

Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm your host Michael Roberts, joined by our COO Justin Bantuelle. Today we're talking to Jennifer Cain Birkmose. Jennifer is the co-founder and CEO of VivaValet, a service that helps seniors book trusted services, from rides to home repair, cleaning, and even tech services. She also has 20 years of experience in the pharmaceutical and global health industries. We wanted to have Jennifer come on the podcast to discuss application development for older adults. Often even healthcare-focused apps are developed more for younger generations and maybe difficult for elderly people who may need to use them. Today we'll talk through some of the ways that medtech companies can make their apps more accessible for older people. Jennifer, welcome to the show. Thank you so much for joining us.

Jennifer Cain Birkmose ([00:54](#)):

Hi, I'm Michael. Hi Justin. Thank much for inviting me to be here today.

Michael Roberts ([00:58](#)):

We are very excited. We've had the chance to get to talk a little bit with each other and just kind of get to know each other's backstories some, so I think we're gonna kind of get the chance to kind of tie in some personal experiences as we're going through and talking about why we should develop for elderly folks in a way that's compassionate and that's useful to people. All of those good things. We'll, we'll definitely get to, but you know, sometimes we hear comments stuff where people will say things like, elderly people just aren't interested in using applications. Something along those lines. They, they just, they're not interested. They don't wanna try it. Do you think that's actually the case, or are the apps not really designed for them, or they're not easy for people to use in that way?

Jennifer Cain Birkmose ([01:36](#)):

The question is beautiful because my experience is 180 degrees opposite of that assumption and that bias in that all of these things, like you say, like the elderly or olders as we call them, they're not capable, they're not interested. What I've observed is the work we've done with my company called VivaValet, where we do, like in-home tech consulting or community-based tech education, they're hungry for knowledge because they realize this is their doorway to independence and this is their doorway to continue to be in the community. And so my observation is it's rather not that they're incapable or not interested or willing and hungry to learn. What's happening is that so many tech developers are actually not putting them at the table when they're doing their basic design or UI/UX. And so that's one of the things we've been so excited about is during our process of bringing our company to life, we started with ethnography. We had two months of ethnography where we put cameras in their houses and interviewed them to understand what were their goals with technology, but what were their goals for their life, and also interviewing their adult children. And those were the, some of the people that helped us with our early design to say yes, no, checking in on wire frames, checking in on early beta versions. So we've had this group from age 75 to 92 who are helping us design our tech.

Michael Roberts ([02:59](#)):

That's very cool. So we've talked about this a little bit in the intro, but I'd like to hear just in your words, what is VivaValet really trying to solve? We're, you're trying to develop for them in a way that's useful, but what else is the company really after?

Jennifer Cain Birkmose ([03:11](#)):

So what are we solving for? It's helping the adult child. Yes. But really the, the primary person we're trying to help is the older themselves to live at home independently. So very often what we see in our world, as we've chatted about, is there are often medical services that are designed and licensed around caring for the elderly. Fine, wonderful. We need them. It's often the things around the periphery that actually make or break in defining an independent life. So it's not only about medication management or getting someone to and from a doctor's appointment, but are you getting to the grocery store? Are you getting your, are you cleaning your house? Are you getting the food delivered? Are you, are you doing safety assessments of a house? Like for example, a house like this super not safe for an older person, right? Super, not safe, no grab bars, those kinds of things.

Jennifer Cain Birkmose ([04:01](#)):

So, um, making sure that we have those services available and even a step before the service themselves is making sure that every person that's touching them is trustworthy. And so that was really one of our design issues is that we know from elders themselves and also from adult children, is that the number one factor in designing any type of support service, be it medical or non-medical is, are you trustworthy? So for me, I live very far away from my own older that I'm caring for. And I know that I'm currently managing a, a crisis situation and before and after managing this crisis situation, I'm gonna need to continue to have supplementary services that are supporting my older. So if I'm living far away, how do I know that that person's trustworthy? So that's what we're trying to solve for in VivaValet is doing the vetting.

Jennifer Cain Birkmose ([04:52](#)):

So we have multiple stages of vetting, insurance, bonding, interviews, you know, things like Google reviews, those kinds of things. We train them, we test them with a literal physical exam, and then we have to do test visits with them to ensure that they're, um, following our protocols on safety, on respect and dignity for elders. And then whenever we actually deploy them out to provide a service for an older, we're able to always have an eye on them and we can always report back to the, uh, to the older themselves, but also to the adult child that their parent's okay.

Michael Roberts ([05:25](#)):

So I just gotta ask the word older, like is uh, because of how much intention you've put into your application development and then put into the way that you've done your service, is that something that you heard from people that that's how they would like to be referred to? Because it's not a term that I've heard, uh, thrown around a lot when you're talking about adults in that way.

Jennifer Cain Birkmose ([05:43](#)):

I'm so excited that you asked me this because it actually came up through ethnography. Because one of the questions like, again, one of the design principles, like if we say what we're trying to do with the whole company and everything that we design is everything with dignity, with respect. As if, you know, I'm standing in front of a Nobel Prize winner or a Heisman Trophy winner or an Oscar winner. Like treat every person with the most amount of respect that we possibly can and honor their life, the life levels lived that they've lived on top of that, how do we call them? What do we call them? So we'd ask them like, what's the most respectful way to describe you? Is it a senior, senior citizen? Is it an elderly person? So we asked through ethnography when we did focus groups and it was hilarious because one of them said, "Not dead yet!" <Laugh>

Jennifer Cain Birkmose ([06:31](#)):

"We're not dead yet." But they realized that seniors sounded too cliché and overused. Mm-hmm, <affirmative> what they prefer was actually "older." And I also getting a little bit deeper into this, 'cause I think it's interesting to dive into an older person knows they're older, they know it, they know like, I'm an older person. I'm in my eighties, I'm older. It's many of us who are in our middle age who are fearing that for ourselves. We don't, you know, we, you know, we get the skin treatments, we wear the sunscreen, we get the Botox, we're afraid of showing our age or vulnerability. They're like, "You know what, screw it. I'm older, like, I am." So for us, and in fact when I talk to my customers, they also really appreciate being called an older. They find it's more respectful to them.

Michael Roberts ([07:13](#)):

That's fun. It's also, I feel like we're going straight to some like deep down, like where are we at with our lives and, and how are we evaluating ourselves and how honest are we with ourselves? I am, just turned 43 as of the recording of this episode and so there's definitely some gray in the hair now and I keep trying to convince my wife that it's just extra blonde, but she's not buying into that and it's, it's not really working anymore. But yeah, it's, it's interesting because we are trying to figure out how to interact with our parents who are aging. I know that my mother was dealing with her parents that have passed away in the past five years, and all of this that you're talking about, there were so many issues where in terms of like just trying to get down to the banking, trying to get down to the credit card statements, trying to get down to all of those extra things.

Michael Roberts ([08:00](#)):

The insurance, the Medicare was coming in just fine, right? Like all of that was fine. It was all of the other things that were drastically affecting their, their quality of life and trying to unravel all that and trying to deal with this, hey, where are they at in their life? Where are we at in our lives and how do we expect to uh, I guess like experience each stage of life? So it's, it's very exciting. I really, really resonate with that idea of dignity. I, I think that that's something that's so critical and I just see just in, in every phase of life just how, how important that is. Super deep concept there. I think that that's something that we can explore in a completely other type of conversation.

Jennifer Cain Birkmose ([08:40](#)):

Yeah, and I think to your point Michael, when you're describing all of these things that are required to manage maybe crisis or approaching crisis or preparing for aging when you're no longer as uh, an individual capable of making your own decisions, be they health decisions, be they financial decisions, be they self-care decisions, obviously we wanna look at them with a lot of respect and dignity and make sure that we know well in advance. What are those wishes? There's an amazing book by the physician Atul Gawande, who trained at Harvard and I think for a while when Amazon had their health project, he was leading that health project. But he has a great book called *On Dying*, which I used with my own mother as she was in the dying process to explain what does the, what does quality of life look like before you sign your do not resuscitate or DNR documents.

Jennifer Cain Birkmose ([09:30](#)):

If you wanna understand like where am I potentially with my disease process or if I should have an intubation or reanimation, what's the quality of my life going to look like and what are my personal goals for how the quality of my life would be? You can have, there's a lot of like checklists and things, he loves checklists that you can use that explain how to do that. And I think the other side, maybe the

darker side is there's so much fraud, it really bothers me. So I'm myself 10 years older than you and when I actually turned 50, I remember immediately I started getting AARP mail and not long after, AARP fraud mail. So things like claim your AARP check, click here to insert your banking information. A lot of these digital attacks are attacking all of us in terms of phishing, but I think the elderly and olders are particularly vulnerable. And so I think for those of us who are in tech and also in senior care, it is really a huge responsibility of all of us to do everything we can to be as ethical as possible and to eliminate any amount of fraud, do all the reporting that we possibly can when we see these things coming up.

Michael Roberts ([10:40](#)):

Yeah, absolutely. So we're kind of dipping back towards the, the tech side of things where I feel that at least Justin and I are probably more qualified to talk about in terms of these big kind of like life issues that we're talking about. Do you think that that older adults would be more willing to use these apps, you know, to manage the health, to do all these kinds of different things if they were better designed? And I guess I'm saying this as a hypothetical, but how are you seeing this play out as you're working with these services?

Jennifer Cain Birkmose ([11:07](#)):

So yes, yes, yes, yes, yes, yes, yes, absolutely. They will be willing, hungry, wanting to utilize tech as long as it is designed, I think, with them. So in healthcare we often say "No decision about me without me." And I think you could say the same with the tech side. So two years ago now, my founder Mariam Parineh and I were part of the UN Secretary General's Council on Aging and putting together checklists of things that need to be in tech design for olders themselves. So there's white papers, actually, you go to our website, you can see all those white papers and they have sort of design requirements for tech, design requirements for broadband access as well. And also just how do you consider, how do you look at the older generation when you're designing tech? So that, so as a resource, we could even link them into the show notes for example.

Jennifer Cain Birkmose ([11:59](#)):

But I think it's really understanding, what are the core requirements, what are you trying to solve for, right? And I, I think getting them on your side as quickly as possible, putting them on your design teams. So I remember when we started designing some of our tech, some people that were from the medical field kind of rolled their eyes and chuckled and said, oh, you're making apps for old people. Let me guess just larger, is it just larger fonts? And I think that really sells it short. So for our listeners, I think if you're gonna say, oh it's just gonna be larger font, then you're missing the whole point because what they're trying to accomplish is probably quite different than what's their goal when they go to your app is probably quite different than what you find in a younger person that you're typically designing for.

Jennifer Cain Birkmose ([12:45](#)):

So understanding what are the challenges in their life they're trying to overcome and solve for hugely important. And then it comes down to yes, size is important, size matters. Even in tech, we know this. Color. So as you get older your visual acuity decreases. So visual contrast becomes very important. And also your ability to see certain colors diminishes because of the loss and acuity in your eye, ability to see. And what we often found is working with several gerontologists or the physicians who focus on the elderly, they helped us identify like choice reduction was really important. So don't overwhelm with choice. Many apps, you know, you have spinning things and colors and dancing arrows point here,

whatever, you know get the best deal. Often it's not about cost if it's, if it's a e-commerce site, it's not about cost, it's about quality and first of all trust.

Jennifer Cain Birkmose ([13:38](#)):

So how do you demonstrate right away that you are trustworthy if they're going to give their credit card over, if you're an e-commerce site for, that's designed for elders, how do you ensure trust as soon as possible? Reduce choice, clarity. We have easy mode for example in our website so you can actually slide the bar, right so that it actually becomes fewer choices, less color, more defined imagery, an easier navigation process. So I think all those things are really important when you're designing for them with them. And I think if we get it right, there's gonna be so much hunger. I also wanna remind all of us and our listeners as well is that everyday 6,000 people in the United States turn 65, and those 65 year olds are tech savvy. And so all of us who are designing things that are tech, we're designing a world that we're all gonna age into ourselves.

Jennifer Cain Birkmose ([14:30](#)):

And as you design for the younger part of this generation, you are going to be having a willing participant group in the over the next 20 years. But I'm thinking like with my own older that I'm caring for that health system that that person that he's involved with is entirely digital. And so even to make virtual appointments, which are are really nice and easy and so you don't have to get up and drive the hour to the doctor's appointment. If you have to only, if you can only access from within the portal, that portal could be super complicated. So even some of the medical stuff that's being designed right now still is too many choices, too complicated. The flow isn't easy. And I don't know if they've actually involved elders themselves in how do you access some of the um, medical chart online, online medical charts?

Justin Bantuelle ([15:18](#)):

Yeah, yeah. It resonates a lot <laugh> with uh, what we experience. Um, I find that just generally accessibility, we normally interface with it mostly in terms of the ADA and like as people who build web applications, the WCAG is usually the standard that it's held to for meeting ADA criteria, and how few people know what that really entails. And to your point, they think like, oh is the font thing enough or whatever. But there's so many other spaces where there's like other kinds of visual impairments, and so many factors around the actual user experience, the usability of it that, just most people aren't thinking about and then aren't budgeting for and what they're building. And it leaves so many people behind. And I think we've seen time and again, and this is just sort of a general statement, not just even specifically in tech, but like when a product is built and accessibility was in mind or something that was for a particular audience that was underserved, it ends up gaining mass appeal because it turns out that a lot of people have like adjacent issues to what you're trying to solve for.

Justin Bantuelle ([16:22](#)):

So the more you make it accessible for a particular niche, the more you're making it accessible across the board. And to your point, I think also that level of uh, customization around it, right? Because we don't all have the same experience, we don't all have the same challenge. So something like a difficulty slider, right, or complexity slider can really help tailor, I know like not all visual impairments are the same, right? So having a range of customizations to tailor to what challenges you face, it opens up a world of availability to people. And I'm glad we're seeing more and more of that emerge, but I find it's

often an afterthought for a lot of people with even crosses their, so it's amazing to hear the work that you're doing and putting this at the forefront of what's being built.

Jennifer Cain Birkmose ([17:07](#)):

I think so much of this is a love story about the customer, whoever that customer is. Do you truly love your customer and therefore are you leaning into understanding their reality, understand what they're trying to solve for, understand what their daily challenges are and the more we get passionate about listening and understanding what their challenges are, the more curious we can be and more equipped we can be to design with them.

Michael Roberts ([17:36](#)):

What do you think are some of the, I guess like more surprising things that you're learning along the way as you are, you know, focusing in so much on this customer group and you are getting into the very specifics of how to solve these problems. What things delight you about it and what things are really surprising you about it as well?

Jennifer Cain Birkmose ([17:53](#)):

So what delights me, I think about the experience of the company first of all, is when we were at the design stage of maybe the dreaming stage and thinking about what is our massively transformative purpose, using like the exponential organizational design frameworks and thinking and dreaming of like how do we know we're gonna be successful? How do we know that we've really hit it on the head is if we have a customer say, "I don't know what I could have done without VivaValet." And really early on, I think even two months in post-launch, we had a customer say this to us and it was just so incredibly fulfilling to know that we're doing the right thing for people who really need our services again to solve the needs that they have in the community to live independently, et cetera. So that was the the delight.

Jennifer Cain Birkmose ([18:42](#)):

I think the surprise continues to be how trust is such a challenge and such a hurdle. So it's not unusual for me even as founder and CEO to be on the phone with customers who are potential customers or to be on the phone with our individual customers. Obviously I'm training all of our service providers, so I'm deeply involved in the operations and understanding the heartbeat of what we're trying to solve for on a daily basis and to hear the challenge our customers of how they have been defrauded by other agencies or how they've been overcharged or how they've been cheated. And I even me to say like to a potential customer, I understand where you're, I know I understand your situation, I'm managing it myself with my own family, I'm here and this is why I've designed this company. Even they're not even sure that they can trust me.

Jennifer Cain Birkmose ([19:35](#)):

So even me saying, Hey, I started this company for you because I really care about you and I wanna make sure that you're safe, let's get you signed up. And they'll say, "Hmm, people told me not to ever really register on a website." So even that as a hurdle. So again like how does this roll out? If e-commerce is not just a choice but it becomes an inevitability or e-commerce or e-charting. So the example from the healthcare system, if we no longer have the ability to do banking face-to-face, if we're really having to do mostly mobile banking, if we're having to do mostly mobile commerce, if we're having to do mostly mobile charting, that's something that's really a trust risk for these people. And

trust risk, but also they're gonna be utilizing it more because they're more sick. Like you spend the most money on healthcare in your entire life in the last six months of your life.

Jennifer Cain Birkmose ([20:27](#)):

So that's when you're gonna have the most intense period of utilization of healthcare. It's gonna be the most expensive, it's gonna be the most confusing. Maybe you've lost some of your cognitive ability to manage that and someone else might have to manage it for you. Maybe a family member, maybe a caregiver. And so these moments of, all these moments where you could super go wrong with fraud, with hacks, with trust so that the natural human inclination to trust or not could be compromised but also with legitimacy, right? Because there are hacks and phishing into those things. So I think that from a leadership perspective in the tech community, we have a huge responsibility ahead, ahead of us to design with integrity and to put these safety issues in place. I think one other thing would be a surprise and maybe it's less of a surprise and more of a yep we think so too, is that with how we are all uniformly charmed by AI and how ChatGPT can make life easier for us and gen AI can help us design things and sure we all use it here and there wherever we need it to solve problems and to do research et cetera.

Jennifer Cain Birkmose ([21:31](#)):

But you're never going to be able to do a generative AI of a hammer or a guardrail on these stairs for example, or an elevator or accessibility or transport to a doctor's appointment. Sure you can use AR, VR headsets to learn about your disease process. That will help. But you're still going to need to receive a physical injection somewhere, and you're going to need a physical infrastructure to get you from point A to point B, and you're going to need a person to help lift you into your bed if you're incapable. Could be a robot, sure could be a robot, but you're gonna need somebody to come in and put up a guardrail so that you're safe. So I think in that sense it it's kind of future. This industry is a little bit future-proof as well in that it's absolutely the opposite of tech.

Jennifer Cain Birkmose ([22:15](#)):

It's the opposite of gen AI because it is absolutely physical infrastructure that we're going to have to continue to revise and update to make safe for our elders. The bridge of how tech can make that easier can help us with the curation of the services to ensure the safety of the services, the trustworthiness of the services. Even just knowing where do I go to. And I think like for example, Michael, we were talking about navigating healthcare and healthcare literacy, gen AI material can support us in healthcare literacy as we navigate that physical system that's often quite broken, especially in the US healthcare system.

Michael Roberts ([22:53](#)):

Yeah. My wife and I have been talking to family members about just different scenarios and stuff and one thing that we've started asking for is, hey, can you go ahead and record your appointments so that we can listen back to them? And also we can both run these things through these different systems when we don't know what they're talking about, because my wife and I aren't doctors. And so being able to, to jump in and and have that information where we can analyze it as a team instead of just trying to put it all together.

Jennifer Cain Birkmose ([23:21](#)):

So analyzing that as a team. And I think also finding ways where tech can help us is in either health reporting. So very often if you look at apps that are health apps, they're often sort of vertically integrated in that it's a diabetes app or a cancer app or hemophilia app. And I've worked in all the

companies that have developed those things and they're super helpful for that specific disease management. When we're speaking about an older person, you have multiple diseases that you're managing at the same time. And so it's not efficient anymore to say, oh let's look at heart failure alone or let's look at multiple sclerosis alone or let's look at mental health alone. We need something that's integrated. So that's actually something that we are developing, which is an integrated kind of health reporting of how do I feel to enable physicians to understand like how's the last 10 days of how you felt?

Jennifer Cain Birkmose ([24:15](#)):

Because I'm sure Michael and maybe Justin you've seen this as well with your relatives, is when they go to the doctor they're like, great, I'm great. How do you feel today? I feel great. I feel amazing. And then you get them home, you know, two hours later and they collapse, and they're tired, and you know that three days before they nearly tripped and fell. And I think also Michael, something about appointments is really vital is that if you're helping your relatives manage appointments, one of the early signs of cognitive disablement or the reduction in executive function and cognition is when they start messing up dates. So I think very often we don't know about dementia diagnoses or cognitive deficits until they're too late. And I think that's something that tech can help us with is if we have a family calendar that we're managing and they're still missing this and you've made it really easy and transparent for them and they're still not able to manage it, that actually isn't necessarily a signal that we're not designing right. It could be a signal that they're having issues with cognition, and that helps us as families to understand, oh we have a different issue with grandma or grandpa than we thought.

Justin Bantuelle ([25:23](#)):

That helps as well, right? Like you mentioned, doctors are getting touch points, they're very spaced. So these patterns that can emerge, like you need something <laugh> that's more integrated than a doctor visit to help understand a lot of these trends and patterns. And then like you said too with the apps, there's so many different ones out there. It, the comorbidities, like you just, you, you need a comprehensive view. Even if you got somebody to engage with five different apps, like, you gotta pull it together to understand what's happening.

Jennifer Cain Birkmose ([25:56](#)):

The more passive you can be in terms of data collection, the better, because you don't have to worry about adherence appliance for that. So like I'm wearing an Oura ring, this is measuring heart rate, it's measuring respiration, obviously sleep, but, and as just like a Tesla, where that's a piece of hardware that keeps getting better because the software's constantly upgrading. A lot of these wearables that we have access to constantly upgrading 'cause their software's upgrading and they're, they're bringing on new features that are passively collected, and that helps us. And of course that becomes the AI ML question as well because they can look at, you know, 10,000 data points on me in a day and then create pattern recognition and that will help us understand early diagnosis of serious diseases that for any, any patient as well as an older patient, it helps us understand, what are the early signals?

Jennifer Cain Birkmose ([26:47](#)):

And I think this is the other thing that I think is critical from, from a tech perspective is that with wearables, we have a lot of noise. It's amazing what we can collect. The amount of volume of data is impressive, and how do we discern noise from signal? So I think that's where, from a developer perspective, go to the gerontologist, talk to the patients, yes, talk to the people. Also go to the gerontologist and say like, I can collect 10,000 data points on gen every single day, but what are the

three things I need to be watching out for that my ML needs to be picking up and managing amongst the 10,000 patients I'm managing with this app or this data collection device? What are the three signals I need to be looking for? And they'll help you do that because they want that as well.

Jennifer Cain Birkmose ([27:32](#)):

They wanna be able to open up the app and monitor their patients remotely to see their progression, given the signals around specific disease progression or disease diagnostics or the key things, like what do we know? The most important thing we're trying to prevent with every older person is a fall. In the US we have 300,000 hospital, emergency hospitalizations and surgeries every single year that result from falls in the home. And when at a certain age, if you are not able to recover from that fall, maybe you have a surgery, maybe you're pinned and maybe you can recover, recover very often. If you're not able to do that, you are going to be in bed for the rest of your life, and you're gonna die pneumonia and you may never go home. So all of these things that we can do to measure like signal again, signal from noise if you've got on your mobile, the ability to measure balance, like I, I know a lot of apps can measure balance, measure speed of walking, pinch strength, those kinds of things. Cognition, those things can help us understand where you potentially had a signal for a fall, because that's absolutely what you wanna prevent because it could be the death, the death of someone if they fall. Yeah,

Justin Bantuelle ([28:43](#)):

Yeah, yeah. Personal experience with that. Yeah. Anything to mitigate that is extraordinary.

Michael Roberts ([28:49](#)):

There was a medical device, uh, that we learned about. Justin and I were at a conference together and saw where it was like a knee replacement and they were able to put like a signal, a way of collecting data on the gait of the patient after that knee replacement's been put in there, and just the amount of things they've been able to start learning about patients because of all that data. And it's not just, yes the knee is doing what it's supposed to do, but,

Justin Bantuelle ([29:15](#)):

The amount they could extrapolate was extraordinary.

Michael Roberts ([29:17](#)):

Here are these different signs for, you know, things like fall risk but also you know, just all these other conditions that they never thought that they would see, and just in somebody's gait, you know, it's pretty amazing. Yeah.

Jennifer Cain Birkmose ([29:27](#)):

Also like goal mobility in terms of what are the things you need to have for healthy aging, strong brain, strong hearts to pump the blood around, a functioning brain, functioning lungs and then quad strength. So something like that can also measure your quad strength because if you lose quad strength and you lose mobility, then you're not moving around and then you're not able to be mobile and be independent.

Justin Bantuelle ([29:50](#)):

Compounding problem. Yeah.

Jennifer Cain Birkmose ([29:50](#)):

But also the ability to seek yet to seek, seek social interactions, which is also gonna keep you alive because of the social connections. So all of those things. That's fascinating that you guys got exposed to that. That's so cool. I love it. Yeah.

Justin Bantuelle ([30:03](#)):

Yeah, there's a lot of money in tech out there. Yeah. I love being in the medical device space.

Michael Roberts ([30:07](#)):

<laugh>, <laugh>. It is very exciting to be in this. One thing I'd like to close with, 'cause I feel like we could just keep on this topic is this, this is such a big thing that the world is dealing with, the boomer generation is aging, all of that. Like this is definitely like a major thing that we, we have to be aware of. You talked about the trust factor and how you're encountering that with your clients. The thing that I think of first is, I'm glad older people are being more skeptical because my grandparents definitely went through a lot of fraud. They definitely dealt with some very negative consequences around that. So yay that people are being more skeptical, they're being more aware, especially as more AI, more fraud, all of those things. So what are you doing to help overcome that in the experiences that you're dealing with? And I guess as well as like how are you kind of like enabling that trust with the different services that you are working with as well? You touched on that some before, but definitely curious as to how you're doing just that on like a personal basis with customers.

Jennifer Cain Birkmose ([31:07](#)):

So I think on a personal basis it's the talking and I think the more that they know us, the more they trust us. That's also limited to FaceTime and talk time. So me, my team, all of my service providers, we train them on ways to connect with them and to be more personable and have more very quick connection with our customers. So I think there's the personal component, which is your personal credibility and also on the meta side is to make very clear how we vet the seven different steps that we go through to vet someone the stages that they have to go to. It's all auditable. So I think that's really critical for me is like ISO 9,001 service quality standards. We're able to measure that, to monitor that, and to keep that in our record so it can always be traced. That's really important.

Jennifer Cain Birkmose ([31:54](#)):

So I can stand behind that promise, so that at any time we can pull up all that stuff. It's sort of the hard almost legalese component of it and the verification of, of this legitimacy of this in terms of the hard steps of all those. And again, the personal integrity I think is really critical. I mentioned to you before we started personally, I, I'm also an improviser, like when I say improviser, like I trained at Second City in improv comedy, and we are working with a lot of our customers and our service providers on how we use the tools of improv to actually help with caregiving. Because it sounds like "What, you guys are doing comedy?" It's not that we're doing comedy, it's that in order to get to the point where we do comedy, we have to do a lot of warmups to actually actually get our brains ready and to sync our brains. So we use a lot of that and that allows us to demonstrate that we're better listeners, that we're more empathetic, that we're more connected to them and we're building rapport more quickly. So I think that's all part of the meta of it as well. Yeah.

Michael Roberts ([32:53](#)):

Awesome. Thank you so much. This was truly a delight. Like I said, we always enjoy the opportunity just to learn more about how people are tackling these big, big problems out there. And it sounds like VivaValet is doing some very exciting stuff. So again, thank you so much for coming on.

Jennifer Cain Birkmose ([33:08](#)):

Thank you both Michael and Justin. It's been a thrill to talk with you today. I guess in the show notes we'll have all the links and things like that, so we'll have that there.

Michael Roberts ([33:16](#)):

Absolutely. Awesome.

Jennifer Cain Birkmose ([33:17](#)):

Thank you guys. Have a wonderful day.

Michael Roberts ([33:18](#)):

Certainly. In our interview, Jennifer shared a lot of great ideas about application design for elderly adults or elders, as she likes to say, from why it's important to design for this age group to what medtech companies can do to ensure they are building inclusive apps. To learn more about what Jennifer and her company do, please check out vivavalet.com. Thank you to our listeners for joining us for this episode. For more on the Health Connective show, please visit hc.show for previous episodes and Health Connective as a company.