO BE ABLE TO DEFINE SOME OF MY ISSUES THAT NEED TO BE WORKED ON. THE PROGRAM HAS EMBOLDENED ME TO TAKE CARE OF MYSELF FIRST. I HAVE ENJOYED GROUP - GOOD TO SEE THAT I'M NOT ALONE IN MY STRUGGLES - I'M NOT ALONE IN LIFE."
2. "PEARLS HELPED ME 100% - IT HAS HELPED ME GAIN MY CONFIDENCE BACK; TO COMMUNICATE BETTER AT WORK AND WITH OTHERS. (THE PROGRAM) "MADE ME COME FROM A DEEP, DARK PLACE TO A BRIGHT SUNNY PLACE. I AM POSITIVE EVERY DAY"

CONTACTS

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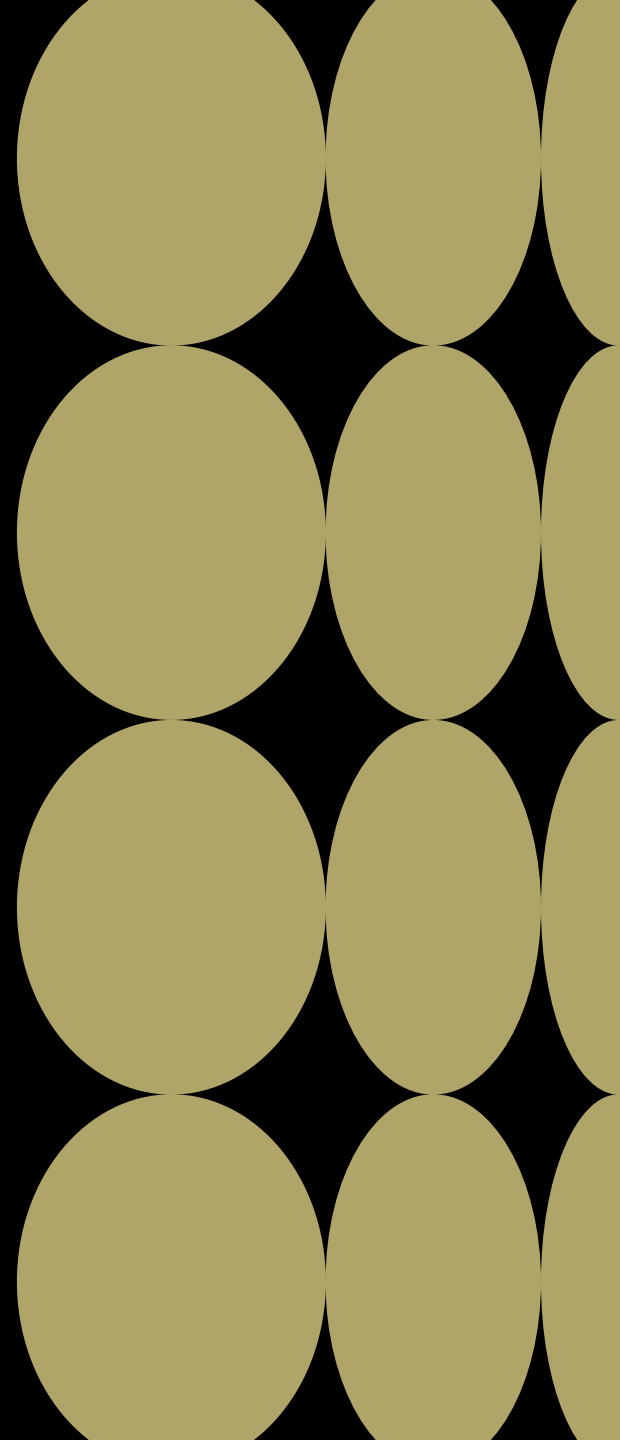
DIRECTOR OF AGING SERVICES – CROOKS

[HTTPS://CROOKS.ORG/REFERRAL/](https://crooks.org/referral/)





Q&A



RESOURCES

E4 CENTER OF EXCELLENCE WWW.E4CENTER.ORG

RUSH [HTTPS://AGING.RUSH.EDU/](https://AGING.RUSH.EDU/)

NATIONAL COUNCIL ON AGING WWW.NCOA.ORG

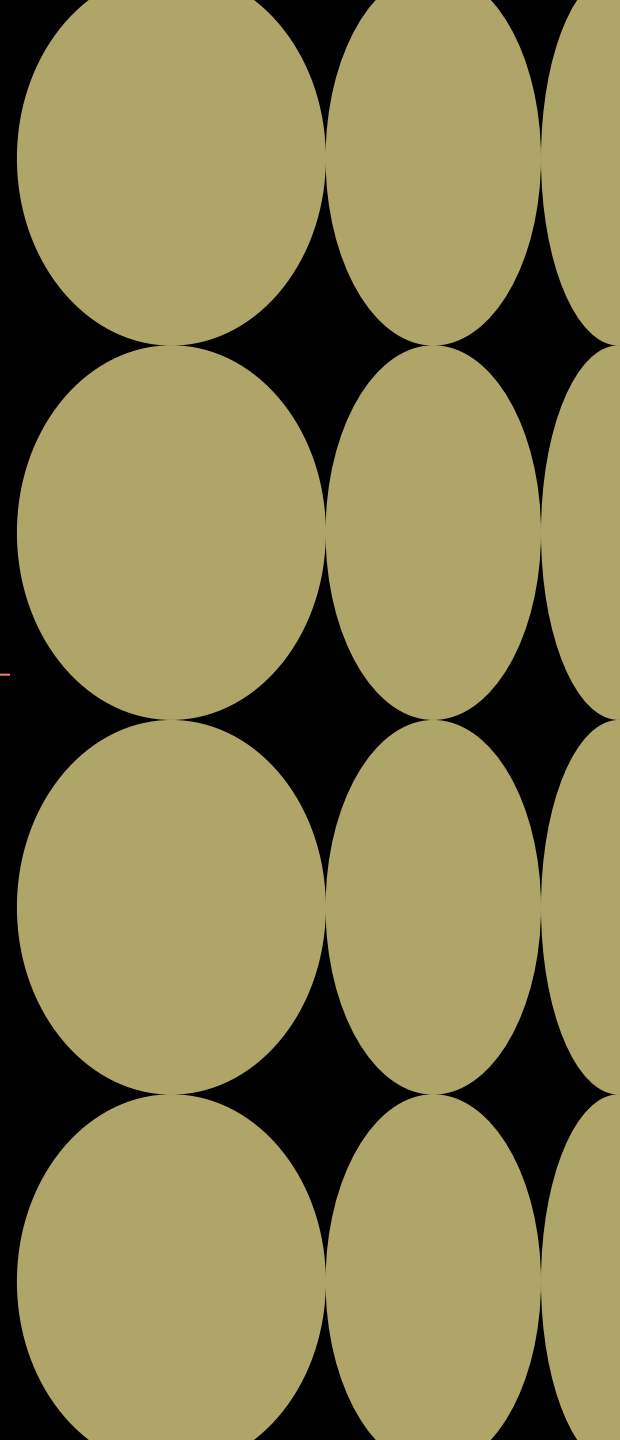
CREEKS AGING SERVICES [HTTPS://CREEKS.ORG/AGING-SERVICES/](https://CREEKS.ORG/AGING-SERVICES/)

ODMHSAS – PEARLS WWW.OKLAHOMA.GOV

ODMHSAS – AGING [HTTPS://OKLAHOMA.GOV/ODMHSAS/TREATMENT/ADULT-FAMILY-TREATMENT-SERVICES/AGING-SERVICES.HTML](https://OKLAHOMA.GOV/ODMHSAS/TREATMENT/ADULT-FAMILY-TREATMENT-SERVICES/AGING-SERVICES.HTML)

PENN STATE AGE FRIENDLY WWW.AGEFRIENDLYCARE.PSU.ORG

UNIVERSITY OF WASHINGTON WWW.PEARLSPROGRAM.ORG



THANK YOU

