

# Old News



University of Minnesota  
Center on Aging



MAGEC  
Minnesota Area Geriatric  
Education Center

## 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 people adapt to this next stage in their lives. Each issue of *Old News* features interviews with retirees—some early in that process or even on the cusp of it, and others who are many years or even decades into their retirement. We are trying 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.

### Edith Leyasmeyer: A Life in Fast Forward

"In many ways, I've lived life in fast forward," Edith Leyasmeyer says. Leyasmeyer, who was dean of the University of Minnesota's School of Public Health from 1996 until she retired in 2001, is referring to the art of skimming, which she perfected early on. For example, as a young woman, she developed the habit of reading only the beginning, middle, and end of books for the sake of efficiency. In contrast, retiring meant living life at exactly her own pace. "I looked forward to it," she says. "It was not frightening to me." Indeed, retirement meant shedding certain requirements—such as rising at five o'clock in the morning in order to squeeze in a pre-work run—and embracing another kind of life, one of renaissance: "Rebirth, renewal, and recreation."

#### A Path She Forged Herself

After spending her early years in Latvia and Germany, Leyasmeyer immigrated with her family to Charlotte, North Carolina in 1949 before settling in Cleveland, Ohio a few years later. Leyasmeyer's mother and father, who worked as a nurse and electrical engineer, respectively, had high standards for Leyasmeyer and her sister. "They were strict in terms of behavior and morality," she says. "They were strong believers in education as well as the importance of contributing to society. We were encouraged to seek careers that would allow us to give back to the community."



Edith Leyasmeyer

After finishing high school, Leyasmeyer enrolled at Baldwin-Wallace College just outside of Cleveland. There, a fateful conversation with a guidance counselor set her on the path to her future vocation. The guidance counselor explained that the careers available to her were homemaker, teacher, secretary, or nurse. "None of those excited me," she says. The counselor then suggested she spend time in the library researching other options. After poring over pamphlets and career books, Leyasmeyer discovered she was interested in the health field after all, just not nursing. "I was very good at managing, solving problems, and getting things done efficiently," she says, adding with a laugh that she also enjoyed ordering other kids around. "So I decided administration in the health field appealed to me. It fit quite well with my interests and capabilities."

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Leyasmeyer graduated from Baldwin-Wallace in 1958, shortly after which she enrolled in a Masters of Public Health program in Hospital and Health Care Administration at the University of Pittsburgh. Not only was she the only woman in her class, but she was also the very first woman admitted to the program. She recalls various admissions interviews and job interviews as being quite politically incorrect. Not only was she queried about family planning, but she also received frequent comments about her appearance. "Thankfully, those were not in the negative category!" she admits.

During the residency portion of the University of Pittsburgh program, Leyasmeyer developed a serious relationship with her future husband who was working on his Ph.D. in literature at Princeton. After receiving her master's degree in 1961, Leyasmeyer spent three years as Director of Education at the Cleveland Hospital Council. When her future husband completed his doctoral studies, he received an appointment at the University of Minnesota. Leyasmeyer had never been west of the Mississippi—and neither had he. But when he asked if she would consider the move, she said, "Why not?" Little did the young couple know what the future would hold.

### Acclimating to Life in Minnesota

The Leyasmeyers arrived in Minnesota in the fall of 1964, right before one of the coldest winters in decades. "For two weeks in January, the temperature never even reached zero," she recalls. The couple had no garage, their new car did not start, and to make matters worse, Leyasmeyer lacked appropriate winter clothing. "I had no idea," she says. It took her a year to figure out the right wardrobe, which she says required "thermal underwear, thick wool mittens and socks, a wool cap, a long shawl, tall insulated boots, and a really heavy coat. With that much gear, there was considerable danger of falling and not being able to get up!"

Leyasmeyer soon began pursuing a Ph.D. in Hospital and Health Care Administration at the University of Minnesota. Once again, she was the first woman admitted to the program and the only woman in her class. After completing her studies, she worked as Director of Educational Programs at the Northlands Regional Medical Program in St. Paul. This federally funded program coordinated initiatives related to heart, cancer, and stroke between the Mayo Clinic, the University of Minnesota, and with a number of professional associations.

A few years later, the Leyasmeyers purchased property on the St. Croix River, amidst orchards and farms. "We were inexperienced innocents as far as country roadways were concerned," she reflects. "Warm clothing does not help getting out when the long private drive is under snowdrifts waist deep!" Those first Minnesota winters traumatized Leyasmeyer, and soon the couple began escaping for a trip each winter to wherever in the world it was warm. "Thus my passion for adventure travel was born."

### Respect for One and All

In 1971, Leyasmeyer was recruited by the University of Minnesota to join the faculty of the School of Public Health as a research associate. After a year, she became the associate director of the Area Health Education Center and was later appointed as director. "The idea was to establish relationships between the University of Minnesota and outstate hospitals and providers to facilitate student rotations in rural areas," she says. "The more familiar someone is with a rural area, the more likely that they might settle there and continue to work in that community."

In 1980, she transferred to the dean's office where she worked first as an associate dean then as interim dean for three terms before being appointed as dean in 1996. (She was actually awarded an Oscar by the vice-president for health sciences for having held so many acting roles.) Leyasmeyer says it was a privilege to be in an academic setting with such outstanding faculty who were among the most productive researchers at the University. "The dean's job is to provide leadership, cultivate a climate that encourages intellectual curiosity, support scholarship, ensure fiscal stability, and establish an efficient organization for attaining envisioned goals," she says. "My style was to be transparent, listen to input, keep my word, and to be respectful of one and all and as fair and unbiased as possible in challenging situations." Certainly Leyasmeyer's advanced abilities to skim and get to the point of most everything quickly also came in handy in a role in which she was constantly inundated with data, documents, and reports.

Leyasmeyer is proud that under her leadership, the school maintained its top tier ranking among all schools of public health. "We made substantial advances in research projects and funding, expanded educational offerings, and attracted stellar faculty who continued to enhance the school's image," she says. "The expertise of the school's faculty was recognized both nationally and internationally. The graduates also left their marks and contributions in this country and abroad."

In addition to serving as dean of the School of Public Health, Leyasmeyer was also active in a wide variety of other roles within the University, just a few of which include chair of the Deans Council, member of the board of the University of Minnesota Medical Center and the University Research Consortium, and chair of the Health Sciences Strategic Budgeting Committee.

### A Fabulous Second Act

Retiring in 2001 allowed Leyasmeyer to pursue her many other passions. "I have time now to savor music, which I love, and to travel to distant parts of a globe full of mysteries," she says. "As Tom Stoppard says, 'all exits are entrances to somewhere else.'" Indeed, Leyasmeyer describes the first decade of her retirement as pure charm. "We traveled, participated in the arts and culture scene, slept late, read the paper, went for walks, entertained at our leisure, made fancy dinners. I never had time for things like that when I was working." Leyasmeyer's love of music, particularly opera, developed during her teenage years,

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as her mother always listened on Saturdays to the Toll Brothers Metropolitan Opera broadcasts. As for travel, Leyasmeyer and her husband traversed the globe from Patagonia to Mongolia, from Bhutan to Dubai, from Indonesia to Tanzania and to many lands in between after she retired. "Adventure travel has always given me a rush," Leyasmeyer says. "It's a thrill to find myself in new surroundings where most every code is foreign and has to be uncovered."

In the last six years, however, life has shifted some. Leyasmeyer's husband has successfully survived cancer as well as life-threatening infections, and is now living with progressing Parkinson's. "My role is becoming somewhat of a caretaker," she says. She finds support through having other people to share information with, as well through keeping up her longtime devotion to physical exercise. "I really need that physical outlet, to sweat it out," she says. That might mean a yoga or Pilates class, or a solitary walk or jog during which her mind "moves forward and finds solutions."

Recently, the Leyasmeyers sold their house on the St. Croix River where they had lived for 48 years. They now split their time between a condo in downtown Minneapolis and a condo in California (which they purchased at the time of Leyasmeyer's retirement). Downsizing from the St. Croix house to the Minneapolis condo was somewhat traumatic, and they are still unpacking and getting settled. "But the new place is all on one floor, so no steps for my husband. Balance is an issue. And there's no outdoor maintenance for us to worry about here, so when the time comes, we can just lock up this condo and go to California and not worry about it." The California condo is a

few miles east of Palm Springs, which is steeped in Hollywood nostalgia. "Streets bear names of stars from decades ago," Leyasmeyer says. "Both former and current celebrity sightings are not uncommon."

In Leyasmeyer's view, retirement is just another phase of her life, albeit uncharted and unexplored. "The hours in a day are not enough to contain all the things I want to do," she says.

### How to Measure a Life

In contemplating a good retirement, Leyasmeyer stresses the importance of developing interests and passions that will sustain and energize you outside of the structure of the job. "Yes, there is the loss of regular contacts with colleagues," she admits. "Or the loss of engagement with activities that used to bring satisfaction or the quiet pride of accomplishment. But there is so much unexplored in this world that one lifetime would not be enough."

As for her own accomplishments, Leyasmeyer mentions a quote from Sheryl Sandberg, COO of Facebook: "You will be defined not just by what you achieve, but how you survive." She also refers to *The Tempest*, Shakespeare's last play. "The spirit Ariel, who has been serving Prospero—the former Duke of Milan—asks to be released," Leyasmeyer explains. "Ariel asks Prospero, 'Was it well done?' to which Prospero replies, 'Bravely.'" Assessing her own life, including her career and retirement, Leyasmeyer concludes, "I would say I survived, and I survived bravely." Whether you skim it or take time for a more in-depth reading, Leyasmeyer's assessment of her own life appears to hold true.

## Lee Stauffer: Gratify Some and Astonish the Rest

*Editor's Note: This story is appearing at a sad time. Lee Stauffer passed away on July 21, just a few weeks after we had the chance to capture his reminiscences. He will be missed by all the students, faculty, and staff that benefited so much from his presence. He personified the values of public health.*

When asked, "How are you today," Lee Stauffer has begun to reply, "Terrible!" It shocks people, he says, but it's the truth. Although there are many things in his life he loves, he is in almost constant pain due to neuropathy and severe osteoarthritis. However, despite the fatigue and limitations that accompany these conditions, and despite the answer he gives when asked how he's doing, Stauffer also feels very blessed. First, because of the long and lovely relationship he enjoyed with his wife. Second, because of a wonderful career in academia, including a long stint as dean of the University of Minnesota's School of Public Health, which allowed him to "make a contribution to humankind in general."

### The Benefits of a Country Education

Stauffer was born on March 20, 1929 in Wisner, Nebraska and spent his entire childhood within twenty miles of that town. "Growing up in the country meant more independence and more

responsibilities at a young age," he says. He started school at four and a half, learned to drive at eight, finished middle school at twelve, and started driving a truck loaded with chickens at age fifteen. "I liked to eat chicken because I had to get back at them for all the times they pooped on me over the years," Stauffer says.

The country school he attended had about a dozen students. "I always joked that the country school is what got me through college," Stauffer says. "You'd sit there and hear every grade repeat their things over and over, so by the time you got to that level, you'd heard it five times and you could build on that." Country school also had a tiny shelf stocked with Elston Readers, which the students were allowed to peruse when they're work was done. In college, Stauffer realized the classic Western canon of great books he was reading were familiar—he'd read those stories already in the Elston Readers. "They'd been dumbed down, of course, but they were all the old stories."

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Prepared as he was, Stauffer's route from high school to college was indirect. Although he won a Regents Scholarship at the University of Nebraska, his family didn't have the means to pay the remaining tuition, so he enlisted in the Marine Corps planning to specialize in electronics at the Great Lakes Training Station. A friend signed him up to take the entrance exams for the Naval Cadet Program and he passed, was discharged from the Marines, and sworn in as a midshipman in the Naval Reserve. This opened up a whole catalogue of college possibilities—but in the end, Stauffer chose the University of Nebraska so he could be close to his parents.

### Anything But Teaching English

After graduation, Stauffer interviewed for English teacher positions in nearby towns. "And I discovered that the one thing I did not want to do was teach English in a little high school in Nebraska." While living at home for a summer—he was working in a grocery store and considering his options—a friend told Stauffer about the work he was doing with the Nebraska State Health Department. "He was going out and inspecting the state park sanitation system, making sure there weren't hazards and so forth." Stauffer was intrigued. He took the qualifying tests and received a job offer on the spot.

He had been working for the Nebraska States Health Department for only about a year when he met Donna, the woman he would go on to marry. The two met over the summer while Donna was staying with her parents in Lincoln. In the fall, however, Donna moved to Minneapolis to study occupational therapy. Six months later, Stauffer asked her to marry him. The couple wed in the fall of 1952, and Stauffer joined Donna in Minneapolis where he began law school at the University of Minnesota. "I had a dream of going to work for the FBI and saving the country," he says. "It had to do with righteousness and things like that." But law school was not at all what he had imagined. He dropped out during the first semester. "If I had continued, we'd have starved to death," he says.

### Moving Through the Ranks

After abandoning law school, Stauffer met Richard Bond, a faculty member at the School of Public Health and eventual director of the School's Environmental Health Sciences division. Bond got him a job as a sanitarian and meanwhile encouraged him to pursue an advanced degree in public health, which he did. "If you did your job and wanted to do it better, Richard Bond would help you every inch of the way," Stauffer says. After Stauffer earned his master's degree and was working as an assistant professor, Bond recommended him for a position in Gaylord Anderson's office—Anderson was then the director of the School of Public Health. "He was a fabulous person," Stauffer says, "a gentleman of the old school with a genius IQ of 400 or something." On Stauffer's first day of work, Anderson gestured to his own desk—"eight inches deep from one side to the other with federal paperwork"—and told Stauffer to go through the stacks and start handling whatever he could. "And so I did," he says.

After several years working for Anderson as assistant director of the School of Public Health, Stauffer was recruited by the American College Health Association. The position offered a substantial raise and opportunity for advancement, but it also meant moving with his wife and three children to Florida. "Poor Donna," he says. "She got pregnant again down there, and it nearly killed her, what with the humidity." When the University of Minnesota called to see if he'd be interested in coming back to work in continuing medical education, Stauffer had only two stipulations: he wanted his parking spot back, and his football tickets.

"There was quite a controversy at this time," Stauffer recalls, "about the reorganization of the health sciences." In the midst of that controversy, Anderson, who was still the director of the School of Public Health, turned 70. "In those days, you had to retire when you hit 70," Stauffer says. "I got a call one day to come over to Bob Howard's office. He was the dean of the College of Medical Sciences. 'Sit down,' he said. 'The vice president of Academic Affairs is going to call and ask you to be dean of the School of Public Health and you're going to do it.'" And Stauffer did just that, serving as the school's very first dean, a position he held for twelve years, from 1970 – 1982. He was the only dean in the history of the School of Public Health who didn't hold a doctoral degree.

### Same Questions, New Answers

At the end of his time as dean, Stauffer returned to the faculty of the Environmental Health division. "I knew all the questions to ask," he says. "But they'd changed the answers since I'd been away from the field. It had moved from bacteriology and a biological base to chemistry, all our chemical exposures and such. I didn't know much about that." He then moved to public health administration, where he stayed until he retired in 1991.

"I can teach you everything I know about administration in three or four sentences," Stauffer says. "One, you have to be really loveable, because people will do more for love than they will for money. If they really like a person, they'll bust their can to do what that person wants done. People liked me. They would tell you that. Two, you have to be ruthless, because your job is to make the organization succeed. If your own mother is there, and she is screwing up the work, she's got to go. Three, you have to be independently wealthy, or act as if you are. You cannot be hornswoogled by people saying they're going to get your job." The key to succeeding at any kind of job, Stauffer says, is to first do it to the absolute best of your ability and then try to get better. "Not many people do that, and the people you work for will notice this. I have had people helping me all through my career, and I cannot begin to pay them back. If you cannot give it everything, you are probably in the wrong field."

### The Love of His Life

For Stauffer, retiring meant having more time to support his wife's interests and passions, after all of her years as the primary parent to their four kids, during which time she was also

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Lee Stauffer with his oldest son, Karl

“fabulously supportive” to him throughout his career. “I became a house husband,” he says. “And now Donna could put as much time as she liked into whatever she wanted to do.” Donna chose pottery. For a time, the pair lived in Hawaii. They also spent time in their house in Scottsdale, Arizona, where their eldest son lives, and their cabin in Grand Marais. Donna immersed herself in the vibrant art communities of both locales. “It was just wonderful,” he says. “We had the most wonderful time.”

Stauffer approached marriage with much the same attitude that he approached his career. Early on, he explained to his wife-to-be that during his childhood, his parents had bickered constantly. “I told Donna, ‘I never want to be like that, so if I ever do anything that bothers you, tell me, and we’ll sit down right away and resolve it.’” One night when their four children were all nearly grown and Stauffer and his wife were reading in the living room, their youngest son came in sheepishly and said: “Can I ask you a question? Do you people ever fight?” At the time, their son was dating a girl, “a beautiful, flaming girl,” who had asked him angrily that evening, “Why won’t you argue with me? Like parents are supposed to argue?” Apparently, the Stauffers’ method of conflict resolution, which included sometimes agreeing to disagree, had been so successful that their son had never seen them at odds. “We enjoyed spending time with each other,” he says. “And when I retired, there was more time to spend.”

In the fall of 2003, Stauffer went to Scottsdale alone to paint the windows—Donna hated the smell of turpentine. As usual, they talked on the phone about three times a day, and during one of those calls, Stauffer mentioned that his back was bothering him. He wanted to come home early and have it looked it. Donna was under the weather, as well, so she scheduled doctor appointments for both of them. On the day of their appointments, Donna woke up dizzy, which was “very unlike her.” Stauffer reminded her to be sure to tell the doctor. He went back to the exam room first. When Donna’s turn came, she

got winded just walking down the hall. The doctor was puzzled and ordered a panel of blood tests, asking the couple to stay nearby until the results came back. Stauffer and Donna went to lunch. “I hadn’t seen her for a week and a half, it was a lovely lunch, reconnecting,” he says.

Back at the clinic, the doctor broke the terrible news that Donna had acute leukemia. She was supposed to have a show in two weeks with her daughter, a painter, and son-in-law, a photographer. “The first thing she said,” Stauffer recalls, “was, ‘I won’t be able to go to my show.’” The two went straight to a reserved room at Regions Hospital, where doctor after doctor questioned her. The oncologist told her, “You have a really sharp physician to pick up on this, you haven’t had any classic symptoms.” They began treatment immediately. Still, when Stauffer left that night, Donna was in good spirits. But Stauffer went straight to a bookstore and read up on the disease. “I can tell you right now,” he says, “that after 60, it is a death warrant. Donna was 71.”

They got a few good days. Stauffer set up one of Donna’s sculptures in her hospital room, and friends came by to visit. By Sunday morning, however, she had developed pneumonia. Around 5 p.m. her heart beat hit 147, and three hours later the doctor told Stauffer: “You might as well go home. We are going to knock her out and put a mask on and try to get some more oxygen in her lungs. It won’t be pretty.” At 11:45 p.m., they called to tell him she was fading fast. When he got to the hospital just half an hour later, she was dead. “To be honest, I was almost sorry I saw her. She still had this damn mask on her face and I really couldn’t see her anyway. That is not the way I wish to remember her.”

### Astonishing the Rest

After Donna’s death, Stauffer and his daughter and son-in-law went ahead with Donna’s show. “It was fabulous. People bought practically everything of hers; they were standing in line to buy things, and were disappointed when someone else had bought it.” In the city park in Grand Marais, there is now a granite plaque honoring Donna. “It’s facing the place where they have all the art shows, so she can look at them.”

Stauffer lives at 1666 Coffman now, a housing facility exclusively for people who have worked at the University. “I’m surrounded by really bright people who have had fantastic careers. The conversations are incredible. Just going down to get your mail is an experience.” He appreciates the community, the support, and the programming, but as his neuropathy and arthritis progress, he finds he tires more and more easily. Soon he will have to give up driving. Yet, his motto for life—whether in work, retirement, or love—remains unchanged. It comes from advice Mark Twain gave to a Sunday school class in Boston: “Always do right. This will gratify some people and astonish the rest.” He had a framed copy on his wall for years and has repeated it to his kids many times, with the addendum that if you can do something to help somebody, that’s always the right thing to do.

# History of Long-term Care in Minnesota

## Pioneering Reformer Pamela Parker Reflects on the History of Long-term Care in Minnesota

### Part Two: The Long Road to Reform



Pamela Parker

In our March 2016 issue, *Old News* began publishing a series of interviews with long-term care reformer Pamela Parker, focusing on her life story and its intersections with the history of long-term care in Minnesota. That history is so tightly interwoven with the fabric of Parker's life that at times the threads are indistinguishable.

Here is Part Two in the series ([Part One can be found here](#)).

#### Starting Over: An Organizer Bounces Back

In 1975, on the heels of a legislative victory that allowed nursing home residents to keep more of the "personal allowance" portion of their Social Security checks, Parker quit her job as a Hennepin County eligibility technician and headed on a trip out west. "The job of eligibility technician had changed," she says. "We barely interacted with residents anymore. Everything was being mechanized. I didn't know what to do with my life. I was very depressed."

After a couple of weeks on the road, Parker returned home, still depressed. "I was completely lost. And I was recovering from the trip, which was intense, because we spent the whole time in a Corvette," she says. "So there I was lying in bed, sleeping late one Thursday morning, and I remembered that the Residents' Coalition Group, which I had helped to form, was meeting that day at a church center two blocks from my house. I had no excuse not to pull myself out of bed and go."

It turned out that the Residents' Coalition wanted to write a grant in order to grow their staff, increase their advocacy work, and develop more nursing home resident councils. "I had been chairing a committee for the city on Community Development Block Grant Work Group funds," says Parker. "So I had seen a lot of grants. Also, I was an English major. I knew how to write. Suddenly it was coming out of my mouth, 'I could probably write a grant—I am not working right now.'" Kathryn Sehlin, a seniors' leader in the Minnesota Board on Aging and an early supporter of the Residents' Coalition, said she had an available office space just down the street. "There's some paper there," Sehlin told Parker. "And a typewriter."

A week later, Parker was sitting in that office, which happened to be shared by the legendary Abraham "Dutch" Kastenbaum himself, for whom the Minnesota Gerontological Society's Outstanding Gerontologist Award is named (an award which Parker would go on to receive in 1999). "He was a local social worker who had this TV show for seniors back then," Parker says. "A pretty gruff fellow, and at first I was afraid of him. But he turned out to be really great, of course." Three days a week, Parker "plopped down" at the desk, volunteering her time, living on unemployment, while her son attended school nearby. "I wasn't a very good typist, but I knew how to use the phone. I started calling around to see where there might be grant monies."

Parker identified Catholic Charities as a likely funder. "I got advice from well-known advocates, wrote up the grant proposal, and made it to the stage where they interview you. I was really hopeful we were going to get it," she says. "I was sitting in my living room when I got a call from a young man saying our request would be denied. The rejection got me so upset," she says. "I probably was quite inappropriate with my begging and cajoling. Because what he said was that there was no reason to give money to nursing home residents because there was nothing they could do, they were too limited. Here I was working with residents who, despite physical problems, were mentally in terrific condition. I cajoled and whined and argued. I told them about residents I knew personally, who had already campaigned for important advances in quality of care and won. Catholic Charities finally changed their minds. They gave us \$7,000 to start the Nursing Home Residents' Advisory Council (NHRAC).

Parker organized a more formal board, hired a part-time secretary "who wasn't a great typist either but was a very sweet lady," developed a mimeographed newsletter that was sent to all Minnesota nursing homes, offered to speak and do trainings at nursing homes, and used NHRAC as platform to contact people around the country. "This was before the internet," she says. "Long-distance phone calls still cost money. I was trying to find others out there doing similar things. I found a book written by a social worker out east on resident councils. It was too academic, but we used it as a foundation to develop our own materials."

As for the nursing home industry, Parker admits she "was not their best friend, but they were very tolerant of this activity. They could see the good of it." Soon NHRAC made connections with a New York group called Coalition of Institutionalized Aged and Disabled, run at the time by Vic Rosenthal, who

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is now Executive Director at Jewish Community Action in St. Paul. “Joan Knowlton [a nursing home resident, activist, and friend of Parker’s at the time] and I were interviewed by Bruce Vladek—who later became head of the Health Care Financing Administration, now the Centers for Medicare and Medicaid or CMS, at the federal level. He was writing a book on nursing home reform—*Unloving Care: The Nursing Home Tragedy*. “Vladek met us in person at the Hopkins nursing home where Joan lived. Years later, Vladek was the one that approved our first demonstration site for integration for Medicare and Medicaid. I know part of the reason he approved it is because of NHRAC’s work.”

### A Busy Time For Advocates

The mid 1970s was a busy time for advocates and also for Parker personally. She had entered into a romantic relationship with Dennis Wynne, the advocate for Family and Children’s Services who had, back in her eligibility technician days, helped her with the necessary paperwork to incorporate the residents’ council coalition as an advocacy organization. “Dennis’s mother and aunt had a farm out in Montrose, Minnesota, and I bought a horse named Rebel and kept him out there,” she says.

Meanwhile, elder rights activist Daphne Krause was uncovering scandal after scandal. “We were there to support those residents,” Parker says. Many historic nursing home reform bills were being developed, led primarily by Senator John Milton. Reform bills included a new Office of Health Facilities Complaints, Residents’ Rights Act, and equalization of rates between private pay and Medicaid. (Minnesota is one of a very few states that requires the same nursing home rates for private pay and Medicaid-supports residents.) “It’s worth saying something about what equalization of pay meant,” Parker says. “Without it, nursing homes were able to charge higher rates to private pay residents, who would then deplete their assets very quickly and move into Medicaid—and then the state would be paying for them. In most states, you would find nursing homes that simply refused to accept residents on Medicaid, because they could make so much more profit on private pay. We wanted a more equal system. Equalization meant that the state should pay an adequate rate across the board, and not allow nursing homes to charge more for private pay residents. It was the most controversial piece of all this legislation—and it’s still in place to a degree today, with a small differential. This legislation led to huge lawsuits. We had to testify. I served as a witness.”

Parker and NHRAC members, often including Joan Knowlton, testified at hearings for all of these issues. “The Senior Federation, especially Grace Nelson, a former school teacher and a mentor, led much of the consumer rights charge for this at the Capitol,” Parker says.

### NHRAC and the Hudson House

In 1977, Parker and NHRAC became involved with National Citizens Council for Nursing Home Reform (NCCNHR), an organization started by Elma Holder (former nursing home

inspector), her young protégé Barbara Frank, and Ann Wyatt, a New York City nursing home administrator. NCCNHR worked through state affiliates to advocate for improved care in nursing homes. They were passionate reformers and held national organizing meetings for families, professionals, advocates, and residents. Parker became one of their first board members.



*NCCNHR board member reunion, left to right: Iris Freeman, Pam Parker, Ann Wyatt, Elma Holder, Barbara Frank*

At the same time, NHRAC was on the cusp of receiving a new grant. “The contact was a woman I didn’t know at the time, but who has since become a lifelong friend,” Parker says. “LaRhae Knatterud at the Metro Area Agency on Aging [AAA] supported our efforts and helped us grow them with a technical assistance grant. Then NCCNHR helped arrange for five Vista volunteers. Suddenly, we desperately needed more space.” The answer to that need came thanks to the “society ladies”—especially Barbara Merz, a social worker at a small ladies-only nursing home sponsored by a board of women philanthropists, and Karen Struve, her administrator. These women arranged for NHRAC to move into Hudson House, an old house next to their nursing home, donated by their non-profit board.

Parker also needed dedicated support to implement the new grant. She hired Iris Freeman, a licensed social worker with the professional degree and credibility that Parker lacked. “It was the best decision I’ve ever made in my life,” Parker says. “Iris kept that organization going for 25 years and has never stopped advocating. This year she opened the Elder Justice Center at Hamline Mitchell Law School, teaching lawyers about vulnerable adult rights, elder abuse, etc. And recently we were honored as guests and founders at the Harriet Tubman Center’s 40th anniversary—because the original organization eventually merged with family violence and battered women programs through the Tubman Center.”

Parker fondly recalls Iris Freeman’s first day of work in July of 1977. “I had ordered some furniture that came in big boxes,” she says. “Little did we know we would have to put it together

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ourselves on that 100 degree day with no air conditioner. Iris had her master's degree, but joked that she didn't realize being able to use a screwdriver was going to be an important part of the job. It was a madhouse."

With the help of Freeman and the five VISTA volunteers, NHRAC expanded resident councils and family councils throughout Minnesota. On the national level, Nixon signed a law mandating the Long-term Care Ombudsman Program. "The tale is that he and Arthur Flemming—who then was the U.S. Commissioner on Aging—were on a plane together, and Nixon needed something to propose in this area. Flemming carried around a proposal on this in his pocket and produced it at the right time," Parker says. This legislation would require every state to develop an ombudsman program.



Joan Knowlton, NHRAC founder, and Faye Wenell, board members of NHRAC, at Hudson House

### From Advocate to Ombudsman

Parker wasn't planning to leave her role at NHRAC, but when she received a call from the Minnesota Board on Aging asking her to interview for the LTC Ombudsman position, she said yes. "It didn't go through a competitive process," she says. The salary was better—"maybe \$15K as ombudsman compared to about \$5K at NHRAC—but the fact that it was not competitively bid later came back to haunt me."

Parker hired a woman named Sherilyn Moe to help her, and together they developed a grants program. "The idea was to give small amounts of money to local organizations who would then recruit volunteers, train them, and have them take cases and track complaints. The grant recipients had to have demonstrated some ability to pull that off, so we ended up contracting with Legal Aid, the Senior Federation, Lutheran Social Services, local social service agencies, and so forth. We tried to have a grant recipient in every region of the state." Meanwhile, Parker remained active in the NCCNHR and was part of the very first national ombudsman organization. Like Iris, Sherilyn stuck with it, and only recently retired from a long career in the Office of the Ombudsman.

Despite these successes, Parker's time as ombudsman ended in 1981 during a state hiring freeze. "The truth is, my supervisor didn't like me," she says. "The hiring freeze didn't allow them to extend my temporary non-competitive position—but partly it was because they weren't comfortable with my advocacy style. So they let the position run out without any action. Advocacy groups were upset, the Senior Federation was upset."

### A Long Shot Realized

Unemployed once again, Parker was at a crossroads. "I did not have a college degree," she says. "I had many credits but I had not finished my Milton course at the University. I had taken it twice without credit and then dropped out of it a third time. I just couldn't stand Milton." So what did she do? She applied for a Bush Fellowship to attend the Harvard Kennedy School of Government. "It was a long shot, of course," she says. "My application essay was a conversation between my confident and unconfident selves. But you could only have so much paper. I had to squeeze the conversation in there, using very tiny type. In the end, that essay caught their eye. Then in the testing, I evidently showed leadership qualities, which was also good. And I was a poor, inner-city single mom who'd been on welfare, and a community activist. They must have said, 'let's give her a shot.' So they approved me—pending my ability to get into to Harvard."

The dean of the Kennedy School was aware that Parker hadn't completed her undergraduate degree. "But I had this huge resume of activism and political action. So he said, 'If you can get through the testing, we wouldn't reject you just because you don't have the BA.'" Parker got through the testing and was admitted to Harvard. She said good-bye to Dennis, arranged for her son to stay with relatives, and headed for Cambridge.

At Harvard, Parker studied under luminaries of the day, including Robert Reich. "I loved him," she says. "I'll never forget the story he told. He said, if you are really good at what you do, very passionate and effective, if you get things done—eventually you'll be fired."

She was also invited to work with Dr. Jerry Avorn, professor of Medicine at the Harvard Medical School, on an ethics project. Parker presented a case she had worked on with Legal Aid in Minneapolis involving a woman with severe dementia who couldn't swallow and therefore couldn't eat. The family wanted her feeding tube removed, but the nurses involved were pro-life and felt that because the woman wasn't comatose (they believed she could still communicate) and her family was acting out of financial incentives, pulling the tube was akin to killing her. "The only fun thing about that case was that I met Betty Friedan," Parker says. "She was on the committee examining these ethics questions, and had come to Boston for a meeting. We both had to get back to the Harvard campus after the meeting but there was a big snowstorm that day so transportation was scarce and we ended up sharing a cab. I was pretty much in awe of her, but I don't remember anything significant about the conversation

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*Parker receiving award from Governor Perpich for her role in overseeing the Minnesota Veterans Home during her tenure as director of long-term care*

because she was mostly concerned with how we were going to make it through all of the snow to get back in time."

Meanwhile, the Health Care Financing Administration (HCFA) had just proposed new regulations on nursing homes, "but they were very weak and advocates wanted them revised for fear such weak provisions would become the norm," Parker says. A large coalition of NCCNHR, AARP, Legal Aid, Medicare Rights Center, the National Association of Social Workers, and other advocacy groups in

Washington banded together to stop the regulations. "I had worked with the coalition as part of my role with NCCNHR, so Elma allowed me to deliver the petition against the regulations to the Secretary's office. They were finally dropped, but then it took some years for new ones to be developed," Parker says.

### Fighting for Nursing Home Quality

After earning her Master's of Public Administration in 1983, Parker returned to Minnesota and was hired to direct a newly formed entity shared between the Minnesota Department of Health (MDH) and the Department of Human Services (DHS): the Interagency Committee for Quality Assurance. There, she worked on nursing home quality issues. "Maria Gomez at DHS invited me to work more closely with her on development of a case-mix system to risk adjust payments by levels of complexity of nursing home residents," Parker says. "We wrote the request for proposals, hired a contractor, and developed and implemented one of the first case-mix systems for nursing home payment."

At first, Maria Gomez was skeptical of Parker. "My only experience was as an advocate and the person at DHS who hired me did not have much of a background in health care financing. So Maria was horrified that I was supposed to be in charge of projects that would impact very expensive nursing home payments," Parker says. "At one point, Maria and her friend David Doth—who later became the commissioner himself—sat me down in the cafeteria for lunch and said, 'you can work with us or against us, and if you want to work with us, here is what you can do.' After that, Maria kind of adopted me, put me under her wing. I was a brash loudmouthed kind of person, not terribly clued in sometimes, aggressive and all that. Maria was also very direct and knew how to argue the issues, but she had far more finesse and more knowledge." When David, Pam, Maria and certain colleagues were all in a room brainstorming, policy issues flew back and forth, blackboards filled, and voices

rose with excitement. Some staff with more typical Minnesota-style communications couldn't get a word in edgewise and hated it, while others found it stimulating and creative. When Maria Gomez became division director, she hired Parker as a staffer. "Then, in 1987, Maria became Assistant Commissioner of Health Care and I moved up to director of long-term care," Parker says. She vividly recalls one experience from this time, when she oversaw a DHS team that took over the administration of the Minnesota Veterans Home. "It had lost its license due to poor care," she says, "and we spent several months communicating with veterans groups and making sure the kitchen met state standards." The experience left an indelible impression on Parker. From this time through the early 2000s, Maria and Parker and colleagues such as Chuck Osell, Paul Olson, and Dave Erhardt traipsed the halls of the State Capitol at all hours to monitor policies, provide testimony, and assist with DHS legislation on long-term care policy. "We'd pull all-nighters if we had to, napping on benches in front of the Supreme Court. Maria taught us to put the people we served first, write intricate rules carefully, be fiscally responsible, and pay attention to legislative strategy."



*Signing a long-term care bill that industry and government agreed upon, left to right: Senator Linda Berglin, Pam Parker, Chuck Osell, Paul Olson, Governor Rudy Perpich, Meg McPherson, Jayne Rieke, Bill Hargis (representing nursing homes), Grace Nelson in bonnet, Rep. Lee Greenfield, and Mike Tripple (in charge of nursing home inspections for the Department of Health, a hero in long-term care work)*

DHS, meanwhile, was introducing managed-care programs in Hennepin County as a pilot. Seniors and people with disabilities including those dually eligible for both Medicare and Medicaid (dual eligibles) were included, although people with disabilities were dropped when a large plan lost the capacity to serve them. Managed-care continued to expand until statewide coverage was achieved. The case-mix payment system helped push more resources into direct nursing care.

From the late 1970s and through 2012, much of the state's long-term care legislation, including nearly every piece of nursing home legislation—rights and abuse protections, the expansion of home and community-based services, the entry and expansion

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of managed care and the Minnesota Senior Health Options (MSHO), a managed care program for seniors, and Minnesota Disability Health Options (MnDHO), a similar program for people with disabilities, and literally all broader Medicaid policy like the Minnesota Care expansion—was designed and protected by Senator Linda Berglin, chair of the Senate Health and Human Services Committee with assistance in the House from Rep. Lee Greenfield, chair of the HHS budget committee. “The two of them watched over and understood every policy and operational detail and came to the rescue hundreds of times when programs were threatened,” says Parker.

### Singing Her Way Through

By 1984, Parker and Dennis Wynne had reunited and married after dating on and off for more than 11 years. On the work front, however, pressures were rising. “That was probably the most stressful period of my career,” Parker says. Many shifts were taking place, including big strides with home and community-based services. “We were increasing access to home care services for seniors and people with disabilities across the state” she says, “and still perfecting how to pay nursing homes. It was stressful politically, with budget cuts and policy pressures. Nursing homes resented the controls being put on their rates and were nervous about their survival. There was kind of a crack down on a lot of things.”

In the face of these pressures, Parker was craving more self-development. “I had put on a lot of weight. I became very heavy. And I had been seeking therapy for life direction when a close friend of Dennis’s and mine died. I realized then that life is short and instead of therapy I started voice lessons! I was a frustrated singer and wanted that outlet back in my life. My mother had been a singer in the ‘40s and I loved that music.” Parker formed a ‘40s swing band called Sentimental Journey with another woman. “Back when I’d taken voice lessons as a kid, my teacher had recommended I take up guitar and be folk singer, saying I wasn’t on track for becoming an opera singer. But the voice teacher I hired as an adult to help me get over my stage fright had me try out different aspects of my voice. She gave me encouragement to move into classical music and I studied with a number of teachers and a wonderful opera coach who stuck with me for about 20 years. One teacher told me that if I had started technical training earlier I might have been able to have a career in opera. That made me sad, as I knew it was too late. But it was also a good thing, since I could not have made a living that way!”

Parker went on to perform in several operas. “I had one principal role in a small company,” she says. “I sang Mrs. Nolan in *The Medium* by Gian Carlo Menotti. And I was in the chorus in some other productions. I did some musical theater. Then through my voice classes I met a woman who became one of my best friends forever—Cheryl Brinkley, a spoken voice coach who had me sing in one of her repertoire theater productions.”

### A New Sherriff in Town

In 1991, when Arne Carlson began his first term as Minnesota governor, “things got tough,” Parker says. “The nursing home industry had pushed for new leadership in health care. The people put in charge of DHS had little experience. Maria and other department health policy experts were sidelined. They clearly wanted to change my role as well, dividing home care and nursing home services into separate divisions and offering me the home care side. I was told to make staff changes I felt would be disastrous to the progress we had made with HCBS. I said, no, we cannot do that, it needs to be a coordinated strategy. But I was forced to cut staff and I lost one of my best people. I couldn’t continue in that role under that kind of leadership. Luckily, I had kept a little job unfilled off to the side. So I went to the deputy commissioner, a good guy who was left over from the previous administration. I told him that I wanted a demotion—I said, ‘I want to go down to this lower level staff position to work on this new project we’d just initiated.’” Her demotion was approved. “So I took a substantial pay cut and moved to a tiny little office, and there I sat and they pretty much left me alone,” she says.

Around that time, Parker befriended a colleague of Dennis’s. “She was a psychic,” she says, “the kind of psychic police come asking about missing children. And she said to me then, ‘you are going to work on something cutting edge that will become a national model.’ She guided me when I thought all was lost.”

In his second term, Carlson ousted the people he’d put in charge of DHS. “That leadership had ignored Maria and her expertise,” Parker says. “They didn’t realize what was happening.” Nor did they expect what came next, when Carlson appointed Maria as the new Commissioner of Health and Human Services. “I’ll never forget it, the night Maria called me up and said, ‘Pam, I am the commissioner, I am the commissioner!’ I went dancing around the living room with the phone shouting, Maria is the commissioner, Maria is the commissioner!” It was the start of a new era at DHS.

**Watch for Part Three of “Pioneering Reformer Pamela Parker Reflects on the History of Long-term Care in Minnesota” in the fall edition of *Old News*.**

# The View from Here

## What Do We Do with a Problem Like Demography?



*Dr. Robert Kane  
Director, Center on Aging*

By now everyone knows the country is aging. Fewer people realize that the cohort just behind this older one is barely growing. This has several serious implications. First, there will be fewer workers to pay for social programs like Social Security and Medicare. Second, there will be a care gap. Third, there will be fewer workers to assist frail older people.

Many conferences are attempting to address this impending crisis. Too often, such forums focus on numbers instead of creative solutions. But the solution will not be found through trying to squeeze more blood out of the caregiving turnip. Instead, we need to view this situation as an opportunity to reinvent caregiving.

It is no secret that long-term care (LTC) workers are not happy. They are overworked and underpaid. They deserve more money, but society will never afford what they are worth. We need to find a way to make their work more satisfying.

Part of the answer may lie in the example of hospice care. Hospice workers deal daily with death, but they report great satisfaction with their work. Why? Because they have defined an achievable, socially valued role. Their goal is not to prevent death (or even keep people safe), but to make the end of life as meaningful as possible. And they do!

We need to redefine LTC and the roles of LTC workers. Their prime directive should likewise be to make the lives of frail older people meaningful and comfortable. While we would never condone bedsores or abuse, their absence does not define successful LTC. Our care goals need to be more than the absence of bad events.

Likewise, living a fuller life may mean taking some risks. Many older people would happily risk falls if they could walk. Most would choose to eat foods they like even if doing so threatened glucose control or even aspiration. Once we redefine the goal as a better life, our priorities shift. Even more important, so do the priorities of the older people needing care.

Shifting the focus of care offers new opportunities for creativity. We recognize that LTC is really an extension of family care. We may not need as many professionals, each with their area of expertise. Dietetics gives way to culinary skill. Physical therapy becomes normal activity. Nursing assumes a supporting role, not a dominant one.

We need to rename LTC caregivers as life enhancers. We need to re-examine our approach to training. The traditional *pâté de foie gras* method of force feeding training (with little retention) should give way to new approaches that use information technology to help structure and guide care. Perhaps we should learn from the old Reader's Digest approach to increasing your word power by learning new word each day. Rather than trying to cram a lot of information into a single session, we might provide an actionable fact each day to all workers on their IT tablets and ask them to implement it. The tablet could even record their experience.

Ultimately we will need to demonstrate that such care makes a difference. We need to create measures and metrics that reflect the new goals of care. Are recipients and their families happier? Do they feel the care responds to their needs and wants? Is the rate of decline in quality of life slowing compared to traditional care? Even the rate of physical decline may slow; ironically people on hospice care live longer than those not receiving such care.

Once we have evidence that good LTC makes a difference, we can garner public support to invest in it. Then workers may finally get the salaries they deserve and more will be attracted to this important work.

## Evidence in Aging Group Will Present Results at Gerontological Society of America

About a dozen students from a variety of disciplines have been participating in the Evidence in Aging project led by Robert Kane, director of the Center on Aging and Rosalie Kane, professor in the School of Public Health. The group, comprising mostly PhD students but also some in the Master's program, has been examining how evidence is viewed by different disciplines involved in aging, how the evidence is used, and how it might be improved. Under Dr. Kane's leadership, students developed an interview protocol which they then used to interview

faculty at the University of Minnesota. The study results will be presented in a symposium at the Gerontological Society of America (GSA) conference in November.

The Evidence in Aging project is an offshoot of the Aging Studies Interdisciplinary Graduate Group (ASIGG) sponsored by the University of Minnesota Graduate School. ASIGG was formed to promote critical engagement with a variety of complex problems related to aging. ASIGG, co-directed with Kane by Jean Wyman

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of the School of Nursing, offers a forum where graduate and professional students from different disciplines can think more deeply about issues related to aging and develop new skills for working together on these issues. About 25 students from across the University have participated in ASIGG.

“The Evidence in Aging project has been a good opportunity to expand our network within the University,” says Eric Jutkowitz, PhD student and group member. “We’ve conducted about 70 interviews in total, and some of these interviews gave us a chance to meet with faculty we would never have met otherwise. This work is especially gratifying because we have something concrete to show for it.”

PhD student Mary Whipple also found the project extremely valuable. “It gave me the opportunity to meet faculty in gerontology in a wide variety of disciplines across the University. It also provided a unique opportunity to think about what constitutes evidence in aging research and what characteristics make evidence more or less convincing.”

Anne Jensen, also a PhD student, says she found it interesting that some themes that emerged were not aging-specific, but rather related to factors that influence research and academics as a whole—such as exaggerated findings, funding allocation, politics, and industry trends. “Most of the respondents expressed a need to filter articles in journals they encountered by the motives that could have precipitated the publication itself. I found that very interesting,” Jensen says. “The fact that my respondents were so quick to acknowledge the shortcomings of the academic system significantly increased my perception of their integrity.”

In addition to the project’s mission of providing opportunities for students—to participate directly in aging research, collect data, conduct research interviews, network, learn about other people’s aging-focused research in different disciplines, and build resumes—the overarching aim of the research was to determine two things:

1. What kind of and how much evidence on questions related to aging is available to researchers in various disciplines?
2. How do attitudes about evidence and what constitutes credible evidence differ by discipline—for example, people who conduct bench science and people who study economics?

Although the interview data is being analyzed, results are preliminary and not yet clear. “We are already working on research papers where students can use the data to address various topics,” says Heather Davila, group member and PhD student. “One immediate finding is that a lot of people we interviewed said there was a lack of clear evidence in their field related to aging.”

“In the future we want to make some kind of inference,” says Jutkowitz. “We want to summarize how views about evidence differ across disciplines and speculate about what that means in terms of generating evidence and what we know about issues related to aging.”

The next stage of this work is already underway. The group is surveying members of the editorial boards of the seven journals sponsored by GSA to explore their views of evidence on aging issues. The results of that study will be presented at another symposium at the GSA meeting.

## News, Notes, and Notable Achievements

### U of M Doctoral Student Awarded Prestigious Scholarships for Aging Studies



Jessica Finlay

often discussed with little consideration of actual ‘place.’ Her research addresses this critical gap by focusing explicitly on physical and social environments that matter to those who are aging in place.

Doctoral candidate Jessica Finlay has been awarded a 2016 Doctoral Dissertation Research Improvement Grant to continue her aging in place research across the Minneapolis metropolitan area. Aging in place represents a popular and widespread goal of service providers and policymakers, but remains an ambiguous concept. Finlay points out that aging in place is

As an interdisciplinary scholar in geography and gerontology, Finlay investigates how the built environment affects health and wellbeing in later life. Her research has a strong focus on underrepresented low-income and minority seniors, and seeks to advance strategies for healthy and inclusive lifelong communities. In recognition of her efforts and scholarly achievement, Finlay also received the 2016-’17 Philanthropic Educational Organization Scholar Award as well as the 2016-’17 Gerald Bloedow Scholarship from the Minnesota Gerontological Society.

#### **In Memoriam: Lynne Morishita**

Lynne Morishita, RN, MSN, geriatric nurse practitioner, died at age 64 on April 2, 2016 after a courageous three-year journey living with ALS. From 1993 – 1997, she served as an instructor in the Department of Family Practice and Community Health at the University of Minnesota. Morishita’s programs and projects have helped to define how to best coordinate care for

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medically complex older populations, and have advanced the role of interdisciplinary teams. She received many honors and awards for her work across fields, including a UCLA/USC Long-term Care Gerontology Center fellowship, Outstanding Woman Employee at National Medical Enterprises, Alzheimer's Association Community Service Award, the Jewish Home for the Aging Award for Geriatric Nursing, a Gerontological Society of America fellowship. She was a member of the Gerontological Society of America, American Geriatrics Society, American Society of Aging, American Nurses Association, Minnesota Nurses Association, and

the Minnesota Geriatrics Society. Please consider a donation in Lynne's name to: Planned Parenthood, the American Refugee Committee, or the Health in Aging Foundation of the AGS.

### School of Public Health to Form Aging Task Force

The University of Minnesota, School of Public Health has formed a new task force on aging, called "Strategic Planning Around Aging. A second project related to aging is being planned for the academic health center. More information on both projects will be available in the fall 2016 issue of *Old News*.

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.

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## Happenings

### Geriatric Orthopedic Fracture Conference

#### "Our Patients: New Models of Care"

Thursday and Friday, December 1-2, 2016

St. Paul Hotel, St. Paul, MN

Register by November 14, 2016 at [www.cme.umn.edu/geriatric](http://www.cme.umn.edu/geriatric)

*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.*