

May 2013

# agenda™

LeadingAge California



**Choosing Happiness; Embracing Change**

by Jean Steel

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The *Agenda* Editorial Board encourages submission of original articles for consideration.

Subscription to *Agenda* is paid through LeadingAge California membership dues. Third-class postage paid at Sacramento, Calif.

ISSN 2159-3515 (online)

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Formerly Aging Services of California

*agenda* is the monthly newsjournal of

**LeadingAge California**

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tel. 916-392-5111 • fax 916-428-4250 • [www.aging.org](http://www.aging.org)

LeadingAge California represents more than 400 nonprofit providers of senior living services – including affordable housing, continuing care retirement communities, assisted living, skilled nursing, and home and community-based care. LeadingAge California's advocacy, educational programs, communications and other resources help its members best serve the needs of more than 100,000 seniors. Founded in 1961, LeadingAge California is celebrating its 50th year of public service.

## How Best to Serve the Dually Eligible?

By Joanne Handy

Years of effort to improve the coordination and delivery of long-term care in this state have produced few tangible results. That's why the state's recent efforts to launch a three-year demonstration to promote integrated health care delivery to seniors and people with disabilities who are dually eligible for both Medi-Cal and the federal Medicare program is exciting. In late March, the state executed a memorandum of understanding with the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services that outlines the basic structure for developing a new model that would provide a more coordinated, person-centered care experience – along with access to new services. As part of the Governor's Coordinated Care Initiative, this demonstration is a chance to better integrate California's fragmented service delivery systems.

Known as "dual eligibles," this group represents more than one million Californians – 70 percent of whom are over the age of 65. And not only are the vast majority of beneficiaries older adults, they typically have numerous chronic health conditions and tend to be sicker than the Medicare-only population. According to CMS, dual eligible enrollees were 3.5 times more likely than Medicare-only beneficiaries to have had five or more chronic conditions.

The new demonstration is our opportunity to provide Medi-Cal and Medicare enrollees with a better care experience. If we get it right, we could end up with a person-centered, integrated care program that provides a more navigable and seamless path to services. •••

*Joanne Handy is president & CEO of LeadingAge California.*



# Choosing Happiness; Embracing Change

by Jean Steel

*Born the eldest of five children, Jean Steel spent her formative years – those between the ages of seven and 17 – in Africa and Asia. That decade on unfamiliar, foreign soil helped her to cultivate the confidence, strength and resilience many of us work a lifetime to achieve. A born communicator, she has known from an early age what she wanted to do with her life.*

*Steel graduated from the University of California at Santa Barbara with a degree in Sociology. She began her career as a health educator – designing and implementing health promotion programs for grades K-12. She continued as a health educator for eighteen years, working with clients in school, community, medical and court mandated settings. This is where a chance conversation with one her students led Steel to a jolting epiphany about the ways in which our minds affect our physical well being. This interest in mind/body medicine in the late 90s prompted her to design her very own Special Masters of Science in Wellness from California State University, Sacramento.*

*This same passion is what prompted Steel to found Happy People Win as a way to help promote a unique and revolutionary approach to living life well. And when she's not traveling the country teaching seminars and delivering keynote speeches, she serves on (or has served on) the faculty at Cal Poly San Luis Obispo; California State University, Sacramento; Allan Hancock College; and Santa Barbara City College. Steel has also designed and facilitated mind/body classes for the Behavioral Medicine Program at Kaiser Permanente Medical Centers and worked on the state-wide campaign to educate medical professionals and women on breast cancer early detection techniques.*

*“Jean is an engaging and enthusiastic speaker, whose universal appeal makes her message timely and timeless. She has a knack for providing information in a humorous way – and strongly believes that laughter and learning are not mutually exclusive,” said Joanne Handy, president & CEO of LeadingAge California. “She focuses on the core principles of self-responsibility, the power of choice and the art of mindfulness – the same principles she’ll discuss in more detail at this year’s Annual Conference & Exposition in Monterey,” added Handy.*

*continued on page 10*

### *CCRCs & Assisted Living*

#### **Legislation Introduced to Require Annual Visits**

California's Community Care Licensing Division has long suffered from inadequate resources to perform annual inspections of licensed facilities. The current standard is for LPAs to visit once every five years based on a 30 percent random sample. Recently, legislation was introduced that would put California back in line with other states on the frequency of contact with licensing personnel. The bill, AB 364 (Calderon, D-Whittier) would require all facilities licensed by CCLD to perform annual inspections. Previous efforts by Assemblywoman Holly Mitchell were stalled due to financial concerns and increased workload.

#### **Smoking Ban Weighed in California Assembly**

Assemblyman Marc Levine (D-San Rafael) has introduced a bill that would ban smoking in multifamily dwellings. The bill, AB 746, defines multifamily dwellings as "residential property containing two or more units with one or more shared walls, floors, ceilings, or ventilation systems." The bill would impose a penalty would include a warning notice for the first offense, the second offense would carry a fine up to \$100 or enrollment in a smoking cessation program offered through the Department of Public Health, and the third offense would include a fine up to \$200. The bill is scheduled to be heard in the Assembly Housing and Community Development Committee. LeadingAge California has adopted a "support" position.

#### **Bill to Expand Protections for RCFE Residents**

Current law prohibits licensees from retaliating against residents for participation in licensing inspections. A new bill, AB 581 (Ammiano, D-San Francisco) would expand these protections from retaliation to cover officers and employees of the licensee and to investigations conducted by the Long-term Care Ombudsman. AB 581 passed out of the Assembly Human Services Committee unanimously on a 7-0 vote.

#### **Assemblymember Seeks Geriatric Physicians in ER**

Legislation was introduced that would require every general acute care hospital with an emergency department to have a physician specializing in geriatric medicine to serve on an "on-call" basis. LeadingAge California supports this measure. The bill, AB 591 (Fox, D-Palmdale) will be heard in the Assembly Health Committee.

#### **Bill to Require LGBT Training for RCFE Staff**

Assemblyman Jimmy Gomez (D-Los Angeles) has recently introduced a bill that would require all RCFE Administrators to receive a minimum of five hours of training on cultural competency or sensitivity in aging lesbian, bisexual and transgender minority issues. The bill, AB 663, is sponsored by the California Senior Legislature and is scheduled to first be heard in the Assembly Human Services Committee. Because the bill only includes Community Care Facilities in its current form, LeadingAge California is watching the bill and has yet to take a formal position.

*Prepared by Eric Dowdy, vice president of policy for LeadingAge California. Dowdy can be reached at [edowdy@aging.org](mailto:edowdy@aging.org) or 916-469-3376.*

### *Housing*

#### **Common Sense Housing Investment Act of 2013 Introduced**

On March 15, Representative Keith Ellison (D-MN-5th) introduced the Common Sense Housing Investment Act of 2013 (H.R. 1213), which would repeal the mortgage interest deduction and replace it with a 15 percent flat-rate tax credit. The bill realigns the mortgage

interest deduction to better benefit families who need it most by converting the deduction to a flat rate tax credit on mortgages up to \$500,000. By converting the mortgage interest deduction to a credit, 60 million homeowners would receive the benefit – up from 43 million, according to the Tax Policy Center.

"The lack of affordable rental housing is one of the greatest

economic challenges of our time,” Rep. Ellison said in a press release. “Millions of renters are unable to find affordable rental housing. Affordable housing is about more than just rent; it’s about ensuring that we maintain the ladder that makes America a land of opportunity.”

The bill would generate \$196 billion in revenue over ten years, which would help provide critical resources to address the national rental shortage. The government spends more than three times as much on homeownership compared to rental housing, and nearly half of all renters pay more than 30 percent of their income for housing. The shortage primarily affects people under 25, African Americans, Latinos, the elderly, people with disabilities and low-income families. The bill invests the new revenue in expanding the Low Income Housing Tax Credit, Section 8 rental assistance and the public housing capital fund and provides a source of permanent funding for the National Housing Trust Fund.

### **Affordable Housing Goes Solar**

Affordable housing properties across the state are going solar using Mosaic – a new way to connect investors to solar projects in need of financing. Once the solar projects are in operation and producing electricity, it generates revues by selling power to the solar companies. As the project earns revues, investors are paid back with interest. Project investors can invest as little as \$25 and expect to receive an average rate of return of 4.5% annually for ten years.

To date, Mosaic has raised more than \$1 million for 12 different

projects. One funded project is a non-profit senior housing community in Salinas, Calif. The 120-unit community will install 392 solar panels – thanks to investors. Rehabilitated from an antiquated motel into elegant, energy-efficient and affordable apartments, this community was designed with sustainability in mind. It took 293 investors to pull together the nearly \$100,000 to make the project possible. A senior affordable housing

## *Skilled Nursing*

### **State Selects Health Plans for Medi-Cal Expansion**

The California Department of Health Care Services continues its expansion of Medi-Cal managed care with a recent announcement that 28 rural counties will complete the expansion of Medi-Cal managed care to all of California’s 58 counties.

The plans include Anthem Blue Cross and California Health and Wellness Plan for the expansion to the counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne and Yuba. The state is also planning to contract with Partnership HealthPlan of California for expansion in Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou and Trinity counties.

Additional changes will be seen in Lake and San Benito counties. DHCS states in its recent press release that the expansion to “statewide managed

community in San Bruno, Calif. also funded a similar project. Installing 400 solar panels, this project is estimated to produce enough clean energy to offset the carbon equivalent of 20 cars off the road. For additional information, please visit the Mosaic [website](#).

*Prepared by Carrie Paine, policy analyst for LeadingAge California. Paine can be reached at [cpaine@aging.org](mailto:cpaine@aging.org) or 916-469-3372.*

care will help ensure timely access to physicians and better management of services for our members.” Health plans that have expressed interest in partnering with the state must meet stringent readiness criteria. DHCS will seek all necessary federal approvals before the projected June 1, 2013 implementation date.

### **MedPAC Recommends Reducing Payments for SNF Hospice**

The Medicare Payment Advisory Commission recommended that the government consider up to a five percent payment reduction for hospice services provided in skilled nursing facilities. The recommendation was predicated on an Office of the Inspector General report from 2011 that stated, “Medicare currently pays hospices the same rate for care provided in nursing facilities as it does for care provided in other settings such as private homes. The current payment



structure provides incentives for hospices to seek out beneficiaries in nursing facilities, who often receive longer but less complex care.” Furthermore the report went on to say the hospices provide more aide visits on average to SNF residents than at-home residents even though nursing staff should be on hand to provide assistance with activities of daily living.

### **CMS Releases New Guidelines on Physician Delegation of Tasks in SNFs**

The Centers for Medicare and Medicaid Services published a recent article to provide clarification of federal guidance regarding Section 3108 of the Affordable Care Act related to physician delegation of certain tasks in SNFs and NFs to NPPs (physician extenders such as nurse practitioners, physician assistants and clinical nurse specialists).

In clarifying the differences as to when a task may or may not be delegated, CMS states that there are the following key components: 1. Is the setting a SNF or NF and is the visit being paid for by Medicare Part A or Medicaid respectively?; 2. Does either the law or regulation require that the task be performed personally by the physician?; and 3. Is NPP an employee of the SNF? For additional information, please click [here](#).

### **CMS Offers States an Option for a Short-Form Life Safety Code Survey**

In a recent survey and certification letter, the Centyers for Medicare and Medicaid Services has offered the states an option of using a short-form fire safety survey for a limited number of specified facilities that have demonstrated superior compliance with life safety code requirements and are fully sprinklered. It is unknown whether or not California will be using this “short form survey” at this time.

*Prepared by Lori Costa, regulatory and clinical consultant for LeadingAge California. Costa can be reached at [lcosta@aging.org](mailto:lcosta@aging.org) or 916-469-3377.*

### **Failure to Give CPR to 87 Year-Old Provides a Teachable Moment**

Editorial by Jack Christy, Senior Policy Advisor

Recent news accounts bristled at the failure of a retirement community employee to give CPR to a stricken resident. The employee – initially reported to be a nurse – called 911, as required by company policy. The 911 operator tried to coach the employee in performing CPR, but the employee refused. Ultimately, the resident died. The media, well-primed by negative stories about senior care facilities, characterized the event as just another incident of egregious senior abuse.

But as the story evolved and reporters learned more about the legal and ethical issues involved in such a case, a “teachable moment” emerged. From a strictly legal perspective, the community did not have a duty to give CPR because the resident lived in “independent living” – an un-licensed part of the campus where seniors come and go as they please.

But doesn’t the retirement community have an ethical duty to provide CPR to a resident? Caring for seniors involves giving respect to the very personal end-of-life decisions that are a reality in their care. Most seniors memorialize these decisions in legal documents that specify what is – and is not – to be done. It is imperative to know and understand their wishes before initiating CPR – to do otherwise renders their desires meaningless.

The community had a policy not to do CPR in such situations, recognizing that not all employees know how to appropriately perform the act. California law only allows “licensed” medical professionals to act in contravention of end-of-life orders. And since most of the employees in senior care settings are not licensed professionals, they create liability for themselves and the community.

The immediate legislative reaction to the stories about this case has been to over-reach – to prohibit communities from having policies restricting CPR and to shame nurses into giving CPR regardless of a community’s policy. What is needed is a workable policy that balances appropriate response to emergency situations with the realities of the current restrictions.

*Christy can be reached at [jchristy@aging.org](mailto:jchristy@aging.org) or 916-469-3366.*

# Sandy Gollihugh

Helped Develop Olympic Skater

**F**orgive Sandy Gollihugh if she gets extremely excited while watching the 2014 Winter Olympics on TV with her neighbors at Kelly Ridge, an affordable housing community in South Lake Tahoe, Calif.

Gollihugh once coached Mirai Nagasu, an American who is likely to be a contender for the gold medal in women's figure skating during the games in Sochi, Russia.

Gollihugh has been through the nervousness and excitement of watching her former student before – when Nagasu finished fourth in the 2010 Winter Games at Vancouver, Canada.

“I get butterflies, I’ll tell you,” Gollihugh says. “You want it so bad for her. When she takes off on a jump, you just want her to land it.”

Gollihugh believes Nagasu has an excellent shot at winning in Sochi.

“I would say Mirai right now ranks 1 or 2 in the U.S. and maybe 2 or 3 in the world,” Gollihugh says. “She could very easily win a gold medal at the Olympics. If Mirai wants it, she’ll go for it. She’s a very tough little girl.”

Gollihugh’s association with Nagasu began several years ago in Pasadena, Calif.

“I started teaching Mirai when she was 7, and I knew then she had the potential to go all the way,” says Gollihugh, 69. “She’s just one of those talented children.

I coached her until she was 14 or 15, but we stay in touch. I talked to her as recently as a month ago.”

Gollihugh grew up in Southern California’s San Fernando Valley and started skating at age 4. She turned professional at 17 and began teaching and coaching others. It has been her passion ever since. Up until three years ago, she worked at the Pasadena Ice Skating Center, teaching people of all ages how to skate.

As rewarding as her relationship with Nagasu has been, Gollihugh says helping blind people learn to skate was even more meaningful to her.

“A lot of the coaches didn’t want to do it,” Gollihugh says, “but I would say my biggest reward was teaching blind kids how to skate, even more than seeing Mirai finish fourth in the Olympics.”

Jullie Shanks, the administrator at Kelly Ridge, says Gollihugh’s commitment to others continues. This includes helping Shanks give out the monthly newsletters and calendars.

“Sandy is a very strong, energetic woman,” Shanks says. “Even though she is confined to a walker, she is always there to give a helping hand.” • • •

*Adapted with permission from ABHOW Words, a newsletter for communities owned by American Baptist Homes of the West.*



### **New Partnership to Offer Discounted Satisfaction Survey Tools and Services**

LeadingAge California and National Research Corporation are excited to announce a new agreement to offer members of LeadingAge California an exclusive discount on satisfaction surveys, reporting, and quality improvement services through My InnerView.

After an extensive request for proposal process, followed by an in depth review and a number of presentations before the Group Services Board of LeadingAge California, My InnerView was selected as the new Approved Vendor for employee and resident satisfaction surveys. My InnerView products by National Research represent the voice of long-term care and senior living residents, families and employees with the most insightful quality measurement solutions and satisfaction surveys in the healthcare continuum.

My InnerView programs are the premier solutions to help improve quality, resident and family experiences and employee engagement for skilled nursing homes, assisted living communities, continuing care retirement communities and independent living communities. Better understanding how to improve scores for “willingness to recommend” among residents, families and employees is what sets My InnerView by National Research apart from other quality measurement firms.

Beyond the benefits of measuring and interpreting

quality measurement for residents, family members and employees – participation by LeadingAge of California members offers the unique opportunity to evaluate results within the My InnerView database – the largest comparative benchmarking database of its kind in the United States for long-term care and senior living. “We are thrilled to partner with LeadingAge California on such an important area as satisfaction measurement and performance improvement,” said Mary Oakes, vice president of strategic relationships for National Research. She added, “We are looking forward to working with members on quality programs and focusing on what matters most to their constituents.”

Joanne Handy, president & CEO of LeadingAge California noted that this new partnership, “Is a great opportunity for this association and its members to access quality data with actionable results.” She went on to say, “We are looking forward to working with National Research Corporation to provide our members with this vital service.”

For more than 30 years, National Research has been at the forefront of patient-centered care. Today, the company’s focus extends patient-centered care to empower customer-centric healthcare across the continuum – including patients, families, residents, caregivers and other healthcare stakeholders.

Today, the healthcare market and reimbursement environment require a deeper understanding of patients and residents and

as a result, National Research is committed to helping its healthcare provider clients better understand patients and residents as customers. In addition, National Research products provide insights across the entire healthcare continuum. This gives provider clients an integrated view of their customers as they transition among the different care settings over their lifetime as healthcare consumers. This integration of cross-continuum metrics and analytics uncovers actionable intelligence for effective performance improvement, quality measurement, care transitions and many other factors that impact population health management.

For more information, please contact Stephanie Doute, vice president of membership & group services at LeadingAge California. She can be reached at 916-469-3364 or [sdoute@aging.org](mailto:sdoute@aging.org).

### **Covenant Village Names New Executive Director**

Covenant Village, a retirement community located in Turlock, Calif., recently announced that Robert Howell will be its new executive director. Howell is a 17-year veteran of the senior housing industry and came to Covenant Village from CRISTA Ministries in Shorerline, Wash. – where he was vice president of senior living. He was responsible for operations at two continuing care retirement communities that provide independent living, assisted living and long-term nursing care to 725 residents. He ensured regulatory compliance, capital improvements and values-



centered care, while serving on the executive team responsible for a \$32 million budget and staff of 425.

At Covenant Village, Howell will be responsible for all operations of the community – which serves 300 residents in 217 apartments and patio homes, a 52-room assisted living residence and a 50-bed Medicare-certified skilled nursing center.

Howell served on the board of directors for LeadingAge Washington and is a member of the Health Care Compliance Association, a non-profit organization for health care compliance professionals. He served in the cabinet and house of delegates for LeadingAge, the national association of not-for-profit senior service organizations. Howell is a licensed nursing home administrator in Washington state. He earned a bachelor's degree in economics from Whitworth University, Spokane, Wash., a graduate diploma in Christian studies from Regent College, Vancouver, B.C., Canada, and a certificate of gerontology from the University of Washington, Seattle.

Covenant Village of Turlock is nationally accredited and is one of 14 retirement communities nationwide that are administered by Skokie, Ill.-based Covenant Retirement Communities Inc. One of the nation's largest not-for-profit senior services organizations, Covenant Retirement Communities operates communities in eight states and is a ministry of the Evangelical Covenant Church. For more information on Covenant Village of Turlock, please visit their [website](#).

### Former Staff Member Appointed to California Commission on Aging

Stuart Greenbaum – a long-time advocate for older adults – has been appointed to the California Commission on Aging by Governor Jerry Brown. “This is well deserved,” said Joanne Handy, president & CEO of LeadingAge California. “Stuart will be a great addition to the Commission and we look forward to working with him in this new role,” she added. Greenbaum has been president and creative director of Greenbaum Public Relations since 1991 and vice president of public relations and brand management at Eskaton since 2009. He was the director of public relations for LeadingAge California from 2006 to 2008 and currently serves on the association's Planning Committee.

## How Congregate Housing Can Help Reform the Health Care System

*A special report by Alisha Sanders, Senior Policy Research Associate with LeadingAge*

Over the past several weeks, I've read a handful of articles discussing the numerous challenges or barriers to reducing health care use and costs.

- A brief in *Health Affairs* identifies the various ways we are wasting health care dollars and makes recommendations for eliminating that waste. One key category of waste is disjointed care that is experienced, for example, when patients transfer from one setting to another.
- A Robert Wood Johnson Foundation report on hospital readmissions highlights myriad complaints from patients about how the discharge process has let them down. Patients told interviewers that they didn't understand their discharge instructions or those instructions were too general. They were overwhelmed by their diagnoses. Their primary care physicians weren't kept in the loop. They had no support at home. They weren't educated about their chronic diseases or needed support changing behaviors.
- Another article in *Health Affairs* discusses the critical role that social supports, in conjunction with health care services, can play in lowering health care use and costs. Unfortunately, the article notes, fragmentation presents a barrier to integrating health care and social service delivery.

There's obviously a lot of effort going into addressing the challenges facing our health care system. But many of those efforts, including Affordable Care Act initiatives, are based in health care settings.

Policy makers seem to have forgotten that people don't live in hospitals or physician offices. In the process, they seem to be ignoring the fact that housing could be one solution to these challenges.

How often do providers see their patients? Not very often. How will these physicians notice that an individual is looking or acting differently than they regularly do? Recently a service coordinator told me about a resident whose behavior was “really off” from her norm. The service coordinator visited the

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# Choosing Happiness; Embracing Change

*continued from page 3*

**B**efore I moved to Africa with my family at the ripe old age of six, I spent summers with my grandmother in Tennessee. Grandma worked as a dietician in a long-term care residence in Memphis, and she regularly took me to work with her. Mostly, she let me wander the place by myself, and I spent hours visiting with the people who lived there. I will never forget those summers, nor the elders and the caring staff I came to know. I remember feeling so “at home” there – which is a real tribute to the kind of residence it was, and to the caring people who worked there.

Today, my experiences with the people who live and work in long-term care communities are not all that different. As a health and wellness educator, I’ve spoken or taught at many of them over the years, and I have always been impressed by the rare and extraordinary qualities typical of those who work with the elderly. This is not work for the faint-of-heart nor weak-in-spirit.

In your profession, change is the only constant. Learning to deal with it is a talent you can cultivate, teach, and perfect over time. It’s about being resilient, being open to the positive aspects of change, and learning to roll with the punches, all while retaining your tenderness and compassion. As a child, I had more than my share of change early on, and I learned some valuable lessons that serve me well today.

Following are three wellness caveats I learned from growing up in Addis Ababa, Ethiopia – one of only six white faces (my parents and three sisters) in a sea of brown ones, being raised and schooled in a culture much different from my own.

## **What I Learned**

### **1. Wellness is about recognizing that life is short**

My father’s decision to move his family to Africa happened as a result of a lot of coincidences combined with my dad’s sense of adventure. It was a highly unusual decision to make in the early ‘60s and my grandparents were terrified for us. Years later, my father admitted we would have returned to the States if we’d been miserable...but we weren’t! Our years in Ethiopia were joyful, expansive, loving, and adventurous. They made us all more aware, more resilient, more courageous, more alive. “Life is short,” said Dad. “I had to go for it.” That was my model, and it stuck.

### **2. Wellness is about taking responsibility**

I find this notion empowering. If I don’t like what life offers me, I can change things. I can choose my reactions, my moods, my dreams. If you are arguing with me, you haven’t tested it. Think about it. To every single thing that happens to us, we choose how we will react, how we will respond, how we’ll feel about it later, what we’ll do or not do about it. But we

resist that responsibility because it’s so much easier to blame others for our misfortunes. I love this caption I once saw under a cartoon drawing of a TV newscaster: “We have late breaking news. Someone in the United States just took personal responsibility for his actions. More on this later.”

### **3. Wellness is about making choices**

I once had a student, Mary, whose young husband had a brain aneurysm that burst. He was in a coma for months and when he regained consciousness he had permanent cognitive deficits and as a result cannot work, or even drive, again. Ever. Mary was raising their children, caring for her husband and when I met her, she was also taking one college class each week to get her degree. She was also sporting a fresh tattoo. “Blessed” it said. “Why?,” I asked “My husband is alive,” she said. “How lucky am I?” Wow. In the face of all that hardship, Mary felt blessed. That’s a choice, a decision to be grateful and keep going no matter what. That choice makes her well, makes her happy, makes her productive...and makes me – inspired!

### **Who Will Care For Us?**

I volunteer at a nursing school, teaching assertiveness to the soon-to-be graduates. Last year I asked 100 nursing students in the program how many of them had aspirations to enter the long-term care field when they graduated. The response? Two. Who were thinking about it. So the question is: As more and more “boomers” enter their twilight years, and as healthier lifestyles and medical

science extend their lives, who will be there to care for them? Clearly, the long-term healthcare industry faces daunting challenges in the coming years, chief among them, how to adapt to our changing times and create an appealing “calling” to those who will most likely be caring for us. Yep, we can deny it all we want, but according to Muriel Gillick’s book *The Denial of Aging*, “...the data shows that people turning 65 today have nearly a 50 percent chance of spending time in a nursing home before they die.”

In my keynote talking about change, we will look at the challenge of change in your chosen profession. Amid devastating budget cuts, constantly changing state and federal regulations, and advancing technology, you are implementing new ways to provide quality care, and figuring out how to attract caring professionals to the field. How do you handle these changes, learn to go with the flow, deal with your own and your employees’ stress levels? And the change doesn’t end at work; many of us are dealing with massive change on the personal front as well.

Much of my talk on managing change uses the three wellness caveats above as a foundation. You’ll learn how to understand and reframe your thinking about change, as well as great techniques to handle it. For example, when a big and unexpected change comes along, here are some ways to cope:

- Make a list of pro’s and cons – so you can see the value as well as the negatives.
- Stay in the present – versus spiraling down into a bleak

future filled with consequences that have not (and may never) happened yet.

- Express gratitude – remembering to be thankful for the good things that remain (despite the change) is a great way to deflect and diminish the negative aspects of change.
- Be compassionate with yourself – versus giving it all away. Cutting yourself a little slack goes such a long way. Patience, kindness and caring are things you deserve to give yourself.

If all else fails, clip this quote from Alan Cohen and tape it to your desktop: “It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life and in change there is power.”

I love my job. And I know you love yours. My job is to teach people about a new kind of wellness that is more than just the absence of disease. Real wellness is an attitude that embodies gratitude, embraces change, and makes positive choices. The caregivers I met when I was a little girl (and the ones I meet now) are of two basic kinds: those who have embraced that concept and are living happy, purposeful, peaceful lives – and those who haven’t. True wellness includes choosing to be happy, at home and at work. That simple yet profound concept can make all the difference in the world for the industry, for your staff, and for ourselves – now and at the end of our lives. •••

## Don’t Miss Jean Steel’s Opening Keynote Session at the Annual Conference & Exposition



### One More Thing and I Will Explode! – Innovative Ways to Managing Change

Monday, May 6, 2013 –  
3:30 – 5:00 p.m.

Change is stressful, no question. Most people dread it, many resist it. But it is as unavoidable as death and taxes, so we might as well embrace it. How do you embrace change while looking to innovative ways to provide care and services that nowadays are driven into change due to factors like substantial cuts in funding, aiming new markets or clients, ever changing regulatory issues, etc? This presentation will lead participants through the common responses to changes, what change can mean, and the various affects it can have.

Jean Steel is well prepared for this topic, having led a life with more change in it than most. She will talk about how to reframe your thinking, to make strong commitments, and see the opportunities in change. Learn how building resilience and adopting positive stress management techniques can change the way you think about change.

## Membership Matters

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resident in her apartment to see if she could get some insight into what was going on. She discovered that the woman's medications were completely mixed up. The resident had been prescribed one pill she needed to cut in half and another that she was only supposed to take every other day. You can imagine what was happening. The service coordinator helped get a better system set up to help the resident manage her medications correctly.

How many physicians know about a patient's resources or support network? A recent study by the University of Georgia found that individuals with food insecurity were more likely to skip or manipulate their medication doses. Is a doctor going to know what's in a patient's fridge? Service coordinators have a more comprehensive picture of residents. They can help residents apply for food stamps, meals programs or other food/grocery assistance programs if those residents have limited incomes or access barriers. Or they can help with other social needs that may impact a resident's health. In a survey conducted by the Robert Wood Johnson Foundation, 85 percent of physicians say unmet social needs are directly leading to worse health for Americans. Yet, only 20 percent of doctors feel they have the ability to help address those needs.

How can health providers monitor or educate individuals they see only occasionally? It's hard to share complex information in a 15-minute visit. But a wellness nurse in a housing property can provide a regular presence to help monitor vital signs and health conditions. That nurse can spend time helping a resident understand health-related questions. Housing properties can sponsor education sessions to help residents understand and manage chronic conditions. Access issues are easily resolved when education sessions are only an elevator ride away.

Does the risk of re-hospitalization go away 30-days after a hospital discharge? Probably not. Service coordinators and other housing staff can help with the transition from hospital to home. They can help ensure that home health or home care services start up, or that a resident has needed adaptive equipment, gets and understands any new medications and sets up an appointment with the primary care doctor.

These staff members can also continue to keep an eye on the resident long after a hospital-based transitions program would stop calling.

I'm not implying that hospital- and clinic-based programs aren't worthwhile. But independent congregate settings can offer another strategy that addresses some of the problems we are trying to tackle through various health care reform efforts. •••



## What is Your Community Doing to Help Celebrate Homecoming Week 2013?

Six years ago, LeadingAge created Homecoming Week to provide a platform for members to engage with their communities and showcase their unique commitment to quality and how our organizations expand the world of possibilities for aging. For six years, hundreds of LeadingAge members across the country have opened their doors and invited their communities to celebrate their residents, clients and staff.

This year, as we welcome a new Congress that will be focused (maybe more than ever) on cutting spending and reducing the national debt, we must demonstrate to policy-makers the value that not-for-profit aging services organizations provide to seniors, caregivers, employees and our country.

"We hope every LeadingAge member will participate in Homecoming Week," said Larry Minnix, president & CEO of LeadingAge. "If you let us know what you're planning, we'll even notify your member of Congress and invite them to come out and see you...you open the door – we'll encourage the people who influence policy to come in," he added.

LeadingAge is encouraging all of its members to participate in Homecoming Week to share their proudest achievements with the officials who influence the policies that have a direct impact on the field of aging services. To that end, they have developed a planning guide that contains tips and tools to help members plan, promote and execute a successful event. Please visit the LeadingAge Homecoming Week [website](#) to learn more about what other members have planned and to register your community's events. Don't forget to send photos and stories from your events – LeadingAge will feature them on their website and in their publications. •••



## Survey Reveals Member Technology Trends, Interests and Opportunities

Preliminary results from AgeTech West's 2013 member technology survey show current trends in technology use by aging service providers. Highest tech utilization is in the area of wander detection/management (54 percent); followed by "therapeutainment" (50 percent); care planning/documentation (39 percent); community connection/socialization (39 percent); electronic health records (36 percent); fall detection/alert (33 percent); and cognitive fitness (29 percent). Technology adoption rates remain much lower in the areas of remote activity of daily living monitoring (seven percent); medication optimization (six percent); and telehealth (between two and three percent).

When members were asked about what goals or objectives they wish to enable with technology, by far the highest responses centered on the care experienced by residents/clients: improve care outcomes (85 percent); improve safety & security (85 percent); maximize wellness & independence (84 percent); and improve client satisfaction (82 percent). The next highest-ranked goal was creating organizational efficiencies (69 percent); followed by avoiding preventable hospital admissions/readmissions (66 percent); maximizing financial performance (58 percent); providing a social and service connection with older adults in the broader community (52 percent); increasing occupancy/clients (47 percent); managing chronic disease (46 percent); and revenue generation through new service lines (36 percent).

With regard to how AgeTech West should focus its work to best meet members' needs, survey respondents gave the highest priority ranking to developing a set of best-practice based technology enabled care standards (57 percent) – an initiative AgeTech plans to begin in the coming year. Ranked second-highest was advocating

for shared platforms and communication standards so technology devices are interchangeable – which AgeTech is pursuing through collaboration with the Continuum Health Alliance.

Final survey results will be posted on the AgeTech website and will be used to direct our ongoing work including a member guide on current technology utilization by West Coast LeadingAge providers.

## "Exergames" May Provide Cognitive Benefit for Older Adults

Recent findings reported in the American Journal of Preventive Medicine demonstrate that virtual reality-enhanced exercise, or "exergames" (combining physical exercise with computer-simulated environments and interactive video game features) can yield a greater cognitive benefit for older adults than traditional exercise alone. The study examined use of the "CyberCycle," a technologically-advanced stationary exercise bike for older adults developed by Interactive Fitness and introduced last year at the LeadingAge annual conference.

The study enrolled 101 volunteers – ranging in age from 58 to 99 years – with indoor access to an exercise bike. Nearly 80 participants completed initial evaluations and training, and rode identical stationary bikes, except the experimental bike was equipped with a virtual reality display. CyberCycle participants experienced 3D tours and raced against a "ghost rider," an avatar based on their last best ride. A total of 63 adults completed the study – averaging three rides per week.

Cognitive assessments to evaluate executive functions were conducted at various stages and blood plasma was tested to measure whether a change in brain-derived neurotrophic growth factor indicated possible neuroplasticity – a mechanism of change that could link exercise to cognition. CyberCycle riders had significantly better executive function than those who rode a traditional stationary bike, leading researchers to contend that exergames have the potential to increase the frequency of exercise by shifting attention from aversive aspects toward motivating features such as competition and three-dimensional scenery – leading to greater frequency and intensity along with enhanced health outcomes. •••

*Prepared by Scott Peifer, Executive Director AgeTech West. Peifer can be reached at [speifer@aging.org](mailto:speifer@aging.org).*

### **Director of Nursing Certificate Program Kicks Off in June 2013**

Today's Director of Nursing must keep pace with new strategies and challenges while creating a culture that promotes a satisfied workforce and quality standards of care for the resident. Research has shown improvements in overall quality of care increases when an organization has a Director of Nursing with strong leadership abilities. Staff retention, job satisfaction and the organizational culture all improve with good leadership. This unique program is about developing nurse leaders who can use their knowledge and skills to make a positive difference within their organization and among the residents they serve.

The program will be offered in both Northern and Southern California and is open to Aging Services of California members as well as non-members. For registration information, please visit the [LeadingAge California website](#), or contact Margaret Morneau at 916-469-3371.

### **Mark Your Calendars**

LeadingAge California is pleased to announce two new and exciting conferences that will be coming your way this summer:

#### **Marketing Strategies: The Sum of Its Parts Sales & Marketing Conference**

Sales & Marketing professionals... join your peers July 30, 2013 at the Marriott Burbank Airport Hotel to learn the top priorities every sales & marketing director should know by evaluating your community's

marketing plan with the experts. Through this process you will learn benchmarking, strategic budget planning and much more.

#### **Human Resources' Role in Building, Defining and Leading Professionals Conference**

Human Resources professionals... plan to get together August 13, 2013 at the Marriott Burbank Airport Hotel to gather a wealth of knowledge on HRs role in building, defining and leading organizational culture from technology and innovation to employee wellness programs.

The most valuable element to these two conferences are the opportunities to share and network with fellow professionals facing the same challenges. Registration information will be available in the coming weeks.

#### **Brown Bag It! HR Updates for 2013 Webinar Series**

Join Terry A. Willis, partner with cook Brown, LLP as she discusses the dozens of new California labor laws and legislative bills that were passed and went into effect January 1, 2013. It is a daily challenge to deal with the legal pitfalls of Human Resources without continuing education to keep abreast of the latest legal changes and the best employment practices. Each 60-minute webinar offers NHAP, RCFE, CASP, BRN and HRCI continuing education units.

For registration information, please visit the [LeadingAge California website](#), or contact Margaret Morneau at 916-469-3371.

### **MDS 3.0/RUG IV Distance Learning Series:**

LeadingAge California has teamed up with LeadingAge Ohio and Plante Moran to offer a series of affordable, up-to-date learning educational sessions about the process of completing the Minimum Data Set 3.0 and the impact of its accuracy. Running through July of this year, each teleconference is 90-minutes long. BRN and BBS continuing education units are available for each session.

For registration information, please visit the [LeadingAge California website](#), or contact Margaret Morneau at 916-469-3371.

### **Encore Screening of *More Than Me in Monterey***

The award-winning documentary film chronicling actor-comedian Jim Breuer as he cared for his then 84-year old father on a 30-city, cross-country comedy tour will be screened as part of this year's Annual Conference & Exposition in Monterey, Calif. At this very conference four years ago, attendees had the opportunity to see an unedited clip of the film and spend some time with Jim Breuer as he talked about his experience as a caregiver. The film – which was produced by Pilotfish Productions (who also created this association's award-winning PSAs) – will be shown on Tuesday, May 7 at 9:50 a.m. in the Ironwood Meeting Room at the Portola Hotel.

# Dates to Remember

## Save the Date

### 2013-14 Director of Nursing Certificate Program

*Eskaton: Carmichael, Calif.*

Module I – February 15-16, 2013

Module II – April 11-12, 2013

Module III – July 11-12, 2013

Module IV – October 10-11, 2013

Module V - 4 On-Demand Webinars

*Hillcrest: LaVerne, Calif.*

Module I – February 22-23, 2013

Module II – April 18-19, 2013

Module III – July 18-19, 2013

Module IV – October 17-18, 2013

Module V - 4 On-Demand Webinars

**Sales & Marketing Conference: Marketing Strategies: The Sum of Its Parts**– July 30, 2013, Marriott Burbank Airport Hotel, Burbank, Calif.

**Human Resources Conference: The Role in Building, Defining and Leading Professionals** – August 13, 2013, Marriott Burbank Airport Hotel, Burbank, Calif.

**AgeTech West Conference & Expo: Aging Services Meets Silicon Valley: Creating the Future of Caring** – November 14-15, 2013, San Jose Marriott, San Jose, Calif.

## Web Seminars

For more information and to register, visit the LeadingAge California [website](#).

**Care2Learn** – Online courses that help care professionals build leadership skills and meet licensing requirements.

### MDS 3.0/RUG IV Distance

**Learning Series** – January - July 2013

### Brown Bag It! HR Updates for 2013 Webinar Series

May 2, 2013

May 30, 2013

Contact Margaret Morneau at [mmorneau@aging.org](mailto:mmorneau@aging.org) or 916-469-3371.

## Region Meetings

### Los Padres Region – June 13, 2013

Noon–1:30 p.m.

Topic: Successful Aging in Action

Location: Solvang Lutheran Home

636 Atterdag Road

Solvang, Calif., 93463

### LA Valleys Region – June 20, 2013

Noon–2:00 p.m.

Topic: To Be Determined

Location: Navigage

700 North Stoneman Avenue

Alhambra, Calif., 91801

### Inland Empire Region – June 21, 2013

8:00 a.m.–10:00 a.m.

Topic: Surplus Drugs Filling the Gap

Location: Hillcrest

2705 Mountain View Drive

LaVerne, Calif., 91750



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California

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