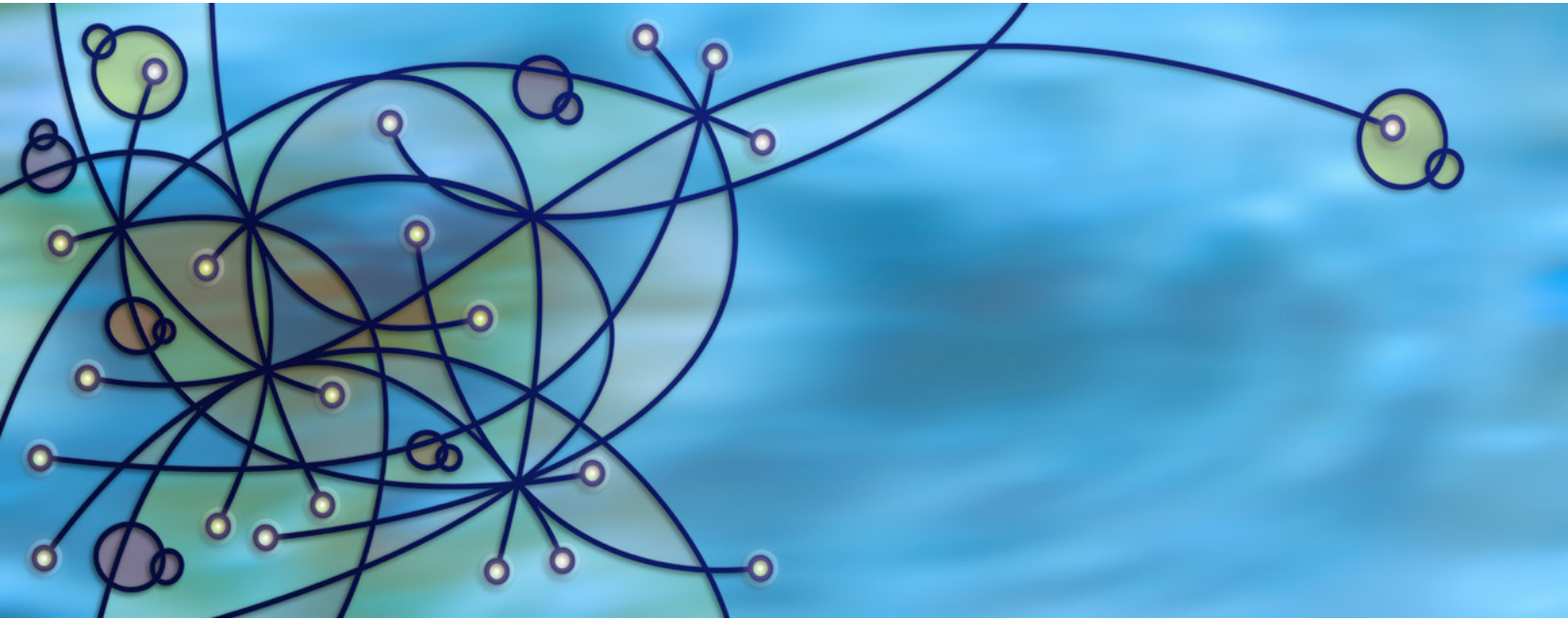


CONVERGENCE COLLOQUIA

Cultivating Serendipity for Action



Aging

May 19, 2015



Office of the Vice President for Research

UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Convergence Colloquia: Cultivating Serendipity for Action

The Convergence Colloquia are a new series of multi-disciplinary gatherings that advance cutting-edge research to develop innovative solutions and build long term partnerships that improve our world. The University of Minnesota's Office of the Vice President for Research (OVP) selected the topic of aging for its second colloquium, held on May 19, 2015.

The colloquia serve as action-oriented think tanks focusing on critical issues for our communities, from building smarter cities to exploring alternative energy sources to addressing water scarcity to securing our food supply, that bring together U of M researchers with private, public and nonprofit stakeholders to identify strategic collaboration opportunities that can lead to significant impact at the local, state, national and global scales.

The colloquia grew out of recommendations from the U of M's research strategic plan, Five Years Forward, to promote a culture of serendipity that advances scientific discovery through collaborative thinking and action. Embedded in a strategic vision and action plan, the colloquia are grounded in a results-oriented approach that includes ongoing evaluation and reflection to ensure accountability and results.

FIVE YEARS FORWARD - Vision and Cornerstones



Each workshop is intended to engage approximately 50-100 participants from a variety of disciplines and fields. Through facilitated sessions and focused dialogue, participants work to identify a set of strategic research priorities and explore opportunities for collaboration. Serendipity Grants are available to support follow-on collaborative research efforts that engage U of M researchers, along with public, private and nonprofit participants.

The aging colloquium engaged over 80 participants from the U of M and public, private and nonprofit organizations. Participants represented 11 colleges and the University of Minnesota Duluth, as well as university-wide and cross-college centers such as the Minnesota Population Center, Center for Integrative Leadership and the Hennepin-University Partnership in the Center for Urban and Regional Affairs. Experts from outside of the U of M included staff from 19 different nonprofit organizations, three private companies and 16 public sector participants representing local, regional and state agencies. Notably, five state agencies were engaged, including the Department of Administration, Department of Employment and Economic Development, Department of Human Services, Department of Public Safety, and Department of Transportation. A list of participants is included in Appendix A.

Colloquium attendees explored opportunities for collaborative research associated with aging and the impacts and opportunities associated with changing demographics. The event offered an opportunity to explore key trends and focus on how communities can more effectively plan for facilities and services that support the vitality and engagement of aging residents. In addition, attendees explored impacts on employers, considering emerging workforce development needs and prospects for creative opportunities to facilitate ongoing engagement of older workers. The event convened experts from across a variety of topic areas to explore new research collaborations that can offer insights for policy and practice.

Converging on Aging

The growing aging population in Minnesota and the U.S. has been widely discussed and there is widespread recognition that changing demographics will create new demands for individuals, communities, employers and our economy. At the same time, these changing demographics create opportunities to explore ways that we can evolve our workforce, engage seniors in new ways and consider ways that we can enhance accessibility and services to meet the needs of our aging community and the broader population.

The Minnesota State Demographic Center offers key findings that highlight a number of important trends related to demographic changes¹:

- The number of Minnesota residents turning 65 between 2010 and 2020 is projected to be greater than in the previous four decades combined.
- By approximately 2020 and for the first time in Minnesota’s history, the population over age 65 is anticipated to be larger than the K-12 population.
- Between 2010 and 2030, the number of Minnesota residents over age 65 is expected to double, making more than one in five Minnesotans an older adult.
- In general, suburban and Greater Minnesota communities have higher percentages of residents age 65 or older.

The State Demographic Center offers additional insights related to labor force trends associated with the aging workforce. Its 2013 report “In the shadow of the Boomers: Minnesota’s labor force outlook,” predicts a slower rate of growth in the labor force in the coming decade, potentially reducing Minnesota’s standard of living, slowing the rate of growth of income tax revenues, and potentially limiting our ability to pay for growing public expenditures to meet the needs of the aging population. The report outlines efforts that can be pursued to ensure that the state maintains a robust, appropriately skilled and overall growing labor force.²



Colloquium participants discuss aging research opportunities.

¹Minnesota State Demographic Center. 2015. Data by Topic: Aging. <http://mn.gov/admin/demography/data-by-topic/aging/>.

²Minnesota State Demographic Center. 2013. In the shadow of the boomers: Minnesota’s labor force outlook. <http://mn.gov/admin/images/in-the-shadow-of-the-boomers-labor-force-outlook-msdc-dec2013.pdf>.

Workforce impacts are on the agenda of the Minnesota Governor's Workforce Development Council, which is made up of leaders from business, education, labor, community organizations, state agencies and local governments. The Council's 2012 policy advisory report, "All Hands on Deck," outlines four recommendations focused on aging workers. First, the report emphasizes the importance of capacity building in Minnesota's workforce development system to address demographic and economic changes, including through the state's WorkForce Centers. Second, the report calls for developing a state plan to extend the work life of aging workers by addressing issues such as training for older workers, post-retirement work, paid volunteer opportunities and pension and retirement policies. A third recommendation is to establish Lifelong Learning Accounts to help aging workers finance continuous learning opportunities. Fourth, the report calls for support for entrepreneurship and small business development among aging workers by better coordinating federal, state and local business development resources.¹

Beyond impacts on the workforce, the growing aging population creates new healthcare, transportation, housing, recreation and other demands in communities. Proactive approaches to meeting these demands offer opportunities to improve the quality of life for all community members. Approaches such as Communities for a Lifetime, advanced by the Minnesota Board on Aging in the Minnesota Department of Human Services, highlights the prospect of promoting "community features that foster healthy and successful aging across the lifespan."² Dakota County was an early adopter of a local Communities for a Lifetime initiative. Its efforts have focused on a number of strategies, including transportation options to keep people mobile and independent, affordable housing options to meet changing needs, accessible and quality services to support older adults and caregivers in home and community settings, flexible and supportive employment and volunteer opportunities and technology to connect people and help with needs. The county supports city-level efforts to implement a Communities for a Lifetime approach. Local projects and work groups have been established in several cities in the county, including Apple Valley, Hastings, Lakeville, Mendota Heights and West St. Paul.³

ACT on Alzheimer's is one more notable example, particularly because of its collaborative focus. ACT on Alzheimer's functions as a statewide collaborative with a focus on providing communities with resources that they can use in becoming

¹Governor's Workforce Development Council. 2012. All Hands on Deck. http://www.gwdc.org/docs/publications/All_Hands_on_Deck_2011.pdf.

²Minnesota Board on Aging, Minnesota Department of Human Services. 2015. Communities for a Lifetime. <http://www.mnlifetimecommunities.org/>.

³Dakota County, Minnesota. 2015. Communities for a Lifetime. <https://www.co.dakota.mn.us/Government/PublicCommittees/CFL/Pages/default.aspx>.

³ACT on Alzheimer's. 2015. <http://www.actonalz.org/>.

dementia friendly, supporting practitioners with tools that they can use in identifying and managing Alzheimer’s disease, and advancing a health equity perspective that reduces costs, improves care, sustains caregivers and reduces stigma. The collaboration engages over 400 participants, including more than 60 organizations from across sectors (e.g. healthcare providers, consultants, professional associations, local governments, nonprofit service providers). U of M faculty from a variety of disciplines and centers are involved in the collaborative as well.³

Minnesota has a robust and well-established network of public, private and nonprofit organizations involved on aging issues. The organizations and initiatives noted above are just a few. In addition, at the U of M, expertise on aging issues is diverse and addresses a range of health, community, policy, economic, service and other aspects of the aging topic. The Center on Aging in the School of Public Health has played an important role in engaging researchers from multiple disciplines around aging research. The center has also been deeply engaged with practice, with its affiliated faculty playing key roles in networks addressing long-term care, community and workforce issues. The N. Bud Grossman Center for Memory Research and Care is just one of many additional resources at the U of M focused on aging. The center is focused on Alzheimer’s disease and conducts research on prevention, care and support using a multidisciplinary approach that engages research and practice. A list of key U of M centers and programs with relevant expertise on aging is available in Appendix B.



Participants share insights from small group discussions.

Directions in Aging Research

Research funding on various aspects of aging has been available for decades. The National Institute on Aging (NIA) within the National Institutes of Health (NIH) has been a key leader in advancing and supporting aging research. The NIA's 2007 report, titled "Living Long and Well in the 21st Century: Strategic Directions for Research on Aging," outlines a number of research goals that were developed with input from the National Advisory Council on Aging. The goals address issues related to improving our understanding of healthy aging, reducing disease and disability, improving health and quality of life of older adults, developing interventions to treat Alzheimer's disease and dementia, understanding the consequences of an aging society, and eliminating health inequities among older adults. Relative to these goals, the report outlines key objectives and research needs. For example, for the goal of understanding the consequences of an aging society, the report calls for research on:

- The effects of education and other social and demographic factors on health and well-being at older ages,
- The impact of changing family structures on health and caregiving,
- Comparative evaluations of the impact of institutions on population and individual well-being,
- The dynamic changes that occur across the life course (e.g. environmental, intellectual, social),
- Bases for individual and societal attitudes toward older people,
- Cross-national, comparative and historic research to understand the burden of disease and health disparities,
- Gender differences in health and disease at older ages, informed by biodemographic, health system, social and economic perspectives,
- Social insurance and health insurance systems in promoting health and well-being of the elderly, and
- Models and measures of the economic risks of old age and the potential for interventions to reduce risk.¹

Funding for research on aging comes from a very wide range of agencies and organizations. In addition to funding from NIA and NIH more broadly, additional programs offer funding to address a range of aging topics (e.g. American Federation for Aging Research, John A. Hartford Foundation, Retirement Research Foundation). Funding for collaborative research that engages universities with community organizations, agencies and other partners opens up opportunities for additional sources of support. State and local agencies, nonprofit organizations, industry and foundations may provide resources that advance the joint interests of research and practice.

¹National Institute on Aging. 2007. Living long and well in the 21st century: Strategic directions for research on aging. <https://www.nia.nih.gov/about/living-long-well-21st-century-strategic-directions-research-aging>.

Exploring Opportunities for Collaborative Research

The primary focus in organizing the colloquium was to advance dialogue and networking among attendees. The discussion was informed by a series of “catalyst presentations” that highlighted big ideas and innovations related to aging. Presenters highlighted a range of aging topics, including workforce issues like midlife career transitions and retirement, as well as community and health issues including senior housing, family caregiving and telehealth. The presenters shared information on these and other topics and explored preliminary research needs and potential collaborators needed to move the work forward. The presentations are briefly summarized on the next two pages. Presenter bios are included in Appendix C.



A large break-out group discussion focused on bridging aging research and practice.

Catalyst Presentations

Midlife SHIFT: Seeking Purpose and Passion in Life and Work

David Alley, Executive Director, SHIFT

Based on his work with SHIFT, a local nonprofit organization that focuses on midlife employment and personal transitions, Dr. Alley highlighted the need to guide and connect persons at midlife with resources to enhance their work life and overall well-being. He proposes Midternships as a way to help aging workers at midlife gain hands-on work experience in a new career field, giving them the opportunity to create and try out volunteer and employment opportunities to ensure an optimal fit.

Senior Housing Options

Marilyn Bruin, Professor, Department of Design, Housing and Apparel, University of Minnesota

Home- and community-based services during the past 25 years have made it increasingly possible for older adults with disabilities to remain in their homes rather than move to a nursing home, however, the prospect of aging-in-place is often not available to persons with low or modest incomes. Dr. Bruin highlighted the racial, ethnic and economic diversity of aging adults, many of whom may face challenges as they face increasing health and housing costs. These challenges are amplified by a housing stock that lacks basic accessibility features, a lack of transportation and pedestrian infrastructure for those who do not drive and disconnects between housing and health care programs.

Family Caregiving and Employers

Joseph Gaugler, Associate Professor, School of Nursing, University of Minnesota

Acknowledging the family caregiving accounts for the bulk of caregiving, Dr. Gaugler proposed a new model for supporting employed family caregivers and their employers. Importantly, the impact of family caregiving activity results in significant impacts on employment, productivity and income. He calls for a collaborative approach that connects employees, employers and communities to develop supports and initiatives that advance shared interests.

Transforming the Experience of Aging through Community Networks and Global Coordination

Olivia Mastry, Founder, Collective Action Lab; Executive Lead, ACT on Alzheimer's

Ms. Mastry highlighted the significance and impact of community networks to enhance global or systemic coordination of care, including skilled care, acute care, primary care, assisted living and home and community-based services. Additional types of care can also be coordinated including housing, transportation and community resources and engagement. Coordination can be facilitated by place-based hubs that are person-centered and facilitate integration and navigation.

Rethinking Work, Careers, and Retirement for the 21st Century

Phyllis Moen, Professor, Department of Sociology, University of Minnesota

Dr. Moen acknowledged deep social and psychological expectations around workforce entry, duration and exit. As the population and labor force ages, it is increasingly important for employers, community leaders and public officials to address the growing mismatch between expectations and needs for work, careers and retirement. Adjustments to labor market policies, family care benefits, job routines, and job clocks and calendars, as well as greater efforts to address stereotypes and discrimination against older workers, are needed.

Catalyst Presentations (continued)

Quality of Life for Nursing Home Residents: Predictors, Disparities and Directions for the Future

Tetyana Shippee, Assistant Professor, Division of Health Policy and Management, University of Minnesota

Drawing on her previous and ongoing research, Dr. Shippee highlighted the concerns related to quality of life among nursing home residents. Quality of life can be characterized by dignity, privacy, food quality and emotional connectedness, with measures of quality of life influenced by both resident and facility characteristics. Key factors associated with higher performance include more activity staff hours and more registered nurse hours per resident day. At the same time, there is a concern that quality of life for minority residents tends to be lower than for white residents.

Home and Mobile Telehealth – A Paradigm Shift

Diane Sprague, Director, Lifetime Home Project

Ms. Sprague explored the quickly evolving realm of telehealth technologies, with a focus on new technologies that are person-centered, can be used at home, and are mobile. New technologies are becoming less expensive, more flexible, and offer key capabilities that can support aging-in-place such as medication management, vital signs monitoring, biosensing, emergency and fall management and communications.

Minnesota’s Aging, Shrinking Workforce

Jeremy Hanson Willis, Deputy Commissioner of Workforce Development, Minnesota Department of Employment and Economic Development

Between 2015-2030, Minnesota’s workforce will decline by approximately 60,000 employees per year due to retirements. Mr. Willis emphasized that Minnesota’s aging workforce should be a key consideration for the state and its employers since human talent amounts to currency and economic growth. He called on employers to prepare for the growing number of retirements by doing succession planning and knowledge transfer. He also highlighted emerging approaches that allow older workers the opportunity to remain in the workforce through flexible hours, retraining and skill building.



Dr. Phyllis Moen’s presentation explored the evolution of work, careers and retirement in the 21st century.

Key Questions and Potential Collaborations

Informed by two sets of catalyst presentations, participants were invited to participate in small group discussions. The discussions focused on a set of questions about aging that participants identified and expressed interest in exploring with others. A portion of the questions were identified at the meeting and others were identified from responses to a brief pre-survey completed when registering for the event.

Participants had the opportunity to self-select to table discussions that interested them and could participate in two rounds of discussion. For their table question, they were asked to explore three issues: (1) new insights or information needed to answer the question; (2) key assets (e.g. data, technology, expertise) that can be drawn upon to answer the question; and (3) new or existing collaborations that could be tapped to advance research on the question, including specific recommendations of stakeholders who should be involved. The table discussions were engaging and free-flowing. Key insights from the table discussions are highlighted below.

1 *How can technology be designed for older users and how can it address community concerns?*

Participants noted a number of challenges in tailoring technology to older adult users, as it can be difficult to assess the particular needs of older adults at different ages, from the 50s and 60s to the 80s and beyond. There can be substantial variation in users across various age groups. Technology adoption and use by caregivers can allow older adults access to technology even with constraints on use. Potential research might address topics such as when an older adult should stop driving and what technology, testing and/or devices might be used to support identification of limits and facilitate continued driving. Another potential research topic is the need for technology that could be used to measure cognitive decline.

2 *What can we do to create safe communities for elders free of abuse, neglect and exploitation?*

In addressing this question, the participants first explored what “community” means, highlighting communities of identity, of elder adults and of neighborhoods as potential ways of thinking about community. The participants also explored the term “safety.” For the group, safety extends beyond “no falls” and “freedom of mobility,” to include physical needs being met and safety from exploitation, abuse and neglect. Broadening the understanding of safety to include freedom from bias, micro-aggression and other forms of oppression was also prioritized. To answer this question, participants emphasized the need to ask older people about their perceptions of the safety of their communities. Capturing varied demographic perspectives, including those from LGBT elders and persons of color (especially those living in majority white neighborhoods) is seen as essential.

3 ***How do we prepare the existing housing stock for the aging population and how do we engage local communities in this effort?***

The discussion addressed a range of issues within this broad topic area, calling for more planning at a system scale and more collaboration to breakdown silos that may limit community's ability to address housing needs. Potential approaches include humanistic planning that engages residents in identifying needs and contributing to the planning process. The availability of demographic and needs data is an asset as we move forward in addressing this issue. Community-scale collaboration offers an important opportunity to advance research that jointly addresses housing, services, transportation and funding.

4 ***What do we really know about key home and community-based services (e.g. access-based transportation)?***

Participants noted that we have been successful on many home and community-based services, but pointed to key gaps. Latent demand for services is an issue, especially where there are needs but a lack of eligibility for key programs (e.g. waivers, Medicaid). Variations across cultures also require further understanding. Transportation was elevated as a key issue, specifically how the transition from driving to transit occurs and how it aligns with user preferences. Future research collaborators including the existing MN Council on Transportation Access, U of M Extension, public health staff and researchers and Olmstead County, based on its recent programmatic efforts on this issue.

5 ***What policies are being considered for older adults who want or need to stay as full employees and how do we engage state, county and local governments in developing these policies?***

This discussion highlighted the need for person-centered policies that address the role of older adults in the workforce. Participants raised a concern about compliance checklists as standardized policies that are not person-centered. Research that seeks to understand the balance between older adults' person-centered decisions and their overall health and well-being is prioritized.

6 ***How can we create a humane, affordable, accessible long-term care system for frail older people?***

The discussion participants prioritized the development of a broad and shared definition of "long-term care system" that integrates clinical and social factors. Strategies are needed that connect "community" at the local scale, including both formal and informal levels, to more effectively assess needs and respond across networks. In pursuing future research, a collaborative and collective impact approach was highlighted as critical.

7 ***How can we address the disproportionate crash rate of older drivers and what are the impacts of driverless cars on transportation and where we live?***

The discussion focused primarily on driverless cars and highlighted the need to better understand the user requirements for using them, and whether those requirements align with the capacities of older drivers. The participants noted the prospect of training seniors to use this technology and the need to address inequity of access to this technology based on socioeconomic status and place of residence (e.g. rural, suburban, urban).

8 ***What changes are necessary for providing innovative services and supports to engage families where the caregiver is age 55 or over? Does our definition of family need to be more inclusive?***

The discussion revealed caregivers as a key issue and called for more “planful” measures to identify a range of caregivers and to build the caregiving relationship into our healthcare, service and other systems. Family meetings were one method identified as potentially successful in facilitating discussions about future caregiving needs and responsibilities. The move toward electronic medical records also offers an opportunity for incorporating family and caregiver information. As we move toward research on this question, relevant collaborators include faith-based organizations, health systems and employers.

9 ***What are the challenges, opportunities and assumptions about aging-in-place?***

Participants began the discussion by noting two key issues relevant to research on aging-in-place. They noted that aging-in-place is not always the right approach and that complications may arise. It was acknowledged that the definition of “place” can vary and may exist at multiple scales – home, street, neighborhood and community. To better address aging-in-place, a variety of needs were identified, including new technologies, more one-level housing, support systems at multiple levels capable of addressing multiple needs and supportive social environments. Key collaborators on future research were recommended, including ACT on Alzheimer’s, the U of M’s Center for Spirituality and Healing, municipal planners and decision makers and innovative developers.

10 ***How do we get a long-term care system that provides what we really want and how do we change the image of nursing homes rather than assuming that everyone does not want to go there?***

The discussion pointed to the need for a flexible system that provides for person-centered care based on choice, independence, dignity and compassion. Financing is an important barrier. More flexible, responsive financing mechanisms are needed to support ala carte purchasing options, more tailored to the care needs of individuals. In rural areas, community service hubs can meet care needs and support rural economic development. Research needs specific to nursing homes include flexible workforce models supported by new technology and separating out post-acute care from nursing homes.

11 ***What policies, education strategies, workplace practices, investments, etc. can be applied to ensure a better match between the health care needs of our aging population and the declining health care practitioner workforce?***

The participants explored a number of ways to enhance the health care workforce. Related to education, the group highlighted the importance of integrating aging-related content into all disciplines to provide exposure to a broader array of students. In addition, partnerships between employers and colleges and universities can be used to better match education with needs and potentially advance apprenticeship opportunities that offer a path to employment. Participants also pointed to the need to make health care jobs more attractive, redesigning them and broadening the range of professionals who are engaged in the health care workforce. A specific recommendation offered by the participants was to examine health support specialist roles that elevate the role of nursing assistants.

12 *How do we create and lead a transportation system to meet statewide needs?*

The discussion highlighted a number of needs that are central to answering this question, including (1) matching the scale of transportation systems to the micro-travel needs of seniors, (2) understanding knowledge levels and training needs related to transportation mobility options, (3) linking private, nonprofit and public transportation service options, and (4) ensuring that land use and development decisions support aging in place (e.g. lifetime communities). Existing assets that can help advance efforts in this topic include recent efforts by Olmstead County around senior transportation and the growing availability of micro-transportation options (e.g. Uber). New regional coordinating councils are a promising avenue for better addressing senior transportation needs. Additional potential strategies include training taxi and Uber drivers for working with senior clientele and developing transportation cooperatives that serve small areas on a subscription basis.

13 *How can we address the disproportionate crash rate of older drivers and what are the impacts of driverless cars on transportation and where we live?*

The discussion focused primarily on driverless cars and highlighted the need to better understand the requirements for using them, and whether those requirements align with the capacities of older drivers. The participants noted the prospect of training seniors to use this technology and the need to address inequity of access to this technology based on socioeconomic status and place of residence (e.g. rural, suburban, urban).

14 *How do we bring together community, state and federal government, as well as citizens, to get engaged and bring us to the future?*

This question addressed the broader issue of collaboration to move forward in advancing aging research and practice. At the core of the discussion was an emphasis on systems thinking and systemic change in education and policy structures. There is a need for a long-term view that accounts for multiple perspectives, including those from atypical partners. The discussion revealed optimism about the need for change and the importance of embracing that change, including broader changes in culture.

15 *How do we bridge from research questions to practice? How do we do this now when we do not have these answers? How do we find a balance between being inventive and learning from research already done?*

This three-part question addressed the broader issue of connecting research and practice, which relates to the overall focus of the Convergence Colloquium event. The discussion emphasized the need for a transdisciplinary movement that makes connections and builds networks across silos. Networks between academics and practitioners are important to building a cycle that includes two key steps. First, the cycle allows practitioners to identify the problem and inform research questions. Then, University research can address questions and also evaluate whether practitioners' solutions are working. A new leadership group that has access to research and practice is seen as central to ensuring a cross-pollination of ideas and to achieving a truly reciprocal relationship.

Research Needs

Reflecting on these questions and discussions, a number of common themes emerge including the need for systems approaches, greater collaboration and broader engagement. Considering the well-developed research programs, organizations and networks engaged on aging in Minnesota, these themes suggest the continued evolution of the aging field. This evolution is based in a broadening understanding of the diversity of the aging population in terms of demographics and health status and also changes in expectations among older adults relative to their work, home, community and healthcare. While discussions of workforce issues related to aging were somewhat limited relative to issues of healthcare and community, interests were raised relative to evolving the healthcare workforce. Key topics included declines in the healthcare workforce and the potential role of technology in supporting healthcare workers.

In considering opportunities for future research, there was a further emphasis on collaboration and the need for stronger, but also broader networks, that link research and practice. As emphasized in question 15 on the previous page, research should be informed by practitioners' questions and can be used to evaluate the effectiveness of practices that are already being employed. The breadth of Minnesota's public and nonprofit organizations working on aging is acknowledged as a significant asset. Further, the participants highlighted the diversity of disciplines and the presence of state and national leaders on aging research as key opportunities for future collaborative work. Priority research questions that emerged from the colloquium discussions and integrate across a number of the topics noted on the previous pages are listed below.

Priority Research Questions:

1. How can we advance aging-in-place, especially considering the variation in housing, transportation and service needs and availability across rural, suburban and urban communities?
2. How can we transform our long-term care system to better respond to the perceptions of older adults and caregivers, take advantage of emerging technologies, adapt to changes in the caregiver workforce and integrate more fully with community care systems?
3. How can we enhance flexibility in workplace policies to foster engagement of older workers in employment and other workers in caregiving activities?

Colloquium Outcomes and Next Steps

The Aging Convergence Colloquium offered a valuable opportunity to build new networks and enhance existing connections among the range of researchers and practitioners working on aging issues. The event explored both community and workforce impacts and opportunities and spurred new collaborations that position Minnesota to meet the needs of its aging population. The interactions and conversations helped enhance existing networks and expanded the conversation about future priorities in aging research and practice.

A post-event survey, completed by over 60 percent of the participants, revealed very favorable reactions to the colloquium. Over 95 percent of those who responded to the survey strongly agreed or agreed that the event provided opportunities to meet people outside of their discipline and 98 percent indicated that it allowed them to meet people from within and outside of the U of M. Nearly 70 percent noted that they met more than five new people at the event and an additional 20 percent met three to four new people. Nearly all of the respondents, 96 percent, agreed or strongly agree that the colloquium provided productive opportunities for interaction among participants and 72 percent noted that the event revealed new prospects for engaging U of M and external partners. Over 60 percent expect to collaborate in the future with one or more people that they met at the event. Finally, almost three-quarters of respondents indicated a definite interest in participating in a follow-up event.

As noted earlier, attendees of each of the Convergence Colloquia are eligible to apply for Serendipity Grants to support the formation of and capacity building for new collaborative research teams. Qualifying research teams are required to engage diverse disciplinary perspectives and integrate U of M experts with those from the public, private and/or nonprofit sectors. Seven proposals, engaging 40 unique participants, were submitted following the Aging Convergence Colloquium. Proposal participants include faculty and researchers from at least nine disciplines and from five U of M Twin Cities colleges and one college at the U of M Duluth. Practitioners from 10 nonprofits, a number of public organizations at various governmental levels and a few private consultants were included.

Proposals submitted for Serendipity Grants address a range of topics. Caregiving for older adults is a focus of several submissions, with proposals for collaborative research on family caregivers and their employers; care and service needs for transgender older adults and integrative services for chronic care. Additional proposals address lifelong communities, in-home technology to address loneliness among older adults, race and quality of life among nursing home residents, and the development of an inventory of aging research. Funding decisions will be announced in late July 2015.

Appendix A: List of Participants

Last Name	First Name	UMN Department	Employer
David	Alley		SHIFT
Karen	Ashe	Medical School	University of Minnesota
Cameran	Bailey	Office of Vice President for Research	University of Minnesota
Kristie	Billiar		MN Dept. of Transportation
Katy	Boone		Carver County
Anna	Brailovsky	College of Liberal Arts	University of Minnesota
Susan	Brower		MN State Demographic Center
Marilyn	Bruin	Housing, Design, and Apparel	University of Minnesota
Cindy	Cain	School of Public Health	University of Minnesota
Ben	Capistrant	School of Public Health	University of Minnesota
Alanna	Carter		RSP Architects
Alex	Clark		Collective Action Lab
Julia	Classen		Aurora Consulting
Kevin	Coss	Office of the Vice President for Research	University of Minnesota
Patti	Cullen		Care Providers of Minnesota
Lois	Cutler	Long Term Care Resource Center	University of Minnesota
Heather	Davila	School of Nursing	University of Minnesota
Kathie	Doty	Hennepin- University Partnership, Center for Urban and Regional Affairs	University of Minnesota
Maggie	Dykes		City of Apple Valley
Andi	Egbert		MN State Demographic Center
Jessica	Finlay	Department of Geography, Environment and Society	University of Minnesota
John	Finnegan	School of Public Health	University of Minnesota
Dylan	Flunker		Rainbow Health Initiative
Kylie	Funk	College of Pharmacy, School of Nursing	University of Minnesota
Joe	Gaugler	School of Nursing	University of Minnesota
Kevin	Gerdes	Humphrey School of Public Affairs	University of Minnesota
Leslie	Grant	School of Public Health	University of Minnesota
Jeremy	Hanson Willis		MN Dept. of Employment and Economic Development
Rosemary	Heins	Extension Center for Family Development	University of Minnesota
Brittany	Henderson	Department of Sociology	University of Minnesota
Carrie	Henning-Smith	Minnesota Population Center	University of Minnesota
Brian	Herman	Office of the Vice President for Research	University of Minnesota
Pahoua	Hoffman		Citizens League
Kate	Houston		Metropolitan Area Agency on Aging
Skip	Humphrey		Humphrey Consulting Services
Amelie	Hyams		SHIFT
Yuhei	Inoue	School of Kinesiology	University of Minnesota

Last Name	First Name	UMN Department	Employer
Robert	Kane	Center on Aging, School of Public Health	University of Minnesota
Rosalie	Kane	School of Public Health	University of Minnesota
Maureen	Kenney		Wilder Foundation
Emily	Kerling		Northfield Retirement
Sean	Kershaw		Citizens League
LaRhae	Knatterud		MN Dept. of Human Services
Abel	Knochel	Department of Social Work	University of Minnesota, Duluth
Vanessa	Laird	Center for Integrative Leadership	University of Minnesota
Linda	Lorentzen		Alzheimer's Association, MN/ND Chapter
Jess	Luce		Dakota County Public Health
Olivia	Mastry		Collective Action Lab, Act on Alzheimers
Teresa	McCarthy	Department of Family Medicine and Community Health	University of Minnesota
Phyllis	Moen	Department of Sociology	University of Minnesota
Nichole	Morris	HumanFIRST Laboratory, Department of Mechanical Engineering	University of Minnesota
Lin	Nelson-Mayson	Goldstein Museum of Design	University of Minnesota
Bruce	Nordquist	City of Apple Valley	University of Minnesota
John	O'Leary		O'Leary Marketing Associates LLC
Al	Onkka		Aurora Consulting
Susie	Palmer		Minnesota Dept. of Public Safety
Carol	Pankow		State Services for the Blind
Jane	Pederson		Stratis Health
Marit	Peterson		Minnesota Elder Justice Center
Shannon	Reidt	Medical School	University of Minnesota, Hennepin County Medical Center
Bob	Roepke		Metropolitan Area Agency on Aging
Monica	Royston Ruckett		Hennepin County Community Services
Janet	Salo		Lutheran Social Services
Jim	Scheibel		Hamline University
Shellina	Scheiner	College of Pharmacy	University of Minnesota
Mary Jo	Schifsky		Store to Door
Mary Ann	Schoenberger		Volunteers of America
Pat	Schommer	Center on Aging, School of Public Health	University of Minnesota
Tetyana	Shippee	School of Public Health	University of Minnesota
Dawn	Simonson		Metropolitan Area Agency on Aging
Mark	Skeie		Vital Aging Network
Carissa	Slotterback	Office of the Vice President for Research	University of Minnesota
Amanda	Smoot	Department of Design, Housing and Apparel	University of Minnesota

Last Name	First Name	UMN Department	Employer
Diane	Sprague		Lifetime Home Project
Sandra	Stevenson	Osher Lifelong Learning Center	University of Minnesota
Paige	Sumera		Keystone Community Services
Adam	Suomala	Leading Age Minnesota	
Joan	Tronto	Department of Political Science	University of Minnesota
Karen	Vento		St. Paul Advisory Cmte. on Aging
Beth	Virnig	School of Public Health	University of Minnesota
Lori	Vrolson		Central Minnesota Council on Aging
James	Westcott	Humphrey School of Public Affairs	University of Minnesota
Breanna	Wheeler	Humphrey School of Public Affairs	University of Minnesota
Kathleen	Zahs	N. Bud Grossman Center for Memory Research and Care	University of Minnesota



Researchers and practitioners shared perspectives on key questions and research needs.

Appendix B: University of Minnesota Resources on Aging

The list below offers a sampling of U of M programs and centers that have the potential to connect to research on aging. The list is not comprehensive, but offers valuable insights into the range of expertise and capacities for collaboration.

Center on Aging

<http://www.coa.umn.edu/>

The mission of the Center on Aging is to facilitate the University of Minnesota's response to the many issues of the aging population by fostering basic and applied research, as well as education of students and professionals to help explicate the aging process and inform public policy. The Center facilitates aging research at the local, national and international levels and serves as a statewide resource center on health and welfare of older Minnesotans by providing information to students, professionals and the community. The Center on Aging is housed in the School of Public Health and engages faculty and staff from many colleges and schools across the University of Minnesota. Center faculty members direct numerous research studies on elder care subjects including quality of care, assessing quality of life and the relationship between acute and chronic care. Current projects address the health and long-term care of older persons, the relationship between long-term and acute care, and the quality of care.

Flexible Work and Well-Being Center

<http://www.flexiblework.umn.edu/>

The Flexible Work and Well-Being Center is part of the Work, Family and Health Network sponsored by the National Institutes of Health and Centers for Disease Control and Prevention. The center is focused on the challenges of managing work and family responsibilities in the U.S. and its impacts on the health and well-being of employees, their families and the workplace. The center's research offers insights relevant to issues of family caregiving and flexible workplace policies.

HumanFIRST Laboratory

<http://www.humanfirst.umn.edu/>

The HumanFIRST (Human Factors Interdisciplinary Research in Simulation and Transportation) Laboratory employs tools and methods of psychology and human factors in engineering to improve scientific understanding of driver performance and cognitive functions. Relative to aging, the HumanFIRST Laboratory conducts research related to at-risk road users, including elderly drivers. The laboratory's capacities include an advanced driving environment simulation system, driver data collection systems and instrumented roadways and vehicles. The laboratory is a facility of the U of M's Department of Mechanical Engineering and is affiliated with the Roadway Safety Institute and the Region 5 University Transportation Center.

Long-Term Care Resource Center

<http://www.hpm.umn.edu/ltcresourcecenter/>

The Long-Term Care (LTC) Resource Center focuses on advancing better quality of living for users of long-term care services and supports and improving the capacity of caring organizations and communities. The Center produces research, offers technical assistance, provides training and disseminates information to improve the long-term care services and supports for people with disabilities, particularly seniors. The center focuses on a range of issues including assisted living, building long-term service and support capacity, environment, ethics, quality, and nursing home transformation.

Minnesota Area Geriatric Education Center

www.coa.umn.edu/MAGEC/

The Minnesota Area Geriatric Education Center (MAGEC) is housed in the School of Public Health at the University of Minnesota and is part of the network of Geriatric Education Centers located around the US. The center is focused on creating dynamic partnerships between faculty, researchers, elder care professionals and other experts to provide better care for the aging population. Faculty engaged with MAGEC come from several U of M colleges, reflecting the interdisciplinary nature of gerontology and geriatrics. The Health Resources and Services Administration of the U.S. Department of Health and Human Services funds Geriatric Education Centers like this one.

Minnesota Hartford Center of Gerontological Nursing Excellence

<http://www.nursing.umn.edu/hartford/>

The Minnesota Hartford Center of Gerontological Nursing Excellence has as its mission to advance the care of older adults by preparing outstanding faculty from diverse backgrounds who can provide leadership in strengthening gerontological nursing at all levels of academic nursing programs. The center administers the Facilitated Learning to Advance Geriatrics Program, which advances professional development for new and existing faculty and provides participants with the latest classroom content and teaching strategies to engage prelicensure students in the care of older adults.

Minnesota Scientists in Aging Research

<http://www.grad.umn.edu/groups/aging-research>

The Minnesota Scientists in Aging Research is an interdisciplinary group of scientists and students at the U of M and other institutions in Minnesota. The members conduct a broad range of aging research, from basic science to clinical and epidemiological studies. Among the groups goals are: (1) increasing communication among scientists in aging research at the U of M, Veteran's Administration Medical Center, Hennepin County Medical Center, Regions Hospital and Mayo Medical Center, and other research institutions; (2) facilitating collaborations and grant applications among members of the group; (3) increasing awareness of the breadth and depth of aging research in Minnesota and nationally; (4) providing a forum in which clinical researchers on aging can explore possible collaboration with basic researchers in pursuit of translational research; (5) developing a Center for Excellence in Aging Research in the 21st Century; and (6) promoting interdisciplinary integration and training of graduate students into successful

N. Bud Grossman Center for Memory Research and Care

<http://www.memory.umn.edu/>

The N. Bud Grossman Center for Memory Research and Care is focused on basic, translational and clinical research on memory disorder, with the goal of relieving the suffering caused by Alzheimer’s disease. Center researchers focused on: (1) understanding the molecular basis of memory loss, (2) discovering the molecular markers for early diagnosis and prevention of Alzheimer’s disease, and (3) delivering best practice care for memory health in the medical, psychological and social arenas. The center focuses on advancing safe and affordable prevention strategies and comprehensive care and support for people with memory problems and their families. The center brings together scientists, physicians and health care workers and draws from expertise in neurology, neuroscience and psychiatry. The center is part of the Institute for Translational Neuroscience, administered within the Medical School, which is part of the U of M’s Academic Health Center.

Osher Lifelong Learning Institute

<https://olli.umn.edu/>

The Osher Lifelong Learning Institute (OLLI) at the U of M is focused on facilitating a vital community of older adults who are brought together by their intellectual curiosity and love of learning. OLLI is affiliated with the U of M’s College of Continuing Education and offers a wide range of volunteer-led courses and activities. The institute’s motto is “a health club for the mind” and it offers courses, social opportunities and programs outside of the classroom. OLLI is part of a national network of lifelong-learning institutes supported by the Bernard Osher Foundation.



Participants reported on the outcomes of small group discussions.

Appendix C: Catalyst Presenter Biographies

Midlife SHIFT: Seeking Purpose and Passion in Life and Work

David Alley, Executive Director, SHIFT

Since April 2013, David Alley has been executive director of SHIFT (www.shiftonline.org), an organization that supports people in mid-life transition who seek greater meaning in life and work, and serves Encore.org as one of 15 national Encore Innovation Fellows (2013-2015). Dr. Alley is CEO and chairman of Designs for Learning (www.designlearn.net), a consulting firm with 25 employees and 20 contractors serving MN Charter Schools, non-profits and small businesses since 1992, with a wide variety of services. He is a former vice-president for student affairs in a small church-related college. He has a doctorate in curriculum and instruction, with an emphasis in adult learning and higher education, and occasionally teaches Mindfulness Based Stress Reduction (MBSR) classes.

Senior Housing Options

Marilyn Bruin, Professor, Department of Design, Housing and Apparel, University of Minnesota

Marilyn J. Bruin, PhD, earned a doctorate in human development and family studies with minors in economics, housing, and political science at Iowa State University. As a professor in Housing Studies in the College of Design at the U of M her teaching, research and outreach interests focus on households at risk for maintaining independent, stable, adequate and affordable housing. She teaches a course titled Promoting Independence through Housing and Community, as well as graduate courses in research ethics, methods and grant-writing. She is director of graduate studies of the Graduate Design Program. In 2011, Dr. Bruin co-curated the Smart House, Livable Community, Your Future exhibition through the Goldstein Museum of Design and participated in the Aging Initiative at Hennepin County. She also co-advises the U of M's Habitat for Humanity student chapter.

Family Caregiving and Employers

Joseph Gaugler, Associate Professor, School of Nursing, University of Minnesota

Joseph E. Gaugler, PhD, is an Associate Professor and McKnight Presidential Fellow in the School of Nursing and Center on Aging at the U of M. Dr. Gaugler's research examines the sources and effectiveness of long-term care for chronically disabled older adults. A developmental psychologist with an interdisciplinary research focus, his interests include Alzheimer's disease and long-term care, the longitudinal ramifications of family care for disabled adults, and the effectiveness of community-based and psychosocial services for chronically ill adults and their caregiving families. Underpinning these substantive areas, Dr. Gaugler also has interests in longitudinal and mixed methods.

Transforming the Experience of Aging through Community Networks and Global Coordination

Olivia Mastry, Founder, Collective Action Lab; Executive Lead, ACT on Alzheimer's
Olivia Mastry is founding partner of The Collective Action Lab, a unique collaborative forum that fosters cross-sector, large scale systems change in the health, older adult service and disability arenas. Ms. Mastry combines her training and experience in law, health administration, public health, and conflict resolution to support a disciplined collaboration process that enables organizations to accomplish together what they cannot do alone. Example collaborations include: Pathways, a national, multi-stakeholder collaborative seeking to reform long-term services and supports financing at the federal and state levels. ACT on Alzheimer's, named one of five high-impact nonprofits in aging in 2015, ACT is a statewide collaboration involving over 60 public and private organizations addressing the personal, budgetary and societal impacts of Alzheimer's disease. She is guiding national replication of ACT through an initiative entitled Dementia Friendly America. Silos to Circles, a Minnesota collaborative working to foster integration across the continuum to support health at all life stages.

Rethinking Work, Careers, and Retirement for the 21st Century

Phyllis Moen, Professor, Department of Sociology, University of Minnesota
After 25 years at Cornell University, in 2003 Dr. Moen accepted a McKnight Presidential Endowed Chair and a professorship in sociology at the U of M, where she had earned her PhD. Professor Moen studies the mismatch between outdated work-time and career/retirement scripts and 21st century workforce, demographic and economic realities. She also studies gender differences and disparities at all stages of the changing life course. With Erin Kelly and the Work, Family and Health Network, she investigates organizational work-time policies and practices, employee time strains, psychological and physical health outcomes; this includes the effects of an organizational-level innovation aimed at increasing supervisor support and employee control over where and when they work. Dr. Moen is incoming president of a large interdisciplinary and international association, the Work and Family Researchers' Network. In 2015, she received the Dean's Medal in the College of Liberal Arts, as well as the Sociology Department's Mentorship Award. Dr. Moen also received a fellowship at Stanford University's Center for Advanced Study of the Behavior Sciences for the 2015-16 academic year. She is completing a book on Boomers, to be published by Oxford University Press.

Quality of Life for Nursing Home Residents: Predictors, Disparities and Directions for the Future

Tetyana Shippee, Assistant Professor, Division of Health Policy and Management, University of Minnesota
Tetyana Shippee, PhD, is an Assistant Professor in the Division of Health Policy and Management at the U of M. Her research focuses on quality of life and quality of care in long-term care settings and disparities in care utilization. Key concepts in her work include cumulative inequality theory and patient-centered measures, including quality of life and social engagement. As part of her work on quality of life in long-term care settings, Dr. Shippee lived in a Continuing Care Retirement Community for two years, using intensive qualitative methods to study transitions between levels of care and resident adjustment.

Home and Mobile Telehealth – A Paradigm Shift

Diane Sprague, Director, Lifetime Home Project

Diane Sprague is the director of the Lifetime Home Project, which is based in Minneapolis. The project provides research, outreach, training and advocacy on: accessible/universal home design, innovative “encore” housing arrangements and home/mobile telehealth. Ms. Sprague also instructs in the online home accessibility remodeling certificate series offered by the National Resource Center on Supportive Housing and Home Modification at the University of Southern California.

Minnesota’s Aging, Shrinking Workforce

Jeremy Hanson Willis, Deputy Commissioner of Workforce Development, Minnesota Department of Employment and Economic Development

Jeremy Hanson Willis is Deputy Commissioner of Workforce Development for the Minnesota Department of Employment and Economic Development (DEED). As Deputy Commissioner, Jeremy is responsible for the strategic coordination of the department’s varied workforce development efforts and aligning training and work readiness resources with the needs of Minnesota business. Prior to joining DEED, Jeremy spent nine years in various roles with the City of Minneapolis, including as Chief of Staff to Mayor R.T. Rybak and as director of the City’s economic development and planning agency. Mr. Hanson Willis’s background also includes more than 10 years of experience in public relations, coalition building, grassroots advocacy and legislative advocacy for various non-profit public affairs issues.

For more information, visit: research.umn.edu/convergence

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