

engage

**RE-IMAGINING
CALIFORNIA'S
OLDER ADULT
CARE SYSTEM**



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Senior Housing
& Care After
COVID-19**

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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 hundreds of thousands 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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| <p>Jeannee Parker Martin, President and CEO, LeadingAge California</p> <p>Caroline F. Pearson, Senior Vice President, NORC at the University of Chicago</p> <p>Jerry Doctrow, Principal, Robust Retirement, LLC</p> <p>Keith Carson, Director of Partnerships, Therapy Specialists</p> <p>Matthew Neeley, President and CEO, Hillcrest</p> <p>Jean Accius, Ph.D., Senior Vice President, AARP Global Thought Leadership</p> <p>Christina Green, MBA, MPH, Program Manager, UCLA Ziman Center for Real Estate's Housing as Healthcare Initiative</p> <p>Nancy Rockett Eldridge, MA, CEO, National Well Home Network</p> | <p>Meghan Rose, Esq., General Counsel and Director of Housing Policy, LeadingAge California</p> <p>Ayako Utsumi, MPH, Founder, Valon Consulting</p> <p>Fahad Aziz, Co-founder and Chief Technology Officer, CareMerge</p> <p>Scott Code, Senior Director, LeadingAge CAST</p> <p>Robin Douglas, Robin Douglas Creative Services, LLC</p> <p>Dr. Kathleen D. Weissberg, MS, OTD, OTR/L, CMDCP, CDP</p> <p>Lola Rain, Contributor</p> <p>Michael Adams, CEO, SAGE</p> <p>Linda Pierce, Esq., Gallagher</p> <p>Eric Dowdy, Chief Government Affairs Officer, LeadingAge California</p> |
|--|---|

Writer & Content Coordinator

Robin Douglas, Robin Douglas Creative Services, LLC

Editor

Melanie Ripley, LeadingAge California

Design & Copyfitting

Lowell Kepics, LeadingAge California

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

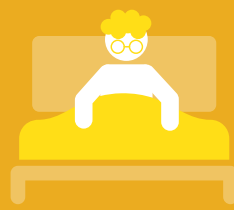


TIMELY CONTENT

#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

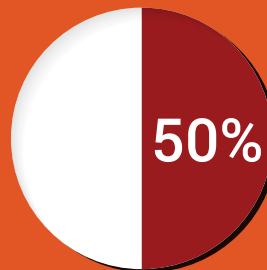


**NEW
TECHNOLOGY**



**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/oooh/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

LeadingAge^{CA} PRESENTS

BACK TO THE FUTURE!!!
MAY 3-5, 2021
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SAVE THE DATES

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March 23 – 25, 2021

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RE-IMAGINE

In the midst of a pandemic, climate-induced wildfires in California, and a historic federal election, it is difficult to shift our thinking to the future – and what the future might hold for housing, care and services for older adults. Yet, it is imperative that we re-imagine just this – housing, care and services for older adults and those with disabilities. Senior living will change as an unintended consequence of a pandemic, realities of climate change, and demands to modernize our facilities and workforce.

COVID-19 exposed major and systemic issues facing the field of aging services. While nursing homes were initially highlighted, this 'next normal' is facing congregate settings as well as home and community-based services. Nursing homes, assisted living, independent living, life plan communities, and home and community-based services are all core to the care and support of older adults. Yet, these services are often underfunded, under-prioritized, and overlooked. COVID-19 also underscored the impact of social isolation regardless of setting, racial group, or socio-economic status. And, most dramatically, during the pandemic, racial and ethnic disparities, particularly among Hispanic, Black and other groups were exposed.

So now is our time to re-imagine housing, care and services for older adults. LeadingAge California, along with many partners, are now exploring how we can re-imagine and change where possible and necessary housing, care and services. From our relationship with the National Investment Center (aka NIC) to better understand the data behind seniors housing; to our relationship with the Center for Information Technology Research in the Interest of Society (CITRIS) and the Banatao Institute at UC Berkeley, and the Stanford Center on Longevity to better understand the possibilities in integrating technology into member communities, to our partnership with State of California Agencies and Departments that was strengthened by our work on the Master Plan for Aging, we are gaining insights to help us re-imagine the opportunities to modernize our facilities and strengthen our workforce.



JEANNEE PARKER MARTIN

President and CEO

- I know we can re-imagine and integrate techniques **to communicate** and **reduce social isolation** – with AI, robotics, and other tools.
- I know we can re-imagine and integrate **facility design** and **thinking** with more warmth, style, and more outdoor “destinations” – to encourage engagement and healthy living practices.
- And, I know we can re-imagine our **workforce** to attract and retain individuals to our field – with technology of the future, education, training, and career paths for entirely different skill sets, and flexibility that allows for alternatives when old practices no longer fit in a post-COVID-19 world.

It is our time to re-imagine, re-think and be creative as we look to the future of housing, care and services. This discussion has been going on for a decade; now we have the opportunity to execute with a strong, bold vision for senior living of the future. As we enter a holiday season, I want to express my gratitude to each of you. I am grateful to have you as a member of LeadingAge California, as a valued business partner to help us look ahead, and as an interested individual who may be experiencing LeadingAge California for the first time. For as we enter 2021, we celebrate 60 years of success in leading housing, care and service providers into the future.

REMAKING SENIOR HOUSING & CARE TO SERVE BABY BOOMER CONSUMERS IN THE COVID-19 ERA

by CAROLINE F. PEARSON, SENIOR VICE PRESIDENT, NORC AT THE UNIVERSITY OF CHICAGO, AND JERRY DOCTROW, PRINCIPAL, ROBUST RETIREMENT, LLC

You have read the headlines and heard the conference presentations: “Baby Boomers want to stay in their homes as they age.” However, a [2019 NORC-LeadingAge survey](#) found that 40 percent of older Baby Boomers said they would want to live somewhere other than their current home if they had physical limitations that caused them to need help with daily activities. The [NORC-NIC Middle Market Seniors Housing study](#) also found that a growing number of seniors have mobility limitations and other health needs that require extra care, yet lack family caregivers and have insufficient resources for private-pay assisted living.

Increasingly, care needs will be at the center of senior housing — prompting Boomers to leave their homes and defining the industry’s value proposition to its residents. This requires that the industry fully embrace resident health and safety as its core mission. COVID-19 makes this paradigm even more challenging and demands that senior housing become beacons for infection control and public health best practice, so they can continue to be the safest place for aging adults. We identify four areas in which senior housing can evolve to address this changing landscape.

HEALTHCARE

While most senior housing companies do not see themselves as being in the healthcare business, COVID-19 has raised real questions about how safe Life Plan communities, Independent Living, Assisted Living, and nursing homes

are for their residents. To compete in the future, operators will need to demonstrate to senior consumers that they offer a safer, healthier environment compared to staying at home. Third quarter data released by publicly-traded, for-profit operators and REITs indicate many senior housing operators are mitigating the national explosion of COVID-19 infections with use of widespread and timely testing and rapid isolation of COVID-19-positive residents and staff. Some senior housing operators are joining with managed care plans, hospitals, and physician groups to better manage health outcomes for their residents. The ability to offer a value-added healthcare benefit to residents of senior housing and care properties will be a key factor differentiating senior housing communities in the future.

TELEHEALTH

COVID-19 has transformed the way consumers access healthcare, with telehealth use exploding under broadened Medicare reimbursement rules. It protects patients from COVID-19 infections, increases the efficiency of healthcare providers, and eliminates the need to transport seniors to many medical appointments. The technology is here to stay, and senior housing should be creative in embracing and integrating telehealth as a cost-effective way to delivery on their promise of integrated housing and healthcare.

TECHNOLOGY

The COVID-19 pandemic has made all of us Zoom mavens, maintaining connections to work, community, and family. While Zoom is far from a substitute for direct human interaction, it has reduced social isolation for seniors during the pandemic. Baby Boomers will be the first cohort of seniors who began using computers in college or early in their careers, and they are much more comfortable with technology than prior generations. They will expect seniors housing to offer excellent high-speed



internet access, tech support, and more engaging and more individualized tech-based and non tech-based social interaction opportunities for residents.

COMMUNITY INTEGRATION

Senior Baby Boomers wish to remain connected with their social networks and to avoid being stereotyped as old and frail. The option of staying in one's home supported by home health, food delivery, Uber, Zoom and other services that are proliferating during COVID-19 may be an attractive for this generation of seniors. Successful senior housing will need to be better integrated into the community and offer opportunities for continuing education. Examples of such integrated models include Merrill Gardens at the University in Seattle that combines seniors housing, market rate rentals, and retail in a single block; highrise living options like the Clair in Chicago, Brookdale's Battery Park City project in Manhattan, the proposed redevelopment of Marriott's headquarters in Bethesda by Erickson Living, and smaller-scale ethnic-focused communities fitted into existing neighborhoods.

These changes are already underway at senior housing communities around the country. Declining occupancy

40%
of Older Adults
Would Choose to Live
Somewhere Other Than

HOME
If They Needed Help With
Daily Living Activities

rates during COVID-19 only accelerate the importance of embracing a fully integrated housing and care model that is modern, tech-enabled, and community integrated.

¹ In September 2020, NIC selected NORC at the University of Chicago to study the impact of COVID-19 on those living in senior housing and care properties nationally vs. living in the community. Results are expected in the spring of 2021.

THE FUTURE OF THERAPY SERVICES

by KEITH CARSON, DIRECTOR OF PARTNERSHIPS, THERAPY SPECIALISTS

The future is an interesting thing when you think about it. There are aspects of the future we can predict with a high degree of certainty. For example, the sun will come up tomorrow, or, as the saying goes, “Time marches on.” The future comes like a series of waves that invariably arrive on shore with the consistent rhythm of a pendulum. However, there are other aspects of the future that are entirely unpredictable. The rogue wave that comes out of nowhere and swallows up whatever it finds.

In therapy services, we have seen for some time the invariable waves of virtual visits, the Baby Boomer bell curve and their ambition to maintain their quality of life for as long as possible, as well as the economic pressure trickling down to patients and providers from a healthcare system that is far from perfect. Then without much warning, a rogue wave arrived — COVID-19, which in many ways has served to simply accelerate the arrival of the future we could already see was coming.

INCREASED ACCESS TO THERAPY SERVICES

COVID-19 has undoubtedly accelerated the use of telehealth for rehabilitation services. Throughout the pandemic, CMS has taken the lead in ensuring [more access for patients to healthcare services through virtual visits](#). For many therapy providers, telehealth was a life preserver that kept them and their patients afloat during the first few months of the pandemic. At Therapy Specialists, for example, we went from doing zero virtual visits per month in March to over 500 virtual visits in September. Telehealth has also enabled us and other therapy companies to provide more specialized services to our patients. We can now ask a therapist that lives in Stockton with a certification in a specific treatment modality to treat a patient suffering from Parkinson’s disease in San Diego. Although telehealth is becoming more mainstream, it remains unclear as to whether Medicare and other insurance companies will

continue to reimburse therapy providers for these services in the future. Right now, CMS is seeking comments on their 2021 Proposed Rule on whether certain therapy codes should be added permanently to the list of acceptable telehealth services. We remain hopeful that they will not restrict the access to these services in the future.

“TRICKLE-DOWN ECONOMICS”

Another significant issue for the future of therapy services is the economic pressure that is trickling down from Medicare to rehab providers. Most agree that Medicare needs to reduce costs, maintain outcomes and improve the overall health and well-being their patient population. But the economic backdrop to these efforts in therapy services are that therapists remain in high demand, and as a result are able to request more compensation for their services than they have in the past. Higher salaries for therapists mean increased cost for therapy providers, and therefore, can lead to increased costs for skilled nursing facilities. In the most recent proposed rule, [CMS included a 7 to 9 percent cut for physical, occupational and speech therapy services](#) across the board. Although many therapy associations are aggressively advocating against these cuts, a basic understanding of economics will tell you that something will have to give in the future. The silver lining for therapy providers is that patients will continue to need therapy services, and our therapists will continue to be an essential part of the healthcare system. But we will need to continue to innovate in order to deliver these services and maintain patient outcomes in the midst of these economic pressures.

AN INCREASED NEED

The need for physical, occupational, and speech therapy services is going to dramatically increase in the upcoming months — and probably years. One primary reason is because our healthcare system, understandably so, has been acutely focused on mitigating the impact of COVID-19 over the last nine months — and will continue to be focused on it over the next nine months. Amid the pandemic, lying in wait has been the muscle strains and



sprains, chronic pain, and [deconditioning that has gone unaddressed with most older adults](#).

The waves of the future will present some challenges... they will also bring opportunities for patients and providers alike.

You might remember that at the beginning of the pandemic many “essential” healthcare workers were furloughed in large part because doctors stopped treating patients and surgeons stopped doing surgery. Think about the potential impact on a resident in your community who recently had surgery and been prescribed therapy services twice a week, but was unable to receive those services

because of the pandemic. COVID-19 has decreased the amount of therapy being provided, and as a result, new problems have arisen; new injuries have surfaced, and new conditions have revealed themselves. So, as we continue to try to suppress COVID-19 we will see an influx of patients coming back to therapy because their issues have been exacerbated. This will certainly continue in the upcoming months, and likely extend into the next few years.

Although the waves of the future will present some challenges for our profession, they will also bring about opportunities for patients and providers alike. The challenges we face have only served to remind me of the invaluable role the physical, occupational, and speech therapist plays during this season in helping people recover from their injuries and keep moving. They are essential workers to the fullest extent of the word and will play an increasingly important role in our healthcare system both now and into the future.

THREE ESSENTIAL ATTRIBUTES OF TOMORROW'S LEADERS

by MATTHEW NEELEY, PRESIDENT AND CEO, HILLCREST

In my role as a Facilitator for LeadingAge California's EMERGE Leadership Development Program, I've become acquainted with over 200 emerging leaders within our field over the past decade. These are bright and strong leaders with great potential. During the year-long EMERGE experience, these fellows grow exponentially and undergo a personal transformation that prepares them to contribute to their organizations and the field with greater personal strength and commitment. From lessons learned this past decade, I have written this article to highlight three important attributes that I believe are, and will be essential for, tomorrow's leaders, which includes each of us.

ATTRIBUTE #1: STEADY IN AMBIGUITY

The word of the year for 2020 is ambiguity. In this world of increasing unknowns, we see fear and concern in the eyes of those around us. We sometimes see it in ourselves. Successful leaders must develop the ability to hush their own fears in periods of distress and look outside themselves to help others do the same.

Leaders who are steady in ambiguity evaluate weighty matters without being overcome by worry or concern. They emit a sense of security and resolve that is palpable in moments of uncertainty. They don't minimize the discomforts that may be present, but they are not immobilized by them. They manage their reactions and bring a sense of calmness to chaos. They are comfortable with the reality that some situations and some answers will just take time to unfold. They see worry as an inhibitor to creativity and as a distractor to effectiveness. In their personal example, these leaders successfully model the way for others to follow.

This inner strength often unveils itself in the crucibles of life. As we successfully pass through them, we see ourselves differently — we become more resilient, confident, and steady in ambiguity.

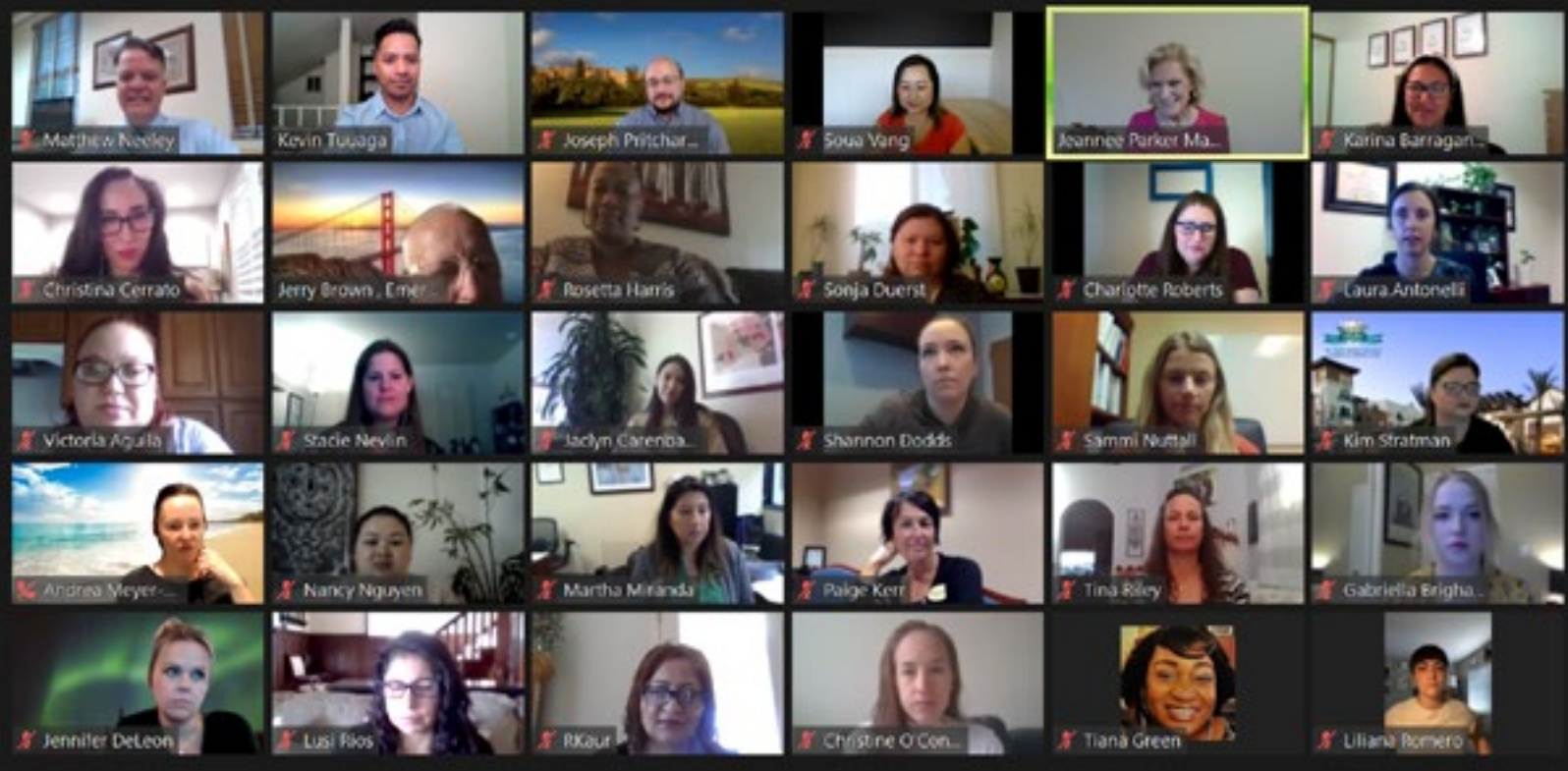
Ponder This: How do my reactions affect others in moments of ambiguity or distress? Whom do I seek out when confronted with a major challenge? What is it about that person that gives me confidence to move forward in spite of uncertainties? How can I emulate this strength to those around me?

ATTRIBUTE #2: GROUNDED IN VALUES

We each make decisions based on what we believe will lead to our greatest happiness, whether immediate or in the future. Those who have clarified their values and live in accordance with them are better able to make good decisions in difficult circumstances.

True story: I once went to Home Depot to purchase nine knobs for a cabinet we had refinished. After paying for the knobs, I was given the bag of knobs and a receipt. As I walked away, I glanced at the receipt which showed I'd paid for only eight knobs. I turned around and let the cashier know and ask that she charge me for the last knob. No big deal. But the man next in line was astonished and said, "Dude, you care that much about Home Depot?" I turned to him and said, "No, I care that much about my honesty" and gave him a smile. A big smile crossed his face; he nodded and said approvingly, "Duuuude." He understood.

How much is our integrity worth? Would we sell it for a knob? A thousand dollars? How about a million? Successful leaders will be those who understand and clarify their values and commit themselves to live by them — especially in hard times. There are certain questions we can answer once in our lives and never have to revisit them again. Successful leaders are grounded in their values.



Ponder This: What are your values? Write them on a piece of paper and ponder on them over time, refining them where necessary. Post them in a place where you can see them. Make decisions in advance that will guide your future actions? Hold on to your values and hold yourself accountable to them.

ATTRIBUTE #3: FOCUSED ON RELATIONSHIPS

As we grow in scope and responsibility, we are given organizational authority. How we exercise that authority matters not only to others, but to our own future success.

Throughout my career, I've seen unwise leaders wield organizational authority by exercising power and dominion over others. They hover over subordinates and put pressure on peers to obtain some desired short-term result. Often they obtain the short-term objective, but do so at the expense of a more valuable long-term relationship on which they must depend for their future success.

Having a short-term view of relationships costs individuals and organizations in both good will and productivity. Nurturing a focus on long-term relationships will lead to teamwork and cooperation, smoother processes and happier teams.

Leaders that are focused on long-term relationships are mindful every day and in every interaction how others feel around them. They speak the truth and focus on trust, which can only be built through consistent trustworthy behavior over time. In those moments when leaders make mistakes, they model humility by being willing to apologize and mend the fences they may have broken. By focusing on long-term relationships, successful leaders clear the path to a better future for themselves and others.

Ponder This: How do people feel when they are around me? Are my behaviors trust-building? How can I better show others that I value them? Are there any fences that need mending? What is the next step to make things better? We all must start where we are and take the next step.

LEADING IN AGING SERVICES

DURING AN ERA OF A PANDEMIC, SYSTEMIC FAILURES AND RACIAL AND SOCIAL UNREST

by JEAN ACCIUS, PHD., SENIOR VICE PRESIDENT, AARP GLOBAL THOUGHT LEADERSHIP

The familiar adage is “bad things always happen in threes.” That’s never been more true than it is today. When the pandemic, economic crisis, and racial and social unrest collided this year, it spelled catastrophe for older Americans and communities of color.

Today, we have deep divisions within our country. Here in the U.S., COVID-19 has disproportionately affected communities where, historically, there has been less opportunity. Blacks, Latinos and American Indian/Alaska Native people are being hospitalized and dying at higher rates due to COVID-19. These disparities are not random, but instead are the result of a long history of inequality due to a lack of social, economic and political opportunities.

In California, Latino and Black Californians make up [63 percent of low-wage workers](#) in the state and have the highest age-adjusted COVID-19 mortality of all Californians, [three to four times that](#) of white Californians, with [deaths](#) often occurring at young and middle age. The share of COVID-19 deaths among people aged 65 and older is 76 percent.

We are at an inflection point. On one path, we can preserve the status quo with a patchwork approach whereby inequities continue to fester and harm the most vulnerable among us. Down the other path, we can reimagine our current systems and rebuild in ways that expand opportunities for all to achieve longer, healthier lives.

During times like these, people look to their leaders — and to each other — for guidance, support, solutions, and perhaps most importantly, for inspiration and reassurance that we will get through them and move forward. We all have a role and responsibility to solve these challenges. To this end, we must take the second path, and we need

to prepare, support and promote the next generation of diverse leaders to advance racial equity and close the opportunity gap. This is our chance to innovate. This is our chance to be bold and courageous.

WHAT DOES THIS NEW ROADMAP LOOK LIKE?

First, organizations that are complacent about diversity, equity, and inclusion are complicit in the racial and social injustices we are witnessing across the country. Leaders in the aging network must use a racial equity lens to ensure adequate and consistent training on diversity, equity and inclusion in their workforce, and that the racial makeup of their boards and leadership teams reflects the U.S. population.

Second, leaders must build diverse teams to design emergency health response plans with a focus on addressing racial equity across a life course. These plans must represent a range of demographic factors, experiences, expertise, and workers from the frontlines to executive levels. They must rewrite diversity, equity, and inclusion policies with an eye to the future.

Third, the views organizational leaders have about workers can subtly find their way into decision making and go against the very laws put in place to prevent this. Leaders must actively be aware of unconscious bias and use racial equity tools to assess recommendations for responsiveness and relevance with employees and customers of color.

Fourth, leaders in the aging network must create an inclusive, diverse leadership pipeline. This could come in the form of leadership development opportunities for diverse employees, as well as systematically and intentionally hiring, mentoring, and promoting from diverse backgrounds.

Lastly, today’s leaders must employ a long view while implementing critical support now. Our nation will eventually get past this pandemic and, when that day comes, businesses will benefit from a healthy and financially secure diverse



workforce that is representative of the consumer at-large and understands their needs, desires, and pain points. Leaders must use this time to rebuild with an eye to the future.

Now more than ever, we need diverse leadership across industries and sectors to dismantle disparities and forge a path forward. The talent pool is there. A good fisherman knows that to find fish, you have to look in oceans, lakes, rivers, ponds, and streams. We must take deliberate, realistic and proven measures to find and develop leaders of color.

As our country manages the COVID-19 crisis, our goal cannot be to return to the past inequities that have resulted in these disparities. As a society, we are missing out because we are holding back large swaths of our population from reaching their full potential and maximizing their ability to contribute to our society.

63%
of Low-Wage California
Workers are Latino or Black

They Also Experience
An Age-Adjusted

3X-4X
HIGHER COVID-19
MORTALITY RATE

We all have the power to advance equity within our circles, workplaces and communities. Equity will enable not only greater prosperity, but also the means to withstand, hold steady, and come out strong in future crises.

We must rebuild a health and social system that is more equitable than it was before. That means not just improving the health care system, but addressing discriminatory housing policies,

cities with poor walkability, interpersonal and structural racism, and education.

It is time to build a future that is equitable, and where race and other sociodemographic factors do not determine health and economic outcomes or the opportunity to live longer, healthier and more productive lives. We've been given this opportunity — an opportunity that is bigger than any of us — and we have a real chance to start dismantling and building anew.

BEYOND IWISH

APPLYING A SYSTEMS CHANGE APPROACH TO INTEGRATING CARE AT HOME

by CHRISTINA GREEN, MBA, MPH; NANCY ROCKETT ELDRIDGE, MA; MEGHAN ROSE, ESQ.; AYAKO UTSUMI, MPH

One of the core principles of the Housing Recommendations in the Master Plan for Aging acknowledges that housing is an integral part of California's continuum of care. Without housing, it becomes exceedingly difficult to provide older adults and people with disabilities the care and services they need to live independently. Low- and middle-income older adults have a particularly hard time accessing long-term supports and services in California.

WHAT IS INTEGRATED CARE AT HOME?

Affordable senior housing communities provide a unique opportunity for California to ensure that low- and middle-income older adults receive long-term services and supports and avoid unnecessary institutionalization. Modeled after successful programs like Vermont's Support and Services at Home (SASH™) and the U.S. Department of Housing and Urban Development's (HUD) Integrated Wellness in Supportive Housing (IWISH), California's Integrated Care at Home Demonstration would create a population health system where a team of providers supports a large number of participants to create efficiencies while improving health outcomes.

A population health system can take advantage of the economies of scale afforded by congregate housing communities like affordable senior housing buildings, where many participants are located in one place. This demonstration would create a system of partnerships and communication networks that collectively support thousands of elderly as opposed to creating a separate partnership for each beneficiary.

HOW IS INTEGRATED CARE AT HOME STRUCTURED?

Practically, a comprehensive care plan for each participant would be coordinated through an On-Site Care Team and a Core Wellness Team. The On-Site Care Team would be located at an affordable senior housing community, and would consist of a Community Health Worker, who connects participants with healthcare and preventative programs and activities, and a Wellness Nurse who monitors overall wellness and provides health coaching. The Core Wellness Team would consist of community health, social services and mental health providers (including the onsite team), local community-based service providers, County Mental Health and home health agencies, to ensure comprehensive care for each participant.

To be successful, the Integrated Care at Home model would focus on three components of care management with the goals of improving population health, reducing costs and enabling aging in place safely. The three components of care management would include care transitions (i.e., helping individuals' transition from institutional care back to a community-based care setting), self-management of chronic conditions and care coordination.

WHO WOULD QUALIFY TO PARTICIPATE IN AN INTEGRATED CARE AT HOME DEMONSTRATION?

The demonstration would be open to Medicare eligible and dually eligible individuals living in affordable senior housing and the surrounding community. By using Medicare as the baseline for qualification, rather than Medi-Cal, California can provide desperately needed long-term services and supports to individuals in the "forgotten middle" — those who do not qualify for Medi-Cal, but cannot afford to pay out-of-pocket for long-term care.



HOW WOULD CALIFORNIA FUND AN INTEGRATED CARE AT HOME DEMONSTRATION?

California should partner with other interested states to apply for a Centers for Medicare and Medicaid Innovation (CMMI) grant for a multi-state integrated care at home demonstration project, with the goal of moving towards a multi-payer model to fund a permanent program in the future. The Integrated Care at Home model fits well with CMMI's purpose of supporting the development and testing of innovative health care payment and service delivery systems.

WHAT ARE THE BENEFITS OF AN INTEGRATED CARE AT HOME DEMONSTRATION?

Existing successful service enriched housing models, like SASH, have demonstrated numerous benefits including improved health outcomes and cost savings to Medicare and state Medicaid programs. Participants in Vermont's SASH program report a reduction in social isolation and loneliness, as well as an increased participation in their own health care. Programs similar to the proposed Integrated Care at Home have also shown to improve health equity for Black and Hispanic communities as well as low and middle-income older adults. Integrated Care at Home wellness programs help avoid unnecessary care and equitably access care when needed.

Christina Green is Program Manager of the UCLA Ziman Center for Real Estate's Housing as Health Care Initiative. Nancy Rockett Eldridge is CEO of the National Well Home Network. Meghan Rose is the General Counsel and Director of Housing Policy for LeadingAge California. Ayako Utsumi, MPH is founder of Valon Consulting focusing on the intersection of health, the built environment and affordable housing.

AI, VOICE, AND MORE

THE HIGH-TECH FUTURE OF THE \$740 BILLION SENIOR CARE INDUSTRY IS HERE

by FAHAD AZIZ, CO-FOUNDER AND CHIEF TECHNOLOGY OFFICER, CAREMERGE

Since 2008, 10,000 baby boomers have [reached retirement age every day](#). That won't slow down until 2031, when the U.S. population of seniors will be almost twice what it was in 2008.

The opportunity for tech providers to serve this group is tremendous: the senior care industry, worth \$740 billion, is notoriously dependent on outdated technology and legacy systems.

But that's starting to change. Today, the industry is on the brink of total transformation via technology like AI, IoT, voice, and telehealth. Here's a look at what these monumental changes mean for the nation's seniors and the people who care for them.

WELLNESS: THE MANDATE FOR SENIOR LIVING

Before I dive into specific technologies, it's worth noting that the central drive for senior living communities right now is to make the case that they will offer greater wellness. This translates to better health, community, activities, and engagement than aging in place. than aging in place.

The pandemic complicated that narrative for many senior living communities. Lockdown policies increased social isolation and forced the cancellation of many communal activities. We also saw high rates of infection and fatality in some senior living settings.

While those outcomes are tragic, they also served as a wakeup call for many communities. The pandemic has made clear that the communities that succeed now and in the future will be the ones that make a definitive case that they can offer greater wellness for residents than they'd have at home – regardless of external circumstances.

The most exciting technologies, then, are the ones that directly enable communities to deliver improved wellness. Let's take a look at what those technologies are.

INTERNET OF THINGS (IoT): GATHERING BETTER DATA

By now, most of us are familiar with how various “smart” devices (from refrigerators to watches to toothbrushes) collect and share data as we live our lives. But we're only just beginning to see the opportunities for impactful applications in senior living.

Take floor sensors. They can record data about a resident's gait and whether and how it changes over time. Crucially, they can also detect when a resident is on the ground, and whether they got there intentionally or because they fell.

That in itself has huge implications for senior care. If, for example, a resident is less than forthcoming in a telehealth appointment after a fall, or if they forget the fall happened, the doctor can still find out about it, which empowers them to deliver better care. What's more, if the fall is accompanied by a gait change, the doctor has valuable background information about potential causes.

Because few, if any, people invest in this technology for their homes, what amounts to a fairly simple IoT application gives senior living communities a serious edge as seniors and their families consider wellness implications.

But smart sensors alone aren't enough to transform senior care. The more IoT-connected devices we add to a community, the more data there is to sift through. Without technology to do that sifting, the data would be meaningless. Too much noise with no way to find clear signals.

That's where AI comes in.



ARTIFICIAL INTELLIGENCE: MAKING SENSE OF THE DATA

AI helps make meaning from all the data that IoT devices collect.

Following a resident fall detected by floor sensors, for example, an AI algorithm could determine whether the incident was a “true” fall or a false alarm and alert staff accordingly. This layer of technology is crucial to ensure that care teams don’t get alert fatigue and start to tune them out.

But that’s just the start. AI that connects systems within a community could correlate a fall with, say, changes in a resident’s medication or information about their recent return from a rehab facility.

The potential impact on wellness is profound: rather than missing information (as might happen without IoT devices) or getting information without context (as might happen without AI overlays), care teams can immediately gain insights about their residents.

Within seconds of a fall, a care provider can understand that a resident’s new medication is making their blood pressure too low and take steps to consult with a physician. A similar incident for a senior aging in place could take weeks to diagnose, and would likely cause far more stress in the interim.

While all of these technologies are transforming senior living in exciting ways, the tech that seniors themselves tend to be most excited about is voice.

VOICE: THE DARLING OF SENIOR CARE

Today, voice-powered smart home devices have gone mainstream. For families, they can facilitate everything from turning on music to adjusting the thermostat. For

senior living communities, their applications — and their potential to improve wellness — are profound.

Popular voice skills in senior communities (announcements, calendar updates, daily briefings, dining menus, event sign-ups and reminders, work orders, and USPS mail status) reveal the impact this technology can have: delivering residents vital information in the comfort of their rooms.

For those with limited mobility, voice tech makes it possible to be integrated in the life of the community without risking unnecessary trips. In pandemic times, it keeps everyone in the community safer by eliminating the need for many visits to communal spaces with high transmission potential.

Already strong today, the technology is only going to get better. Developers of voice technology are currently working on more streamlined conversations, smarter responses, improved workflows, voice push notifications, and improved privacy and security settings, among other things.

The results, powered by AI, will have the potential to seriously amplify residents’ wellness. Consider an example of how smart responses might function: a resident asks about yoga classes that day. There are none, but the assistant doesn’t leave the conversation there. Instead, powered by AI, it suggests alternative activities that those who attend yoga also frequently attend, as well as activities that align with the resident’s other interests.

THE FUTURE OF SENIOR CARE TECH IS NOW

Communities that embrace emerging technologies will transform the way they deliver care and offer wellness benefits significantly better than those available to seniors aging in place. Communities that don’t will soon find themselves playing catch-up as they compete for the business of an increasingly tech-savvy population.

WHAT'S DATA ANALYTICS AND WHY THE BUZZ?

by SCOTT CODE, SENIOR DIRECTOR, LEADINGAGE CAST

In the last 10 years, senior living providers have gone from primarily capturing handwritten notes about their residents and other information to digitalizing information across their organization. Now the [majority of senior living providers](#) have a robust EHR system and a marketing tool to track leads and referrals across the organization. Many forward-thinking organizations may also be collecting additional data from other sources, such as a financial system, laboratory system, engagement system, assessments (including regulatory ones), telehealth, public health data, and the list goes on.

As a result, organizations now have all the data, but not the insight to help them understand issues, market position, or make well-informed decisions. You may have heard an organization described as “data rich but insight poor.” Data Analytics offer important tools to help make sense of that data.

THE BASICS: GETTING TO “WHAT” IS HAPPENING AND “WHY”

An organization may already be using basic descriptive analytics, such as graphic dashboards and reports, to visualize sudden changes, trends, and potential correlation relationships (but not causality), to help users understand and summarize what has happened in the past. An example may include a report of the monthly rehospitalization rate of residents. Descriptive analytics helps identify “what” has happened in the past, such as a stabilization, decrease or increase. However, we really want to know “why” something has happened. Diagnostic analytics, on the other hand, helps an organization narrow down on the root cause of “why” something is happening. In the case of rehospitalizations, that root cause may be accepting

patients from a new hospital partner that is discharging patients too early or are not cooperating on medication reconciliations. Together, descriptive and diagnostic analytics provide the “what” has happened and “why” it is happening.

LEARNING FROM PAST EXPERIENCES: PREDICTIVE ANALYTICS AND DECISION MAKING/SUPPORT

With so much uncertainty these days, having the ability to predict future events or understand the probability of a future events is very powerful. That is where predictive analytics come into play. Predictive analytics can build a mathematical model that uses past “what” and “why” to help identify residents at higher risks of falling and/or rehospitalizations at certain times, and may need attention or care at night or during the weekend when staffing may be lower. Predictive analytics can allow a senior living provider to start providing a proactive approach to care rather than a reactive approach. Decision-making and decision support capability rely on predictive analytics and models, but go one step further in modeling decisions and actions that have helped improve the desired outcome in the past, or mitigate the adverse consequences based on best practices and learning historic data - for example, increasing staffing at nights and weekends and would make a recommendation to the user.

EXAMPLES FROM THE COVID-19 PANDEMIC

During COVID-19 pandemic, predictive analytics can help an organization identify which residents are at higher risk for contracting the virus as well as most likely to have poor health outcomes. During the early months of the pandemic a journal article from JAMDA "[Predicting Coronavirus Disease 2019 Infection Risk and Related Risk Drivers in Nursing Homes: A Machine Learning Approach](#)" highlighted how the use of predictive analytics can help describe and predict the risk of COVID-19 outbreak in nursing homes, providing data-driven support for nursing home



infection control policies, strategies for the prioritization of resources to high-risk nursing homes, and the relaxation and restriction of nursing home visitation policies. The study concluded that “The prevalence of COVID-19 infections in a NH’s surrounding community and a NH’s size were identified as the primary risk factors associated with NH infection, suggesting that the introduction of infection from the outside community as a likely infection mechanism. Developing financially sustainable testing and screening approaches to identify pre-symptomatic and asymptomatic individuals entering a NH are critical to preventing and controlling COVID-19 outbreaks in these settings.”

The [US Coronavirus Map: What Do the Trends Mean for You?](#) is an interactive map included in Mayo Clinic’s COVID-19 online resource center. The map represents key data and trends in an easy-to-use format and displays figures like the total number of cases in each county and state, new cases per day, positive test rate and fatality rate, presented with trends over time. To create the map, data scientists developed content sources, validated information, and correlated expertise for the tracker, all of which will be enhanced with more real-time data and refinement of the predictive analytics models used.

If you are not utilizing the data you have, from your EHR, Financial Systems, Telehealth, Assessment Data, etc. to comprehensively understand what is happening in

your organization, and/or your market, and why, as well as potentially leveraging the powers of predictive analytics and decision support to improve your quality and performance, which we know affect your financial bottom-line, you are at risk of falling behind! However, utilizing the right data analytics tools and capabilities, some of which are potentially already embedded in some of the technology systems you already invested in, can help prevent you from falling behind!

WHAT IS CAST DOING?

In an effort aimed at preventing you from falling behind, [LeadingAge CAST](#) will be releasing a [Technology Selection Tool](#) late this year focusing on Data Analytics to help you better understand this field, which is quickly gaining importance in the aging services sector, and assist you in sifting through commercially available solutions. The portfolio will include a whitepaper providing background on Data Analytic technologies, types of available systems, benefits and the most important planning steps that long-term and post-acute care (LTPAC) providers should consider before adopting and implementing these solutions. In addition, the portfolio includes a Product Selection Matrix and an Online Selection Tool that helps providers select the most appropriate solution for their setting/ business line, functional requirements and needs. Finally, vendors will nominate a provider user to contribute a Case Study.

Stay tuned to [LeadingAge](#) and [LeadingAge CAST](#).

LIGHTING PATHWAYS TO DIGITAL LITERACY IN SENIOR HOUSING

by ROBIN DOUGLAS, CONTRIBUTOR

From ordering medication online to buying groceries or connecting with friends and family, the internet has become a critical survival tool today. Yet millions of low-income older adults in the U.S. lack the basic digital literacy skills they need due to barriers to access, affordability and training. In answer to this, a new pilot program called Lighthouse for Older Adults was created by UC Berkeley's Center for Information Technology Research in the Interest of Society (CITRIS) to bring connectivity to senior housing communities and teach residents the skills they need to thrive in an increasingly digital world.

"The internet is a vital tool for older adult residents," said Sheri Peifer, Chief Strategy Officer at Eskaton in Sacramento. Eskaton, along with Front Porch in Southern California, will launch the pilot at one community site each - with the plan to expand to a total of six - that will serve as a model and roadmap for replication for other communities. Peifer explained that many senior housing buildings have hot spots or community spaces but don't necessarily have the infrastructure for residents to access the internet in their apartments. "For Eskaton, it was a good opportunity to look at scaling broadband access to all affordable housing residents," she said.

Residents at both communities turned out en masse to fill out the initial participation surveys. "It was amazing," said Kari Olson, Chief Technology and Innovation Officer at Front Porch. "The residents are really ready to engage. It speaks to the importance of figuring out how to bridge the digital divide in affordable housing."

The pilot was born out of a flurry of projects that came in the wake of COVID-19 as researchers at CITRIS Health looked at some of the biggest issues and pain points impacting vulnerable older adult populations. Lack of broadband access is associated with fewer telehealth visits, increased social isolation and increased negative health outcomes for low-income older adults. Lighthouse isn't just about introducing the internet, said CITRIS Health Program Director David Lindeman. "It's also about health literacy and trying to make telehealth services accessible to individuals in this area that would go well past COVID-19."

"The internet is a vital tool for older adult residents"

There is a wide variance when it comes to older adults' digital readiness — more seniors than ever have adopted smartphones, for example (42 percent according to [Pew Research Center](#)) yet only a quarter of adults over 65 say they feel confident about using devices to go online. On the flipside, only 27 percent of older adults with a household income of less than \$30,000 own a smartphone. There are many Boomers who live and breathe tech, but for others it hasn't been as readily accessible," said Lindeman. The program will look at the unique needs of residents through the lens of the range of cultures, backgrounds and languages represented across communities (Peifer noted that first survey was translated into nine languages), as well as different levels of comfort and familiarity with technology.

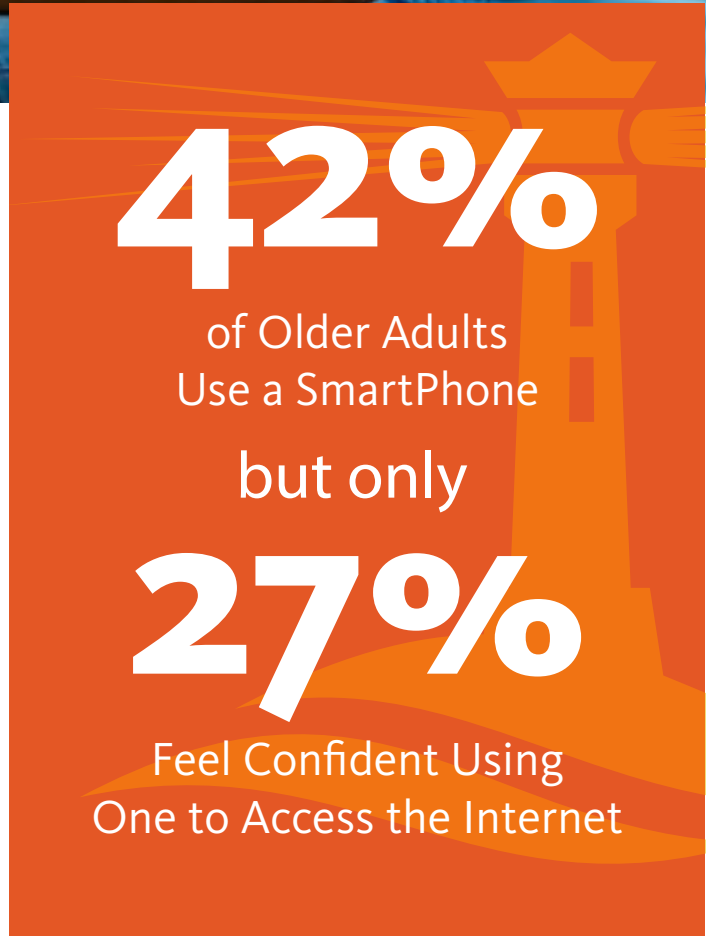
While the benefits of tech for older adults are well-known, it's more involved than just handing out devices. "We have all the data that tells us it improves health outcomes,



wellbeing, longevity, and wellness. But it's not an easy thing to do," said Olson. Determining the best approach to installing WiFi is a major consideration, for example, when buildings are made with cinder block in places where WiFi signals don't go through well. That's why Olson thinks this program is so important. "We're looking to deliver a model that answers the questions about how to do this affordably, and in a way that truly works for older adults and their needs."

Internet access in the 21st century is as critical as a telephone line was in the 20th century. In August the California State Assembly pulled SB 1130, the "Broadband for All" bill, which would have helped provide high speed internet to rural and low income regions across the state. However, this basic principal of expanding Broadband access to all older adults as a basic necessity was a key recommendation by the Stakeholder Advisory Committee for inclusion in the Governor's Master Plan on Aging.

The Lighthouse program aims to fill the gap by empowering older adults with the digital literacy skills they will need to survive and thrive in today's world as well as offer providers new options in funding the installation of sustainable internet solutions for residents.



For communities interested in learning more about replicating the program, Lindeman recommends contacting CITRIS at communications-citris-uc@berkeley.edu.

MILLENNIALS

THE EMERGING GENERATION OF CAREGIVERS

by DR. KATHLEEN D. WEISSBERG, MS, OTD, OTR/L, CMDCP, CDP

For years, the role of caregiver in long-term care was primarily filled by middle-aged or elderly individuals caring for aging parents or spouses. Caregiver demographics are changing and today, many Millennials are taking on complex caregiving roles. Millennial caregivers represent a unique caregiver profile, very different from middle-aged or elderly care providers, and therefore require a unique set of skills to not only provide caregiving, but to care for themselves and their health.

When speaking of caregivers, Millennials are not always part of the conversation. Yet, a report which draws data from the 2015 Caregiving in the U.S. study by AARP and the National Alliance for Caregiving shows close to 24 percent of caregivers are Millennials, and they provide an average of 20 hours per week in caregiving tasks. Looking more closely, 35 percent are between the ages of 18 and 24; 31 percent between the ages of 25 and 29; and 34 percent between the ages of 30 and 34. Millennials are the most diverse generation of family caregivers — 27 percent Hispanic, 18 percent black and 8 percent Asian American/Pacific Islander. Less than half (44 percent) are white — yet two-thirds of older caregivers are white.

Unlike previous generations of caregivers, where women held the lion's share of responsibilities, Millennials are splitting responsibilities evenly by gender. Close to half of Millennial caregivers are men and 12 percent self-identify as LGBTQ — both higher proportions than in other caregiving generations. Moreover, they are redefining what “caregiving” means; in addition to parents, they provide care to grandparents, in-laws, other family members, neighbors and friends.

They are more likely to be employed than previous

30%
of Millennials
Make Less Than
\$30,000
Per Year

They Spend An Average
27%
of Annual Income on
Caregiving

generations of caregivers, yet a third make less than \$30,000 annually. Burdened with more debt than “Boomer” counterparts, they spend an average of 27 percent (approximately \$6,800) of their annual income on caregiving expenses.

Each of these demographic trends demonstrates Millennials are revolutionizing the concept of a family caregiver and their experience.

The Millennial experience is not without its challenges. Most are tasked with balancing dual pressures of employment and caregiving. About 73 percent have gainful employment and disclose they are not receiving the support they need at work. More than half (54 percent) say their caregiving role affected their work in a significant way, and most also said neither their supervisors nor their coworkers know

that they have caregiving responsibilities. Many feel that the help they provide to families does not “count” as caregiving because the devoted time only amounts to a few hours per week. Those living further away say that returning only on weekends also does not “count.” When Millennials disqualify themselves from the title of caregiver, the way others view their role is at risk for demotion.

*Millennials are
revolutionizing the concept
of a family caregiver
and their experience*

Millennial caregivers also express personal concerns, specifically, money and budgeting, obtaining adequate social support, and anxieties related to navigating a complex healthcare system. It is in these areas that healthcare providers can help.

SOURCES

Accius, J. & Yeh, J. (2017). America must invest in its next generations. *Generations*, 40(4), 101-107.

Finn, B. (2018). Millennials: The emerging generation of family caregivers. *AARP Public Policy Institute Spotlight*, 2018(5).

Feinberg, L. (2016). The dual pressures of family caregiving and employment. *AARP Public Policy Institute Spotlight*, 2016(5).

Mendelson, M. (2013). The Millennial generation: Receiving a fair exchange? *Journal of Intergenerational Relationships*, 11(3), 324-328. DOI: 10.1080/15350770.2013.810056

National Alliance for Caregiving (NAC) and AARP Public Policy Institute. (2015). *Caregiving in the U.S. 2015* (Bethesda, MD: NAC /Washington, DC: AARP, June 2015), <https://www.aarp.org/ppi/info-2015/caregiving-in-the-united-states-2015.html>

PROVIDERS CAN...

- Offer, through employee wellness programs, strategies to promote better work/life balance and techniques for stress management (i.e., exercise, meditation, yoga) and sleep hygiene
- Assist in locating and connecting to support groups in-person and online in the community and determine criteria to find the right fit
- Provide caregiver skills training in areas like proper lifting techniques, back safety, and transfers
- Educate regarding medications, side effects, dosage and administration as medication management is a critical role of the caregiver
- Prepare and educate the caregiver to have important conversations with physicians
- Mentor caregivers how to conduct the “tough” conversations surrounding issues like driving cessation or home modification and be taken seriously
- Inform the caregiver regarding diagnoses, prognosis, and end of life care
- Assist with emergency preparedness and home safety, when to seek out respite care or more involved care, and questions to ask when looking at extended care facilities
- The face of caregiving is changing and the techniques this emerging set of caregivers use to learn are different. As healthcare providers, we can help Millennial caregivers be successful and make a difference in the lives of those for whom they care.

FOUR WAYS TO REDUCE BURNOUT

CAN TECHNOLOGY HELP YOU UNPLUG?

by LOLA RAIN, CONTRIBUTOR

Recently my San Francisco State intern asked to learn about a topic very dear to my heart: How can senior living leaders help reduce employee burnout?

There are a few ways to evaluate this question:

- Employee Benefits
- Company Culture
- Work / Life Balance
- Technology

EMPLOYEE BENEFITS

Many companies offer an array of benefits that may include access to counseling services and therapists. Employee Assistance Programs (EAP) are fantastic in theory, but often the only time you hear about these benefits is on your first day when the HR Director hands you a brochure.

For these benefits to be utilized, people must be reminded of them — and a poster in the breakroom is not enough. Some of the reasons I've heard staff say why they don't use EAP include: "I didn't know about it," and, "I don't want my company to know I'm seeking counseling."

These two objections can easily be addressed by consistently talking about the EAP services available and how they are anonymous because they are operated by a third party. The reason you need to be consistent is people will only pay attention when it becomes relevant to their situation and they need it.

COMPANY CULTURE

Every hiring manager knows there are people who will go excel at their job duties and there are people who will do just enough to get by. Most managers probably prefer the achievers because these types of employees tend to have

less turnover. But what if you had the tools necessary to help all employees succeed? Good culture equals good performing employees. Excellent culture equals excellent performance throughout the organization.

However, beware of staff who are too dedicated. They need a vacation. Dedicated frontline staff will use excuses on why they cannot take a day or two off work. "My residents need me," is a common excuse. We love the staff who feel this way, but it is false. The residents need you to take time for yourself. Remind your staff residents want to hear about their day off. They want to hear about their vacation.

If we can shift the conversation from 'short staffed' to 'replenished staff,' employees will feel more comfortable taking time off to get refreshed. We know that staffing stressors are overwhelming and cannot be ignored, but it's up to leadership to set the tone. A challenge is an opportunity. A half empty glass is really half full. The future is brighter than the past.

WORK / LIFE BALANCE

Do you teach your staff about work/life balance? Do you role model it? The most important thing to remember about balance is that you are pausing your work brain while doing something that is important for yourself. Encourage employees to spend time with their families. Ask about their hobbies and interests.

Another factor important for balance is having an outlet to reduce stress when the thoughts of work creep in. How do you slow the creep of these thoughts that try to occupy your mind? Share your techniques with your staff. Open up and talk about it.

THE GREAT TECHNOLOGY ESCAPE

For over 10 years now people have been heads down looking at their smartphones. It's not just a Millennial thing anymore. Everyone does it. The apps that attract us have



an upside. They are distractors. They can give our minds a break and reset our thoughts. Seeing a newborn baby on Facebook can make you smile and reset your mood. Watching a short video of animals or people dancing can produce endorphins and give you a burst of energy. Many new companies have emerged because of this need to balance.

Calm and *Headspace* are two apps focused on helping people rest and reset. In fact, healthcare companies like Kaiser find value in these services. Kaiser offers a free *Calm* subscription to its members through kp.org. *Calm* is tackling mental fitness and says its mission is to “Build a happier, healthier, and more resilient workforce.” *Headspace* promotes it helps users manage feelings and thoughts, and it takes only a few minutes a day to reduce anxiety and increase sleep quality.

COVID-19 has been a catalyst for technology advancements. Our eyes are now open to how easy it is to access doctors and therapists online. With these tools, and our leadership skills, we are more armed than ever before to help our staff overcome burnout.

BURNOUT MAY RESULT FROM:

LACK OF CONTROL

An inability to influence decisions that affect your job — such as your schedule, assignments or workload — could lead to job burnout. So could a lack of the resources you need to do your work.

UNCLEAR JOB EXPECTATIONS

If you're unclear about the degree of authority you have or what your supervisor or others expect from you, you're not likely to feel comfortable at work.

DYSFUNCTIONAL WORKPLACE DYNAMICS

Perhaps you work with an office bully, or you feel undermined by colleagues or your boss micromanages your work. This can contribute to job stress.

EXTREMES OF ACTIVITY

When a job is monotonous or chaotic, you need constant energy to remain focused — which can lead to fatigue and job burnout.

LACK OF SOCIAL SUPPORT

If you feel isolated at work and in your personal life, you might feel more stressed.

WORK-LIFE IMBALANCE

If your work takes up so much of your time and effort that you don't have the energy to spend time with your family and friends, you might burn out quickly.

Source: Mayo Clinic

<https://www.mayoclinic.org/healthy-life-style/adult-health/in-depth/burnout/art-20046642>

LGBTQ OLDER CALIFORNIANS

BUILDING A MORE EQUITABLE AGING FUTURE

by MICHAEL ADAMS, CHIEF EXECUTIVE OFFICER, SAGE

As we look to the future and consider what steps we need to take to build aging equity for older adults in California, the realities and needs of particularly vulnerable populations must be high on our collective radar screens. One such population is LGBTQ older adults. There are more than 500,000 LGBTQ older people in California, and that number is growing rapidly. As a group, LGBTQ older adults face unique challenges to successful aging, including the cumulative financial (and psychological) effects of lifetimes of discrimination, high levels of social isolation, and the current impact of unequal and inequitable treatment by laws and programs designed to assist older adults.

These interconnected challenges result in significantly higher levels of financial insecurity, thinner support networks, powerful barriers to accessing services and supports, and heightened fears of aging among older LGBTQ people. Barriers to successful aging have been made much worse by COVID-19, which has had a devastating impact on older Californians, especially among Black and brown elders. While California has made meaningful progress in recent years through a series of important policy steps designed to address the needs of LGBTQ older people, much more needs to be done.

One of the reasons why more progress is so important is because many LGBTQ elders are in acute financial distress. Generally speaking, 21.6 percent of LGBT people are living in poverty versus 15.7 percent of cisgender heterosexual people. This trend holds for LGBTQ older adults, with older lesbians, transgender elders, and elders of color faring worse financially. The annual Social Security income of older gay couples is 18 percent less than that of heterosexual older couples,

while the Social Security income of older lesbian couples is 32 percent less. Indeed, older lesbian couples are twice as likely to grow old in poverty as older Americans in general. Moreover, transgender people have an especially high rate of poverty at 29.4 percent. And, Black, Latinx and other-race LGBTQ people have higher poverty rates than their same-race cisgender heterosexual counterparts. For example, 30.8 percent of Black LGBTQ people live in poverty versus 25.3 percent of Black cisgender heterosexual people.

Beyond financial disparities, LGBTQ older adults also face high levels of social isolation. LGBTQ elders are twice as likely as cisgender heterosexual elders to live alone, twice as likely to be single, and three to four times less likely to have children. Given these statistics, it is not surprising that 50 percent of LGBTQ older adults report feeling isolated from others. Many age with very thin support networks. For example, 25 percent of older LGBTQ people served by SAGE have nobody to contact in case of an emergency.

Discrimination and stigma also are a huge challenge. For example, 48 percent of older same-sex couples face discrimination when applying for senior rental housing. On average, LGB older adults report six incidents of discrimination over the course of their lifetimes; transgender older adults report 11 incidents of discrimination. Incidents of discrimination, especially when combined with other vulnerabilities like financial insecurity and isolation, can lead to internalized stigma that results in negative health outcomes like higher levels of mental health issues and substance abuse.

In light of this daunting panorama, it's not surprising that LGBTQ older adults have much higher fears of aging than older Americans in general. Fifty-one percent of LGBTQ elders are concerned about having enough money to live on as they age compared to 36 percent of their heterosexual cisgender counterparts; 30 percent are very or extremely concerned about not having someone to care of them as they age, versus 16 percent of their non-LGBTQ age peers.

In response to this backdrop, California has made significant public policy progress in recent years by enacting legislation that designates LGBTQ older people as a priority population for state aging services, and that protects LGBTQ older people and those living with HIV from discrimination in long-term care. In addition, California now mandates LGBTQ “cultural competency” training for aging service providers, long-term care workers, and residential care facilities for the elderly. Moreover, California now requires LGBTQ-inclusive data collection; importantly, this includes the collection of transgender-inclusive health data. And, California has been a leader in offering LGBTQ-friendly affordable elder housing, with five of the country’s 11 such housing developments currently in operation located in the state. The developments – sited in Los Angeles, San Diego and San Francisco - provide 448 units of LGBT-friendly elder housing, with another development slated to open soon in Sacramento.

While this is important progress, much more needs to be done. One key is implementation – prioritization of LGBTQ older adults in aging services and anti-discrimination protections are useful only to the extent that they are enforced. In addition, “cultural competency” training mandates must be enforced and extended into home and community-based services. California needs to advance policies and funding to promote social connectedness and prevent social isolation among LGBTQ older adults (and older adults more broadly). Recognizing that one of the most serious health disparities that LGBTQ elders grapple with is higher levels of HIV/AIDS, California must move to designate older people living with HIV as a priority population for aging services and must encourage HIV testing among older adults. Throughout these policy moves, there must be a particularized focus on older lesbians, transgender and gender non-confirming elders, and LGBTQ elders of color. And the state’s pro-LGBTQ aging policies must take account that 29 percent of LGBTQ older adults live in rural areas, and they face higher levels of poverty than their rural age peers. Given this, there must be a concerted effort to extend training, as well as LGBTQ-friendly elder services and housing, into rural parts of the state.

In sum, LGBTQ older adults in California face unique challenges as they age. While California has taken important initial steps toward addressing the needs of this highly vulnerable



21.6%

of LGBT People
Live in Poverty

Older LGBTQ Adults Are

2X

MORE LIKELY TO
Be Single and Live Alone

3X - 4X

LESS LIKELY TO
Have Children to Help



group of older Californians, much more remains to be done. Fortunately, LGBTQ elders know what progress looks like and LGBTQ aging advocates have identified the steps that need to be taken. If we work together, we can break through the barriers to successful aging for LGBTQ older people and build a more equitable aging future for all older Californians.

SEVEN TIPS TO STAY AHEAD OF WILDFIRES AND PREPARE YOUR RESIDENTS

by LINDA PIERCE, ESQ., GALLAGHER

As of October, 44,000 wildfires have burned more than 7.7 million acres in the United States - 4 million acres in California alone this year. No matter where you are located in the U.S., but particularly in the western states, chances are that you and your residents have been affected by wildfires, either directly or indirectly. The increased frequency and severity of these fires year after year make it critical to review how your facilities may be impacted and how best to prepare with your staff and residents. Here are seven ways you can help prepare and protect your residents and your facilities.

UPDATE EMERGENCY AND ESSENTIAL CONTACT INFORMATION

Residents and staff should update their emergency contacts as they may have changed. Necessary personnel should have access to external essential contacts such as insurers, utility providers, and other service providers.

REMIND RESIDENTS HOW TO PREPARE FOR AN EVACUATION

Residents may want to keep their bags packed with important papers, medication, toiletries, clothes, and other essentials. Particularly in hot, windy weather, fires can start quickly and move fast. Having an evacuation plan, communicating it to staff and residents, and practicing an evacuation is an effective way to evaluate the efficiency of your plan and to address improvements. With evacuations, time is of the essence. The more people understand what they need to do in the event of an emergency, the smoother an actual evacuation may go.

ANTICIPATE POWER OUTAGES

Many utility companies have initiated power cut-offs to reduce the risk of fire, especially in severe warm, dry, and windy weather conditions. Facilities and residents should have emergency lighting available to avoid the risk of injury if they are navigating in the dark. As daylight savings approaches, it is important to take steps to make sure appropriate lighting is available. Solar battery operated strip lighting is an easy and convenient way to keep walkways and trip hazards lit even when electrical power is not available. Consider purchasing solar and other back-up chargers for phones and other necessary electronic equipment.

PREPARE FOR A SMOKY CLIMATE

Smoke from wildfires can linger for days and can severely impact those in affected areas. To minimize health risks, consider keeping a stock of air filters on hand to change as needed. Monitor air conditions in areas where you have facilities and limit outdoor activity during days of unhealthy air quality.

ENCOURAGE RESIDENTS TO UPDATE THEIR PERSONAL PROPERTY INSURANCE

Residents should obtain personal insurance to cover their personal property. Some valuable items, such as jewelry, may require specific itemized coverage. The best time to understand how a policy should respond to a loss is before a loss occurs. Encourage your residents and their families to review their coverage with their agents.

PREPARE FOR THE EMOTIONAL IMPACT OF FIRE SEASON

Hearing about devastating fires and watching televised news stories covering these events can cause stress and anxiety. In addition, unhealthy air quality produced by these events and the unseasonable dry weather conditions can cause residents physical and emotional discomfort. Particularly now, when people are feeling more socially isolated, the fear and anxiety that comes with the wildfires



is amplified. Consider activities that could assist, such as socially-distanced games, trivia events, or music programs.

USE TECHNOLOGY AND TOOLS THAT HELP YOU PREPARE

Consult your insurer or broker to see if they offer any wildfire predictive modeling and real-time monitoring tools. These tools can help you plan and respond to natural catastrophe events. Gallagher offers clients its Gallagher Forecast tool, an online platform that visually transforms property statement of values into actionable insights and catastrophe risk analytics, and offers real-time alerts as conditions change.

Wildfires can be unpredictable and fast moving. Preparing and practicing the proper response now can help mitigate loss from the event, and in the aftermath. As you navigate your organization's current exposures and insurance needs, please reach out to your Gallagher Risk Control team to help you create a plan for success. For additional information on how to plan and prepare for wildfires, you

can visit Gallagher's resource page at <https://www.ajg.com/us/wildfire-preparedness>

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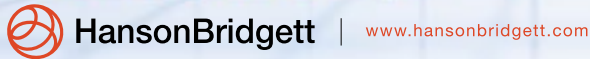
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MARY MUÑOZ
SENIOR MANAGING DIRECTOR
mmunoz@ziegler.com
800 327 3666

SARKIS GARABEDIAN
MANAGING DIRECTOR
sgarabedian@ziegler.com
800 327 3666

DAREN BELL
DIRECTOR
dbell@ziegler.com
800 327 3666

ADAM VANUCCI
ASSOCIATE
avanucci@ziegler.com
800 327 3666

www.ziegler.com

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VIEW FROM THE CAPITOL

LOOKING TO THE NEW YEAR

by ERIC DOWDY, CHIEF GOVERNMENT AFFAIRS OFFICER, LEADINGAGE CALIFORNIA

With the 2020 election (somewhat) behind us and the COVID-19 infection rate picking up momentum as we head into the winter months, the prospects for regaining a sense of normalcy next year remains very uncertain. The pandemic has thrown the state's budget into a deficit situation conservatively projected to be \$18 billion, or if you use Governor Newsom's number, as high as \$54 billion. This lack of funds will grind to a halt any state initiatives that involve new dollars for at least this year, possibly into 2022 depending on our pace of recovery. This election continues the California Legislature's heavily Democratic supermajority in both the Senate and Assembly.

A priority of the Newsom administration is its work on the Master Plan for Aging. The culmination of the year's long work resulted in recommendations, which are currently before the governor's cabinet. LeadingAge California's priority items include:

AFFORDABLE SENIOR HOUSING

The state needs to invest in building and retaining affordable housing stock for older Californians. As policymakers have increasingly come to know that "housing in healthcare," we will continue our call to ensure that every Californian has access to housing they can afford.

WORKFORCE

The pandemic has worsened the acute workforce issues our sector has been experiencing for many years. Action needs to be taken quickly to get new workers into the field and to increase the clinical expertise from more geriatricians to caregivers.

LONG-TERM SERVICES AND SUPPORTS FINANCING

The work continues with our partners on the California Aging and Disability Alliance (CADA). We continue to advance the call for a LTSS benefit that provides much needed support for older adults to access the services they need to maintain their autonomy, independence and self-direction.

With the new administration, there is hope that stimulus money will be distributed to the state to assist with shortfalls. However, it is unlikely that this will be more than a band-aid until the state begins to recover from the pandemic and the economy revives itself. Despite this, we will continue our advocacy so move forward on these important issues.

While 2021 will undoubtedly be another difficult year, we are hopeful as we see signs of new dollars to states, refocused efforts to control the pandemic, and a solid blueprint in the Master Plan to lead the way. Please join us as we continue our advocacy in 2021 with virtual events that will help spread our message in Sacramento. We cannot do it without you.



Wishing you all a happy, safe and prosperous New Year!

Eric Dowdy
Chief Government
Relations Officer

iNSPIRE *Quality of Life Improvement Project*

LEADINGAGE CALIFORNIA WOULD LIKE TO CONGRATULATE THE FOLLOWING MEMBERS ACCEPTED TO THE GRANT-FUNDED INSPIRE PROJECT

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The Integrate fuN, Sustainable, Programming that is Innovative, Rewarding and Enriches (iNSPIRE) Project provides nursing homes with the [iN2L](#) engagement technology, which offers thousands of computer-based experiences aimed at improving quality of life, reducing psychotropic drug use, providing stress relief, and much more.

For more information about the iNSPIRE Project contact Amanda Davidson at grants@leadingageca.org or visit <https://www.leadingageca.org/inspire-grant> Funded through a CMP grant awarded by the California Department of Public Health



Today's seniors are living longer, more active lives. And as impressive as that is, they sometimes need a little help to keep living that way. Together, we can ensure that whatever it is that makes each person so unique carries on as they age.

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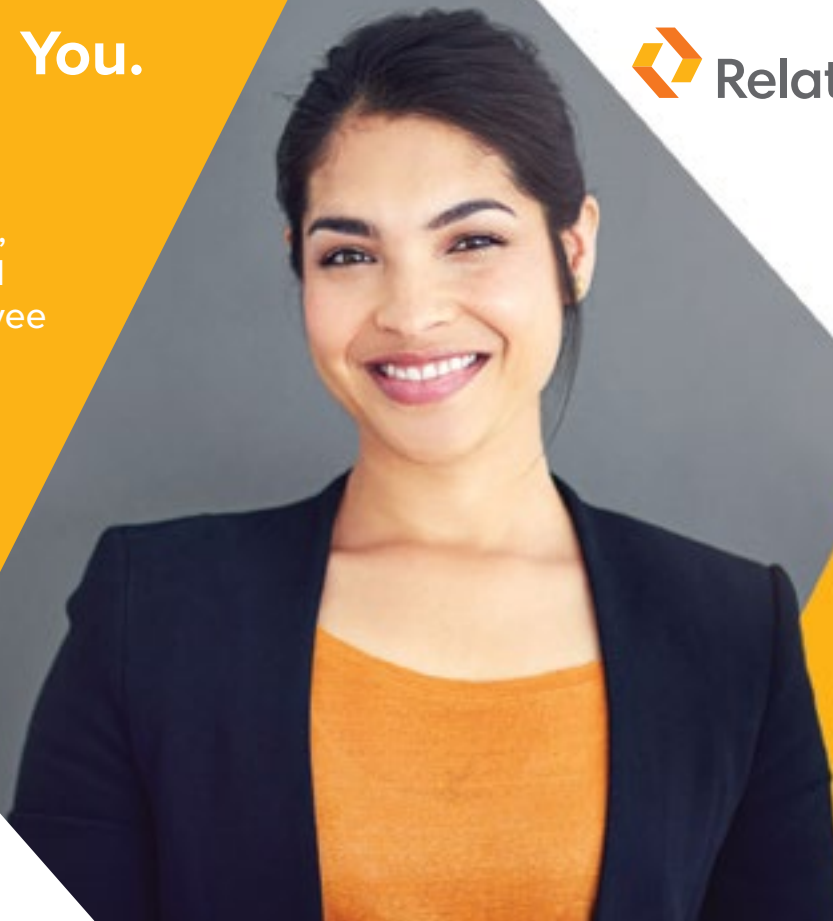
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