History of Long-term Care in Minnesota

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

Part Three: The Force is With Her

In our March 2016 issue, Old News began publishing a series of interviews with long-term care reformer Pamela Parker, focusing on her own life story and its intersections with the history of long-term care in Minnesota. That history is so tightly interwoven with the fabric of Parker’s life that at times the threads are indistinguishable. This third segment officially concludes the Reflections on the History of Long-term Care series.

In our spring 2017 issue, we will publish a follow-up conversation with Pam about how her life has come full circle as she assumes a caregiving role for her husband Dennis, who recently suffered a stroke.

Click on these links to read Part One and Part Two of our series.

Implementing Integration — an Uphill Climb

Part Two of our series left off in 1995, with Maria Gomez having just been appointed Commissioner of the Minnesota Department of Human Services (DHS) during Governor Arne Carlson’s second term. Gomez and her team, including Parker, were working long hours to effect change. “During this time,” Parker says, “and really from the 1970s through 2012 or so, the architects and protectors of much of the state’s long-term care legislation were Senator Linda Berglin, chair of the Senate Health and Human Services (HHS) committee, and Representative Lee Greenfield, chair of the HHS budget committee. They were responsible in some way for nearly every piece of nursing home legislation—from rights and abuse protections, the expansion of home care services, the entry and expansion of managed care and development of integrated Medicare and Medicaid programs for seniors and people with disabilities—and literally all broader Medicaid policy like the Minnesota Care expansion. They watched over and understood every operational detail and came to the rescue hundreds of times when programs were threatened.”

Parker and her DHS team at this time were talking to other states and the Robert Wood Johnson Foundation about their ideas around integration of Medicare and Medicaid. “We found kindred spirits in Wisconsin and Massachusetts,” she says. In 1997, the Robert Wood Johnson Foundation funded a large multistate initiative on Medicare Medicaid integration that included Minnesota. Parker hired Sue Kvendru, a former Medicare consumer advocate from the Senior Federation. “Sue became the heart and soul for implementation of the seniors managed care programs,” Parker says. “And later, Deb Maruska, a super nurse with disability expertise, did the same for the disability programs. But not many states actually went forward due...
January 1, 2006, MSHO went from 11,000 members to 33,000. The statewide transition to managed care for long-term services and supports, the Medicare Health Options program (MnDHO), was “widely quoted as saying they should never have approved the Minnesota integration demonstration, for technical reasons they never shared directly with us,” Parker says.

In reality, the integration project Parker was leading had become far more than a demonstration. “It was a serious program initiative at DHS,” she says, “working with health plans and federal officials to determine operating details. We contracted with three health plans in the seven-county metro area for the Long Term Care Options Project, later called Minnesota Senior Health Options (MSHO).” Two other states, Wisconsin and Massachusetts, got approval for similar projects. “In 2001, through Deb Maruska’s leadership, we expanded the demonstration to include people with disabilities under the Minnesota Disability Health Options program (MDHO). By 2005, MSHO had 11,000 voluntary enrollees. Yet, we were on constant tenterhooks for federal approval for extensions. Whenever the most recent extension for the original demonstration was about to run out again, we’d have to go back and argue with CMS. Sue was especially good at this and became the nation’s expert in integrating and simplifying Medicare and Medicaid member materials. But we had many close calls with proposals that would not have worked,” Parker says.

In 2006, Medicare Part D expanded coverage of prescription drugs and switched payment from Medicaid to Medicare for those eligible for both programs, providing an opportunity to expand MSHO enrollment substantially. In order to make sure this transition didn’t disrupt coverage, CMS helped facilitate the transition of the original MSHO/MnDHO demonstration to a type of Medicare health plan newly authorized by Congress called Dual Eligible Special Needs Plans (D-SNPs). “This allowed Minnesota to expand to nine integrated plans with statewide coverage in order to be ready for the Part D transition. Minnesota, Wisconsin, and Massachusetts were seen as ‘legacy plans’ and therefore as models for what D-SNPs should be doing,” Parker says.

Protecting Minnesota’s Demonstration and Singing Her Way Through

The statewide transition to managed care for long-term services and supports (MLTSS) and Part D was challenging for DHS. CMS had pushed for seamless transitions for drug coverage through MSHO but because it was important that all services were integrated it also meant that MSHO had to expand managed care coverage of long-term services and supports statewide. On January 1, 2006, MSHO went from 11,000 members to 33,000 members overnight. The transition also changed health plans, counties, and long-term care providers. The health plans reached out to counties and primary care systems to provide care coordination and home and community based services. “Through leadership of Rick Carter and Patti Cullen from Care Providers

of Minnesota and Gayle Kvenvold of LeadingAge, the nursing home associations worked closely with the state to bring health plans and facility providers together,” Parker says. As a result, Minnesota had far fewer problems than most other states.

Meanwhile, Iris Freeman and other pioneers from Parker’s early days in long-term care reform were still championing for elder rights protections, including inflation factors for the personal needs allowance and ongoing funding for residents’ councils. Some battles were won, some lost. “The Nursing Home Residents Advisory Council (NHRA) and its successor organizations faded out after Iris retired from that era of her work. But then she worked tirelessly to fund and the new Minnesota Elder Justice Center.”

Parker’s musical career, meanwhile, was soaring in these years. She was lead female soloist with The Nostalgics, the vocal quartet for the 17-piece Classic Big Band that regularly held swing dances throughout the metro area and performed concerts in parks during the summer months. “We were featured at the International Glenn Miller Festival three times,” Parker says. She also had parts in several theater productions and three operas, including one principal role, and performed regularly with Stardust, a small trio with piano, bass or horn, and vocals. “Stardust averaged 20 to 30 gigs a year, mostly in senior housing including assisted living and nursing homes. I got to see firsthand what was changing in long-term care,” she says.

Parker appeared before audiences in another capacity as well. She had become the face of integrated dual care, receiving requests to speak all over the country about various issues related to long-term care. “They paid my way and DHS was okay with it, so I went,” she says. “Sue and Deb and the rest of the team deserve all of the credit for keeping the operations going while I was out there promoting integrated care.”

Then, in October 2005, Parker’s life took a turn when her husband Dennis suffered a small stroke followed by a massive bleed. “It wasn’t clear whether he would survive,” she says. “He was delirious and hospitalized for 40 days. But he recovered relatively well, and continued to dance, drive, and serve clients as a psychotherapist.” Nonetheless, the stroke was life changing for both Dennis and Parker. “We started talking about retiring,” she says. “We took trips to Italy and Spain and New York City. We forged ahead, but we were changed.”

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As these changes occurred, DHS’s Aging Division continued to lead the way in developing more sophisticated case mix systems for nursing home and assisted living payment systems including quality of care incentives. “Concerns turned to premature use of assisted living and the high proportion of HCBS dollars spent on assisted living. We started seeing these expensive senior housing options where private payers would spend into Medicaid. We needed to make people aware of in-home options. Another growing concern was the lack of appropriate nursing and personal care as people aged in place in these new and often beautiful facilities.”

In 2011 and 2014, AARP’s National Scorecards rated the Minnesota long-term care system number one in the nation.

New Demonstration or Bust

With new Medicare-Medicaid Integration demonstration options under the Affordable Care Act under the Medicare-Medicaid Coordination Office, Parker’s team was consulted about what worked in Minnesota’s programs. Many MSHO features were adopted in the Financial Alignment Initiative. “But the financial design did not end up fitting Minnesota,” Parker says. “It would have cut our payments substantially.” So while Minnesota submitted a proposal, “we then dropped out and argued for a different demonstration based on our existing MSHO program and D-SNP platform that would benefit some of the creative arrangements we already had in place and let us continue to operate,” Parker says. Months went by with little progress on a Memorandum of Understanding for the new MSHO demonstration. “We were discouraged. I had planned to retire shortly after the demonstration was approved. I saw it as the last thing I could contribute to the cause at DHS. Dennis and I wanted to go to Paris, and I didn’t feel we could until the demonstration was in place. Finally, we decided we had to go, and spent three weeks in France anyway!”

When she returned, Parker told the director of the Medicare-Medicaid Coordination Office that she needed to retire but couldn’t until the new demonstration was in place. “The director said, ‘I promise to do right by you Pam.’” Minnesota’s new “administrative alignment demonstration” was finally approved in September 2013 and MSHO became the first D-SNP demonstration. But Parker stayed on at DHS anyway, because of an internal reorganization.

Even now, Minnesota continues to lead the way for integrated D-SNPs. “CMS Medicare initially became more rigid with respect to D-SNP integration, but the Medicare-Medicaid Coordination Office embraced the D-SNP platform as an important integration model and Medicare is changing as they learn more through the MSHO D-SNP demonstration. “Minnesota’s MSHO plans have stuck with their investments in the program for nearly 20 years and are among the highest performing D-SNPs in the nation, still leading the way to improve care and make things simpler for the beneficiary through integration. A number of other states—Tennessee, Virginia, Arizona, New Jersey, Pennsylvania—are basing their programs on D-SNPs too,” Parker says. “Now more than 350 D-SNPs serve 1.7 million dual eligibles in 38 states. And a study done for the Assistant Secretary of Planning and Evaluation at HHS by the Research Triangle Institute shows

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that MSHO has changed clinical care for people, reduced hospitalizations, garnered high satisfaction and almost no disenrollment, with really good clinical outcomes. It’s wonderful to finally have that documentation.”

**A Wonderful Celebration … and What Comes Next**

In June 2014, Parker finally made good on her wish to retire. “DHS staff made it the most wonderful celebration ever,” she says. “I was excited to have former MSHO staffer Gretchen Ulbee take over for me as Manager of the Special Needs Purchasing unit—her appointment made waiting to retire worth it. I felt secure in the decision knowing that Sue and Deb and the whole team would continue in their critical roles.”

But those who know Parker say she didn’t really retire; she just stepped back a little. Almost immediately, she began consulting in the field of integration. And she stayed on as a consultant to the dual demonstration for Minnesota's Special Needs Purchasing team until June 2016. Parker is also working on integration policy for the Washington D.C.-based Special Needs Plan Alliance with former colleagues who are the chief national advocates for Medicare-Medicaid integration. “I believe in integration,” she says. “It should be a natural part of the entire system. And I’m still interested in where this will go in the future. It seems my entire adult life has been tied up with long-term care system in one way or another.”

Parker speaks with fondness about the people with whom she has worked so hard to improve the lives of older adults, including her DHS team who deserve the credit for building and maintaining MSHO and SNBC at DHS and the original founders NCCNHR. “As for the founders,” Parker says, “Elma Holder has retired and has a grant to write a book on her life and the history of nursing home advocacy, Barbara Frank is a successful ‘turn around’ consultant to problem nursing homes and author of staff training materials, and Ann Wyatt has helped create Alive Inside, a program that brings nursing home residents iPods with their favorite music. Iris Freeman chairs the board at the Elder Justice Center. And of course, at DHS, Gretchen Ulbee, Sue Kvendru and Deb Maruska continue their commitment to seniors and people with disabilities every day. Thanks to them, Minnesota’s leadership in integration continues.”

Parker still sees a range of areas where more work is needed to improve long-term care. “We have worsening workforce shortages (physicians and direct care givers),” she says. “And federal, state, and provider level payment and budget pressures will worsen in the future, as well.” She notes a need for staff training and encouragement of the right staff temperaments for loving care. “Workers also need to be respected and receive a decent wage along with health care and child care,” she says. Ultimately, rights are more protected, leadership more sophisticated, inspections more thorough, penalties more severe, facilities more up to date, models of care more personalized, and long-staying Medicaid residents less common due to more and better options. “But problems in nursing homes persist because they are a form of institutionalization. Abuses by untrained or ignorant or immature staff still happen, while loving souls do their best with what they are given.” Parker cites a growing need for education for caregivers and residents to foster understanding and respect of cultural differences—which are intensifying due to demographics. “This state would be nowhere without immigrant workers in health care,” she says. “I encountered a lot of African, Somali, East Indian and Hispanic workers; these individuals are a huge part of health care in Minnesota, and we need their contributions to care for our aging population.” Parker also calls for more grass roots consumer advocacy, “which is lacking now.” She laments the loss of the Senior Federation and other grass roots advocates for seniors who were so active and effective in the 1970s to the early 1990s. “We baby boomers need to wake up and get going on this as we have the most to lose, but many of us are still too busy working to do it!”

Parker had a chance to reflect on her long history with long-term care last fall, when Sherilyn Moe, the first person she hired while Ombudsman, brought a large group of the current and former regional long-term care ombudsmen in Minnesota together for an evening of discussion and reminiscing. “Iris and I were able to talk to them about the history in Minnesota,” Parker says. “And some had never heard it. We loved hearing the stories of each of them and their continued commitment to the field. There is a full cadre of regional and state level Ombudsmen now at DHS devoted to the important issues facing long-term care.”

Also last fall, Parker attended “Consumer Voice,” a conference in Washington D.C. “They were celebrating their fortieth anniversary, and I was able to reunite with Iris, Elma, Barbara, and Ann.” Consumer Voice is the new version of NCCNHR. It includes the national organization of Ombudsmen. “These people are just as committed as ever and it was humbling to see their continued devotion.”

Still, Parker is sad to see the WWII generation, with whom she identified through her parents and her music, now almost gone. She wonders what the current cohort of older adults, those her husband’s age, hold the most dear and need the most. She wonders if there will be similar resources as today for her generation in the next 10 years.

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Parker is still singing with the Nostalgics and with the Classic Big Band for swing dances and park concerts, and with Stardust occasionally in assisted living facilities. And she helps oversee care for her 91-year-old mother. “She is still driving, riding her three-wheeled bike, speaking in church, and living independently in her own home! She had two hips replaced and gets some home care services thanks to her MSHO plan.” Parker has also been a caregiver for Dennis, now 81, a responsibility that increased starkly recently when he suffered another stroke that necessitated a lengthy hospitalization and rehabilitation. “It’s hard because Dennis made his living talking to people and reading, and now he can’t communicate well due to aphasia,” she says. “His mind is intact, though. And he’s been recovering physically. Communication is the bigger challenge.”

Parker says she never prepared for the role of caregiver, despite that her father had Alzheimer’s and her mother cared for him. “Others say they’re amazed at all I’m doing, but it’s much better than being a widow. I’m glad I can do it. It’s like I’m a part of a huge club of women. The bulk of women end up being widows or single, so many have gone through this.”

Now, she’s trying to figure out what Dennis’s stroke and her intensified caregiving role means for the future. “How does this work?” she asks. “How long does this stage last? How do we survive it? And are there bigger difficulties to come?”

This segment concludes our series, Pioneering Reformer Pamela Parker Reflects on the History of Long-term Care in Minnesota. However, the spring issue of Old News will include a follow-up conversation with Pam, in which she shares her reflections on her new role as caregiver for her husband.

Still Singing and Caring

Esther Wattenberg: The Profound Role of Fate in Our Lives

Esther Wattenberg was not inclined to be interviewed for this series. “I resisted,” she says. “I had nothing useful to say about retirement. Especially since I am not retired.” Wattenberg’s stance is tinged with understandable pride. After all, at age 97, she still maintains occasional office hours and ongoing responsibilities in her role as professor of social work at the University of Minnesota, where she has been on staff since 1964. In 1972, she was appointed jointly as an associate professor in the School of Social Work and as a researcher for the Center for Urban and Regional Affairs (CURA), and shortly thereafter, she was promoted to professor of social work and coordinator of the CURA social services program. In 1992, she founded and directed the University’s Center for Advanced Studies in Child Welfare (CASCW). From its inception in 1997 until 2015, she was the editor of Practice Notes, a monograph linking research and best practices for child welfare practitioners. Wattenberg is also a member of several local and national boards and organizations, including Hennepin County’s Children’s Justice Initiative, authorized by the Minnesota Supreme Court and the Mortality Review Committee of the Minnesota Department of Human Services.

We wanted to speak to Wattenberg specifically because of the long arc of her career in child welfare, where her contributions have earned widespread acclaim and helped to shape research and policy. She has contributed to and completed several studies, including, most recently, “Building Capacity to Strengthen the Well-Being of Immigrant Families and Their Children: A Prevention Strategy.” Her work has been recognized and published in scholarly journals and mainstream venues including the Minneapolis Star Tribune, the New York Times, and others.

Wattenberg continues to write articles for CASCW through her personal blog, “Notes from a Cluttered Desk.” Sometimes, she writes as a way to work through concerns about what she calls her “faulty sense of recall.” But make no mistake: Wattenberg does not dwell on being old. To the contrary, she dwells on what she can and will accomplish today and tomorrow, as well as the goings on in her beloved neighborhood of Prospect Park Minneapolis, near the University of Minnesota campus, where she has lived in the same house for more than a half century, and where she still lives independently since the death of her husband Lee Wattenberg in 2014 (her daughter and son-in-law live across the street).

Universal Questions with No Easy Answers

Once assured we would talk less about retirement and more about life’s universal questions, Wattenberg finally invited me to sit with her at her dining room table, the expansive surface of which is cluttered with photos and drawings from her many grandchildren and inboxes full of work documents awaiting her attention. Through her paneled dining room windows, Wattenberg can and does watch the comings and goings of the neighborhood she loves as we ponder the whole notion of how a life is shaped. “Not that I have answers,” she says. “I am not a philosopher and I am not a scientist. The only piece of wisdom we have, which has been passed down from one generation to

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another, is this: Your fate is determined by to whom you were born.” She adds: “And where you live, and who your friends are. You would be astonished at how much is determined by these three factors.”

Wattenberg was born on August 13, 1919 in London, Ontario, Canada, where her father ran a business making jute bags for the farming community. “The diaspora for Jewish families at the period was to come to Canada, although a great many came to New York,” she says. “Europe was becoming more difficult.” Wattenberg attended the University of Western Ontario, where she earned her undergraduate degree in liberal arts. “Which is the catchall when you don’t know where you are going,” she says. She went on to earn her Master of Arts degree from the University of Toronto in 1944 and an additional Master of Arts from the University of Chicago in 1955. Later, she completed post-graduate work at the London School of Economics.

A Series of Fateful Encounters

Wattenberg’s path to the University of Chicago was determined, like so many other things as she sees it, by fate. “In one of those ways that life presents choices, I went to work for a woman whose husband was a cabinet minister, and she guided me toward the University of Chicago for graduate work,” Wattenberg says. “Of course, this was a period when psychiatry was in some ways guided by long-term interests in a Freudian framework. Many psychoanalysts had left Europe to escape the Holocaust, and many had settled in Chicago. So the University of Chicago School of Social Services Administration—elsewhere called schools of social work—had many of these amazing people as faculty teaching human behavior.”

One of the influential faculty members Wattenberg credits, Charlotte Towle, hailed not from Europe but from Butte, Montana. Towle was known for her belief that students of social work must develop an understanding of the relationship between the dynamic inner lives of individuals and their environments. In Towle’s landmark 1945 book, Common Human Needs, she illuminated the connection between understanding human behavior and administering social welfare programs, asserting that psychological needs and forces are tied to social forces and experience.

“So you can imagine my shock coming to the University of Minnesota,” Wattenberg says, “an institution heavily involved in physiological pursuits.” She had come westward with her husband, Lee Wattenberg, whom she had met while both were attending the University of Chicago and living at the International House there. Lee was set on medical school while both were attending the University of Minnesota, where he knew of “a few people working on issues he was involved with.” He would go on to become a highly regarded cancer researcher with a focus on prevention. Indeed, if you know that eating broccoli may reduce your cancer risk, you have Lee to thank.

Around this time came another of those “happy accidents” Wattenberg credits for the trajectory of her life. This time, it was a fateful event that helped Wattenberg to find her place at her new University. “What happened is that Mary Kaye LaPointe, who is now and has long been my assistant, but who then was a student working in Paul Meehl’s office, introduced me to Paul.” Paul Meehl, who died in 2003, was a widely acclaimed, cited, and respected scholar in psychology who, in addition to many official honors, has often been referred to by former students as the “smartest psychologist they’ve ever met.” According to Wattenberg, he “was and still is revered as one of the good thinkers on trying to uncover the source of behavior that might be lodged in childhood.”

As both Wattenbergs were finding their places at the University, they were living in a lower duplex near Dinkytown, which led to yet another chance meeting. “I came upon a flyer for some group trying to raise money for a nearby park, and a woman named Arvonne Fraser was heading up the drive. I liked the sound of it, so I came by her house with a batch of cookies. We became lifelong friends.” Arvonne was active not only in local endeavors such as fundraising for parks but also in the national women’s movement. She served as national president of Women’s Equity Action League from 1972 to 1974 and was director of the Office of Women in Development at the U.S. Agency for International Development from 1977 to 1981 after serving as Counselor, Office of Presidential Personnel in the Jimmy Carter administration and, earlier, as Upper Midwest Director of the Carter for President campaign. She was a senior fellow at the University of Minnesota’s Humphrey Institute of Public Affairs from 1982 to 1994, where she cofounded the school’s Center for Women and Public Policy, and she is now senior fellow emerita. Arvonne is married to Don Fraser, who served in the Minnesota Senate from 1954 to 1962, in the United States House of Representatives from 1963 to 1979, and as mayor of Minneapolis from 1980 to 1993.

New Prospects in Prospect Park

Around the time Wattenberg’s friendship with Arvonne Fraser was taking off, Lee came home and said, “My resident is leaving town because her husband, Monrad Paulson from the law school, has just accepted a job at Columbia. She thought the house they were living in might be good for a family that might have young children.” Lee wondered if they should take a look at it.

“He said to me, ‘What do you think? It’s someplace called Prospect Park,’ about which I knew nothing.” The Prospect Park neighborhood is known for a high concentration of University professors and artists, a high degree of neighborhood connection and pride, and a lasting tradition of long-term residents, with many homes being passed down from one generation to the next.

“We came to look at the house,” Esther says, “and it was nothing like you see it now.” She waves her hands in both directions. “The décor, well, these three walls were salmon colored and the floor was grass green. But the price was right. So I said, ‘we’ll have to spend some money to fix it up.’” The couple did exactly Continued
To the question of how life unravels, Wattenberg is trying to understand it in the United States and abroad. Research to scholars at the University of Minnesota and other institutions shows that, and their family soon grew to include six children, four of whom are still living. Wattenberg doesn’t recall the exact year of the home purchase. She does recall the “wonderful friends from that period—lifelong friends who had a profound impact in our lives.”

Wattenberg describes a neighborhood social life rich with the companionship of academic colleagues as well as a close friendship with across-the-street neighbors Fran Naftalin and her husband, Arthur, Minneapolis’s first and only Jewish mayor (1961 to 1969). Also important were Ann and David Preus—Ann, a prizewinning violinist, and David, a highly regarded Lutheran minister. “Here is an exchange that we had over the years,” Wattenberg says, “which you might find of interest. I would be pulling out of our garage, and David would call out to me because he would be doing his lawn. He would say, ‘Have you solved the problems in child welfare?’ And I would say, ‘No, have you solved the theological problem of why bad things happen to good people?’ And he would say, ‘No, but we are working on it.’ These were such wonderful neighbors and friends. A very important part of our life.”

Lee meanwhile, was playing poker on Friday nights with the chairs of the University’s departments of history and geography as well as a faculty member from political science. “It was an infamous poker game that went on for quite a few years,” Wattenberg says. “We were simply surrounded by people who had similar backgrounds and interests and who were pursuing things and who had a sense of searching for some explanation of the peculiar ways in which life unravels.”

On the Nature of Unraveling

To the question of how life unravels, Wattenberg is trying to better understand the matter. “I started a writing project in an effort to kind of clarify things and not leave stuff to my children to deal with,” she says. “It started with the rough title ‘Notes from a Cluttered Desk,’ and every now and again I would write a piece. More recently, though, I changed it to ‘Notes from a Cluttered Mind,’ because I am not thinking as clearly as I used to. Last week, I wrote down two themes to work on: ‘How to Endure Loss Without Whining About It’—I have to try to write that piece—and ‘Recall What it is Like to be a Witness to Persisting Loss.’ Because that is the nature of growing old.”

In addition to her continued work and writing, Wattenberg’s foremost passion is reading. “It’s the center of my life,” she says. “I have a persistent interest in two papers, the New York Times and the Star Tribune. Plus, the New Yorker and the Economist. From time to time, I read fiction.”

At midnight, Wattenberg watches TV. “I like to go to sleep at around one in the morning so that I can sleep through the night. Sometimes I start watching at 11 o’clock. I am somewhat flexible.” Occasionally she watches news and political programming, but mostly, she enjoys movies. “The plots are very clear and nearly unvarying,” she says. “Almost all of them are about the corruption of public figures, the struggle of brilliant people with ideas who cannot get a hearing—that’s a plot that runs through almost all of them—and, finally, there question of what happens to children in highly ambitious families. Those three plots work their way through, and what happens is the art of fiction.”

Because it is still October when we speak, and the election looms, we talk about the Trump phenomenon. Wattenberg insists she has nothing of interest to say about it, while at the same time offering several insightful observations. “It is a recognition that parts of our world are deeply unhappy,” she says. “It is important to understand what that is all about. Who are they that are so deeply unhappy? White poor men are a very large component of Trump’s adherents. It turns out that we have not made great gains in solving problems of racism. It turns out that we are deeply unhappy about the accumulation of wealth in hands that we don’t quite recognize. And we have a deep suspicion that this deals with world politics. We are confronted with this set of not clearly understood phenomena.”

Life is Not Fair

As for what she sees changing in the arena of child welfare, Wattenberg is cautious. “Basically, it’s just not fair,” she says. “So much of life is determined by the accident of birth. The luck of the draw. We have invented a number of responses to that. We have made small steps to early childhood education. We have very hesitantly approached the issue of the school system taking on the inequities.” Mostly, however, what Wattenberg sees are the remaining gaps, the problems yet to be solved. “And this is on the side,” she says, “but one of the projects I was going to be working on was asking Prince to donate a scholarship in his mother’s name, because she was a school social worker in a project I worked on many years ago. But we didn’t quite get around to it.”

In the end, Wattenberg sees her field of child welfare—and in fact humanity—as still groping and grasping.

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When asked if she had a magic wand to fix just one thing, she says, “I don’t think in those terms. Life is too complicated to try to derive a simple solution to the human condition. One searches. I have been somewhat active in politics, which is one way to try to change circumstances. Within the University, I try to support those services that create openings for poor children. You work at various levels, but a sweeping response is not available to me.”

The Fragile Nature of Life and Death

One reason Wattenberg avoids sweeping statements is that she is still trying to figure out how “you can be an observer of your own decline and fall. This is very personal and the response is woven together by those are around you. You begin to ask painful questions. Out of all your friendships, you ask who has persisted—and you discover there are very few. A difficult question is how to be sure that you are not burdening any of your children. When I say to my kids, ‘I think it would be helpful if you said which of these things would you like to have before it all goes on sale’”—she gestures around the room—“well, they don’t want to think about that.”

Sometimes, Wattenberg thinks of this planet “hurting through space, with the accumulating terror of nuclear weapons in unsafe hands. But do you want to spend your time thinking about that? What we’re talking about is the fragile nature of life and death.”

While Wattenberg insists she has no advice for anyone else—neither on retirement nor the human condition—she admits to wrestling with the questions. “It’s about how you persist in being useful to the remaining members of your family,” she says. “You just hope that you manage the resources that have accumulated that have allowed you to lead the life that you want. For me, it is having sources of reading pleasure, news about my children, and occasional thoughts on whether you can leave anything behind that might be of interest. Here it is, the hundredth anniversary of the School of Social Work. Do I have any experience or insights that should persist, in one way or another?”

Most people would suggest that she does, indeed.

The View from Here

Reworking Workforce Thinking—Lessons to be Learned from Hospice Care

The future of a workforce to serve older people looks bleak. The demographic pressures of an aging population of baby boomers and a stagnant generation just behind them conjures up all sorts of anxiety. Add the low esteem in which work serving older people is typically held, and we have a big problem, starting with fewer workers per older person.

The shortage of workers hurts at several levels, including that there will be fewer workers to support Social Security and fewer to provide services for older people. The former problem will require some adjustments in Social Security, such as removing the cap on the tax. Changing eligibility also makes sense, but may be too politically controversial. Social Security’s universality is its great strength but also its irrationality. People with good retirement programs or lots of savings see Social Security as a marginal gift, whereas the many Americans with little savings must view it as a major source of retirement income.

The workforce issue cannot be solved by simply trying harder. Of course, we need to pay direct care workers more, but we will never be able to afford wages that would make these jobs competitive. Ironically, the same is true of the professionals who serve older people. Geriatricians sit at the low end of the pay scale, but that is likely not what keeps doctors and nurses from entering the field. Rather, it is the fact that in addition to offering relatively low pay, serving older people is unglamorous hard work. It is not the basis for heroic television shows or celebrations. Technological medicine attracts clinicians away from primary care, which is the feeder stream upon which geriatrics relies. As that stream dries up, so does the number of people going into aging.

Achieving adequate staffing for both clinicians and line workers will require redesigning those jobs and raising their prestige. Eldercare is typically viewed as a necessary but unexciting task. Both those engaged in it and those viewing from outside see the effort to help frail older people as a daily struggle that inevitably ends in further decline. Without a comparator, the benefits of good care remain essentially invisible. However, success in this arena lies not in reversing the polarity of the clinical course but in slowing the rate of decline and making the end of life as positive an experience as possible. This philosophy is similar to that of hospice care, which in contrast to long-term care, is seen as valuable and satisfying work because it undertakes achievable goals. That is, hospice does not seek to reverse a clinical condition but rather emphasizes meeting patients’ goals and desires. This strategy makes sense for geriatrics as well, especially if married to improved chronic disease care.

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The goal of chronic disease management is catastrophe prevention. This end is accomplished by proactive care, where status is monitored and interventions are launched when a patient’s clinical course falls outside of the expected trajectory. Establishing this model of care means developing ongoing personalized relationships with clients. It implies teaching line workers what to look for and respecting their judgements when they report that a client is just not herself today. It means doing away with most return appointments and using the time saved to be available for rapid response when a change in clinical course occurs. It implies creating an information system that shows the actual versus expected clinical trajectory of each patient and that shares that information with all caregivers and the patient, and that ultimately uses aggregations of this information to demonstrate to society that good care does indeed make a difference.

Research tells us that people who feel impotent to help others may actually develop negative feelings towards those they seek to help. That is the last thing we want. Indeed, we want to get workers feeling good about what they are doing and deriving job satisfaction from making a real difference in the lives of frail older people.

So workforce planning will require more than just finding new sources of payment or widening the recruitment net. It will entail systems thinking about how to make the work more satisfying and more efficient, both of which may require redefining what “success” looks like in eldercare. The role of information technology support is clear, but it can go much further. We need to rethink our approach to education. Currently, we rely on a technique similar to the one involved in making pâtés de foie gras; we shove a funnel down the learner’s throat and pour in all facts we can until their liver goes bad. We treat education as some sort of immunization that will ward off the vicissitudes of practice, when we know full well that environment shapes behavior. We need to create caring environments that encourage the behaviors we (and older clients) want. Surely the wanted behaviors are not institutionalization and 12-minute visits.

When we start defining our task this way, we may open ourselves to a host of new solutions. Who knows? Some of them might just work.

### Fesler-Lampert Chairs Recognized

Congratulations to Alessandro Bartolomucci for receiving the 2016-2017 Fesler-Lampert Chair in Aging Studies through the University of Minnesota Center on Aging. Since 1999, the Fesler-Lampert Chair in Aging Studies has supported scholars in aging research, helping them to develop their careers and further the field of aging studies. Over the 17-year period since its inception, 19 awards have been given to a very diverse and accomplished group of faculty, thanks to the generosity of David and BJ Fesler. This year’s award was presented on October 4 in a reception to honor both incoming and outgoing chairs.

Outgoing chair Ling Li, DVM, PhD, is a Professor and VFW Endowed Chair in Pharmacotherapy for the Elderly in the Department of Experimental and Clinical Pharmacology in the College of Pharmacy. She is a basic scientist who uses animal models to study Alzheimer’s disease, and her long-term goal is to translate that work to humans. Dr. Li says the results of her award-funded research should result in continued funding from the National Institutes of Health and other sources. She concluded her reception remarks with a “pop quiz” for the graduate students in attendance, asking how many pounds of microbes the average human carries. (Answer: about 5).

Incoming chair Alessandro Bartolomucci, PhD, Department of Integrative Biology and Physiology, has expertise in physiology, endocrinology, and neuroscience. The Bartolomucci Lab primarily focuses on the molecular mechanisms of obesity and stress-induced pathologies, using an integrative approach to animal patho-physiology that combines state-of-the-art in vivo models with cellular models and molecular techniques.

Bartolomucci will use his Fesler-Lampert award to continue and build on his research on the long-term effects of chronic stress and its role in aging, mortality, and other health problems such as Type II diabetes. He noted that his proposal represents interdisciplinary thinking at a very high level. Bartolomucci expressed gratitude for the award and the generous support it provides, and excitement for what may be accomplished as a result.

Robert Kane, director of the Center on Aging, noted that past Fesler-Lampert chairs have included faculty from across the spectrum of sociology, chemistry, pharmacy, physical therapy, nursing, medicine, and others, and that recipients have appreciated the long-term benefits of the award. Chairs have valued how the award leads to recognition by colleagues, service on boards, invitations to consult on local and national levels, and opportunities for collaboration, saying these benefits often outstrip the financial support and protected work time during the award year.
Students Present at the Gerontological Society of America (GSA) Annual Scientific Meeting

Several aging studies students presented at GSA’s Annual Scientific Meeting in November on behalf of the University of Minnesota Aging Studies Interdisciplinary Graduate Group’s studies on how gerontologists view aging. The students, working with Robert and Rosalie Kane, assessed how faculty at the University of Minnesota who were affiliated with the Center on Aging thought about various aspects of using evidence in their aging work. They conducted a second study surveying the editorial board members of GSA’s seven journals.

Jessica Finlay, MA, third-year PhD student, Eric Jutkowitz, BA, sixth-year PhD student, and Mary Whipple, BA, third-year PhD student gave presentations on the following manuscripts:

What We Learn Through Asking about Evidence: Student Interviewers’ Reflections

Jessica Finlay, Anne Jensen, Heather Davila, Eric Jutkowitz, Mary Whipple

In the Evidence in Aging study, most interviews were done by student members of the Aging Studies Interdisciplinary Graduate Group (ASIGG). The authors, who each interviewed five to seven respondents from outside their own disciplinary fields, represent diverse disciplines: geography, educational evaluation, business and healthcare administration, health services research, and nursing. All identify with gerontology. From the interviews and subsequent peer discussion, the authors formed impressions about what they learned regarding evidence in gerontology. Each author contributed their perceptions about major themes, surprises, speculations, and connections. For example, authors distinguished between interviewees who stated a desire for interdisciplinary work, but gave little to no credence to most research approaches beyond their narrow sub-discipline. Other interviewees fully embraced interdisciplinary approaches and the validity of “cross-talk” and diverse approaches in gerontology. These observations are distilled into a short commentary about what struck student interviewers most from discussing evidence with diverse scholars in gerontology.

Factors Influencing a Gerontologist’s Trust in Evidence

Eric Jutkowitz, Yinfei Duan, Dongjuan Xu, Subin Jang, Mary Whipple, Heather Davila, Jessica Finlay, Ellen McCready, Mary Whipple, Robert Kane

Gerontology is a diverse field. The approaches gerontologist use to study research/policy questions differ. Interdisciplinary research is necessary to foster evidence translation and improve individual lives. However, because of the diversity in the field it is unclear if there is a set of characteristics that lend credibility to an evidence base. We surveyed gerontologist affiliated with the University of Minnesota Center on Aging to explore different/shared beliefs about the purposes for which evidence is used, the characteristics that make evidence believable, and the quality of evidence in their field of study. Overall, we found that gerontologist have different perspectives about evidence in the field of aging. Some of these differences can be explained by a gerontologists academic area (e.g., health scientists vs. social scientists). While it is not bad to have different perspectives, it is important for gerontologist to understand/appreciate the varying perspectives and methods used by colleagues to inform an evidence base. A stronger understanding of the perspectives of gerontologist on evidence will improve our evidence base and can have a direct and positive impact on older adults.

Drilling Down: What Affects Perspectives on Evidence

Mary Whipple, Robert Kane, Dongjuan Xu, Ellen McCready, Eric Jutkowitz

We polled editorial board members of the seven GSA journals and leadership of each GSA section (Behavioral and Social Sciences, Biological Sciences, Health Sciences, and Social Research and Public Policy) using an anonymous electronic questionnaire with closed-ended questions and open-fields for comments. Respondents rated circumstances that enhance their trust in evidence; the credibility of evidence gleaned from selected research approaches or designs; and their view of the adequacy of available evidence to guide their own work. In this presentation, we report what characteristics of GSA members are most closely associated with their views on evidence and examine the range of differences across groups. We conducted multivariate analyses based on section, journal, and discipline, as well as primary activity about the adequacy of evidence, the credibility of different designs, and how often evidence is used in different aspects of work. We found differences by GSA section in circumstances that influence trust of evidence and the types of studies that generated useful or strong evidence. Interestingly, we found that while the majority of respondents believe that disciplines within the field of aging should share a common view of evidence, most also believe that currently, we do not share a common view. This work adds to our understanding of different views of evidence in a multidisciplinary professional organization and raises key questions about the role of training in views of evidence and the implications of a shared view of evidence for the future of aging research.
News, Notes, and Notable Achievements

Medical School Funds an Expanded Program in Biology of Aging

The Biology of Aging Medical Discovery Team (MDT) received $35 million to undertake interdisciplinary research on the complex processes of metabolic aging, which involves a combination of hormonal, metabolic and genetic determinants. Lifespan, and more importantly healthspan, is a core biological process common to all organisms that is just being uncovered using systems genomics.

To make Minnesota a world leader in the area of aging research through the MDT process, we have invested in outstanding core services that enable researchers to carry out sophisticated experiments from cellular visualization to drug discovery to genome editing. Minnesota has world-class research space to recruit new and established investigators in the area of longevity biology and we have strong basic science graduate programs to quickly populate new research laboratories. Active areas of research that are pushing the boundaries towards a deeper understanding of the aging process include, but are not limited to:

- Inflammation; a hallmark of normal and disease process throughout aging
- The epigenome and aging; defining the genetic regulation of lifespan
- Mitochondrial dynamics and aging; the linkage to energy throughout life
- Cellular senescence; control of the cell cycle and our biological clocks
- Proteostasis; quality control systems affecting complications (e.g., dementias of aging)
- Stem cell therapies towards extending healthspan
- Aging and nutrition; affecting healthspan via nutraceuticals and drug discovery
- The dynamic microbiome and the symbiosis of aging

LeadingAge National Innovations Award Goes to Walker Methodist

LeadingAge National named the Walker Methodist Health Center Dental Clinic as the recipient of its 2016 Innovations Award. LeadingAge is the national organization of 6,000+ not-for-profit organizations representing the entire field of aging services, including 38 state partners. The award was presented in October at the organization’s annual meeting.

The Walker Methodist Health Center Dental Clinic was launched in 2006 in partnership with the School of Dentistry. Since that time, faculty and staff have provided treatment for 2,300 patients and the clinic has been a geriatric education site for more than 300 oral health professionals. A recently completed facilities expansion doubled the clinic’s capacity for services. The new clinic will serve as home to the dental school’s Oral Health Services for Older Adults Program, with care provided by faculty dentists and geriatric dental residents. The clinic is a rotation site for senior dental/dental hygiene students who care for patients under the supervision of Mary Owen, DDS, MS, and Stephen Shuman, DDS, MS, who led the expansion in collaboration with Walker’s leadership and dental team.

LeadingAge’s National Innovations Award recognizes organizations for creating programs and services that are models of innovation and excellence and that contribute significantly to the quality of life of the individuals served. LeadingAge member organizations are eligible for the award, which is based on the following criteria:

- The nominee’s philosophy and operations foster innovative thinking and openness to change.
- The nominee shows willingness to embrace new ideas, take risks and honestly test results.
- The nominee demonstrates an openness to collaboration and continuous learning.
- The innovation has created a new reality and/or positive benefit for the organizations and those it serves.
- The innovation has potential for application to the needs of other aging services organizations.

Two Leaders in Aging Receive School of Public Health Community Partners Awards

Tracy Keibler was recognized for her work with the Long-Term Care Rethink Tank, a project of the Minnesota Chair on Long-term Care and Aging. It is an organization dedicated to transforming long-term care into a program that older people really want. She is working to determine the root cause of problems seniors face when needing long-term services and support in Minnesota, and has brought a wide array of participants to the effort—not just health care professionals

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but other kinds of community leaders—including the millennial generation.

Through ApparentPlan, Tracy serves as an advocate and case manager for older people who encounter problems getting the care they need. She has been active with the National Council on Aging and the Minnesota Board on Aging.

Dawn Simonson serves as the executive director of the Metropolitan Area Agency on Aging, which serves the seven-county metro area and implements all Administration in Aging program required by federal statute. With more than 20 years experience in the field of aging, Dawn is recognized for her leadership and advocacy for integrating care delivery across health care and long-term services and supports.

A collaborator with the Center on Aging, Dawn is a respected voice in the aging policies and practices arena through her voluntary lead roles with the Minnesota Leadership Council on Aging, Minnesota’s ACT on Alzheimer’s initiative, the Greater Twin Cities United Way, and Dementia Friendly America. She has been a pivotal participant in a variety of programs that improve the lives of older people, such as programs that emphasize fall prevention, and has developed partnerships between health systems to provide care coordination.

**Student Interns Selected for Agency-Based Projects**

With support from Greater Twin Cities United Way, the Center on Aging provides opportunities for students interested in aging to work on aging-related projects with United Way-funded agencies. Participating students receive a $3,000 stipend to complete an internship with a selected agency. Students are able to gain experience and further their interest in nonprofit career options while supporting agencies on specific projects.

The Center on Aging has matched student interns with project proposals from participating agencies as follows:

- **Bridget Carlson**, CAPI USA
  Hmong Seniors Program/Hennepin County

- **Yinfei Duan**, East Side Neighborhood Services
  Empowering Vital Aging outreach

- **Carlos Guereca**, Centro Tyrone Guzman
  Wise Elders outreach and materials revision

- **Anne Jensen**, Common Bond Communities
  Assess LWAH for immigrant elders

- **Rebekah Nelson**, Hennepin Health Foundation
  LEAN/Intake process improvement

The purpose of *Old News* is to provide timely information about events, education, and research in aging to the professional and public constituencies of the University’s Center on Aging and the Minnesota Area Geriatric Education Center.

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