

engage

A COVID-19 Resource Guide for Older Adult Service Providers

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LeadingAge California has represented nonprofit senior living and service providers since 1961. Each year, the association continues to serve, inspire and advocate for our members through multiple channels, providing members with the tools they need to carry out their missions. As the champion of aging services in the state, the association prides itself on its deep relationships both in the Capitol and among its members. The association's advocacy, educational programs and public relations help its members serve the needs of more than 120,000 of the state's older adults. Representing nearly 700 members focused on senior living and care – including affordable housing, life plan communities, assisted living, skilled nursing, home- and community-based care and business partners and residents, LeadingAge California spans the full continuum of care. Whether working behind the scenes, testifying at public hearings, building coalitions, visiting member communities or visiting with elected officials, LeadingAge California actively works to create system changes through advocacy that strengthens members' viability and supports innovations in the delivery of aging services.

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OUR STRATEGIC GOALS & OBJECTIVES

#1 LEAD PUBLIC POLICY

#1 MEMBER PRIORITY



LTSS FINANCING



AFFORDABLE SENIOR HOUSING



WORKFORCE

#2 ADVANCE 21ST CENTURY LEADERSHIP & EDUCATION



MEMBER FOCUSED



ACCESSIBLE



TIMELY CONTENT

#3 GROW THE WORKFORCE



1.2 million paid
caregivers
needed by
2026¹



2.5 million
LTSS workers
by **2030²**

INCREASE OF 41%

100%

#4 FOSTER INNOVATION

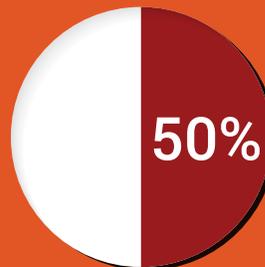


**NEW
TECHNOLOGY**



**NEW CARE
DELIVERY MODELS**

#5 ELEVATE PUBLIC AWARENESS



65+
years old

will need Assistance
with Basic Activities³

¹ U.S. Bureau of Labor Statistics, 9/2018: <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

² LeadingAge Workforce Center, <https://leadingageca.app.box.com/file/296739810045>

³ A New Vision for LTSS, http://www.leadingage.org/sites/default/files/A%20New%20Vision%20for%20Long-Term%20Services%20and%20Supports_FINAL.pdf

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FROM THE CEO

COVID-19 has turned us upside down in so many ways. Working ‘with’ new rules, leniencies, funding sources, temporary guidelines, testing confusion, hoping that this will end sooner rather than later. We are also working ‘without’ sufficient PPE, without staff, and with uncertainties about the impact on our communities and residents in the near and long term, headline news, sickness and death. In a time of crisis, your best leadership strengths exhibit — your behaviors, your quick action, your ability to balance ‘with’ and ‘without’, and your focus on the future of your community and residents.

I am awed by the work of our communities, your concerns for your residents and workers, your stories of success under pressure. And we know that many of you are straddling the dock and the boat. Working to stay the course, while strategizing for an uncertain future. Perhaps this is a time where we will begin to reimagine housing, care and services for older adults.

And such re-imagining is being noticed in what now have become everyday conversations, every day media posts, and everyday policy discussions. This is the time for older adults in our state, and across the country. The needs of older people are being recognized on every level — from equity, to social isolation, to needs for caregivers, to appropriate housing. In these and many other areas, LeadingAge California has your back — demanding at the highest levels of our state government on behalf of your communities; raising awareness in every conversation about the needs of older adults in our state, the challenges you have in all levels of housing, care and service delivery, the demands you have to be a first-responder while so many overlooked your organization in the distribution line; advocating for leniencies so you could get staff more quickly trained and deployed to your settings; finding funding that has been redirected on your behalf; getting action for rural and urban providers; and not stopping.

We are now poised to turn this challenge into success for our future. For COVID-19 is just one of many disasters our state will confront, and we will be better prepared through data-driven decisions about staff deployment, renewed training, emergency preparedness, and reducing other barriers for housing, care and service providers to succeed.



JEANNEE PARKER MARTIN

President and CEO

FOOD SECURITY

FEEDING OLDER ADULTS DURING STAY-AT-HOME

COVID-19 has made securing safe and nutritious food an issue for low-income older adults across the country, many of whom are in a high risk category due to underlying health issues. Those older adults without internet access or with limited English and technology skills may struggle to access adequate nutrition and navigate the burgeoning online world of food delivery services.

KEIRO SENIOR HEALTHCARE

COMMUNITY SERVICES, LOS ANGELES, CA

L.A.'s historic Little Tokyo is home to hundreds of low-income older adults, many considered high risk for COVID-19.

THE CHALLENGE

Local organizations took notice as residents continued to frequent local grocery stores and restaurants even after the shelter-in-place order took effect. "Many of their meal programs have been altered during this crisis," said Brandon Masashige Leong, Director of Development and Communications for Keiro, a Southern California organization which provides programs and services for Japanese older adults. "We wanted to help prevent them from having to go out shopping and putting themselves at risk."

Keiro teamed up with local nonprofits Little Tokyo Service Center and Little Tokyo Community Council to create a new emergency meal delivery program for their community's most vulnerable seniors.

Several family-owned restaurants in the neighborhood, many hit hard by COVID-19, have been enlisted to prepare the meals on a rotating basis. "The program provides the funding and the restaurants are responsible for preparing the meals," said Leong. By having the restaurants handle the packaging process, he explained, "it also reduces the need for volunteers and reduces the number of people handling the food."

The menu itself is focused on traditional Japanese meals. "Donburi (rice bowls), noodle dishes," said Leong. "We felt it was a priority to provide culturally-sensitive meals in order to create the least disruption for these older adults."

When the food gets home, how do you make sure it's safe to open and eat? Keiro answers this question with their



recently launched online curriculum that teaches older adults timely skills like how to use meal delivery apps, how to sanitize delivery items, and ways to acquire basic necessities. Seniors without Internet access can still listen to the webinars with an "audio only" feature.

Keiro continues to work with some of the community partners in their network by launching traditional "phone trees" to keep people engaged and encouraging younger individuals to connect with parents, grandparents, and neighbors to help them cope with the situation.

Leong stresses the importance of partnerships and community ties as residents, providers and businesses adapt to the new normal. "Collaboration is key," he said. "Even working with organizations or businesses that we may not have



ever thought to work with before. Everyone is struggling right now, in many ways, but it is also a time to think creatively and truly work with partners to weather this crisis together.”

THE SOLUTION

COVID-19 will continue to impact nutrition programs for many older adults and increase the demand for home-delivered meals. In late March the President signed the Coronavirus Aid, Relief and Economic Security (CARES) Act, which provides additional funding for congregate and home-delivered nutrition services and expands the definition of “homebound” to clarify that older adults who choose to stay home are eligible to receive services. Through a question and answer session with Darrick Lam, President and CEO, ACC Care Center and ACC Greenhaven Terrace in Sacramento, California, we cover how programs like this are instrumental in helping to provide food security to those who need it.

How is COVID-19 impacting ACC’s Meals on Wheels?

Meals on Wheels by ACC has asked all volunteers including those 65 and over to stay home, so that we can adhere to social distancing guidelines and directives from Sacramento County public health officials. At this time, meals are being delivered by both staff from Meals on Wheels as well as ACC Rides, which is ACC’s transportation program.

Can you describe major challenges you’re experiencing, and how staff is working around these challenges?

There are shortages right now and everyone is scrambling. But I think it’s a blessing how the city of Sacramento has stepped up. We recently signed a contract to serve as a fiscal agent for a new program called the City’s Daily Meals Program, in partnership with city of Sacramento and several local restaurants who will cater and deliver the meals. A total of 5,800 meals will be provided for about 725 residents per week at 11 different properties under the Sacramento Housing Redevelopment Agency.

Have food shortages been an issue for anyone within your program as of late?

We are trying our very best to determine needs. We are also working along with other providers. Sacramento Mayor Darrell Steinberg created the Food Access Coordination Workgroup in March of 2020 to help our vulnerable populations in Sacramento amid the COVID-19 pandemic. Through this effort we’ll be working to solve these issues collectively rather than individually.

What would you propose as a solution moving forward?

I think the approach the City is taking with the Food Access Coordination Workgroup should continue. Hopefully we’ll have stronger leadership at the national level, and the foresight to be more prepared instead of redirecting critical resources to other areas. This is a wakeup call, so everyone at the local, state and national level should be paying attention.

SOCIAL ISOLATION

REMOTE VOLUNTEER TRAINING AND PHONE SUPPORT

In his Spring 2018 article in Engage Magazine, Institute on Aging's Dr. Patrick Arbore described social isolation as a public health problem with damages compared in scale to cigarette smoking. With COVID-19 keeping seniors indoors and primarily homebound during stay-at-home, some older adults may be more impacted by the negative physical and emotional health effects of isolation, especially without an emotional support system.

INSTITUTE ON AGING

COMMUNITY SERVICES, SAN FRANCISCO, CA

The Institute on Aging's (IOA) Friendship Line is a crisis line designed for older adults, people with disabilities and caregivers. Trained volunteers and staff provide grief support, suicide intervention, emotional support, active suicide intervention, information and referrals. IOA's Vice President of Strategic Partnerships Preston Burnes discussed their experience adapting to the lockdown.

THE CHALLENGE

"The most significant impact has been that we were forced to move to a mostly remote staffing and volunteer system very rapidly for everyone's safety," said Burnes. Throughout the program's history, Friendship Line has operated from IOA's San Francisco headquarters to be more accessible to their volunteer community. As circumstances with COVID-19 began to change quickly, "it meant turning on a dime to move almost everyone to remote within one week in March, shifting our call center system structure, ensuring our team had the necessary technology and switching our management structure to supervision and support from a distance," said Burnes. "But it also allowed us to leverage a broader pool of volunteers and staff down the road and ensure we are leveraging best in class technology solutions."

43%
of Older Adults
FEEL LONELY
and Experience a
45%
Higher Rate of Mortality

<https://www.hrsa.gov/eneews/past-issues/2019/january-17/loneliness-epidemic>

As staff, volunteers and those calling into the Friendship Line find themselves experiencing many of the same emotions, "Our hope is that by listening and connecting, we can reduce some of the negative feelings arising during this time and give callers a boost as they deal with the challenges they are now facing each day," said Burnes.

THE SOLUTION

by **PATRICK ARBORE, FOUNDER AND DIRECTOR, CENTER FOR ELDERLY SUICIDE PREVENTION AND GRIEF-RELATED SERVICES, INSTITUTE ON AGING**

For the future, the program is embracing opportunities for growth by building partnerships with "benefactors, health payors and government agencies," said Burnes. "Our hope is that those partnerships will provide us the fuel necessary to both build out our systems and our team. We are also partnering with Dr. Carla Perissinotto's Gerontology team at UC San Francisco to study the impacts of interventions like the Friendship Line during a time of crisis."



The emotions described by our phone clients now include increases in anxiety, fear, and uncertainty. Underlying these challenging emotions is strong feeling of loss. Our lonely clients are feeling scared about a future that they haven't truly experienced yet. The training for volunteers and staff is changing to strengthen our capacity to respond compassionately to the impact of a changing world on the lives of our callers. This COVID-19 crisis reminds me of the philosophy upon which Friendship Line was based: "Connections with others bind us to life." I believe in the power of connections today even more than I did in 1973. The "solution" lies in our willingness to connect with one another.

Institute on Aging and the California Department of Aging have partnered to expand Friendship Line's ability to accept calls from all 58 counties across California. Call Friendship Line California at 1 (888) 670-1360.

1 IN 27
CALIFORNIANS
Over 60 Live Alone
And Nearly
HALF A MILLION
Are Rurally Isolated

Source: <https://www.engageca.org/the-master-plan-english>

PERSONAL PROTECTIVE EQUIPMENT

WORKING TOGETHER THROUGH PPE SHORTAGE

Since the COVID-19 pandemic began, news of personal protective equipment (PPE) shortages across the country has been on the rise, with fears of hospitals being overwhelmed and stories of healthcare workers risking their own lives to continue caring for patients. Senior care providers across the country face the unthinkable prospect of draining their equipment reserves if shortages continue.

EPISCOPAL COMMUNITIES AND SERVICES MONROVIA, CA

“We had some PPE supplies in reserve to meet our usual demand,” said Terry Quigley, Senior Vice President of Operations of Episcopal Communities and Services. However, the situation changed quickly with COVID-19.

THE CHALLENGE

Supply lines quickly ran dry by early March and ECS’s three communities were put on backorder for all necessary PPE. “Surgical masks, N95s, gowns, eye shields,” said Quigley. “Most of those allocations never materialized and orders were cancelled without notice. It was difficult to know how demand would increase, and there were no identifiable or credible sources for these supplies,” she said. State and county resources were difficult to assess and, said Quigley, only one of ECS’s three communities received any significant supplies through these channels.

The ingenuity and perseverance of the ECS team led to them developing a network of community ties that have been essential in getting residents and staff through the crisis. “We’ve received donations of surgical masks from local pharmacies and businesses. Our residents have also reached out to their network to help us find eye shields and gowns,” said Quigley. “The medical supply provider pipeline is still very slow at best,” she said. But with the

help of their partners, they’ve been fortunate to be able to access much of what was needed. “Morrison Living has been a valued partner — they’ve connected us with their sources, which has helped fill the gap — particularly with surgical masks. We’ve also found products like jumpsuits typically used for painters as an alternative for gowns,” she said.

THE SOLUTION

For the future, Quigley suggests creating a dedicated hotline or webpage with vetted sources from local health authorities or professional associations. “There are many lessons to be learned as we look back regarding this issue,” she said. “At a national, state and local level, communication regarding supplies was inconsistent and didn’t provide us with expected quantities that would be available.”



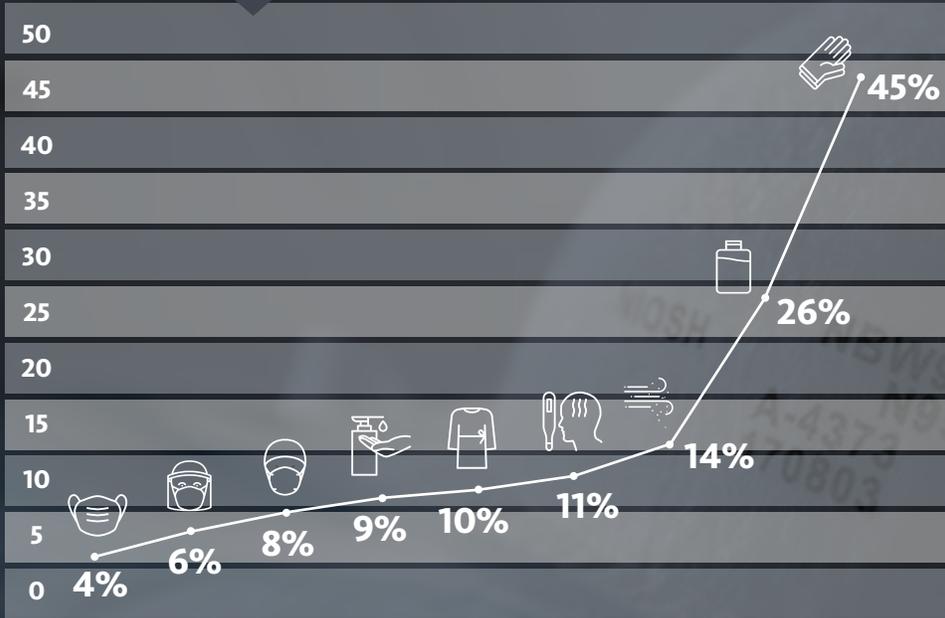


PPE AVAILABILITY SURVEY RESULTS



Percentages of respondents experiencing equipment that is still in stock as of survey

Percentages of respondents experiencing either limited stock or out of stock and back ordered equipment*



* Combined respondent totals for some PPE in these graphs may exceed 100% as members were given the option of selecting more than one response.

Movements around the country to generate more lifesaving protective equipment for healthcare workers have propelled innovations in PPE-related technology forward. Ohio-based nonprofit research organization Battelle Memorial Institute has developed the Critical Care Decontamination System (CCDS), which has the capacity to process up to 80,000 masks per day, allowing them to be reused.

The organization received emergency use authorization from the FDA in March, and by April signed a \$415 million contract with the Pentagon to produce 60 units. The Pentagon announced in a statement that all systems, “will be available by early May for prioritization and distribution by FEMA and HHS,” the statement reads. “Once all are delivered, these 60 units will allow 4.8 million masks to be sterilized per day, almost 34 million per week.”

The California Governor’s Office of Emergency Services (OES) announced at a press conference in mid-April

that the state is working with Battelle to deploy their decontamination systems in California, which should help alleviate mask shortages for healthcare and other essential workers throughout the state.

SOURCES

“This Nonprofit Helped Invent Compact Disks and Bar-codes. Now It Can Decontaminate Millions of N95 Masks” TIME, April 15, 2020 — <http://lcal.org/time-041520>

DOD Contract for 60 N95 Critical Care Decontamination Units: \$415M Contract, Each Unit Can Decontaminate 80K N95 Masks Per Day. U.S. Department of Defense press Release, April 13, 2020 — <http://lcal.org/dod-041320>

CDPH, All-Facilities Letter (AFL), April 11, 2020 — <http://lcal.org/cdph-041120>

COMMUNICATIONS & TECHNOLOGY

KEEPING RESIDENTS CONNECTED DURING CRISIS

Providers and affordable housing communities must be able to disseminate information to residents quickly and efficiently during a crisis, across multiple language needs and levels of comfort and access to technology. However, many low-income seniors don't have broadband or mobile internet access, and this type of technology can be a lifeline during an emergency, keeping them connected to their community and essential services.

TELACU

AFFORDABLE HOUSING, LOS ANGELES

Across 52 affordable housing communities (30 in Los Angeles County), TELACU houses a diverse population of older adults that speak a variety of Spanish, Chinese and Korean. During stay-at-home, both residents and staff have missed the face-to-face interactions that often allowed for easier communication around daily tasks.

THE CHALLENGE

“Receiving documents for the Annual Recertification has been kind of difficult. The residents don't want to leave their homes,” said one Service Coordinator. “One challenge has been finding resources for them so they don't have to leave their home and increase their chances of exposure to COVID-19,” said another.

“When a notification goes out to residents, TELACU's system is typically a three-point process,” said TELACU Vice President of Field Operations Yuri Escandon. A message is sent through One Call Now, a platform that allows staff to send voice mail messages to residents in a number of different languages. “This is followed by a phone call from the Resident Services Coordinator, then an email, and then the first step is repeated in two days,” he said.

However, sometimes language barriers make it difficult to reach some residents and their family members via phone. Some residents are also afraid to pick up calls from certain area codes because they're wary of financial scams and telemarketers.

Staff has worked around these challenges by checking on residents daily, keeping in close communication with one another and by tapping into their creative skills. “I've taken pictures of resources and sent them to those seniors that have a smart phone or email,” said one team member. “Then they're able to share those resources with their friends via phone or text in their native language.”

Everyone agrees technology is key. “Anything we can do to get the message out with limited contact,” said Escandon. Service Coordinators were enthusiastic about implementing classes in the future so residents can learn how to access voice mail on their phones, download apps, and use FaceTime to chat with friends and family.



400,000
Older Californians
Who Live Alone
Lack Internet Access

<https://www.ppic.org/blog/californias-most-vulnerable-seniors/>

TELACU has established a Task Force comprised of the organization's strong leaders with “in the trenches” expertise as they work through this critical time. “We are grateful to Dr. Michael Lizárraga, our President and CEO, for implementing this Task Force as well as TELACU Residential Management President Jasmine Borrego for supporting this need,” said Escandon.



1.2 Million Older Californians Speak Only Some or No English

<https://www.ppic.org/blog/communicating-to-californias-seniors-about-coronavirus/>

THE SOLUTION

by JULIANA BILOWICH, DIRECTOR,
HOUSING OPERATIONS AND POLICY, LEADINGAGE

Even as we stay safely apart throughout the current crisis, staying connected is essential, especially for older adults. Most affordable senior housing communities lack site-wide WiFi, and many low-income older adults go without internet access in their apartments, which increases their risk of isolation and loneliness.

The COVID-19 crisis highlights the steep tech and internet barriers for older adults in HUD-assisted housing: Installing internet capabilities for apartment complexes is out of reach for most affordable housing providers operating on shoe-string budgets; even with infrastructure in place in some HUD communities, service costs can be unmanageable for many low-income older adults on fixed incomes.

Connectivity can mean overcoming isolation by connecting with friends and family; it can also mean access to essential services and needs for daily life, like medical appointments

made through telehealth platforms. Without internet connectivity, property staff or service coordinators may not be able to use technology to overcome language barriers, distribute critical information about an emergency situation or available resources, or engage residents who become deeply isolated.

Staying Connected Is Essential, Especially For Older Adults

The more COVID-19 highlights the value of connectivity, the more it reveals the gaps in our systems for staying connected — both during the current crisis and beyond. LeadingAge is asking Congress to approve \$50 million to help affordable housing communities across the country install WiFi capability and provide initial internet service for residents. To support LeadingAge's connectivity proposal, educate your lawmakers so they know about the senior connectivity gap, and ask them to support funding for internet infrastructure in federally-assisted senior housing.

ACCESS TO WELLNESS CHECKS

TELEHEALTH AND MOBILE CLINICS

After the stay-at-home order took effect in California, staff at St. Paul's PACE Center in San Diego needed to continue monitoring the physical and emotional needs of almost 1,000 seniors currently enrolled in the program, many of whom visit their day centers for socialization, hot meals, activities, physical therapy and medical visits.

ST. PAUL'S SENIOR HOMES AND SERVICES SAN DIEGO AND CHULA VISTA, CA

St. Paul's PACE has three medical clinics and day centers in San Diego, so typically their transportation service picks up seniors from their homes and brings them into the day centers or clinics. "We had started a telehealth program on a much smaller scale prior to COVID," said Cheryl Wilson, CEO of St. Paul's Senior Homes and Services. As the situation began to change with COVID-19, their team worked quickly to ramp up the program. The IT and medical team compiled an equipment list for the program to include all sites, staff were trained and the entire expansion happened within a week.

THE CHALLENGE

From there, home care workers received iPad devices to continue helping seniors with medication management physical therapy exercises, diabetes management, blood pressure checks and wound care. "Home care workers might go to the home to clean and dress a wound, and take that opportunity to use the iPad to show the wound to the doctor who is back in the clinic," said Wilson. "Because our seniors know our doctors, it's very reassuring for them to be able to see them on the iPads for that discussion." Mental health providers and social workers also continue to stay in touch with seniors through telehealth. "We're just trying to keep people engaged and make sure they know we're here for them," said Wilson.

For those seniors who actually need to see a doctor in person, staff got innovative. "Our staff outfitted several of our regular support vans with all the supplies, privacy curtains, and medical devices that they would need, and they're calling them our "roving clinics," said Wilson. Staff will visit a senior's home along with a nurse practitioner, physician's assistant or physician and bring the person into the van to be treated. Following treatment, the resident is assisted back into their home and the van is sanitized. "It's working out really well," said Wilson. "I'm so impressed by the creativity of our staff in doing this and making it work."

THE SOLUTION

by MAJD ALWAN, PH.D.

LeadingAge and CAST have always believed in the benefits and value of telehealth for older adults, regardless of the care setting, the geography, and modality of telehealth. During the pandemic, telehealth emerged as a viable option to safely access many healthcare services, from a quick virtual visit with the doctor, to a teleconsultation with a specialist, to chronic disease management at home, to even remote emergency triage of individuals to eliminate unnecessary exposure to COVID-19 in an overwhelmed ER or a hospital. With a blanket emergency use waiver, CMS removed many of the geographic, originating site, telehealth modality and type of service restrictions. To help you understand the flexibilities, LeadingAge produced a QuickCast providing an overview of the flexibilities most relevant to aging services providers and the older adults you serve, highlighting a unique funding opportunity, and giving you setting-specific advice (<https://learninghub.leadingage.org/courses/telehealth-telemedicine-and-remote-patient-monitoring>). Those interested in selecting and implementing telehealth will find the Telehealth and Remote Patient Monitoring Portfolio of tools extremely helpful (<https://leadingage.org/telehealth-and-rpm-selection-tool>).

LeadingAge California iNSPIRE Project

Improving the Lives of CA Skilled Nursing Home Residents Through Technology

The California Department of Public Health has awarded a grant of \$2.6 million to the LeadingAge California Foundation to implement the iN2L engagement technology program in skilled nursing facilities across the state. This project is the first of its kind in California.

The iNSPIRE Project provides skilled nursing facilities with iN2L engagement technology, which offers thousands of technology-based experiences aimed at improving quality of life, reducing antipsychotic drug use, providing stress relief, and much more.

The three-year project will support a study including 30 residents at 60 skilled nursing facilities for a total of 1,800 study participants and includes an evaluation to determine changes over time.

The iNSPIRE project will evaluate improvement in quality of care and quality of life through two clear and measurable objectives:

- Reduce antipsychotic use by twenty percent (20%)
- Increase participation in person-centered activities by twenty percent (20%)

At No Cost, Participating SNFs Receive:

- One iN2L Mobile FLEX system, a 23" touch screen computer on a motorized, height-adjustable cart with an articulating arm
- Three iN2L tablets
- Engagement package including drive simulator, bike simulator, and flight simulator
- 24-month subscriptions for the iN2L Mobile FLEX and tablets
- An onsite iN2L Program Launch/Implementation session, including system installation and project rollout
- Onsite Competency Building training to ensure program sustainability
- iN2L training and content update webinars throughout the duration of the project



“

Through the implementation of iN2L's person-centered engagement, the project will connect and engage older adults with the world around them.

*– Jeannee Parker Martin
President & CEO, LeadingAge CA*



Interested in joining the iNSPIRE Project?

Contact Amanda Davidson, Grant Manager

adavidson@leadingageca.org

916-469-3385

<http://leadingageca.org/inspire-grant>

THE ROAD AHEAD

HOW COVID-19 AND TECHNOLOGY WILL RESHAPE OUR FUTURE

by MAJD ALWAN, PH.D., SENIOR VP OF TECHNOLOGY AND BUSINESS STRATEGY, EXECUTIVE DIRECTOR OF THE LEADINGAGE CENTER FOR AGING SERVICES TECHNOLOGIES (CAST)

The recent COVID-19 pandemic, which disproportionately impacted the older, frailer, and other vulnerable populations that LeadingAge members in California and across the nation care for, has had a significant impact on provider members, caregivers, families, our strained healthcare systems, the economy, and even the environment across the globe.

While most of the impacts we've been seeing were negative, even catastrophic, we have witnessed some needed and long-awaited changes that have been accelerated as a byproduct of our response to this global pandemic; some of these changes, especially with respect to the use of technology, would most likely reshape our future. In what follows I will try to reflect on some of the longer-term changes that are likely to remain in place, and their implications on aging services and potentially other sectors.

INTERNET CONNECTIVITY

In response to the shut-down of business offices, telework, social distancing, quarantine, no visitation, and limited

socialization opportunities, Internet connectivity all of a sudden became the most efficient and safest way to have meetings, conduct business, and keep some parts of the economy running. Of course, that was not a stretch for most companies in the information and technology economy sectors, but even the most anti-telework/telecommuting corporations found themselves embracing this option. Many businesses have had to move software to the cloud and adopt video conferencing, virtualization, virtual private networks (VPNs), two-factor authentication and remote support capabilities for their staff and clients.

SOCIAL CONNECTEDNESS AND ENGAGEMENT TECHNOLOGIES

Over the past couple of years, we have witnessed an explosion of intuitive, easy-to-use social connectedness technologies, including voice-controlled devices and interfaces. These technologies were already gaining popularity, and were adopted by nearly half of the larger providers, even before the COVID-19 pandemic. Since the pandemic, we've noticed a significant increase in interest from aging services providers, caregivers, consumers, and others in these technologies to compensate for shelter in place, prohibition of visitations, and quarantine and to keep older adults who were cut off from their friends and families connected and engaged.

In response to the increased interest, LeadingAge CAST produced a QuickCast (<https://learninghub.leadingage.org/learn/video/supporting-social-connectedness-through-technology>) to complement our Social Connectedness and Engagement Portfolio of Tools (<https://leadingage.org/social-connectedness-and-engagement-technology-tool>).

IMPLICATIONS BEYOND THE CURRENT PANDEMIC

In a very short time span, the pandemic has shown us that telecommuting, telehealth and distance learning are all



76%

*of US Hospitals rely on
telehealth to connect
practitioners to patients*

SOURCE: American Hospital Association (2019)
<https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf>

viable, efficient and cost-effective options. It has taught us that not all travel is as essential as we used to believe. It has taught us that we can adapt and that such adaptation can have some positive side effects — just look at how reducing travel has had a positive impact on the environment. We've also come to realize that the Internet is an essential utility, just like water, sewer, and electricity, and that connectivity should be a right for all citizens in this day and age, regardless of socio-economic status. Finally, we've come to realize that expensive commercial real estate in downtown major cities is over-rated, and we can reconsider our previous approaches to urban planning — including parking spaces.

Moving forward, I believe we will see business more broadly accept telework where possible in our society. Consequently, we will experience less travel, congestions, and pollution. We will likely see more and more online learning, training and virtual events. Now that the telehealth genie is out of the bottle, it won't be returning to the previous constrictive position it was in before this pandemic. However, businesses, including aging service providers, need to invest in improving their remote work capabilities from the IT infrastructure from redundant connectivity, to back-up and recovery, security, and remote support. Moreover, as a country, we will need to invest in our telecommunications infrastructure to ensure that it is not only available ubiquitously, and capable of handling the demand, but also future-proofed and affordable to all citizens.

Visit **LeadingAge CAST** at www.leadingage.org/cast



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INSURANCE AND LIABILITY

RESPONDING TO COVID-19 AT YOUR SENIOR LIVING FACILITY

Every industry has been impacted by the spread of COVID-19, and concern over its growing potential to impact senior living resident and employee well-being is no exception. In fact, the employees and healthcare professionals working at these facilities are often on the frontlines. They are working tirelessly to ensure proper protective measures to social distance, monitor and protect high-risk residents.

GALLAGHER

INSURANCE, RISK MANAGEMENT, CONSULTING,
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It is recommended that communities review and enhance their infection prevention and control policies in conjunction with the CDC's latest recommendations on infection control. Communities across the country have responded with restrictions on visitors, volunteers and nonessential personnel. They have canceled communal dining and group activities. They have implemented active screening of residents, staff and healthcare personnel for fever and respiratory symptoms.

Because COVID-19 affects the aging population at a higher and more severe rate, a careful review of your insurance coverage and evolving risk is critical to organizational wellbeing. While specific policies for business loss due to a pandemic are uncommon, you should check with your insurance broker immediately to confirm what key coverages will be provided in a specific event.

KEY COVERAGES TO REVIEW WITH YOUR INSURER AND BROKER INCLUDE:

WORKERS' COMPENSATION POLICY

Compensability for workers' compensation will truly come down to whether the disease/illness is considered occupational. In order for it to be compensable, the disease would have to be contracted during the course of employment and due

to conditions specific to the employees' work. Various statutory intricacies will also come into play depending on the particular state where your business operates.

GENERAL & PROFESSIONAL LIABILITY INSURANCE

General liability policies provide coverage for injury to persons (other than your employees) and damage to property of a third party for which you are legally liable. Liability for such injury or damage involving COVID-19 or a similar health emergency will arise chiefly out of a failure to protect others and their property against exposure to infection. Many general liability policies have exclusions that could preclude coverage for this kind of infection. Careful examination of the policy's coverage terms, conditions and exclusions will be necessary to determine if such a limitation applies to you.

PROPERTY/BUSINESS INTERRUPTION

Standard property policies require that physical loss or damage to covered property, by an insured peril, occur for coverage to trigger. Contamination of property at an insured's location may constitute physical loss or damage, but policy exclusions for pathogenic organisms, viruses, and disease- or illness-causing agents may restrict or exclude coverage. For business interruption coverage to trigger, the loss or damage must generally occur on the insured's premise. Limited available coverage for infectious or communicable disease is offered on some property forms, but they are likely sub-limited.

ENVIRONMENTAL INSURANCE

Environmental liability policy forms do not currently identify COVID-19 as a pollutant and do not specifically exclude it by name. Some policies, however, do contain communicable disease exclusions that preclude coverage when a disease is transmitted by personal contact. However, they do not exclude transmission of the disease caused by the environment within the insured site. If a "pollution event" has taken place, coverage may apply in cases of negligence or strict liability. In turn, negligence can be the failure to prevent the spread of the disease on your premises.

MANAGEMENT LIABILITY

Management Liability insurance is being evaluated on a case-by-case basis as the COVID-19 threat is monitored. Many companies have made disclosures that COVID-19 has caused disruptions in production, staffing and sales. Accordingly, we may begin seeing COVID-19-related D&O claims, specifically securities class actions by shareholders to the extent that these disclosures cause a stock drop (this applies only to publicly traded operators/REITs). This is an evolving risk that Gallagher continues to monitor through the CDC and the WHO. Please visit ajg.com/us/pandemic-preparedness for the latest information.

DISCLAIMER

Gallagher provides insurance, risk management and consultation services for our clients in response to both known and unknown risk exposures. When providing analysis and recommendations regarding potential insurance coverage, potential claims and/or operational strategy in response to national emergencies (including health crises), we do so from an insurance/risk management perspective, and offer

broad information about risk mitigation, loss control strategy and potential claim exposures. We have prepared this commentary and other news alerts for general informational purposes only and the material is not intended to be, nor should it be interpreted as, legal or client-specific risk management advice. General insurance descriptions contained herein do not include complete insurance policy definitions, terms and/or conditions, and should not be relied on for coverage interpretation. The information may not include current governmental or insurance developments, is provided without knowledge of the individual recipient's industry or specific business or coverage circumstances, and in no way reflects or promises to provide insurance coverage outcomes that only insurance carriers control.

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YOU CAN FIND GALLAGHER'S LATEST RESOURCES FOR THE CORONAVIRUS AT:

www.ajg.com/us/pandemic-preparedness

For more information, contact:

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EMOTIONAL WELL-BEING & WELLNESS

GIVE YOURSELF PERMISSION TO BREATHE

by LOLA RAIN, WISELY WELL-BEING ACADEMY

Every single day, as a caregiver to older adults, you face a challenge (or two or three or ten). More often than not, you prevail. But it doesn't always feel that way, does it? Burnout creeps up slowly and one day the fantasy of walking out the door begins to appear in your head. It plays like an epic Western — you walk towards the sunset while the fallout smolders behind you.

THIS IS A SIGN

Because you are dedicated, the stress at work likes to ride home with you at night. It sneaks into your purse or pocket, and it jumps out like a mischievous gremlin. Our families tend to not like the little stress devil we carry around on our shoulder, especially when it cries or screams, sleeps excessively or drinks a lot of alcohol.

We learned coping techniques as a child. Emotional outburst may serve children when they are hungry, tired or sad; however, our children, spouses, and co-workers don't appreciate when we are feeling overwhelmed and inadvertently take it out on them. People prefer to see us upbeat and smiling. How do we put on a happy face when we feel beat up and burnt out?

IT'S TIME FOR SELF-CARE

Stress has its place. It can motivate you, and it can also take you down — momentarily or long-term. To avoid being paralyzed or bulldozed by stress and other emotions, take care of yourself.

Yes, you know all about exercise and nutrition. But did you know a short pause could change the course of your day? It used to be known as the 15-minute break, where you actually took a break.

THE CAREGIVER CRISIS

- Nurses experience on-the-job violence more than any other profession. (Ontario Nursing Association)
- Nursing assistants are injured on the job more often than construction workers. (U.S. Dept. of Labor's Bureau of Labor Statistics)
- The stress scores of palliative care workers are higher than patients who are newly diagnosed with breast cancer. (Vachon, 1987)
- Almost half of doctors are burned out and a third are depressed. (Centor, Morrow, Poses 2012)
- Surgeons commit suicide at 1.5 to 3 times more often than the general population. (Shanafelt, Balch, 2011)
- Medical errors are now the third leading cause of death in the U.S. and burnout is a key factor. (BMJ: British Medical Journal, 2016)

Self-care is so much more important than it sounds, and it goes way beyond brushing your teeth and taking vitamins. It's learning to breathe.

RE-SET YOURSELF, OVER AND OVER AGAIN

What if I tell you there is an easy way to keep your brain fit, reduce brain fog, and give you more energy every day to tackle really tough situations? And there are no barriers. You already have access to the solution right now.

Here it is:

Close your door (optional). Sit quietly for a few minutes. Place your hands on your lap or by your side. Palms up. Close your eyes. Focus on your breath.

Inhale. Exhale. Inhale. Exhale. Slow it down. Inhale. Exhale. Repeat.

As the thoughts creep in and your eyes try to open, and you feel your hand reaching for your phone, just ask those thoughts to go away. After sitting still for a few minutes, say to yourself one thing you are thankful for. And if you are daring, say it out loud. “I am thankful for this chair. I am thankful for that door. I am thankful for my office manager. I am thankful for my receptionist. I am thankful for my neighbor.”

This is meditation. It’s not complicated. It doesn’t take a pair of \$99 yoga pants or a fancy water bottle. You don’t even have to leave your office. Try it in the car before you go into your house at night. Try it when you wake up in the morning. Try it while you sit on the commode. Try it when you feel that stress sneaking upon you.

REINVENT. PIVOT. IMPROVE YOURSELF.

If this sounds too complicated, yet you feel something festering inside, it is time to pivot. Many of the speakers at the recent ‘Our Time to Shine’ digital summit by Senior Living Foresight talked about having to overcome adversity in their careers and follow their hearts. Matt Paxton, PBS host of Legacy List, explained, “This is your time to go out and do something different.” Dr. Bill Thomas reinforced to the audience, “Life is messy, complicated and weird.” We all feel that way.

David Harry Stewart, founder of We Are Ageist illustrated people working hard at finding the best version of themselves. It takes a lot of work. It takes resilience. Mary Furlong, producer of the Silicon Valley Boomer Venture said, “You are going into the blue ocean water.” There is opportunity everywhere in the longevity economy, you don’t need to look too far.

You are not alone in your desire to do more, to be more. Give yourself permission to breathe.

LEADINGAGE CALIFORNIA LAUNCHES 'OXYGEN FOR CAREGIVERS' ON-DEMAND COURSE TO HELP CAREGIVERS

Delivering on the promise to advance 21st Century Leadership & Education, LeadingAge California announced in April the launch of a new on-demand learning approach to protecting caregivers against burnout, titled Oxygen for Caregivers.

Oxygen for Caregivers, as its title suggests, is designed to be a breath of fresh air for nurses, doctors, and allied health professionals, plus family caregivers and volunteers. Developed by the award-winning Adventures in Caring in Santa Barbara, it is a breakthrough in online education — it reduces stress as you learn.

The course is the result of ten years of multidisciplinary collaboration among expert caregivers in the Santa Barbara community. They discovered a simple, evidence-based way to build the skills that enable a person to move from suffering to well-being, and applied it to the biggest challenges facing caregivers today: burnout, compassion fatigue, and vicarious trauma. Many studies describe the impact of these problems but, for those on the front lines of healthcare, there are few viable solutions.

For more information, contact LeadingAge California’s Vice President of Education, Soua Vang at (916) 469-3367 or svang@leadingageca.org.

LIVE PRESENTATIONS AVAILABLE ON THE LEADINGAGE HUB AT LEADINGAGE.ORG

Ethical Dilemmas: Decision-Making in a Pandemic

May 14 at 2 p.m. ET – In this Virtual Session, Michael Gillette explores the simple and complex ethical decision-making leaders face during the COVID-19 pandemic. <https://learninghub.leadingage.org/courses/ethical-dilemmas>

Leadership Resilience: Moving Through Adversity

June 25 at 2 p.m. ET – In this Virtual Session, Joanne Smikle presents the necessary tools for aging services leaders to build resilience in themselves and within their organizations. <https://learninghub.leadingage.org/courses/leadership-resilience>

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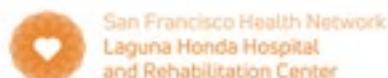
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JOIN US as we celebrate and acknowledge their completion of the EMERGE leadership program at the Opening General Session of the Annual Conference on October 7th. We look forward to seeing you there!

A special thank you to our 2019-2020 EMERGE Sponsors:



REGULATORY FLEXIBILITIES

PRACTICAL TOOLS AND RESOURCES

by BRENDA KLÜTZ, SENIOR POLICY ADVISOR, LEADINGAGE CALIFORNIA, CA

Writing an article about California's regulatory environment seems so out of place right now. The "normal" ways we provide the quality of care and quality of life for residents has been necessarily upended as we respond to the effects of the COVID-19 pandemic. There are two things I want to share with you: regulatory flexibilities and practical tools to assist your communities. There has been so much helpful information released, but sifting through the sheer volume of materials is, in and of itself, a daunting task.

REGULATORY FLEXIBILITIES

Regulations must be as flexible, workable and effective as possible during this pandemic. Thankfully, this has been clearly recognized by the flexibilities authorized by federal, state and local agencies. We must recognize that each community of care may have unique capabilities, challenges and opportunities. California state government agencies have signaled their receptivity for additional alternatives at a community level.

The Centers for Medicare and Medicaid Service (CMS), the California Department of Public Health (CDPH) and the Department of Social Services (DSS) have all released "blanket" suspensions of some statutes and regulations during this time of declared emergency.

There may be additional flexibilities or suspensions that would be very helpful during this time. CDPH has specifically invited communities to submit and request approval for program flexibility requests using the HS 5000 Form located at <http://lcal.org/hs5000>.

A list of the suspensions/flexibilities, and related information that have been issued thus far can be viewed at the web address in the list of online content below. However, as additional need for flexibility is determined, more All Facility Letters (AFL) and/or Provider Information Notices (PIN) may be released. To monitor the new releases the included links will be helpful. In addition, LeadingAge California automatically distributes new AFLs and PINs as soon as they are released. If you have not been receiving these emails, please contact us.

PRACTICAL TOOLS TO ASSIST

There are practical tools of which communities may not be aware. These are more specialized tools to focus on dietary, infection control, medication management, information on lessons learned from other states and communities dealing with the pandemic, and best practices suggestions. Please note that these tools have not necessarily been reviewed by the regulatory agencies. If you have questions about the content, please let us know and we can vet with the appropriate agency.

If you have questions or would like more information about specific topics, please email bkultz@leadingageca.org or call (916) 469-3377. Thank you and take good care.

ONLINE CONTENT

- **Suspensions and Flexibilities**
<http://lcal.org/suspensions-and-flexibilities>
- **Practical Tools**
<http://lcal.org/practical-covid19-tools>

SENIOR CARE

ADVANCE CARE PLANNING AMID COVID-19

by JUDY THOMAS, JD, CEO, COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

As COVID-19 fills our emergency rooms and critical care units with patients, and precious resources are stretched to their limit, the relatively simple act of advance care planning can be a tremendous benefit to patients and providers alike.

When COVID-19 strikes, its victims can go from being seemingly healthy one minute to seriously ill or dying the next, leaving little or no time for the patient to communicate their personal values or say whether they want — or prefer to avoid — intensive care or treatments. Advance care planning assures that patients have a voice in the care they receive.

Care providers can support consumers, their families, and the health care system as a whole by adding these items to their COVID-19 checklists:

- Engage seniors and medically fragile patients and their families in conversations about medical treatments during serious illness.
- Encourage patients or their surrogates to express their wishes and complete appropriate documents. Individuals who are relatively healthy should be encouraged to complete an advance directive. Individuals who are chronically or seriously ill should be encouraged to complete a POLST.
- If advance care planning documents are already in place, conduct a review to be sure that the information is still valid in light of COVID-19 and up-to-date.

CONVERSATION TIPS

Right now care planning conversations should focus on:

- Potential serious complications from COVID-19 and how age and/or health issues might be a risk factor

- How age and underlying health condition might impact success rate options like ventilator support
- The individual's personal values, goals and wishes regarding medical care if they were to become seriously ill from COVID-19
- Whom the patient trusts to make medical decisions for them if they can't speak
- The options for keeping the patient comfortable if they decide they do not want to be transported to the hospital or treated with a ventilator

ADVANCE DIRECTIVE VS. POLST

Once the conversation is had, completion of either an advance directive or POLST helps to ensure the patient's wishes will be recognized and honored. Make sure to use the form(s) appropriate for the patient.

- An Advance Directive (also known as an Advance Health Care Directive) can be completed by anyone age 18 or over, and serves one or both of these functions:
 - Durable Power of Attorney for Healthcare (to appoint a health care agent)
 - Instructions for Health Care (to indicate your wishes)
- POLST (Physician Orders for Life-Sustaining Treatment) is a medical order specifically designed for people who are elderly, seriously ill or medically frail. It is not appropriate for all patients.

OVERCOMING CHALLENGES

Social distancing under COVID-19 creates logistical challenges that must be overcome, such as having quality conversations using telephone or video calls, completing POLST and other ACP forms, and obtaining required signatures in a timely manner. CCCC is seeking guidance and/or waivers for some requirements. In the meanwhile, providers will have to be creative. Forms can be mailed

back and forth, notary services may be obtained online, and when the need is urgent, verbal consent may be obtained for POLST forms.

TAKE ACTION NOW!

In the weeks and months ahead, hundreds of thousands of people will become seriously ill due to COVID-19. We will be unable to provide person-centered care if we don't know what patients want. It is important to take action now.

COMMUNITY OUTREACH: Health systems, insurers and community service providers should reach out to seniors and those at risk of serious illness to provide encouragement and support for completing advance care planning documents.

ASSISTED LIVING COMMUNITIES: Make information on advance care planning and COVID-19 available to residents and encourage residents to talk with their doctor about care plans.

SKILLED NURSING FACILITIES: Engage all patients or their decision makers in care planning for COVID-19, focusing initially on patients at highest risk. Existing advance care planning documents should be reviewed. A care plan that includes do-not-transfer orders, and orders for medication to promote palliation and supportive care should be in place for those residents who do not want to be transferred to acute care.

RESOURCES AND LINKS

There are conversation starters, scripts, decision aids and other tools and resources to support advance care planning conversations amid COVID-19, including:

Coalition for Compassionate Care's COVID-19 Conversations Toolbox

<https://coalitionccc.org/covid-conversations-toolbox>

The Conversation Project

<http://theconversationproject.org>

Five Wishes

<http://fivewishes.org>

PREPARE for Your Care

<http://PREPAREforYourCare.org>

A checklist to ensure healthcare and financial arrangements are in place before serious illness.

-  **Start discussions early** with your loved one while everyone can still help make decisions.
-  **Create documents** that cover **healthcare, financial, and end of life wishes** for yourself and the people you care for, with legal advice as needed.
-  **Review plans regularly** and remember to update documents as circumstances change.
-  **Put important papers in one place.** Make sure a trusted family member or friend knows the location and any instructions.
-  **Make copies of healthcare directives** to be placed in all medical files including information on every doctor seen.
-  **Give advance permission** for a doctor to talk directly with a caregiver as needed.
-  **Reduce anxiety** about funeral and burial arrangements by planning ahead.

<https://www.nia.nih.gov/health/infographics/getting-your-affairs-order-advance-care-planning>

COMMUNICATING COVID

AN INTERSECTIONAL APPROACH IN RESPONDING TO COVID-19

by DENNY CHAN, SENIOR STAFF ATTORNEY, JUSTICE IN AGING, SACRAMENTO, CA

Dorothy is a 72-year-old Chinese American living in Seattle, Washington's Chinatown. Well before COVID-19 dramatically disrupted life for most Americans, her community's life was already slowing down. Because of news of the virus in Wuhan in the local Chinese language newspaper, coupled with reports from neighbors and friends of being subject to race-based attacks, Dorothy — like many of her neighbors — decided to self-quarantine beginning in early February.

THE CHALLENGE

Because they stopped going out weeks before anyone else, Asian American/Pacific Islander (AAPI) seniors are now experiencing unprecedented levels of isolation and loneliness. Additionally, the home and community-based services that Dorothy and others like her rely on to stay healthy and safe are disrupted and many congregate centers are closed. Also, like Dorothy, if you don't speak or read English fluently, getting accurate information about the pandemic — or even care in your language — is difficult. Technological barriers also make it difficult for many seniors to access information that would help them stay safe and healthy. Additionally, being low-income and/or living in a food desert can make it difficult to get groceries or meals.

Hospitals Have Left Many COVID-19 Patients Who Don't Speak English Alone, Confused and Without Proper Care

Source: <https://www.propublica.org/article/hospitals-have-left-many-covid-19-patients-who-dont-speak-english-alone-confused-and-without-proper-care>

The ways Dorothy and her community experience COVID-19 highlight the importance of an intersectional approach when serving older adults. Such a strategy begins with acknowledging that one person's experiences and needs during the pandemic may look different from others, and is directly informed by life at the intersection of multiple identities.

THE SOLUTION

At a minimum, an intersectional response should:

- **Denounce Racism.** Importantly, intersectionality-informed policies identify the racism and xenophobia spurred by the COVID-19 and require local, state, and federal leaders to denounce it and provide ample support to hate crime prevention resources. For a community that lives with the trauma from the experiences of Vincent Chin, Joseph Illete, Navrose Mody, and others, efforts to curb hate crimes and xenophobia are crucial. In response to a problematic rise of hate crimes in the wake of the virus, the New York Attorney General created a hotline to report COVID-19 hate crimes and xenophobia.
- **Acknowledge Heightened Needs.** COVID-19 policies must recognize that Dorothy and others like her may have already started self-quarantining well in advance of any state or federal directive, and accordingly, their needs for socialization, food security, and home and community-based services are perhaps heightened relative to those who began to stay home much later.
- **Be Culturally Competent.** Policies have to be created with all communities in mind and without a cookie-cutter approach. For example, in responding to this outbreak, while the need for home-delivered meals to older adults has skyrocketed, it is just as important that those meals are prepared using culturally familiar ingredients and cooking methods.



- **Include Outreach Strategies for Various Language and Cultures.** At a minimum, intersectionality requires in-language resources to reach LEP older adults like Dorothy. Outreach to AAPI older adults and other communities must include partnerships with local community-based organizations and ethnic media who have expertise in communicating with these populations.
- **Collect and Report Intersectional Data.** The disparate impact of COVID-19 on particular communities is becoming clearer every day. Because our policy response will be driven by data, local and state health officials must collect and report infections and deaths by identity and especially at the intersection of specific identities, including age and race.

The COVID-19 Language Access Act would apply to any federal agency that receives COVID-19 related funding. It would mandate agencies to provide written resources in 19 languages including: Spanish, Arabic, Cambodian, Chinese, Haitian Creole, French, Hindi, Italian, Japanese,

Korean, Laotian, Russian, Tagalog, Urdu, Vietnamese, Greek, Polish, Thai, and Portuguese.

For those older immigrants, language-isolated older adults or older adults of color, the harms of the COVID-19 will undoubtedly be compounded. Dorothy and so many others are not adequately served by policies that only partially address their lived experiences. If they are going to survive this pandemic and in order for them and their communities to thrive, our response to the COVID-19 must be intersectional.

*Dorothy is not a real person, but her stories are based on real accounts from on-the-ground advocates, the media, and loved ones. The content for this article is based on a blogpost from Justice in Aging entitled “Life at the Intersection: Older Adults Need a Response to COVID-19 Grounded in Equity.” The full article can be read at <http://lacial.org/justiceinaging>

A VIEW FROM THE CAPITOL

PROFESSIONALISM, DEDICATION, AND COMMITMENT TO OLDER ADULTS

by ERIC DOWDY, CHIEF GOVERNMENT AFFAIRS OFFICER, LEADINGAGE CALIFORNIA, SACRAMENTO, CA

Since Governor Gavin Newsom issued the declaration of emergency on March 4, 2020 and the subsequent stay-at-home order, the COVID-19 pandemic has consumed all areas of life, including state government.

The administration has ramped up its pandemic response, and agencies like Health & Human Services and its departments of public health, social services, among others have been working overtime issuing guidance to licensees and the general public. Since the pandemic began, CDPH has issued 31 AFLs and CDSS has issued 19 PINs, not counting myriad of guidance documents released from CMS, CDC, and HUD.

However, the Legislative and Judicial branches have been adjourned, or hearing only the most crucial cases, respectively. Most of the Capitol building remains closed and testimony is largely delivered remotely. The first order of business is to pass the budget by the constitutionally mandated June 15th deadline. It is widely expected that the Legislature will pass a “workload” budget which will not contain any program augmentations. There may be another look at the budget in August once the state has a better grasp on what tax revenues it received after the extended tax deadline. No one is expecting any new spending in the near future as the pandemic has already triggered a recession, the extent of which is not fully known at this time.

The Legislature is currently crafting bills to respond to the COVID-19 pandemic in areas that need either short- or long-term changes in the law. The bills at right have been amended to address some issues related to the virus.

- **AB 828 (Ting, D-San Francisco)** would establish a moratorium on foreclosures and unlawful detainer actions during the pandemic.
- **AB 1107 (Chu, D-Milpitas)** would extend the unemployment benefits currently offered by the federal government.
- **AB 3216 (Kalra, D-San Jose)** would prohibit an employer from not granting leave if an employee needs to care for a family member suffering from COVID-19.
- **AB 2047 (Aguiar-Curry, D-Winters)** requires counties to set up a process to check in on persons with Alzheimer’s Disease.
- **SB 939 (Wiener, D-San Francisco)** would prohibit the eviction from commercial real property of businesses and nonprofit organizations during the state of emergency.
- **SB 1159 (Hill, D-San Mateo)** would create a disputable presumption for critical workers.

We value our members and the tremendous work that has been done to keep older Californians safe during this pandemic. Despite the lack of rapid-results testing and personal protective equipment, the staff in our member communities all consistently demonstrate their impeccable level of professionalism, dedication and commitment to older adults. The recovery before us will likely be a long one, but if the remarkable amount of collaboration we have already seen persists, we will come back quickly and in a strong position.

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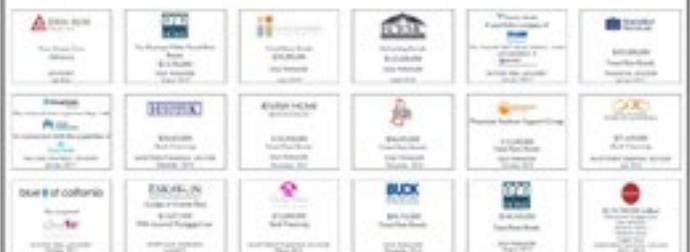
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