

## Old News



University of Minnesota  
Center on Aging



**MAGEC**  
Minnesota Area Geriatric  
Education Center

# Addressing the Long-term Care Labor Crisis

## Underpaid and Overworked Caregivers Need Reinforcement

Much has been said about the grim forecasts of a dearth of informal caregivers for older adults, but things are equally alarming with regard to paid help. The long-term care industry has struggled with labor shortages for the past several years. Now the situation is escalating quickly into one in which many vulnerable older adults may be at risk of not receiving needed care. The problem is particularly dire with regard to direct care providers such as nursing assistants and home-care workers. In part this is because caregiving of older adults is physically and emotionally arduous work with low pay and few benefits—and in part it is the result of immutable demographics.

Leading experts in Minnesota and nationally point to increased wages and immigration reform as two key factors in addressing this urgent problem.

### A Landscape of Vacancies

“We estimate that at least 10% of all nursing assistant positions in Minnesota are vacant today,” says Gayle Kvenvold, President and CEO of LeadingAge Minnesota (formerly Aging Services of Minnesota), a post she has held since 1989. LeadingAge Minnesota is a statewide membership organization comprising nearly 1,000 providers of older adult services.

LeadingAge members report the most difficulty recruiting certified nursing assistants, followed by LPNs and RNs. “One of the challenges in hiring, particularly for the latter categories of workers, is the wage and benefit gap with our hospital counterparts. A nursing assistant working in a hospital can earn \$11,606 more per year, or \$5.58 more

## The Math of Aging

By 2050, 83.7 million Americans will be age 65 and older—almost twice as many as now. This trajectory will drastically shift the ratio of working-age Americans to retirees. In 2012, for every 100 working-age people (18-65 years old) there were 22 people age 65 and older. By 2030, the latter number will rise to 35 and in 2050, to 36. This boom in aging will put serious strain on the health care and long-term care systems.

per hour than in a care center. And an RN can make \$35,505 per year, or \$17.07 per hour more in a hospital than in a care center.” As a result, Kvenvold says, long-term care facilities attract new nurse graduates, but struggle to keep them. “About half of new graduates start out in long-term care settings, but after just 18 months, 76% of them are working in a hospital.”

In many regions of Minnesota, it has become commonplace to require long-term care workers to work consecutive shifts. “Managers are stepping in to perform direct service roles in order to fill gaps,” Kvenvold says. “And it is increasingly common for nursing homes to suspend admissions because there aren’t enough workers to safely provide care for new residents.”

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Last fall, Kvenvold met with LeadingAge members across the state and found that approximately one-third had suspended admissions to their care centers or assisted living settings due to staff shortages. "In west central Minnesota, nearly 60% of nursing homes have suspended admissions at some point in the past year," Kvenvold says. "When that happens, it usually means seniors are forced to move far outside their home community to receive needed care and support. Our caregivers are doing all that needs to be done and more, but they are in urgent need of reinforcements. In many communities, this is an unsustainable situation."

### Direct Care is Fastest Growing Jobs Sector

Direct care workers provide 70 to 80% of the paid, hands-on services and supports for older adults with disabilities and/or chronic conditions. According to the Minnesota Department of Employment and Economic Development, demand for these workers is growing faster than demand for jobs in any other sector of the economy.

Demand estimates from 2010–2020 show staggering increases in needed caregiving positions:

- 62% increase in personal care attendants
- 54% increase in home health aides
- 46% increase in direct caregivers

"And this is just the ramp up to 2030," Kvenvold says, "when the leading edge of the baby boomers turns 85."

Meanwhile, the rate of growth in our workforce overall will hit a record low. "We simply won't have enough workers to meet the needs of all who will need services and supports," Kvenvold says. The problem is made even worse in some rural areas by younger workers migrating out and by overall population decline.

### A Dedicated Corps of Underpaid Heroes

"The general public needs to know that an incredibly dedicated corps of individuals who have chosen caregiving as their career are on the job, 24/7, delivering long-term care services and supports," Kvenvold says. "These everyday heroes have a calling to do this work, but they are stretched to a degree that few outside our field understand."

Jamie Gulley agrees. Gulley is president of Minnesota's largest local union, Service Employees International Union (SEIU) Healthcare Minnesota. SEIU represents 43,000 healthcare professionals of all types, from doctors to dentists to home health aides. "All across the state, nursing home workers are experiencing mandatory overtime, short staffing situations, and dangerous working conditions," Gulley says. "As a result of low payments from the state, low wages for workers, and the reality that nursing home work is hard work, many nursing homes are unable to recruit a stable team of staff." More than 2,000 jobs for nursing assistants in nursing homes are vacant statewide.



Jamie Gulley, Service Employees International Union

Compared to nursing homes, the situation in home healthcare is improving somewhat, at least in the short term, thanks to a union contract that will raise minimum pay rates to \$11 per hour (up from \$9 per hour). "But still, the population needing home care services is growing faster than the population of workers who provide the care," Gulley points out. "Home care is the largest and fastest growing job classification in Minnesota. In 2012, the Paraprofessional Health Institute (PHI), a nonprofit advocating for the direct-care workforce, released a study showing the looming workforce crisis that Minnesota needs to confront." According to PHI, the state will need to raise pay and improve benefits across the long-term care sector in order to meet the growing demand for long-term care services.

Kvenvold, who began her career in aging services as a part-time nursing assistant while in college and then as a nursing home social worker, is an advocate for caregivers. "Most caregivers are women," she says, "who are struggling financially to raise their own families while performing this demanding work for an average of \$11.40 per hour. It is not uncommon for caregivers to hold down two jobs to make ends meet, and most cannot afford health insurance for their own families. Due to the state's underfunding of aging services and state-enacted freezes on reimbursement rates, many caregivers have received only one pay increase in the past 5 years."

### Many Immigrants in Caregiving Workforce

According to Gulley, immigrants currently make up 30% of SEIU's nursing home workers, and about 10 to 15% of the union's home care workers. On the national level, government data show that 21% of all direct-care workers are foreign born.



"This is true around the world," says Dr. Robert Kane, director of the University of Minnesota Center on Aging and an international expert on long-term care and aging. "Long-term care is provided largely by immigrants who are willing to undertake hard personal care at minimal wages. We see it in Europe; we see it in Asia; and we see it

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every day in the United States. Policies that foster immigration, or even tolerate it, are crucial to addressing caregiving.”

Karen Kahn, director of communications at PHI, says that there are not sufficient numbers of women, who make up the bulk of the direct-care workforce, entering the field to fill the additional 1.6 million direct-care jobs needed by 2020. “Immigrants will help us meet this challenge,” she says. PHI is a member of Caring Across Generations, a national campaign to improve elder care that also supports immigration reform.

### Immigration Reform

Many undocumented immigrants are already living, going to school, and working in the U.S. “Immigration reform could open up paths to employment in the long-term care industry that they were barred from before,” says Julie Weise, PhD, an immigration policy expert and assistant professor in the international studies program at California State University, Long Beach. In an interview with Healthcare Finance, Weise explained that undocumented residents are often employed below their skill level in the U.S., and undocumented students often opt not to go into healthcare because of licensure requirements. “[Healthcare fields] are exactly the types of professions that a lot of first generation college students go into because they are practical and they lead directly to a job,” she says.

“Politicians discussing immigration tend to focus on attracting those with the greatest skills, who can presumably strengthen our economic competitive position globally,” says Kane. “But we need people at the other end of the educational spectrum as well. We need immigrants to meet the needs of an aging population.”

“There are all kinds of skills that are... untapped because people are undocumented and cannot work in any job that is going to seriously look at their green cards or seriously examine their documents,” Weise says. “If immigration reform is passed soon, long-term care employers should expect a large number of non-native-born people to be available for skilled care positions within 5 to 10 years, after they’ve had time to train and become licensed in the U.S.”

### Supporting Immigrant Workers

A workforce strategy that hinges on hiring more immigrants calls on the industry to take up certain responsibilities. “Like addressing affordable housing for these valued new workers,” Kvenvold says, “and providing English as a second language classes while re-examining and re-designing our workplace practices through the lens of cultural and ethnic diversity.” Kvenvold reports that the International Institute in Minnesota graduates 140 nursing assistants each year with a 98% passing rate and 90% employee retention after 6 months. “These efforts are to be applauded and expanded; as has always been true in Minnesota, new Americans are part of the solution.”

SEIU’s immigrant members express specific and unique needs for support. “They care about traditional bread and butter issues like wages and benefits,” Gulley says. “But they also ask the union to fight for driver’s licenses for immigrants, the right of refugees to stay in the United States, comprehensive



*This photo and the photo on the previous page feature recent graduates from the Health Support Specialist program, a registered apprenticeship program that is transforming the way we serve older adults. It cross trains apprentices in all areas of caring for adults—building leaders, advancing careers in caregiving, and breaking down institutional practices of the past.*

immigration reform, and even a more robust response to the Ebola crisis in Africa.” In 2012, many of SEIU’s members of Somali descent explained that local banks had stopped providing money transfers to Somalia because of concerns with the U.S. Patriot Act. “Our union helped lead a campaign that resulted in the wire transfers being restored,” Gulley says.

### Systemic Problems Need More Attention

SEIU fully supports the desires of immigrant workers to find employment, to perform meaningful work, and to provide for their families. “But we think the long-term care system as it is currently structured is failing the workers and those receiving care,” Gulley says. “Whether the workers who perform this valuable work are immigrants or native born, they deserve to be paid a living wage, to have decent benefits, and to retire with dignity.”

The crux of the matter is ultimately how our society values—or fails to value—caregiving. Across the spectrum, from direct care workers to childcare providers to teachers to social workers, caregivers have not tended to garner high levels of pay or regard in American society.

“But caregiving is noble work,” Kvenvold says. “It’s built around a true mission of service, and it deserves not only our respect, but our profound gratitude as an aging society. We need to commit to these dedicated women and men to elevate their careers and celebrate every day the vital and special work that they do.”

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## Possible Paths Forward

by Gayle Kvenvold, President and CEO of LeadingAge Minnesota

There is no single answer solution to our demographic and economic challenges, but with a spirit of optimism and creativity, we at LeadingAge Minnesota are working with a variety of stakeholders on clear paths forward to workforce solutions:

- We need to elevate the profession of caregiving as an honored and sought-after profession, promoting careers in caregiving to students while still in high school, and providing grants and other funding sources to help cover training costs.
- We must improve caregivers' standard of living, from livable wages to benefits.
- We must create caregiving career ladders via apprenticeship programs and other vehicles for on-the-job training.
- We must showcase and advance healthy workplace practices, from supervisory training to employee recognition.
- We need to be on the cutting edge of technologies that can help us extend the impact of the caregiving workforce, such as expanding the availability and coverage for telehealth and other home monitoring devices.
- We need to re-think traditional caregiving jobs to encourage and engage those older workers who want to stay in the workforce but can no longer work a full shift or multiple shifts or do as much lifting.
- We need to stretch our imagination and seek more innovation in the care delivery model.



Gayle Kvenvold, President and CEO, LeadingAge Minnesota

## Perspectives on Retirement

This series explores the diversity of responses and levels of enthusiasm for retirement, especially by those who have invested extraordinary effort in and devotion to their careers. We're interested in how recent retirees have adapted to this next stage in their lives. Each issue of *Old News* will feature interviews with retirees. We hope to assemble a set of varied experiences, but ultimately we will go where the trail takes us. If you know of a story we can tell (including your own), please let us know. If you have not yet retired, but are thinking about it, share your thoughts with us as well.

### Charles Fahey Recommends a Nontraditional Retirement

"A priest does not retire," says Monsignor Charles Fahey, "at least not in the traditional sense of that word." He explained this while the snow blew across Lake Ontario on a 10-degree winter day. "Broadly speaking, retirement seems to mean ending your professional career and heading off to golf. Of course, that was not my trajectory, though I do like to play golf." Fahey and a group of friends pick up their clubs a couple of times a week. Twenty or 30 years ago, they played to win. Fahey, who grew up on a golf course, once had a zero handicap. Now, however, the friends no longer worry much about wins or losses. They tell the same stories over and over again. They enjoy a "changed patience." Yet, when it comes to his role as a national figure in the field of aging services and his contributions in that capacity, Fahey's workload has changed little, although he will soon be 82.

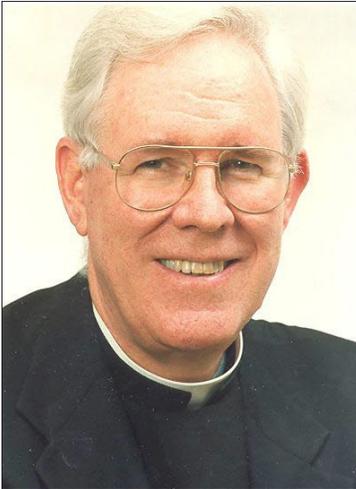
#### Rooted in Syracuse

Fahey was born in Baltimore, Maryland, on April 13, 1933. His family moved often in his early years—it was the Great Depression, and his father was a traveling salesman. But by his third birthday, Fahey's family had put down roots in Syracuse. Both his parents were devout Catholics, though "not overly so," and active in the parish, where Fahey found many inspiring role models. During his high school years, Fahey realized that he was blessed—"We weren't wealthy but we were always comfortable"—and despite academic scholarships and even a tap on the shoulder for a basketball scholarship,

Fahey felt compelled to enter the seminary. "It seemed like God wanted me," he says.

Fahey was ordained a Roman Catholic priest in the diocese of Syracuse in 1959. He, like most, entered with the expectation of being a parish priest. But after a mere two years at St. Vincent De Paul Church, the bishop appointed him to be an assistant administrator of Catholic Charities. The director of Catholic Charities, who happened to have been a delegate to the 1961 White House Conference on Aging, suggested Fahey

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Monsignor Charles Fahey

study aging. "In our diocese we had a home for the aging, the first diocesan home in the country. I went back to school because the director of Catholic Charities wanted to know what we, as a diocese, should be doing."

### **A New Vision for Aging**

Under Fahey's tenure as the director of Catholic Charities in Syracuse, the diocese developed 32 housing facilities for older adults and those with disabilities. But Fahey's

involvement in shaping the field of aging-related initiatives already stretched well beyond Syracuse. President Nixon had appointed Fahey as an inaugural member of the Federal Council on Aging. Fahey was a charter member of the board of the American Society on Aging as well as its chair, a member of the board and chair of Catholic Charities USA, and, until recently, chair of the National Council on Aging. In 1971, he chaired the White House Conference on Aging and Federal Council on Aging. In 2012, he received a Lifetime Achievement Award from the Catholic Health Association of the United States.

"He was one of the first to articulate a vision of how to address a changing, aging demographic," observes Larry Lane, who met Fahey at the 1971 White House Conference on Aging and worked with him at the American Association of Homes for the Aging (now LeadingAge). Lane told McKnight's Long-Term Care News that the whole strategic framework of aging services from the late 1960s into the '80s was built around Fahey's visions.

In the midst of all that, in 1979, Fordham University recruited Fahey to head the Third Age Center. The Center did "a considerable amount of research," largely focused on aging and frailty. "Human beings experience three stages of biological age," Fahey explains. "In the third age, there is a decline in physiological capacity—progressive intermittent frailty. As all of us grow older and become more frail in all spheres, we have to optimize what we are going to do and use various compensations to make up for our frailty." Those compensations, Fahey believes, can be as basic as how much sleep you get, what you eat and drink, and whether you exercise—not just physically, but intellectually and emotionally, as well.

### **The Way We Live and Love**

In Fahey's paradigm, staying alive and alert means staying interested in things. "Gaining more knowledge is not enough. How do you integrate facts and make sense of them in your

own life and the community?" Belonging to a community, in and of itself, is important. Syracuse has been that community for Fahey since childhood. "I have no family. I was an only child and my parents never kept up with relatives," he says. However, thanks to the many means of instant communication now available, Fahey has "lots of 'family members' all across the country. Relationships are such a key in people's lives, for better or for worse."

Even when things are worse, Fahey sees the better. "Friends I've had over the years have died or are dying. But then again, that is an opportunity to make new friends." He applies this same positivity to life's big questions. "How do we enhance the human family, not destroy it? We are fully capable of destroying it: war, planetary warming, dissipation of the soil, the overuse of minerals, the spoilage of water, all of those things. We have a responsibility to arrange ourselves harmoniously in relation to the rest of the world, and the sun, the moon, and the stars as well. To whom much is given, much should be expected."

### **Awe and Wonder**

Fahey retired from Fordham in 2001 but remains extremely active in a variety of aging-related initiatives both locally and nationally—including bimonthly commutes to New York City to work with the archdiocese of New York or with the Milbank Memorial Fund. Every morning, however, he wakes at 4:45 to prepare for Mass, which he still celebrates every day at 6:45. "There's a wonderful group of people who come together to praise God and to support one another. Everyone knows what's going on in everyone else's life."

Ultimately, Fahey stresses how little has changed in retirement. "There are just two things I am reluctant to do," he says. "One is that I don't like to drive at night. My sight is pretty good, but I know that at night it's harder. The second thing is that although I like to have a martini before dinner, I won't if I have to drive. In that case, I will not have a martini or anything else."

Fahey spends his off days writing, reading, and consulting as "a grey eminence" for many of the organizations on whose boards he previously sat. "And I'm fortunate that I live in a Jesuit community with 19 Jesuit priests—I've lived with the Jesuit priests for 35 years," Fahey says. "That's very life giving. Our residence is almost like assisted living in that we have everything we could need or want. We sit down together before dinner, we read and say a prayer, we enjoy stimulating conversations between intelligent individuals with diverse interests."

On a winter's day, he can look out the windows of his north-facing room and watch the snow belt wind blowing across the lake from Canada. That view, so familiar to him from the lifetime he's spent next to the lake, still fills him with awe. And that, he says—a lasting sense of awe—is the key to success, not only in retirement, but in life.

## John Selstad Has Always Seen the Value of a Different Approach

John Selstad has built his personal and professional life around the power of connections—whether between the aerodynamics of a wing and a sail or the significant bonds between family and friends or the complex and intractable overlaps between factors that affect people’s health and wellbeing, especially older adults.

Born and raised in Minneapolis, Selstad became a pilot for the United States Marine Corps immediately after his graduation from Augsburg College and spent the next four and a half years in RF-4B Phantom jets. When he came back to Minneapolis, he immediately applied his undergraduate degree in sociology to his new line of work as a drug education advisor. “When someone gets so out of whack as to be mandated for treatment, then many aspects of that person’s life are in turmoil,” Selstad says. “So we borrowed from successful treatment approaches to create prevention programs that also focused on communication, risk assessment, and engaging in non-drug activities.” He recognized that the “silo” approach of teaching about the dangers of drugs alone did not acknowledge the complexity of the problem.

Eventually, Selstad transitioned from prevention of substance abuse and addiction to older adult services, where he found a career in tearing down silos. Integrating care, both medical and preventative, with community-based supports for seriously chronically ill older adults became both the challenge and the highlight of Selstad’s career. When directing Ebenezer’s community services division in the early 1980s, Selstad saw that providing appropriate supports for daily living to seriously ill seniors helped them stabilize their health care use and function better at home. He learned about Medicare’s Social HMO demonstration model and helped Ebenezer and what is now HealthPartners get designated as a demonstration site from 1985 to 1995. During that time, the project enrolled 4,000 Medicare beneficiaries and included as many as 500 dually eligible Medicare and Medicaid beneficiaries.

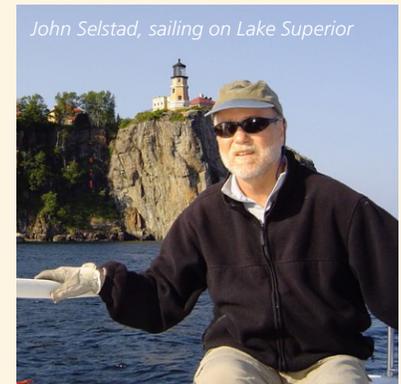
With Selstad’s encouragement, Ebenezer and Fairview became, in 1990, founding members of the National Chronic Care Consortium (NCCC), a nationwide organization focused on developing innovative integrated care approaches for chronically ill seniors and people with disabilities. When the NCCC ended in 2003, Selstad began the final chapter of his career at the Minnesota Board on Aging. There, his work included integrating care for those with Alzheimer’s disease, staffing the legislatively mandated Alzheimer’s Disease Working Group, and contributing to its report in 2011, all of which led into Minnesota’s current nationally renowned efforts through [ACT on Alzheimer’s](#).

The late 2000s ushered in an exciting new era for health care reform, especially Minnesota Health Reform under the federal Affordable Care Act and the possibilities it represented. “Suddenly, there was a whole world of opportunity for improvement,” Selstad says. Yet on June 30, 2011, he retired

at the relatively young age of 66.

“The big draw was my six grandchildren, all of whom live within eight miles of my home,” Selstad says. “In some ways, I would have liked to work a few more years, I just wasn’t willing to sacrifice that time with the grandkids. I wanted to be accessible

and involved.” Indeed, according to his wife, Shelley, he might be a better grandfather than father. “Because I have more flexible time dedicated to it,” he says. “I’m not on a regular schedule of child care, but when something comes up, I am very available. Plus, I’ve done several one or two-week stints with the kids, including a particularly fantastic trip up to Thunder Bay, Ontario.”



Shelley retired from full-time work 15 years ago. “But that only lasted six months before she found a part-time job as concierge at the Minneapolis Convention Center,” Selstad says. “At 72, Shelley says she is happier at work now than ever before. And she is able to easily get time off when we want to travel together or be at the cabin with friends or family—though she does miss her days alone at home,” he laughs. “Now she has to share computer access.”

### Influence, If Not Power

Selstad’s investment in changing the health care model has not changed, but his frame of reference has. “As an employee of an organization that has a limited scope of activities within a much larger panorama of care, like adult services, you become an expert in those things and you know the value of them and you advocate for them,” he says. “But in retirement, you’re able to take a broader view, you can rank the importance of things more objectively. And though you may not have power, exactly, you can retain influence.”

Selstad still weighs in on state and federal health care reform, specifically in relation to seniors with chronic illness. He’s active within the AARP Advocacy Leadership Group and the LeadingAge Governance Initiative, and he vice-chairs the Ebenezer Board of Directors, co-chairs an MDH Resources Work Group, and chairs the Stratis Community Outreach Committee. He is also active in various leadership and work groups within ACT on Alzheimer’s. He is thrilled to see a greater recognition of the role of nonmedical issues within the world of health care.

“That’s why I am so positive about health reform,” he says. “We can finally move forward on these things. It doesn’t mean we will, but there are fewer blocks now. If we continue to refine the concepts within the Affordable Care Act, I think we will begin to

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value care differently.” Rather than measuring success solely in terms of lower medical expenditures, we should be considering the outcome on the well-being of a person and their overall health. “Why is it not good enough to provide more appropriate care, for about the same amount of money, rather than focus solely on reducing expenses?” he asks. “That means more long-term supports and services resulting in fewer medical crises.”

### A Great Big Wing

Another thing retirement does, Selstad points out, is change the way you value certain activities. “Recreation, for example,” he says, “is valuable when you’re working, because you have so little time for it. But once you can do it whenever you want, your view of it shifts.” As an analogy, Selstad refers to flying. “As a military pilot, I flew supersonic aircraft, landed on carriers, catapulted off, all of that. When I converted into civilian life, I never got into a situation where I could use my flying in my work, which had been my dream. Instead, I got involved in human services, and my flying decreased more and more. Flying is not something you want to do when you’re not current—when you’re not sharp. So as a military pilot, I groaned about being in the cockpit at six in the morning, while now, I’d give my right arm to be flying an F-18 at six in the morning.”

Instead of sacrificing a limb, Selstad turned to sailing. “I understand sailing differently than some people,” he says. “A sail is really just a big wing. It’s not the wind pushing the sail,” he explains. “When you’re going downwind, it is, but when you’re going upwind, a low pressure area in front of the sail pulls the boat forward.”

For close to three decades, Selstad and two friends, Jay Greenberg and Vic Sandler (both also worked in gerontology and older adult services), have done at least one sail each year in places all over the country: Lake Superior, the northeast coast of the United States, Catalina Island, Belize for their 20th anniversary sail, and a week in the Bahamas for their 28th year.

“When you spend a week on something that is 34 feet long, you can’t just spend the whole time talking about casual things. You get to talking about important things. That has been one of my joys in life, my sailing trips with Vic and Jay.”

### When It’s Harder to Raise the Sails

On their recent sail in the Bahamas, Selstad’s trio acknowledged that under certain circumstances, it could be difficult to raise the sails. “It’s not that we can’t do it,” Selstad says, noting that with retirement and a Medicare-covered gym membership, his physical condition is the best it’s been in a long while. “It’s that there’s a certain element of additional risk when you’re in heavy weather. You might be doing something you could do adequately if the conditions are good, but you cannot guarantee you’re not going to have those adverse conditions.”

The trio learned this lesson well on their first offshore sail in the Atlantic Ocean, from Boston, Massachusetts, up to Penobscot Bay, Maine. “This was before GPS,” Selstad says. “We took turns sailing through the night, and ended up within half a mile of where we wanted to be by using what’s called dead reckoning.” But things took a turn on the way back. Strong winds had been predicted, but they soon climbed dramatically above what had been forecast. Selstad and Greenberg, both charter captains, were confident the boat could handle it. Sandler, the least experienced sailor of the bunch, finally interceded. “He said, ‘this is crazy, if we don’t turn back now, we’re going to get to the point where we can’t turn back.’”

During their discussion in the Bahamas, the three decided maybe the next generation could pick up some of the slack going forward. Selstad’s son races sailboats, and Jay’s daughter has sailed on tall ships. “I was authorized to ask my son if he would consider crewing, or actually captaining, for us. He’s excited about that.” Sometimes, making your way forward means being prepared to step back.

## The View From Here

### Dealing with Mortality

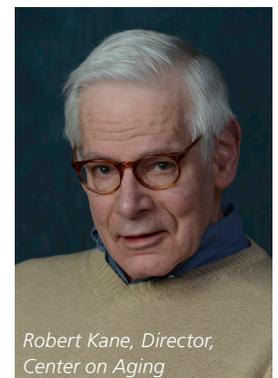
The last several issues of *Old News* have featured wonderful stories about how people have approached retirement and all that it implies. In other words, how people navigate the last phase of their lives. Personally, I know I seem to spend more time of late at funerals and memorial services for friends and colleagues.

Different people approach the end of their lives differently. Some have a bucket list. Some just want to kick back and enjoy the time that remains, perhaps being nearer to family. Some just want to be warm.

Then there are those of us who still see a list of things undone, who want to leave an imprint. Such thinking is obviously a naive act of hubris. Most of us are quickly forgotten. One need

only meet with a group of students to appreciate how fast the past is consigned to oblivion. I am tempted to revise George Santayana’s famous quote about those forgetting the past being condemned to repeat it to suggest instead that those ignorant of history are blessed with a constant sense of discovery.

Still, the urge to leave a legacy persists. This is at least part of the reason we have children. It is the reason we teach and mentor, this hope that we can help shape the next generation who will do things better. As I think about what I can offer



Robert Kane, Director,  
 Center on Aging

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to the upcoming generations of researchers and thinkers about long-term care, I know it will not be methods. Like my grandchildren, young researchers can run circles around me in using technology to analyze questions. Hopefully I offer wisdom and insight. How do you dare to address that which is important rather than safe? How do you avoid choosing problems or questions simply because you have the perfect analytic technology or a handy data set?

Looking back over a half century of work in long-term care, we have come a long way; however, the basic issues have not changed. Our initial assumptions have shifted away from a belief in institutions, and we talk more about person-centeredness, but we continue to overprotect and infantilize older people. We are fixated on cost rather than what we hope to buy.

One of my favorite jokes is about the difference between an optimist and a pessimist. An optimist believes this is the best of all possible times, and a pessimist fears that is true. As a certified optimistic pessimist, I want to encourage people to think more about first principles. It is time to deconstruct our views of dominant institutions. Let's take the fundamental elements of care and build new approaches that incorporate values of dignity, autonomy, respect, compassion, and concern, not to mention competency.

I want to use the remainder of my professional career pressing for constructive, meaningful change in a broken long-term care system. Heaven knows I will need lots of help. Fortunately, I keep finding like-minded people. I would love to attract more.

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## Using Technology to Improve Care Today and Tomorrow

### Center on Aging Summer Institute

The use of technology in caring for older people is growing fast. Such technology can allow older adults to function better while maximizing health care effectiveness. According to the Center for Technology and Aging, "If these technologies could also mitigate the workforce shortages and financial burdens that are inherent to long-term care today, both older adults and society at large will benefit." This year's Summer Institute will examine current technology in aging and look ahead to ways that technology will play an even bigger and more creative role in the future.

Attendees will gain a clear picture of the range of technologies now available to assist older adults, including activity monitoring, environmental design, health monitoring, and telehealth. Participants will learn how to assess the evidence base for various technologies in order to decide which ones should be recommended when. Also explored will be the pitfalls and unintended consequences of technology and

likely future developments for using technology in caregiving, including robotics, care coordination, monitoring, and mobility assistance.

Although much of the day will use small group sessions to explore various technologies and their implications for aging care, two national experts will give the keynote addresses. George Demiris, PhD, FACMI, will lead the morning plenary, *Harnessing Technology Today*. Majd Alwan, PhD, will address *Imagining Technologies of the Next Decade* at the afternoon session.

Mark your calendars now. Registration information will be available on our [website](#) soon.

**Don't Miss Our  
Summer Institute**

**Thursday, May 28, 2015  
9 a.m. to 4 p.m.**

Earle Brown Heritage  
Center: 6155 Earle Brown  
Drive, Brooklyn Center

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## There May be a New Spirit in the Land

You know something big is afoot when an organization heavily weighted to long-term care providers adopts core values that emphasize meaningful lives, dignity, and autonomy, and even supports informed risk-taking. The Minnesota Leadership Council on Aging (MNLCOA) has done just this.

This values statement is even more noteworthy because it comes from an organization composed of organizations that represent service providers, advocates, and support services.

MNLCOA has established a wonderful template for others, one that frames the future of long-term care in terms of what clients need and deserve. Thinking of older people, even frail older people, as an asset rather than a liability

certainly changes the tenor of the discussion.

The challenge now is to transform this bubbling up into a fountain. Ideally this prototype will be emulated around the country. No one expects all those providers to set aside self-interest, but in the unforgettable words of that great American philosopher, Thomas Lehrer, they can do well by doing good.

The MNLCOA Core Values offer a mirror against which our present and future long-term supportive service ideas can be reflected. They are reproduced below. Read them, and if they resonate, think of how your organizations can adopt them.

*Continued*

### MNLCOA Core Values

We believe that all people have the right to meaningful lives and to be recognized for their unique identity as they age. We will promote opportunities for people to exercise choices, to contribute to the greater society as they choose, and to live a life filled with quality experiences.

We believe that older adults are an asset to and an integral part of the communities in which we live. We will foster communities where older adults are connected, engaged, and valued.

We believe that people have the right to age with dignity and autonomy, including the right to take informed risk. We advocate for change when these rights are impinged upon.

We believe that older adults have the right to culturally appropriate community services, social connections, and healthcare that fosters their ongoing physical, psychological, and spiritual well-being.

We know that older adults can be vulnerable to poverty and isolation. We believe there is a societal obligation to ensure that the basic human needs of older adults are met.

We believe that systems must be integrated, holistic, and flexible to support the diverse, growing, and changing needs of people as they age.

### MNLCOA Members

- AARP Minnesota
- Alzheimer's Association Minnesota-North Dakota Chapter
- Amherst H. Wilder Foundation
- Care Providers of Minnesota
- DARTS
- FamilyMeans
- LeadingAge Minnesota
- Living at Home Network
- Lutheran Social Service of Minnesota
- Mature Voices Minnesota
- Minnesota Association of Area Agencies on Aging
- Minnesota Adult Day Services Association
- Minnesota Gerontological Society
- Minnesota HomeCare Association
- Minnesota Medical Directors Association
- Minnesota Network of Hospice and Palliative Care
- Senior Community Services
- University of Minnesota Center on Aging/MAGEC
- Vital Aging Network
- Volunteers of America Minnesota

## News, Notes, and Notable Achievements



Olivia Mastry, SPH Alumni Innovator Award recipient

### Alumni Innovator Award

Olivia Mastry, JD, MPH, has received the 2015 Alumni Innovator Award from the University of Minnesota School of Public Health. Mastry combines her training and experience in law, health administration, public health, and conflict resolution to facilitate multi-stakeholder collaborations in the health, older adult services, and disability arenas. Olivia currently focuses her work on achieving large scale systems change

through a unique collaborative forum she founded, Collective Action Lab, and also the [ACT on Alzheimer's collaborative](#). The ACT program has received national and international acclaim. "Mastry's work in creating the ACT on Alzheimer's program is nothing short of sensational," says Robert Kane, MD, director of the Center on Aging. Mastry has also been named one of the 35 Women Leaders in Health Care awarded by the Women's Health Leadership Trust.

The Alumni Innovator Award, established in 2014, is bestowed upon a graduate of the University of Minnesota School of Public Health who has made, developed, or implemented innovative ideas, approaches, or solutions to public health services through

science, practice, or education while displaying qualities of persistence in pursuing his/her career.

### Alumni Award of Merit

Meng-Chih Lee, MD, PhD, MPH, has received the 2015 Alumni Award of Merit from the University of Minnesota School of Public Health. Dr. Lee is a family practitioner who received his MPH in Public Health Administration in 1987. He is a national health care leader in Taiwan, where his impressive record includes major contributions in public health, medicine, and geriatrics education and service, including a model geriatrics curriculum. In his current position as Superintendent, Taichung Hospital, Ministry of Health and Welfare and Visiting Principal Investigator, National Health Research Institutes, he is leading a national effort to design a more effective way to manage post-acute (i.e., post-hospital) care. He is actively affecting the lives of thousands of older people in Taiwan. "He has distinguished himself in several fields of endeavor, including health care delivery, family practice, geriatrics, and medical education. He richly deserves the Alumni Award of Merit," says Kane.



Meng-Chih Lee, SPH Alumni Award of Merit recipient

*Continued*

The Alumni Award of Merit, also established in 2014, recognizes graduates of the School of Public Health who have achieved professional excellence in the field of public health through numerous years of consistent performance and service, distinguished themselves in their particular profession or field of endeavor, and contributed substantially to the health and well-being of people, communities, and society.

### Presentation of the Awards

Both awards will be presented at the SPH Celebration of Giving & Alumni Awards on Monday, May 4, at 5:00 pm in McNamara Alumni Center on the University campus. This special event will recognize the 2015 Alumni Award recipients in addition to recognizing and thanking our alumni, donors, and friends that make educating the next generation of public health professionals possible.

## A New, Cross-Pollinating Strategy for Expanding Interest in Aging Studies

With the growing need for professionals in all fields related to aging, recruitment of students to this area of study has never been more crucial. Yet, such recruitment—in our age-fearing culture—is not easy. Toward that end, the Center on Aging has been working closely with other programs at the University of Minnesota, including the School of Nursing, to spark interest in aging studies among a wider group of students.

To attract students to think more about the challenges and opportunities in aging, we have held a series of events planned around diverse interdisciplinary interests. One such event is coming up next month, on April 9 (details are available on the [Center on Aging web site](#)). This informational pizza gathering is geared toward connecting students to community volunteer opportunities and will be hosted in the School of Public Health in collaboration with Southeast Seniors, a non-profit, community organization of health care professionals and neighbors focused on helping people age 65 and over remain in their homes. Volunteer positions through Southeast Seniors provide students a chance to develop skills, build their resumes, meet new people, and make a difference. Students may also be able to meet course requirements or earn academic credit for their involvement.

“Southeast Seniors is located just blocks from the University of Minnesota Twin Cities campus and offers a unique opportunity for the University

community to make a difference in our own backyard,” says Heather Davila, Project Coordinator with the Center on Aging. “Their organization wants to involve students in a more substantial way. A volunteer activity could lead to student research projects, for example, or long-term friendship with an older person. It’s an exciting opportunity.”

Two previous outreach events this year were well attended, drawing audiences of more than 40 and 50, respectively. An October event featured a film screening and discussion of *Gen Silent*, an award-winning documentary on the challenges faced by older GLBT adults in navigating the healthcare system. Speakers at that event included Stef Wilenchek, director of the University’s GLBTA Programs Office; Judith Katz, regional adviser in the Department of English and the Department of Gender, Women’s, and Sexuality Studies; and Rosalie Kane, Professor in the School of Public Health.

A December event explored current research and debate surrounding physical and mental exercise and brain function. Dr. Fang Yu from the School of Nursing discussed her research on the effects of aerobic exercise in Alzheimer’s disease, and Mary Ann Schoenberger, Director of the Southwest Senior Center, shared highlights from their annual “brain-a-thon.”

“Our hope with these events is to broaden the lens of what work in aging looks like,” says Davila. She points out that while some students will be drawn



*University students*

to building their entire career around aging and gerontology—whether through social work, nursing, or policy—many other students might not choose aging as their sole or primary focus, but may still be interested in getting involved. “Aging touches everyone,” she says, “so we want aging to be integrated into other fields of study, and not seen as a side topic but rather as something that can be linked to and relevant to other issues, whether that’s GLBT concerns, brain health, community involvement, or something else.”

This initiative to cross-pollinate aging studies with other fields of interest, says Davila, recognizes the changing demographics and a growing need for people to go into areas where they are working with older adults. “We need fresh ideas and new perspectives,” she says. “It’s important to have new people coming in, young people and others with different views and interests, bringing creativity to bear on how to meet current and future needs of our aging population.”

# Plans Underway for 2015 White House Conference on Aging

Last July, the White House announced its plans for the 2015 White House Conference on Aging (WHCoA) and named Nora Super as WHCoA Executive Director. Since her appointment, Super has been traveling around the country holding listening sessions with stakeholders to shape the agenda and format of the conference, which coincides with 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security.

In 1950, when President Truman called for the first National Conference on Aging, his aim was to assess the needs of America's aging population. In 1961, the first White House Conference on Aging was held, with another in each subsequent decade. The conferences have been central to the development of aging policy over the last 50 years. They have catalyzed the formation of and/or key improvements to crucial programs for older Americans, including Medicare, Medicaid, Social Security, and the Older Americans Act.

## A Conference in Flux

Typically, the WHCoA has been funded through the Older Americans Act. However, with renewal of that legislation in limbo, the Obama administration requested \$3 million in the 2015 budget for the conference. As a result of these budgetary issues, detailed plans for the conference remain unclear. However, the WHCoA website FAQ assures that this year's conference will not be entirely virtual and that some type of live gathering will take place in Washington, D.C. Likely any live event will be scaled back substantially from the 4-day, 1,200 attendee event of 2005, which received about \$7.3 million in funding.

In the past WHCoA processes were determined by statute with the form and structure directed by Congress through legislation. But since Congress has not reauthorized the Older Americans Act, and because the pending bill does not include a statutory requirement or framework for the conference, the 2015 conference will not include a formal delegate process. Instead, it will rely on a modified structure that rests heavily on new technology and partnerships for soliciting input.

"We intend to use the year ahead to be as creative as possible about using new technology, agencies' regional offices, partners, and other strategies to engage directly with older Americans and stakeholders on these issues," said Cecilia Munoz, Assistant to the President and Director of the Domestic Policy Council, in an official statement from the White House. "We are looking forward not only to the Conference, but to a year of engagement and dialogue about older Americans' issues and the opportunity to celebrate all that older Americans continue to contribute to our country."

At this time, no date has been set for the conference, but organizers are developing the agenda and inviting broad participation through the conference website and social media. The [website](#) offers preliminary plans, a [blog](#) and an [invitation](#) for visitors to share thoughts, priorities, and personal stories.

## Minnesota Initiatives

"We're in the early stages of planning WHCoA events," says Kari Benson of the Minnesota Board on Aging (MBA). "The Minnesota WHCoA Planning Committee includes members of our board and other

key stakeholder groups committed to ensuring that Minnesota's voice is heard in the federal-level discussions."

While awaiting further details on this year's conference, the MBA is working with its partners to gather input from interested individuals to inform the recommendations document that the MBA will submit to the WHCoA. "We have 10 local events tentatively on the calendar," Benson says. "Our first listening session took place at the LeadingAge Minnesota Expo in February. We will also conduct listening sessions at the World Elder Abuse Awareness Day Event (June 12 in St. Paul), and the Age & Disabilities Odyssey Conference (June 15 – 16 in Duluth). In addition, the Area Agencies on Aging will take the lead on convening at least six local input sessions."

Benson sees a chance for increased involvement with the changed format of this year's conference. "I think the multiple opportunities for input—regional forums, the actual conference, input submitted on the WHCoA website—will improve the final product and will generate more interest and buy-in from stakeholders across the country."

## Four Policy Focus Areas for the 2015 White House Conference on Aging (from the WHCoA Website)

### Retirement Security

Retirement security is a vitally important issue. Financial security in retirement provides essential peace of mind for older Americans, but requires attention during our working lives to ensure that we are well prepared for retirement.

### Healthy Aging

Healthy aging will be more important as baby boomers age. As medical advances progress, the opportunities for older Americans to maintain their health and vitality should progress as well and community supports, including housing, are important tools to promote this vitality.

### Long-Term Services and Supports

Long-term services and supports remain a priority. Older Americans overwhelmingly prefer to remain independent in the community as they age. They need supports to do so, including a caregiving network and well-supported workforce.

### Elder Justice

Elder justice is important given that seniors, particularly the oldest older Americans, can be vulnerable to financial exploitation, abuse, and neglect. The Elder Justice Act was enacted as part of the Affordable Care Act, and we need to realize its vision of protecting seniors from scam artists and others seeking to take advantage of them.

The purpose of *Old News* is to provide timely information about events, education, and research in aging to the professional and public constituencies of the University's Center on Aging and the Minnesota Area Geriatric Education Center.

**Letters, opinions, and news items may be sent to:**

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## Happenings

### Distinguished Lectures

#### "Three Decades of Long-term Care Research"

Monday, April 13, 2015, 11:30 a.m. to 1:00 p.m., 1250 Mayo  
Presented by Vincent Mor, PhD, Brown University

#### "Civil Rights, Medicare, and the Secret Struggle to Transform Health Care"

Thursday, May 7, 2015, 4:00 p.m. to 5:30 p.m., location TBA  
Presented by David Barton Smith, PhD, Temple University

#### "Transitional Care Model: A Journey from Evidence to Impact"

Wednesday, May 20, 4:00 p.m. to 5:00 p.m., location TBA  
Presented by Mary Naylor, PhD, RN, Pennsylvania School of Nursing

### Summer Institute

#### "Using Technology to Improve Care Today and Tomorrow"

Thursday, May 28, 2015, Earle Brown Heritage Center, Brooklyn Center

*The sessions will explore available technology and suggest how future directions can change the nature of caregiving. We will discuss how to prescribe technology and how to assess it.*

### Students Interested in Aging Studies

Pizza and panel of community volunteers from Southeast Seniors—volunteer opportunities for students  
Thursday, April 9, 2015, 1:30 to 3:30 p.m., D325 Mayo

### Minnesota Gerontological Society (MGS)/MAGEC Webinars

#### "New Americans: Solutions to Work Force Challenges in Long Term Care"

Wednesday, March 25, 2015, noon to 1 p.m.  
Presented by Adam Suomala, VP Strategic Affairs, LeadingAge Minnesota

#### "Urging Minnesotans to Face Aging in 2015"

Thursday, April 9, 2015, noon to 1 p.m.  
Presented by Patti Cullen, President/CEO, Care Providers of Minnesota

*Continuing education credits are available. The webinars are free, but pre-registration is required. More information is available at [www.mngero.org](http://www.mngero.org).*

### MGS Annual Conference

#### "Designing Our Destiny: Aging Ain't for Sissies—Challenges, Opportunities, and Affordability"

Friday, April 24, 8 a.m. to 4 p.m., Earle Brown Heritage Center, Brooklyn Center

*The University of Minnesota's Center on Aging is a University-wide center for research and education focused on aging. Our mission is to foster basic and applied gerontology research and education that will inform public policy, prepare students at the undergraduate and graduate level for work within an aging society, and provide information and outreach to help address the health and well-being of older adults.*