

engage

Exploring The Paths Through COVID-19 and Beyond

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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

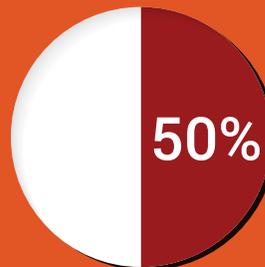


**NEW
TECHNOLOGY**



**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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RESILIENCE

THE NEXT NORMAL

Arriving in San Francisco in mid-1984, I settled quickly into work in a pandemic — then the AIDS crisis — after running an AIDS program on the East Coast. Like COVID-19, there were many unknowns at the time, but scientists helped us understand early what some potential mechanisms for the spread of the disease were — unprotected sex, drug use, and contamination of wounds and cuts through sharing of personal care items, like razors and toothbrushes. It also became apparent that individuals at highest risk were those practicing those behaviors, and those that appeared at less risk did not. Some groups were disproportionately impacted since they fell into these high-risk behaviors. The recommendations followed as to how we could minimize exposure to what became known as HIV, and what the risks were if we did not.

As I fast-forward to COVID-19 in 2020, I have tried to apply learnings from this early experience in managing care delivery in a pandemic — what worked and what didn't. We cohorted patients to protect others; we wore appropriate (and had access to sufficient) PPE; we got tested to determine if we had an elevated immune response; and at times, we waited. ICUs, hospitals and hospices were overwhelmed and often uncertain how to care for patients and protect staff. Importantly, we communicated often with our peers, with scientific experts, with our staff, and with the public.

Managing any public health effort requires an understanding of the science — and resilience. It is this resilience that provides us the elasticity to modify our behaviors, our expectations, our approaches, and our capacity to recover quickly when we've perhaps veered in the wrong direction. It is resilience, too, that allows us to re-imagine what the future might look like as we shape and mold our communities, our workforce, and our work environments to adapt to the 'next normal.'

As we look ahead to the 'next normal,' it is resilience that will carry us through.



JEANNEE PARKER MARTIN

President and CEO



MOLLY FORREST

President, Jewish Home Foundation

FROM THE BOARD CHAIR

I am honored and grateful to serve as your Chair of LeadingAge California. For decades, our association has been a trusted voice and advocate for aging. As I begin my tenure, I thank our Immediate Past Chair, Jasmine Borrego, for her wonderful leadership, advice, friendship and support of our association.

These are unprecedented and uncertain times, and it can be tempting to pause, perhaps in a bit of shock, during the current coronavirus pandemic. However, as individuals and an association of nonprofits, I firmly believe it is our time to lead. We must be robust and responsive to the needs of our member organizations and all seniors who rely upon the vital work we do.

Current challenges impact all sectors of healthcare and senior services. Initially, with COVID-19, we were seeking a central entity to guide us. However, we soon realized many of the solutions must come from within us. We need to rely on the same professionalism and expertise we have always offered. Nonprofits are often at the forefront of innovation, especially when faced with a unique challenge; collectively we rise to this one.

While things may never be exactly as they were, we will embrace innovative technology, develop new best practices of care, and explore exciting avenues to ensure we continue providing the best in senior living. I truly believe the future of our work and the services we provide will be even better as we adapt to the new normal.

I close by offering thanks to all who participated in the recent elections for our association, and as I begin my new role, I invite your ideas, thoughts and hopes for the future. I regret we cannot be together for this year's conference; I look forward to our virtual forums and hope it will not be long before we are together again.

What comes next will test us - together we will continue to fulfill our mission.



AGE ON. RAGE ON.™

LEADINGAGE • CALIFORNIA

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.

TAKE THE PLEDGE

#AgeOnRageOn



Visit <http://AgeOnRageOn.com/> to find out how you can help or share your story

LeadingAge® CA Foundation

- More than 100 member providers received PPE and support services from these grants
- 716 gallons of sanitizer was distributed
- 64,250 disposable face masks were mailed
- CNA Training Video was produced
- Free COVID-Ready Caregiver Certification program was established
- INSPIRE grant quality of life improvement project will provide engagement technology to 60 SNFs and 1,800 study participants



We extend our gratitude for the support and generosity of the following organizations who have helped us keep older adults and their caregivers safe. Thank you!



IT'S TIME TO TAKE ADVANTAGE OF "WET CLAY" OPPORTUNITIES

by OLIVIA MASTRY, JD, MPH, COLLECTIVE ACTION LAB, COLLECTIVEACTIONLAB.COM

History has shown us that [viruses spur evolution](#). Perhaps we should see COVID-19 as a gateway to a new era that we can strategically influence to create better health and well-being for people and the planet. To this end, we should be watching for “wet clay” opportunities in which previously intractable, set-in-stone issues can be re-imagined and re-molded to create a better future.

A few areas of emerging *next normals* where we can ask ourselves, “what could this mean for us - and what can we do about it?” include:

WORKPLACE EVOLUTION

As the workforce has become more comfortable with remote work and enabling automation, many aspects of remote working may become permanent, and traditional offices and work spaces may radically change.

RESILIENCY VERSUS EFFICIENCY

In recent history, our focus has been on quick, cheap production and ever-increasing consumption (the “efficiency model”). As a result of COVID-19, people, organizations, and governments are increasingly seeking resiliency by relying more on local and regional rather than global supply chains, engaging in less risky transactions, and generally existing more frugally and simply.

CORPORATE ACCOUNTABILITY

As COVID-19 has made the wealth and power gap even more obvious than it already was, corporations are increasingly coming under public scrutiny, not just with respect to profits, but the whole “triple P” — profits, treatment of people, and impact on the planet.

EQUITY REVOLUTION

COVID-19 made it impossible to deny the historical trauma and deep inequities created through 400 years of racism that is now baked into our systems and society. The murder of George Floyd catalyzed a citizen uprising that could morph into a revolution that demands and brings about rapid systemic changes to dismantle barriers to equity in all aspects of our lives.

LIVING ONLINE

For those of us with access to internet service and a camera on our phones, iPads or tablets, we are doing almost everything online — both personally and professionally. As internet usage becomes fundamental to existence and connection to civic society, questions arise about whether it should be a public utility to close rural/urban, wealth, and other equity-based access gaps.

MUTUAL AID

Throughout the racial injustice uprisings, we are seeing dominant culture relief organizations replaced by a strengthened, organic, neighbor-to-neighbor mutual aid network. As the network grows, so does the potential for what it can achieve beyond emergency response to activate and catalyze citizen movements for change.

TAIL RISK MINDFULNESS

Challenged stay-at-home orders, mask mandates, and economic re-openings have shown that we have an on-again, off-again relationship with thinking about, responding to, or ignoring the future impact of our actions. Currently, it is unclear whether tail risk mindfulness is a muscle we want to build or let atrophy.

GOVERNMENT INTERVENTION

Citizen surveillance, state-federal powers, relief and stimulus packages, and the role of the central bank are all raising continual questions about how much power, intervention, and authoritarianism we want and can tolerate in government.

NEW SOCIAL CONTRACTS

We are continually testing new precedents that might provide the basis of re-writing social contracts in our country, such as universal basic income — the first relief package made direct payments to citizens; national health insurance — in response to large scale and sustained unemployment; and deeper investments in a stronger public health infrastructure — to prepare us for the next virus.

NEW HEROES

Everyday service and delivery workers have proved vital to our daily well-being, which could/should justify better wages, protections, and employee-owned companies.

PUBLIC-PRIVATE PARTNERSHIPS

The race for protective gear and a vaccine has shown new levels of engagement and partnership between public and private organizations that may become the norm as we collectively seek solutions together.

Moving from a societal level to an aging/senior services sector level raises similar “wet clay” opportunity questions. A few areas of emerging next normals that might open the door to needed reforms include:

WORKFORCE

Using the COVID-19-enhanced valuing of caregivers to leverage workforce changes such as redesign, new delegation authorities, increased wages, career ladders, work flexibility, accessing a pipeline of workers from other industries, and new roles for retirees and volunteers.

TECHNOLOGY-ENABLED CARE

Solidifying sustained telehealth and other technology-enabled care.

ALTERNATIVE MODELS

Responding creatively to the post-COVID-19 increased demand for home and community-based care.

SOCIAL CONTRACTS

Weaving and embedding financing for long term services and supports into any new social contract that relates to national health insurance.



VISIBILITY OF SOCIAL ISOLATION

Leveraging the fact that social isolation is now an “everyone” issue to advocate for connectivity and technology access for older adults, including pursuing internet access as a public utility.

PUBLIC-PRIVATE PARTNERSHIPS

Replicating COVID-19-style partnerships can be replicated in senior services to establish and pursue shared goals that benefit older adults.

ADDITIONAL RESOURCES

Often times in crises, people respond with fear or are reminded of past trauma that can immobilize their ability to engage in “wet clay” thinking. The links below could be helpful in responding to and supporting people when they experience fears or past trauma.

- [SAMHA Guidance on Trauma-Informed Approaches](#)
- [Trauma Informed Oregon](#)
- [Resilient Wisconsin](#)
- [Mindfulness when facing pandemic fear](#)

BUILDING RESILIENT COMMUNITIES

CONVERSATIONS ON THRIVING IN A POST-COVID WORLD

LeadingAge California members in architecture, marketing, and PR shared their thoughts on how designs for future senior living communities could change in the wake of COVID-19 - with new and heightened concerns like infection control, combating isolation and restrictions on visitation - and what it will take to build “resilient” communities to survive and thrive amidst tremendous change.

COMMUNICATING WITH POTENTIAL RESIDENTS

An older adult considering a senior living community today might understandably have concerns before deciding on a move. “We are hearing from potential residents that they want to know how leadership has been responding to the pandemic, and they want to know about the number of COVID-19 cases the community has experienced, said Derek Dunham, Vice President of Client Services for Varsity. “When people used to say they were seeking safety, they typically meant physical security. Now it’s wanting to know the community’s safety protocol as it relates to sanitation, and infection control, which is really baked into the DNA of these communities.” However, many say the pandemic hasn’t deterred move-ins, with the overall benefits of living in a long-term care setting outweighing other concerns.

With on-site visits not generally an option, embracing the transition to digital is even more critical, said Dunham, and everyone has to be more innovative. Events like Paradise Valley Estates’ “virtual walk-throughs” and tours provide opportunities to connect with potential residents through a new platform. Jane Walker, Director of Sales and Marketing at Paradise Valley, said that while the transition to digital has been a challenge, these events have been successful in helping continue to attract new residents.



NEW EXPANSION BUILDS ON A STRONG FOUNDATION

Originally a military officers’ retirement community, Paradise Valley Estates was already quite resilient, with a unique combination of factors including a gated campus with security guards and a robust internal communication infrastructure that have helped them achieve zero cases of COVID-19 among staff and residents.

“As we’ve all learned during lockdown, the more you can get outside, the better you feel.”

An eight-acre expansion project with Perkins Eastman, now 50 percent near completion, is designed to connect people with the outdoors and ensure residents’ personal space.

“As we’ve all learned during lockdown, the more you can get outside, the better you feel,” said Leslie Moldow, architect at Perkins Eastman. Moldow explained that with traditional models, the common spaces are typically turned inwards within a building. This expansion includes a series of paths networked throughout the community that have been designed along creek beds, under trees

and leading past various activities so people can feel connected with nature. And in case of another quarantine, every apartment is designed with a large outdoor deck and cross-ventilation so residents don't feel trapped.

CEO Kevin Burke explained that technology was also a huge priority for the expansion. The community was already piloting autonomous vehicles with Boston-based company Optimus Ride, and this system was switched to meal delivery once COVID-19 hit.

"Leslie will tell you we talked about from the beginning advancing as much technology into the design as we could," he said. "We currently have the technology to broadcast to all units through Skilled Nursing, Memory Care — so every residential unit on campus can see live and recorded broadcasts from a number of areas in the community."

In addition, through a feedback system and resident portal called PVE Pulse, residents can communicate with senior management directly through email or answers can be added to the upcoming broadcast with an explanation.

This technology became critical as the community moved quickly to lock down during COVID-19. "It was so important in helping us keep our team up to date on what was happening," said Burke.

EXPLORING ALTERNATIVE MODELS

HumanGood community Valle Verde in Santa Barbara is partnering with Perkins Eastman to explore the Small House Model for skilled nursing through California's Small House Skilled Nursing Facility Pilot Program.

While 10 to 12 residents is standard in California, by state regulations, a "small house" is defined as a health facility that provides care in a home to no more than 20 residents. Moldow explained that in a small house model, the units and nursing stations are broken down into clusters. Each unit is a complete home with a living room, private resident bedrooms and full, private bathrooms. The idea is that a large part of the infection control occurs from not only having a small, dedicated staff knowing each resident on a personal level, but also by helping residents maintain their sense of privacy and dignity in a sterile environment.

"Thanks to the California Department of Public Health's new pilot project, it's possible to create a more person-directed model within supportive, small-house regulations," said Valle Verde Executive Director Melissa Honig.

IMPROVING SAFETY THROUGH AIR QUALITY UPGRADES

Upgrades in safety in terms of environmental air quality are also likely to happen, says Douglas Pancake, president of Douglas Pancake Architects, beginning with indoor air quality. "I could see the codes going from Skilled Nursing and acute care hospitals in terms of ventilation, and those being implemented into our buildings and RCFEs," he said.

Douglas Pancake Architects has been exploring innovative ideas and equipment such as plasma air scrubbers, similar to air purifiers, that help reduce airborne particulates in individual rooms, as well as exploring creating a visitor's center equipped with a plexiglass barrier, two separate ventilation systems, and two-way speaker technology to help alleviate social isolation during another quarantine. "I've always been intrigued by (geriatrician) Dr. Bill Thomas," said Pancake. "He identified the three plagues in nursing homes — loneliness, boredom, and helplessness — and that has stuck with me all these years as a design goal in terms of creating spontaneity."

"COVID-19 will challenge us to create, innovate and challenge traditional norms."

MOVING FORWARD

COVID-19 will challenge us to create, innovate and challenge traditional norms to adapt to the changing climate and needs of today's older adults. "This virus has its own process with the four stages of denial, anger, bereavement and acceptance," said Honig. "If you look at what we're learning right now, I know we'll come through this better and stronger."

FUTURE ECOSYSTEMS FOR AGING WELL IN MIDDLE MARKET SENIOR HOUSING

by ROBIN DOUGLAS, ROBIN DOUGLAS CREATIVE SERVICES, LLC

Minka Homes and Communities is an innovative model for middle market senior housing that combines best practices in universal and sustainable design with smart home technology to help people live their best lives, regardless of age or ability. A new partnership announced July 1st with the Covia Group and Ziegler Linkage Funds will support the creation of "multi-ability," intergenerational homes designed to be inclusive, cost-efficient and support individual and community wellness.

The National Investment Center for Seniors Housing & Care (NIC) defines the middle market as “Americans with too much income to qualify for Medicaid, but not enough to pay for most private care options for very long.” A study by NIC in 2019 cited that by 2029, 54 percent of middle-income older adults will be unable to afford senior housing, a number that has surely been impacted by COVID-19. “Right now, there are millions of people struggling to age in their homes and communities. COVID-19 has intensified these challenges exponentially,” said CEO and co-founder Ana Pinto da Silva. “Affordable home and community-based solutions that deliver health, safety and wellness at scale are urgently needed.”

Rooted in a centuries-old style of Japanese architecture that literally means “house for the people,” Minkas are “digitally connected smart homes” designed to support people across the full arc of their lives. Co-founded by geriatrician Dr. Bill Thomas, creator of the [Eden Alternative](#) and [The Green House Project](#), Minkas are centered around universal design — the concept of designing

buildings, products or environments to make them accessible to all people, regardless of age, disability or other factors.

Homes can be grouped into “pocket neighborhoods” centered around open, shared spaces that promote social connection and an enduring sense of community.

“Right now, there are millions of people struggling to age in their homes and communities.

COVID-19 has intensified these challenges exponentially.”

The focus on wellness is reflected across all aspects of Minka’s design, architecture, and technology. “We think of Minka as an ecosystem. The Minka home is an atom, and the Minka community is a molecule. Both work together to help people live with agency and independence,” said Pinto da Silva. “We’re asking ourselves, how can a home be designed to be easier to clean if you have a cognitive or mobility challenge? How can our homes support better health outcomes? How can where we live help us become more resilient – as individuals and as a collective community?”

As part of their new partnership with the Covia Group and Ziegler Link-age Funds, the first Minka homes will be built at Covia's Spring Lake Village campus in Santa Rosa. Construction is slated to begin early next year.



“We need a range of solutions designed to address the urgent challenges middle-market Americans face,” said Pinto da Silva.

“We're asking ourselves...how can where we live help us become more resilient - as individuals and as a collective community?”

“While Minka is not a silver bullet, we believe that through thoughtful, purposeful design, we can create home and community-based solutions that foster wellness and build resilience — and that’s a goal worth fighting for.”

14.4
million
middle market
older adults by 2029

MORE THAN HALF
will be
unable to afford
market rate
senior housing

*Source: National Investment Centers
for Senior Housing & Care (NIC) -
Health Affairs Journal (2019)*

HIRING IN THE TIME OF COVID-19

FINDING THE RIGHT CANDIDATE AMIDST THE PANDEMIC

by JEFFREY BILSON, PRESIDENT, DRUTHERS AGENCY, INC., DRUTHERSAGENCY.COM

COVID-19 has impacted senior living operations in many ways, from visitation and tour restrictions, to modified dining protocols and troubling financial forecasts. We are in the midst of creatively adapting to the new realities of our environment. One area that must be reconsidered in today's world is that of recruitment and hiring. The process of identifying, reaching, screening and interviewing candidates has changed as a result of the virus in several ways.

MESSAGING IS CRUCIAL — REFLECT YOUR COMPANY CULTURE

The field of Senior Living has always offered employees a sense of service and personal satisfaction, as well as a “recession-proof” growth curve due to demographics. The current downturn in other sectors provides an opportunity to reach out to displaced workers, though there may be some concerns about health and exposure on the part of those potential candidates. It is important that your messaging demonstrates your commitment to safety while highlighting the sense of purpose and career stability offered by our field.

Whether new to Senior Living or experienced in the field, employees are looking for more than a paycheck as they evaluate a new job. Companies will be judged on how they navigate this crisis, how they treat their employees, and how they serve the greater society. Promoting your workplace in a way that demonstrates care for employees at all levels, as well as your commitment to encouraging employee engagement, will position you as an employer of choice in a competitive environment. I believe this is a wonderful time for our industry to underscore the sense of purpose and service that this field offers.

IDENTIFYING AND REACHING CANDIDATES HAS CHANGED — RETHINK YOUR HIRING PROCESS

COVID-related challenges are causing companies to rethink the qualifications they seek in candidates, as well as, the way in which those individuals are reached. Consideration of line-level candidates who do not have previous senior living experience is one aspect of that, and requirements for regional or corporate roles are rapidly changing as well. For example, the recent experience with “work from home” protocols have shown that candidates who cannot relocate to where the corporate office is located should still be considered. As one client recently told me, “even if a candidate lived locally, they would likely be working remotely, and in the past few months we’ve realized how easily that can be accommodated.” This change of perspective not only allows you to cast a wider net for candidates, but also eliminates the challenges and costs involved in relocation on both sides.

*In this unique environment,
you will need to be more
proactive in targeting
individuals in other ways.*

Accessing candidates will take some additional creativity as well. If you are relying on job boards or Facebook ads there may be little change, but if you (like me) use conferences and other gatherings to connect with potential candidates, things have changed a great deal. In this unique environment, you will need to be more proactive in targeting individuals in other ways. Direct contacts and referrals, targeted outreach through LinkedIn and other social media, and marketing efforts similar to those used for occupancy



development will become more impactful in developing a strong candidate pool.

SCREENING AND INTERVIEWING ARE BEING TRANSFORMED — RESPOND WITH NEW TECHNOLOGY

With travel complications, meeting restrictions and a scattered workforce, the hiring process will take longer than usual in today's environment. Building in extra time whenever possible will allow you to adapt to any delays that come up while the virus ebbs and flows, without compromising on any aspect of the screening process. Technology can be leveraged as well to advance the process in a timely manner. More and more people are becoming comfortable with online meetings and interviews, and while it is not a perfect substitute for face-to-face discussions, technology can allow your hiring process to continue forward in a timely manner while maintaining distance and safety for all involved.

When arranging for video interviews, pay attention to items such as background, lighting and other elements that provide the candidate a comfortable interview experience (and put your company in a "good light"). You will also need to be more forgiving of issues that may arise on the candidates' end, such as pets or children interrupting the

interview. When on-site interviews do occur, hold meetings outdoors or in well-ventilated spaces while maintaining safety protocols such as reducing the number of participants in each group, masking, and physical distancing.

Technology can allow your hiring process to continue forward in a timely manner while maintaining distance and safety for all involved.

As we navigate these uncharted waters and adapt to our new reality, senior living operators are well-positioned to attract employees from within and outside the field by offering safe work environments and meaningful company cultures. The key to success is making sure that your messaging and actions are aligned, and are focused on what we do best for both residents and staff – taking care of people and keeping them engaged.

CONTACT JEFFREY BILSON: JEFFREY@DRUTHERSAGENCY.COM

WORKFORCE CELEBRATIONS

CONGRATULATIONS 2020 EMERGE GRADUATES

by KEVIN TUUAGA, DIRECTOR OF MEETINGS AND EVENTS, LEADINGAGE CALIFORNIA



It's hard to believe that we are graduating our 9th cohort of LeadingAge California's leadership development program. EMERGE has been a catalyst for individuals who are seeking to transform their leadership skills to successfully lead highly engaged and innovative organizations, and the EMERGE Class of 2020 is no exception!

The fellows have developed and exhibited leadership skills and abilities that will enable them to bring distinction to their sponsoring organizations, LeadingAge California, and the field of aging services. Thank you EMERGE Class of 2020 for upholding the mission, vision, and values of the EMERGE program. Congratulations!

EMERGE CLASS OF 2020

JIAN BASSI

Covenant Village of Turlock

LEIF CAMERON

Redwood Terrace

MEREDITH CHILLEM

Life Skills Training and
Educational Programs (LifeSTEPS)

BETHANY DINH

Sunny View Retirement Community

KELLY DODD

Casa de Mañana Retirement Community

JESSICA DUPLANTIS

Paradise Valley Estates

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Solheim Senior Community

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Valle Verde
Retirement Community

RANSHU MALINI

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SERGIO SOLORIO

MonteCedro ECS

MARNA TOPPING

Eskaton Lodge Cameron Park

THANK YOU



The EMERGE program would like to acknowledge its 2020 sponsors, Masonic Homes of California, Quiring Construction, and Value First – thank you for your ongoing and continued support. A special thank you to the sponsoring organizations who continue to support EMERGE and valuing future leaders in our industry.



A VIEW FROM THE CAPITOL

AGING POLICY IN THE TIME OF COVID-19

by ERIC DOWDY, CHIEF GOVERNMENT AFFAIRS OFFICER, LEADINGAGE CALIFORNIA

As the state enters its fifth month of the COVID-19 pandemic, policy changes at the local, state and national levels have been constant as new information is learned about the virus. As of this writing, the state is experiencing an explosion of cases, claiming the number one spot in the nation with over 435,000 cases and 8,000 fatalities.

The California Legislature has severely restricted the number of bills moving through the legislature. As reports of legislators themselves becoming infected surfaced, the Senate and Assembly changed their rules to allow for remote and proxy voting as they approach the August 31st end of session. Hundreds of bills have been dropped from consideration this year as committee hearings are compressed, with several hearings scheduled for the weekends in August.

Many of the issues providers face must be solved at the national level. To that end, LeadingAge has developed [5 Essential Actions](#) to call on Congress and the Trump Administration to take the bold steps needed to ensure the safe reopening of our country. Below is the current status of those five categories as well as key developments in other areas of concern:

VISITATION

We have advocated for relaxing visitation requirements in both the nursing home and assisted living settings due to ongoing concerns of the impact of long-term isolation is having on residents. [PIN 20-23-ASC](#) provides for outdoor visitation if certain conditions are met. (Residents of Continuing Care Retirement Communities are “generally exempt” from visitation restrictions.) In nursing homes, [AFL 20-22.3](#) allows for visitation from one designated individual based on case conditions in the community and facility as well as staffing and access to testing.

PERSONAL PROTECTIVE EQUIPMENT

The challenge of obtaining adequate Personal Protective Equipment (PPE) appears to have lessened over the last few weeks. However, providers are being advised to stockpile PPE in anticipation of the flu season. LeadingAge California has worked under a grant from foundations to distribute PPE and hand sanitizer to member communities.

TESTING

The Centers for Medicare and Medicaid Services (CMS) announced on July 14, 2020 that they would be distributing point-of-care testing units to all the nation’s skilled nursing facilities. However, as of this writing, it is unclear if the California Department of Public Health will allow their use due to the fact that the sensitivity of the machines is below the Department’s parameters for accuracy for testing.

FUNDING

Approximately \$5 billion of the Provider Relief Funds have been earmarked for nursing homes on things such as additional staff, testing, and technology to combat social isolation. Another round of relief funds is hoped to come soon, however an agreement was not likely before Congress takes a summer recess.

FLU VACCINATIONS

With the flu season approaching, many experts warn of the dire consequences of coinfections in the Fall. Providers are strongly urged to begin their flu mitigation plans early and place their orders for the vaccine. CDPH is expanding their “Don’t Wait to Vaccinate” campaign to older adults this year in light of the grave risk the flu poses during the pandemic.

HOUSING EVICTION MORATORIUMS

The governor extended the authority given to local governments to halt evictions due to spread of the virus through September 30. We are advocating on several measures in the Legislature that have been amended to address evictions.

LIABILITY PROTECTIONS

Governor Newsom has been unresponsive on the idea to grant providers liability protections, similar to those afforded to hospitals during pandemics. However, draft language is circulating in Washington, DC that could protect providers and other entities.

I hope you will visit connect.leadingageca.org to take advantage of all the late breaking policy news and information we post on a daily basis. To our members — we are only just a phone call or email away, so please do reach out if you have questions or need assistance.



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AFFECTING AND SUSTAINING CHANGE

INTERVIEW WITH SISTER MARIE TAYLOR

BOARD PRESIDENT, EAST BAY HOUSING ORGANIZATIONS (EBHO) AND RESIDENT COUNCIL PRESIDENT, CHRISTIAN CHURCH HOMES (CCH)



HOW HAVE THIS YEAR'S EVENTS CHANGED YOUR PERSPECTIVE AND APPROACH AS A LEADER?

At Westlake Christian Terrace we had a very active resident council. We met every month through March and then we were shut down. The Council was where you'd hear resident concerns. Now that the dynamic has changed, it's more about touching base through phone calls or other vehicles to find out how residents are doing, what their needs are, and what we can provide to them from a Resident Council perspective. We're doing things in a different way and still trying to provide care and concern to residents.

AS THE NUMBERS OF COVID-19 CASES INCREASE IN CALIFORNIA, WHAT DO YOU THINK NEEDS TO HAPPEN TO ENSURE THE HEALTH AND SAFETY OF OLDER ADULTS?

I think the whole testing system is woefully inadequate. There is no movement to do large scale testing of seniors. The other part is that many residents can't get to the sites to be tested — then they've got to wait in lines. When they talk about 'everybody needs to be tested' — there are a lot of impediments out there. It's like a double-edged sword that nobody is attending to.

HAVE YOU SEEN SOME RESIDENTS BECOME MORE POLITICALLY ACTIVE OR ENGAGED?

Yes — Westlake is right at Broadway and 28th in Oakland. To have damage done to the drug stores and grocery stores really put a cramp in the life of our residents in terms of getting food and medicine. For a moment we were kind of back in a food and medicine desert. Residents weren't happy — although they understood what was going on and why, that was difficult for them. We had residents who marched and attended rallies down at City Hall and they've also been showing activism by phoning or other things they can do from their apartments.

*"Changes have to happen
or else we're back in
the same boat."*

SOME NEWS ARTICLES HAVE COMPARED THE PROTESTS IN RESPONSE TO THE DEATH OF GEORGE FLOYD TO THE CIVIL UNREST OF THE 1960S. WHAT DO YOU THINK NEEDS TO HAPPEN TO SUSTAIN LASTING CHANGE?

At different meetings I've been at, the question is often asked, 'what do you feel about this?' On one hand, I am weary, because I've seen it too often. It lasts for a minute, and then people go back to their same behaviors. The one hopeful is that the young people are very vocal. With the sit-ins of the 50s and 60s, it was the young people who began with enthusiasm to affect change. So, I'm hoping this will be sustained.

If we can continue these discussions around the source of racism within the United States, that's hopeful, especially if there is political and policy change. Changes have to happen or else we're back in the same boat.



From left: Little Sisters of the Poor Mother Marguerite McCarthy, Sister Anthony Selewicz, Sister Clotilde Jardim, and Mother Maria Christine Lynch with Father Mark Cregan, CSC, the order's general counsel. (R.W. Dellinger)

A MESSAGE OF HOPE

by MOTHER MARGUERITE, LITTLE SISTERS OF THE POOR

As I write this, the world continues to experience difficult times. The coronavirus pandemic has changed our way of life. Please know that we are praying multiple times throughout the day for an end to this pandemic, and for your safety and the protection of everyone. As Little Sisters of the Poor, we are exactly where we should be - with our elderly residents, caring for them and doing the utmost to keep them safe and happy. We have had to strictly limit access to our Home, but we are striving to maintain an enjoyable atmosphere. Without our volunteers, we are wearing many hats, but nothing compares to the men and women working on the frontlines working tirelessly day and night to keep patients alive. We pray for the whole world; especially the frontline workers. We have been working side by side with our dedicated staff and inviting them to pray with us each day for our Heavenly

Father's protection for our Home, their families and the whole world. As difficult as these days have been, we feel a prayerful unity. We are so appreciative of the support we have received throughout this coronavirus crisis. The outpouring of love, prayers and donations of much needed items and supplies has been such a blessing in this difficult time. Kindness and generosity have assisted us to keep our residents safe and healthy. Our tradition is to live from donation to donation and to beg daily in markets and other places of business to provide for the needs of the aged poor.

We pray daily in gratitude for every kindness! In the meantime, I hope and pray that things are not difficult for you. May God bless our world and each of you with patience, healing and strength.



WE NEED A NEW LIFE MAP

by LAURA L CARSTENSEN, PH.D., PROFESSOR OF PSYCHOLOGY AND THE FAIRLEIGH S. DICKINSON JR. PROFESSOR IN PUBLIC POLICY & DIRECTOR STANFORD CENTER ON LONGEVITY, STANFORD UNIVERSITY

Thirty years were added to the average life expectancy in the 20th century. Yet far too many Americans feel that this extraordinary gift of time is more of a burden than a blessing. Most people are anxious about the prospect of living for a century. Asked about aspirations for living to 100, typical responses are: "I hope I don't outlive my money" or "I hope I don't get dementia." It is time to address these legitimate concerns and get to work building a culture that supports long life.

Had life expectancy increased slowly across centuries, we would have found cures for diseases and found new ways of living. But years were added so fast that there is now a mismatch between the length of the lives we are living and the culture that guides us through life.

The extraordinary ability to benefit from culture is what differentiates humans from other species. Generations are born into worlds prepared by ancestors with vast bodies of scientific and medical knowledge, educational systems, highways, and governments. Refrigeration, electricity, and agricultural technologies are a part of culture as much as the social norms that guide us through life and tell us when to get an education, start families, work, and retire. Indeed, the increase in life expectancy in the last century was born out of culture.

Our newfound longevity demands a serious redesign of culture. We need science to find cures for diseases, like dementia and osteoporosis that were uncommon when lives were short. We need lifestyles that preserve fitness and reduce chronic diseases. We need to limit exposures to air pollution that greatly heighten disease risk in old age. We need innovative solutions to financing retirements because the ones today are unattainable for nearly half of the population.

*Our newfound longevity
demands a serious
redesign of culture.*

If we work longer — and we will — we need education to continue far beyond the early 20s so that people can keep pace with rapid changes in knowledge that come ever faster. Social norms premised on nuclear families must be revised to acknowledge a new family structure with four and five generations living at the same time.

Arguably most important is the need to address the

cumulative inequities that leave half of the population disabled by the time they reach old age. In an era of century-long lives, systemic disadvantages not only pose age-old moral and ethical issues, but they also threaten entire economies.

Recognizing new risks and solving novel problems is only one part of the challenge. Longer lives present us with an opportunity to redesign the way we live so that we live better from early childhood to old age. Societies top-heavy with older citizens can greatly improve the world for children. Today's older Americans are well-educated, functionally healthy, and emotionally stable.

My good friend, Marc Freedman, likes to say that older people are the only natural resource in the world that is actually growing. In order to make use of this resource, we must rethink all stages of life, not just old age. Old age alone does not have to last longer; rather, youth and middle age can expand too.

Teens can take breaks from high school while they pursue internships in workplaces that intrigue them. We can build norms about exercise, walking, and (too much) sitting. Let's make early childhood longer with time to focus on arts, interpersonal skills, and playing outside. Instead of saving ever-larger pots of money for the end of life, we can pool risks in new ways. Generations can share wealth earlier than traditional bequests; we can start savings accounts at birth and allow young adults to work earlier so that compound interest works in their favor.

We can replace the old rigid model of life — education first, then family and work, and finally retirement — with more flexible models interweaving leisure, work, education, and family throughout life with places to stop, rest, change courses and repeat steps along the way. We may work more years, but we can work fewer hours in the week. The first and essential step, however, is to begin to envision what satisfying, engaging, and meaningful century-long lives can look like. The greatest risk of failure is setting the bar too low.

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BEYOND RESILIENCE

THRIVING THROUGH THE LONG HAUL

By SIMON J. K. FOX, EXECUTIVE DIRECTOR, ADVENTURES IN CARING FOUNDATION, ADVENTURESINCARING.COM

At an Olympic level, what separates the greatest marathon runners from the others is not their physical ability but their self-awareness. When they hit the wall after about 20 miles, unlike most runners, they don't try to shut out the pain, grit their teeth and push through. Instead, they monitor how their body is doing, notice where it is hurting, and adjust their pace, stride, breathing and attitude accordingly. This kind, unflinchingly honest awareness of how things are, sets the stage for victory.

This same quality of awareness is needed by everyone right now. With the COVID-19 lockdown, we are all in a marathon — not a sprint. It's possible that we may be kept in this crisis mode for the long haul and many are wondering, how will we survive it?

However, that's not the most useful question. Survival is not the only challenge we face. The challenge is not just the long haul, it's how people change during it. It's not a matter of surviving the ordeal and coming out the same as you were before it began — we will all be different after it's done — and the only question is, different in what way?

There will be changes in our jobs, the technologies we use, and perhaps in our living conditions — but we will change too. Will it be for the better?

We will have to face many uncomfortable facts. Well-meaning interventions can cause harm. Information available through media is can be unreliable. Authorities and experts from afar are often wrong. Trust in institutions is declining. Core relationships — the roots of our well-being and the foundations of a healthy sustainable culture — are under assault.

Before us all is the hard lesson of betrayal.

Betrayal teaches us where we are lacking in discernment. It announces a blind spot, a false assumption, an erroneous expectation, a misunderstanding — the place where we have been unwilling to look. Yes, it's uncomfortable and we will naturally recoil at the idea, not wanting to find out if we have been betrayed.

But like the elite marathon runners, we have to monitor our reactions to this affront, clear our perception of the blinders we have been wearing, and cleanse our hearts of bitterness. This is Olympic level self-awareness. It goes far beyond mindfulness into a deeply heartfelt appreciation of all experiences, the bitter and the sweet — because we can learn and grow stronger from them all, as the research in post-traumatic growth has shown.

Post-traumatic growth is more than resilience, it is not simply bouncing back. There is no going back. Instead, it is growing through the adversity into a new more capable, more real, you.

I don't recommend you go looking for such suffering. This is not a personal growth exercise, it is life demanding we grow up. Like the *Velveteen Rabbit* and *Raggedy Ann*, though tattered and torn, we have become more real and more well-loved.

Simon Fox is author of the online course, Oxygen for Caregivers, Your Toolkit to Guard Against Burnout, Build Resilience, and Sustain Compassion, plus award-winning videos, training programs, and undergraduate internships that put compassion into action, at a standard that enables well-being. Contact: Simon@AdventuresInCaring.org

FIVE PILLARS TO BASE YOUR COURAGE ON

1. You find that you are stronger and more resourceful than you ever knew, even stronger than you imagined you could be. You find a deeper reservoir of strength in you that you did not know was there. You come through the experience thinking “if I lived through that, I can face anything.” This is the antidote to helplessness.
2. There arrives a newfound appreciation for life, especially for the simpler things in life. The ability to breathe in and out. Your heart beating. Sunshine on your face. Living life today as if you don’t have much longer to live. Making today count, for real. Using death as your advisor puts your priorities in order. It is the antidote to confusion and uncertainty.
3. There is a change in your relationships with others. You find out who your real friends are. Some relationships become much more precious and others fade. Empathy for those who are suffering grows deeper. There is a more intimate sense of kinship with all of life. This is the antidote to loneliness and ostracism.
4. You have a discovery that new opportunities have emerged from this struggle, opening up possibilities that were not present, or perhaps not noticed, before. This is the antidote to feeling trapped.
5. You experience a sense of spiritual or philosophical renewal—a deepening of the spiritual domain of life or a significant change in one’s belief system. This often brings with it a greater appreciation for the time-tested wisdom of the past and taps into a more palpable, durable vision of hope for the future. This is the antidote to hopelessness.



ACTIVATE YOUR WARRIOR MINDSET

By JANET GREENWOOD, PHD, RN, LICENSED THERAPIST

Resilience is what separates those who can readily adjust and adapt to change and those who are immobilized. If you have lived long enough, you know first-hand that change is to be expected. Life currents can sweep away our greatest dreams, can thrust us into wonderfully challenging situations, crash us into the depths of loss and into the serene peaceful place of love and contentment. As a practicing therapist for four decades, a lot of my work with clients is about coping with difficult changes, creating positive change and being resilient. Simply put, being resilient is getting back up and bouncing back after being knocked down. Those who have dealt with adversity and bounced back develop a stronger resilience muscle and gain confidence that they will and can figure out whatever life challenge comes their way. I often talk to my clients about learning to surf the inevitable rough waters. It requires regaining balance over and over, looking ahead, being flexible and determined.

Being resilient means brushing yourself off and getting back up again and again.

There is a Japanese proverb: “Fall down seven times, get up eight”. Being resilient means brushing yourself off and getting back up again and again. Our perception and interpretation is a key element. It is through that lens of perception that we define a situation. Our feelings and behavior grow out of our perception and translation of an event, a comment or challenge.

Years ago, I took a wonderful class called “Awakening Joy” with a Zen approach. A simple statement that has always stayed with me was, change your perception, change your life. An example was the statement that people often say, “I have to go to work”. He said try saying “I get to go to work” and feel the difference. Language is powerful and

our internal dialog can foster resilience, positivity, hope and humor, or not. My friend and business partner, Andrea Sims, recently talked about COVID as something that is not going to make her a victim but rather a victor. Now that is resilience. COVID is a worldwide crisis and hideous in so many ways, however in other ways there are opportunities for us to grab onto as we work from home, have less distractions, more time for our priorities like love and relationships.

Research has shown that while some people seem to be naturally more resilient, these behaviors can also be learned. Whether you are wading through the muddy waters of a crisis now or want to be prepared for the next inevitable life challenge, here are eight behaviors you can use to foster your own resilience.

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EIGHT BEHAVIORS TO FOSTER RESILIENCY

— *one* —

Use your crisis or challenge to make a positive difference. Use your outrage to fight for a cause.

— *three* —

Call on a supportive friend and talk about your feelings, get support, receive positive feedback and gain perspective. If you are ready, use humor to see the irony or absurdity of the situation.

— *five* —

Remind yourself that you do know that setbacks are temporary and that you have the skills and abilities to combat the challenges you face. You may need to engage a team of friends, pastor, therapist, doctor or whatever and whomever you need. You are not alone and do not have to manage everything alone.

— *seven* —

Make a list of some of the potential ways you could solve the problem you are facing. Practice problem solving, brain storm with others and know that some solutions will emerge when you least expect them to. Be patient, solutions can emerge during a nap, on a walk, you never know when it will happen.

— *two* —

Remind yourself of your history of coping and rebounding from a variety of challenges in your past. Remind yourself of your accomplishments and strengths. See yourself as a warrior and victor rather than a victim.

— *four* —

Flexibility and adaptability are essential parts of resilience. You may feel crushed by an abrupt change and that is part of the process. However, you can intentionally shift into your resilient mind set by adapting and bouncing back more quickly. Get your warrior mindset on and kick ass on whatever is knocking you down.

— *six* —

Self-care. Don't forget the basics. Healthy eating, sleep and exercise. Be gentle with yourself, eat light and easy to digest foods as you recover. Use Sleepytime tea or other natural products to relax and sleep. Exercise with a friend, either in person or virtually. It can be hard to get up and move by yourself so get an exercise buddy.

— *eight* —

Take action to make yourself feel better, or to solve the problem. Fix what you can, step over what you can't fix at the moment. Worrying is only helpful if it leads to an action or solution, otherwise it is a waste of time, and energy. Be aware of fearful thoughts and quiet them when you hear them in your head.

WILL COVID-19 MAKE THE DECLINE NARRATIVE OF AGING WORSE?

WHAT EXPERTS IN AGING THINK THE FUTURE HOLDS FOR BOOMER BASHING

By RICHARD EISENBERG, NEXT AVENUE

First, there was 'OK Boomer' - the pejorative meme mocking older people. Then came #boomerremove, the morbid catchphrase used by some millennials and GenZers as a shorthand for the coronavirus pandemic to describe the higher vulnerability of boomers, generally, to COVID-19.

Now, there's #Grandmakiller.

That delightful hashtag comes from the recent flurry of tweets by conservative commentator Bethany Mandel, 34, including these: "Remember when we were told we had to [flatten the curve](#), and we'd lockdown for a few weeks to ramp up PPE and free up ventilators or else we'd have to start death panels? When did that turn into indefinite lockdowns and economic destruction because 'if it saves one life?... You can call me a Grandma killer. I'm not sacrificing my home, food on the table, all of our docs and dentists, every form of pleasure (museums, zoos, restaurants), all my kids' teachers in order to make other people comfortable."

THE DECLINE NARRATIVE OF AGING

Ageism and the decline narrative of aging — the notion that getting older means decline, deterioration, decay and dependency — were around before the [pandemic](#), of course. But outbursts in social media and on cable TV as well as COVID-19 health care guidelines from government officials, medical professionals and ethicists have made these views more public and, if you will, more virulent.

Gerontologist and Agescapes blogger Martin Hyde, who blogs at Agescapes, calls the boomer bashing "gerontocidal language." In a recent *Los Angeles Times* story about how the pandemic has amplified ageism, retired schoolteacher Bonnie Reed said she asks herself: "Am I the only one feeling like they're ready to throw us out?" The answer: probably not.

The irony is, as [The 100-Year Life](#) co-author Andrew Scott notes, "this is the first pandemic to occur since the global population consisted of more people aged over 65 than under five."

"The overwhelming embedded stereotype is that over seventy, over seventy-five and you're on that spiral of decline."

In her excellent recent episode of *The Big Middle* podcast, "[Ageism and the Virus](#)," Susan Flory chatted with age studies authority Margaret Morganroth Gullette about how the pandemic has added to the decline narrative of aging. They concluded that COVID-19 has led some people to think that all older people are the same and all are now dangerous to the citizenry.

'YOU'RE ON YOUR WAY OUT'

"A lot of people still think: you're 70, therefore you have one of these dehumanizing underlying health conditions, so obviously you're on your way out," Flory said. "The overwhelming embedded stereotype is that over 70, over 75 and you're on that spiral of decline." And, she added, "even the doctors have swallowed that bias." Scott said he has seen a "conflation of being old with having health problems." Gullette, known for turning words into daggers, described the recent health care guidelines for rationing ICU beds and [ventilators](#) due to a person's age as "like eruptions of pus in the body politic because they are so ageist."



The first examples of such rationing came during Italy's coronavirus lockdown. Then, some U.S. governors — such as in California, Colorado, Massachusetts and Minnesota — some universities and state commissions followed.

Guidelines from the University of Pittsburgh, Gullette said, deemed them “the life-cycle principle.” Younger patients would get priority based on these age-group breakdowns: 12 to 40, 41 to 60, 61 to 75 and 75+. Gullette's term for them: “culling the old.”

WHAT THE COVID-19 NUMBERS SAY

It's true, as the Centers for Disease Control and Prevention (CDC) has said, that 80 percent of people who have died from COVID-19 are 65 and older. And, as the United Nations policy brief, [The Impact of COVID-19 on older persons](#), noted, “fatality rates for those over 80 years of age is five times the global average.”

But equally true — and more important — is that that the CDC has said people with the highest risk are older adults with serious underlying medical conditions like diabetes, lung cancer or heart disease. Not all people 65+ have those, which is the problem with the decline narrative of aging.

“What's been most troubling has been the strength of the ‘us versus them’ narrative that we are seeing and how that appears to be growing,” said Moira O'Neil, vice president of research interpretation at the Frameworks Institute, a social change endeavor designed to improve the public's understanding of aging. “It's so boldface; so out in the open — ‘They've lived their lives. If they have to die, they have to die.’”

BEING TREATED AS ‘THE OTHER’

Becca Levy, a Yale School of Public Health professor and a [Next Avenue Influencer in Aging](#), said: “I think the pandemic has led to a lot of language that homogenizes older people and also treats them as if they are ‘the other’ — the group that should be walled off.” O'Neil believes “the stress that is likely bringing on to older people is very detrimental.” Levy's groundbreaking work has found that when older people assimilate negative age stereotypes, they have a shorter life expectancy than those who don't — seven and a half years shorter, on average.

Levy and seven researchers around the world just published the paper [Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity](#).

Their conclusion: “What we are seeing in public discourse is an increasing portrayal of those over the age of 70 as being all alike with regard to being helpless, frail, and unable to contribute to society. These views are being spread by social media, the press, and public announcements by government officials through the world.”

“I’m 78. I don’t feel I’ve reached my intellectual peak yet.”

They also wrote that they feared chronological age will become “an accepted criterion” in the very near future for triage decisions, what they call “the most blatant expression of ageism.” The UN report’s stern warning: “It is important for triage protocols to ensure that medical decisions are based on medical need, ethical criteria and on the best available scientific evidence.”

THE FUTURE OF THE DECLINE NARRATIVE

So, what can we expect to happen to the decline narrative of aging when the coronavirus outbreak lessens and our attention turns more toward economic concerns than health ones?

“The ‘decline’ story will be given added momentum,” predicts Scott. And analysts who study [older workers](#) and employment are especially fearful.

“Research in the wake of the last recession clearly suggested that older people, as a result of ageist norms, had a more difficult time getting reemployed,” said Paul Irving, chairman of the Milken Institute Center for the Future of Aging and a [Next Avenue Influencer in Aging](#). “Prospects for higher rates of unemployment are fairly high. History has shown that older adults have greater challenges in that environment.” In an interview with Next Avenue reporter Andrea Cooper, Urban Institute Program on Retirement Policy Director Richard Johnson, agreed. “The possibility that an older hire will contract the virus, develop complications, miss a lot of work and rack up expensive health care bills that are partly paid by the employer’s health insurance will likely make employers even more reluctant to hire older workers,” he said.

According to *The Wall Street Journal*, the Interpublic collection of ad agencies is exploring a system of classifying its U.S. employees in one of three levels. Its workers whose coronavirus antibody tests showed they had had the infection would be Level 1 and could come back to work first. Ones without antibodies but considered “low to moderate risk” would be Level 2 and come back second. They’d include workers under 65, who don’t live with high-risk people and who don’t have chronic diseases like diabetes or hypertension. Employees over 65 or those who are pregnant, smoke, have chronic diseases or health issues would be Level 3. They’d need to wait the longest to return to work.

Jacqueline James, co-director of the Center on Aging & Work at Boston College, told Cooper that employers have a legitimate public health interest in trying to make sure they don’t bring people into the workplace who will infect others with COVID-19.

And, voicing a note of optimism, James said it’s also possible “that people who have been exposed or have had the illness and have recovered from it and have the antibodies may be more likely to be hired.” It would be lovely to think so.

THE STORY WE’RE NOT HEARING

It would also be heartening if more employers, policymakers and other Americans saw the abilities and strengths that many older people offer. “I’m 78. I don’t feel I’ve reached my intellectual peak yet,” Gullette said on *The Big Middle* podcast.

As Irving told me: “We know that aging is a principal risk factor for both chronic and infectious disease. But there is another story. We’ve also learned that older adults are a critically valuable resource, exemplified by the retired New York health professionals who returned to work to offer experience, empathy and assistance to younger colleagues in the fight against the virus.”

Terry Kaelber, an Encore Public Voices Fellow, noted: “In New York City, my organization — United Neighborhood Houses of New York (a policy and social change organization) — older people have been mobilized to address issues such as food insecurity; poor conditions in public housing and helping youth in under-resourced communities succeed.”

And, he added, “Obviously, it is time that we older people are seen as the resource we are.”

Levy pointed to a new study from team of researchers in Spain showing that [older people have actually been less lonely and less depressed in quarantine than younger people](#). “That was really interesting,” she said. “Research suggests that at least some older persons have developed resilience and coping skills that have helped them in this time.”

O’Neil, of the Frameworks Institute, said she didn’t think older adults were getting their due for what they’ve been doing in the pandemic. “Grandparents are taking on a lot of homeschooling responsibilities for parents who are working,” she said.

WHICH SIDE WILL WIN?

Describing ageism on her podcast episode with Gullette, Flory said, “It’s always been a war and it will continue to be a war. But the question is: Which side will win? The ‘They are weak and expendable’ side? Or the ‘They are remarkable storytellers and many of them are interesting and wise and willing to work for the social good?’ side?”

O’Neil thinks it’s possible the decline narrative will diminish as the pandemic fades. “It doesn’t have to worsen. We’re not powerless in that inevitably happening,” she said.

Irving believes there’s another narrative worth spreading: “Of course, children and young people are priorities; they are our future. But every life has dignity and the moral test of any society is how it treats its most vulnerable members, including those who are old.”

[Richard Eisenberg](#) is the Senior Web Editor of the Money & Security and Work & Purpose channels of Next Avenue and Managing Editor for the site. He is the author of *How to Avoid a Mid-Life Financial Crisis* and has been a personal finance editor at Money, Yahoo, Good Housekeeping, and CBS MoneyWatch. This article was reprinted with permission by the author.



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HAPPINESS IS A SKILL, NOT A PERSONALITY TRAIT

by LOLA RAIN, FOUNDER, WISELY WELL-BEING ACADEMY

By the time you turn 100 years old, you will have survived many difficulties. Economic woes, emotional battles, health issues, loss of loved ones, wars, pandemics, and more. Personal tragedies, feelings of defeat, loneliness, and isolation are life experiences that most humans share. Have you ever wondered why one person may seem so much stronger than another when facing a crisis?

In our industry, we are fortunate to have many people qualified to answer this question. One New Hampshire assisted living resident, Gerri Schappals, recently told reporters: “I always feel lucky. I’ve never really had any problems in my life. Everything seemed to fall into place.” This two-time cancer survivor just recovered from COVID-19. In 1918, at 10 months old, her and her mother had the Spanish Flu. The doctor told her father she likely would not survive. Now at 102 years old, this retired teacher teaches us about resilience. Her advice is live each day to the fullest, and don’t sweat the small stuff.

Many researchers point to positive attitude as the leading factor to higher levels of life satisfaction and increased longevity. One study found that a positive self-perception of aging increased survival by 7.5 years (Levy, 2002). In fact, if you talk to a resident with a positive attitude, no matter their physical condition, they typically don’t focus on aches and pains. They focus on family, friends, and faith.

In *The Blue Zones*, author Dan Buettner found commonalities shared by the healthiest, oldest people on the planet: plant-based diet, non-forced exercise, community, and purpose. If you assess all of your residents, those who score a higher emotional rating will more likely have stronger connections to community and greater sense of purpose.

CSUS Gerontology student Emerald Francisco and I interviewed 23 centenarians at Eskaton in 2018. We asked on a scale of 1 to 10, how do you feel emotionally? And on the same scale, how do you feel physically? The median

score was nine for both — even though 91 percent of those interviewed had a mobility challenge. People who feel better emotionally, tend to feel better physically. And vice versa.

If this is true, how do we focus on our own physical and emotional wellbeing? Where do we find the strength and how do we build the resilience to move forward through adversity and crisis? Our residents.

If you’ve dedicated your career to serving older adults, you know where to find the answers to some of life’s toughest questions. The wisdom within our communities is abundant. Your residents can tell you stories of resilience, patience, healing, and so much more.

Collect stories from those who have seen tough times. The person who lost everything during the depression and learned to be frugal to survive. The woman who outlived her daughter by 50 years and found joy again. The man who bombed Germany, or Vietnam, and struggled to find a way to forgive himself. These are stories you hear every day. The people who tell them are truly resilient.

*Resilience is developed over time;
it doesn't happen overnight.*

Resilience is developed over time; it doesn’t happen overnight. No one is born with a positive attitude, it is acquired. Happiness is a skill, not a personality trait.

As many centenarians will tell us: Don’t sweat the small stuff, life is too short for regrets, and try to be patient. These are all good reasons why a positive attitude can lead to a more satisfied and resilient life.

4 WAYS TO CHANGE YOUR ATTITUDE, GROW STRONG, AND BUILD RESILIENCE

1. If you want to work hard at building resilience, evaluate your attitude. Start by banishing negative self-talk. Replace it with a positive phrase. "I love life." "I am good at my job." "I am valuable." "I am strong." This will feel uncomfortable at first, but it will get easier each day.
2. Next, notice how you respond to those around you. Practice responding upbeat. Avoid negative words such as "terrible" and "horrible." Change negative messages such as 'I can't' into something positive like "I will try."
3. Count to three. When you feel overwhelmed, try breathing slowly. Three breaths can change the way you feel and react. There is a very small space in the moment right before you react to something. That is the moment you decide your reaction. Will it be positive or negative?
4. Smile. Even if you don't feel like it! The action of using facial muscles to smile releases endorphins. Endorphins are a chemical that quickly stimulate your brain and can change the way you feel. Feeling good leads to a better, more positive outlook.

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United Nations

80,000 Centenarians in the US

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iNSPIRE

Quality of Life Improvement Project

What is the iNSPIRE Project?

The California Department of Public Health 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.

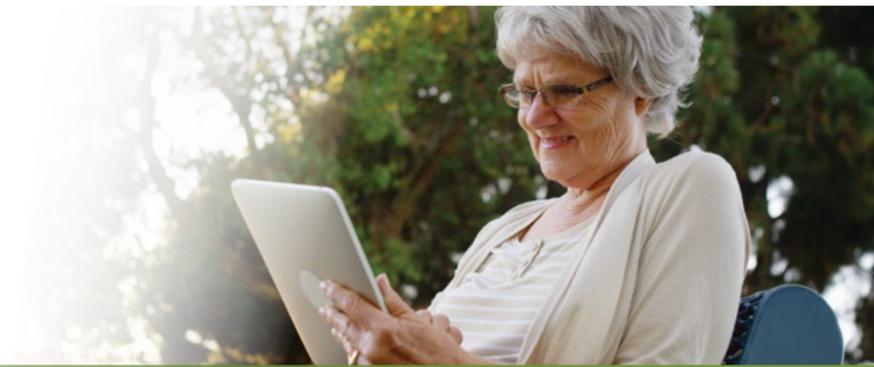
The three-year project will support a study including 30 residents at 60 skilled nursing facilities for a total of 1,800 study participants and includes an evaluation to determine changes over time.

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

- Reduce antipsychotic use by 20 percent.
- Increase participation in person-centered activities by 20 percent.

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 loaded with over 4,000 social, educational, and spiritual content options including games developed specifically for individuals undergoing cognitive decline
- Three iN2L tablets with 1,000 games, puzzles, movies, audio books, and applications specially designed for one-on-one activities; as well as Video Chat, an easy one-tap application for virtual visits
- The iN2L 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.

Jeanee Parker Martin

President & CEO, LeadingAge CA



iN2L's technology-enabled content helps improve resident quality of life by equipping staff, administrators, and stakeholders with technical tools and assistance to enhance care.

- Provide person-centered engagement by addressing the unique abilities, interests, and needs of residents.
- Improve quality of life by decreasing isolation and increasing residents' active engagement.
- Enhance staff-resident interactions.
- Offer staff the opportunity to learn new ways to engage residents in meaningful activities.



Proven Results of iN2L Person-Centered Engagement

Improvement in self-reported resident QOL¹

Reduction in antipsychotic usage²



¹Ennis Care Center ²Western Home Communities



Wellness Content: A wide variety of exercise videos, cognitive, and therapy content.



Engagement Content: Thousands of technology-enabled experiences and activities, including games, puzzles, virtual travel, spiritual content, and history.



Reminiscence Content: Experiential and relaxation videos, easy trivia games, and movie memories. Each resident has a My Page profile on iN2L that shortcuts to their favorite activities, personal pictures, and videos.



Digital Biographies: Family and staff can set up a snapshot of the resident's life, including interests, accomplishments, preferences, pictures, and music.



Memory Coach: Memory care training for staff and volunteers, including Best Friends™, Positive Approach to Brain Change™ by Teepa Snow, and Cognitive Pathways by Vertis Therapy.



CMS Content: Direct access to medicare.gov and cms.hhs.gov to access nursing home data and information.

Interested in joining the iNSPIRE Project?

Contact Amanda Davidson, Grant Manager
adavidson@leadingageca.org | 916-469-3385

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



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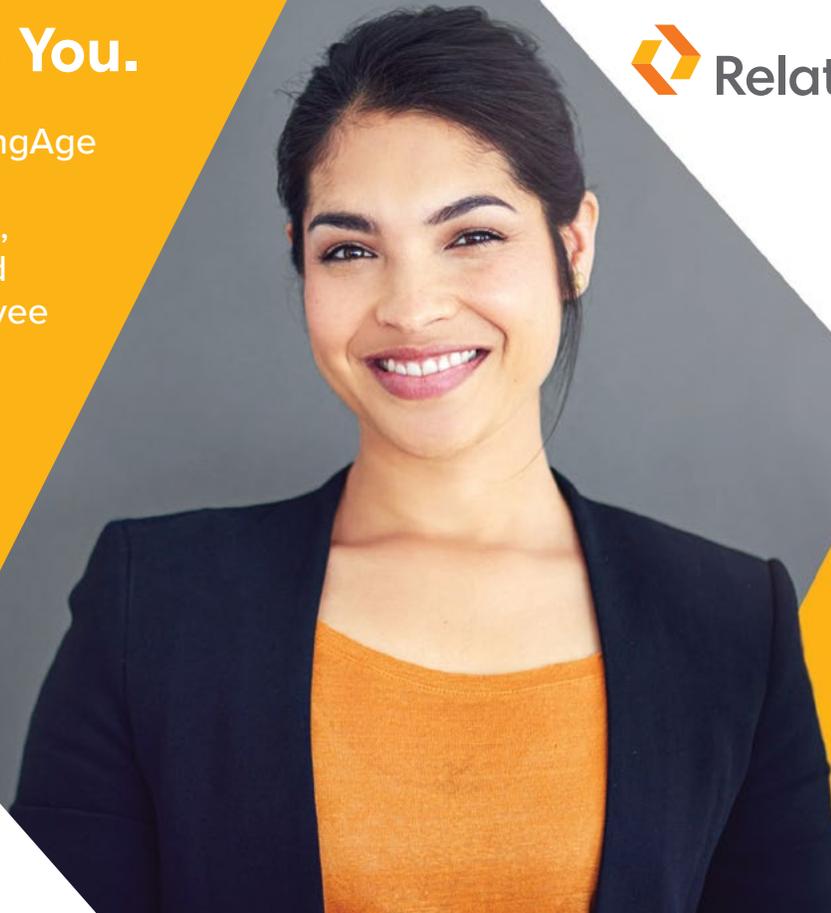
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How Can We Help You Thrive?

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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