I echo all this, and and cultural adaptations to evidence based programs, like tai chi, that promote exercise for diverse populations (Heather)

Language access policies and procedures (Heather)

CVS, Walgreens,

Allocating staff that represent the diverse communities the institution is within

- Heather

Target and others play an integral role in reaching older people - Many are trusted sources (Angie)

> lack of community and clinical connections and partnerships leading to lack of awareness of community resources

communities with the tools they need?

structural challenges: many communities are walkable, specifically in the DMV. However, the prevalence of violence hinders older adults from walking in their communities. (Angie)

need to be creative in what constitutes physical activity and exercise needed

In Indian Country the lack of safe places to play and exercise is a recurring issue. Sidewalks/Deal with dogs/Playgrounds/Al most never see a swimming pool

Idea from John: Health navigator in the primary care home, to help docs and patients navigate the health programs and find the right resources for their needs. Keep awareness with medical professional.

Q1 - Thought starters: How do we address structural challenges,

build cultural resilience and cultural competence, empower

built environment access to care staffing program availability technology/rural differences in state programs/coverage food security/ deserts cost to patients prioritization of healthy

Community Factors

need for social support

aging



Q1: Community Factors (continued)

NAPCA has a helpline program that tries to bridge language access between AAPI older adults, CBOs that serve them, and the aging network. We would love to see these kinds of programs replicated to fill some of the access gaps

If a new Indian Health Service facility (hospital) were to be built today - at the current rate of funding - it would be 400 years before that facility was replaced.



Q2. How do we build cultural resilience and cultural competence to getting better policies for older adults living with obesity?

Idea from John:
Medical schools
need to integrate
sensitivity training
into the education
programs.

Idea from Kathy:
Older adults often
feel that they may
be too old at this
point to get
treatment for
obesity. Think about
this differently,
reframe the issue.

Idea from
Stacy: human
first concept
makes the
difference.

Idea from Angie:
Many African
American women
spend significant \$\$
on haircare, which is
a barrier to physical
activity.

From John: we need research to inform policies and payments that allow for tailored treatments, applicable for stages across the life course.

move away from the number move towards function



Q3. How do we empower communities with the tools they need to help build resilience and support older adults living with obesity?

communication with their members. outreach to members and educational programs

focus on build environment. advocate to policy stakeholders to meet needs of their communities

Idea from Heather:
From covid
experiences,
barriers facing
AAPIOA younger
adults children have
different beliefs
about the vaccine.

Idea from Heather:
Identifying
community
champions to
deliver education
and information

educate, educate, educate (Angie) Identifying community champions to deliver education and information (Heather)

Hefty policy and financial investment in restoring AI/AN language and culture - to recover from the Crime Against Humanity that was the Indian Boarding School Era

Helping older adults identify who are the trusted sources in their communities.

There must be investment in rebuilding Native Communities - just like the Marshall Plan rebuilt Europe after WWII. No such investment was made to restore Al/AN communities following the hundreds of years of war against our Peoples.

