Policy Career Opportunities in Aging

>> This is Dana Bradly, the Dean of the UMBC, we're really excited this event tonight, thank you all of you for joining us. And, um, we're waiting Bob Blancato, is just working through some tech stuff. BOB BLANCATO: Hello everyone. >> Hey Bob. >> Hello Bob. >> BOB BLANCATO: Okay. Okay. >> Looks like we've got 28 attendees so we'll just wait a minute or two for more to join. >> BOB BLANCATO: Okay. All right. (pause) I wanted to get Water. (laugh tr) >> I know when we do these engagement we're careful about having water all that, now it's like a do it yourself thing. >> Yeah. >> BOB BLANCATO: Self-sufficient. (pause) >> We'll wait one more minute, to get started we're at the top of the hourish. Erika I would say go ahead and -- take it off.

ERIKA RIEF>> Sure. Great. Well, welcome everyone thanks for joining. My name is Erika, I am the Aging2.0 Baltimore chapter ambassador. So I know we have a lot of people who found out about this event in different ways, some from Aging2.0 Baltimore chapter and, some from UMBC the Erickson School of Aging Studies so, just for those who might not be as familiar, with Aging2.0 I wanted to give a brief overview what it is, it is a global innovation network of 40,000 innovators in the aging space. There are 110 chapters, all over the world in 30 countries. And counting. New chapters are being added every day, basically it's a net group volunteer run, that puts on different events discussions, brain storm sessions pitch competitions, trying to find, different and new innovations and matching them to service providers all over the world. And so, if you have not heard of Aging2.0 before want to find out more or find out where your local chapter is, feel free to go to aging2.com. Aging2.0 headquarters has put out a request for innovations related to COVID-19. If you're working on something, please feel free to submit your innovation and hopefully we can do some, um match making to really make a difference during this time. Now, to speak to Aging2.0 Baltimore, so, I'm the ambassador for the Baltimore chapter we put on about 4-5 events per year, some are more content based, others are just happy hours for people to get to know one another, and, we've never had an event like this, certainly not at this scale. So we're very excited to be in a more accessible format for those in Baltimore, who might not be able to get to an event on time but also, we have so many people from all around the country what I would love in the chat, everyone would not mind introducing themselves very briefly state, you know why you are interested in this event or how you're connected and to, write where you're calling in from. And that will be great. And I want to say thank you to our chapter sponsors the Erickson School of Aging Studies at UMBC, the organizers of tonight's event. And, also, the Johns Hopkins school of nursing center for innovative care and aging. Another one of our sponsors. I wanted to review logistics and etiquette for the evening, as Dean Bradley said, um, everybody will be on mute without video, for this -- for this evening's talk. We will have live captioning available, so hopefully you can find it, you just need to click on the multimedia viewer. Within your screen, somewhere in order to access that. And if you do have questions throughout the presentation, please write them in the question and answer box and then at the end, we will be asking Bob the questions that the group has. If we don't get to your question, we will get to it and respond in a follow-up email. So hopefully we'll get to as many as we can. And just so everyone knows we will be recording the session, including the comments and questions in the comment and question boxes. So, that way we can answer everyone's questions, just in case we don't get to them, so everybody knows we are recording. Okay. And so, with that, I would like to pass it off to Dr. Bradley the Dean of the Ericson's school of Aging Studies To introduce our speaker—

DEAN BRADLEY>> Hello. I'm going to say I hear a -- I hear some background it's not my dogs. So it -- (laughter). So, so I'm Dean Bradley Dean of the Ericson school at UMBC and first and foremost, I want to thank each of you for being with us this evening you know, it is extraordinary time in the field of aging. It is always exciting, um, but now we have so many opportunities for folks to enter into the field, to grow, to provisionally develop in that, in that field of aging in the longevity economy. It's particularly salient in this challenging era of the COVID-19 crisis for all of you, I know, I'm watching through the chat box, seeing familiar names I know we have people that registered from outside of the U.S. so there are folks, many folks joining us tonight, a heartfelt thanks for all you're doing. This is an exciting time because it is the aging week which is an international event, that we celebrate um folks who are both in jobs, searching, recreating reimagining themselves in the longevity economy. And, so, it is they get to do a lot of fun thing one of the most exciting thing we get to do is to introduce and connect people. And so tonight, I am so pleased to bring to the -- I say to the state, right. But to your living room -- (laughter) maybe your bedroom I don't know need to know where you are viewing this right now. But you know, to you up close and personal, someone I've known -- how long has it really been? A couple of decades at least. One of my heroes in terms of, of being intellectually engaged, passionate, and always at the forefront of urging people to do more and do better. Right. So it is Bob Blancato. I'll give you a bio briefly he has spent his entire career at the forefront helping us think about things differently and thinking about the things moving forward, right. And so when we think about aging and policy, in particular, um, his talk will remind us each and every one of us are players on a stage. We can and should make a difference. So who is Bob? Well he is the president of the -- I'll read from my cue card right. But in in his day job, he is the national coordinator of the bipartisan elder justice coalition. So this is a group that many of you were aware of that has made tremendous changes on the national, international stage how we think about elder justice. Um, and, he is the national -- defeat maltrition coalition, again how do we bring together people across many different platforms for positive changes in our society? Well, long before he has spent, gosh, two decades, at least, with Congress and I remember when he was appointed by President Clinton to be the executive director of the 1990 White House conference on aging. To me, one of the, really the best White House conferences we've ever had. And so, he as a volunteer, he served on the national board of PRV, national Hispanic council on aging best chair -- so, really really recent of the American society on aging and, so he is a connector. And he is here to remind us, about how each of us can play a role and, move forward particularly in the career aging and policy. So, Bob? Thank you for being here tonight. And now I'm going to turn the mic, turn this way, back to you. And evening is yours thank you for being here. >>

BOB BLANCATO: Thank you very much. Thank you Dr. Bradly for that wonderful introduction and very nice post on Facebook which I saw. Dana Bradly is a positive force. She makes an impact, she has already done that as being the new Dean at the Ericson school I've known her for a couple of decades she was at Western Kentucky, nationalized and being a fellow of the see tie of America and -- the association of higher education and aging. So I'm thrilled to be part of, careers in aging week, it is nice to being back at a program at UMBC, the great Erickson school. thanks to all the great people here at the event. And -- it is great to have this event partnering with Aging2.0. and their great ambassador Erika Rief, from you just heard from. It was founded in 2012, with 113 chapters, none better than the Baltimore chapter. They believe, that the acceleration of innovation to address the biggest challenges and opportunities in aging is the way to be, they could not be more right. So, let's begin with the reality factor we're gathering at the time when no other in our life time. Coronavirus pandemic. It is putting our nation to the test, it is testing our capacities and our compassion. There are so many components to this crisis the health care crisis, economic crisis, what is in front of us is so real, what is downstream could even be more worry some. I can identify four top of the line issues that require attention now and going forward.

-Number one, the tragic disproportionate impact on the African American community. What role pre-existing disparities have played in that.

-The disturbing number of deaths occurring in our nursing home.

- The growing amount of isolation among older adults

- and finally, and -- distinct and disturbing element of ageism, older adults have been characterized throughout the pandemic including making judgments on their value to society.

We of course, total align, with and solute those men and women enter the field, through the public health, health care and direct service sectoring providing self-less services each and every day, we through the many, many individuals, volunteering and many different ways to help older adults including I am sure many of you on this WebEx tonight. We also note in the field of aging there are areas under subscribed and that is impacted a lot of lives as well like the acute shortage of workers in the nursing home and long-term care facilities know the field of aging like some others will undergo a radical shift because of the pandemic. I'm not clairvoyant I believe careers in aging will be more important to the nation than before, we also make sure the career choice is economically call worthwhile for those entering the space.

Now, I have to say, there's a certain of amount of irony as having me your speaker and careers in aging week. On the one hand I've had more than 40 years of work in national aging policy. But it was not my expected career choice. How did I start? Not the traditional way. I was 27 years old, working for a Congressman from New York. Yes, that year was 1977 which makes me a little seasoned. But, the house had passed the legislation to create a new select committee on aging. My boss, wanted to be on that committee, every member of that Congress wanted to be on that committee, we did some research and discovered our congressional district had the ninth highest percentage of people 65 and older of any district in the country allowed my boss to become appointed to the committee, and, his famous words to me were Bob, that's your new assignment, you’re gonna work on aging. Well, soon after that, a distinguished man named Clark Pepper became the chairman, a dynamic 75 year old man, found his calling as the chairman of the aging committee, told his members and staff we have a lot of issues to do, let's get to them and he taught us, those of us in our 20s how to be advocates for older adults. He learned about being what I called, inside lobbyist or advocate, our job was to raise issues to investigate, inform the legislative committee you know what the first issue we took up, hard to imagine in this day and age we took this issue up. Ending mandatory retirement in this country, which existed, back in those days. And, so much followed but, unfortunately the committee went away in 1993, but happily the Senate still has a special committee on aging if you have issues with this focus. Today, we're in the year 2020 when I was a young staffer I remember look at the pending demographics, also known as the aging of America. And we are obviously in the midst of that demographic revolution to some extent as a nation we are still in denial about aging. And no group, is more in denial than my generation the Boomers. When I began my work on the aging committee, boomers were between the ages of 13 and 31. Now, it is between 56 and 74 and it has been said boomers have impacted society in so many ways. From a public policy perspective let me give you two examples, in 1983, Congress was forced to rescue the Social Security system facing imminent insolvency, passed a comprehensive law had as the main feature raising the retirement age from 65 to 67 over a 22 year period, that's obvious reflection of concern that the ratio to workers to beneficiaries would be dropping due to the boomers and the stress on the system second impact of boomers is in Medicare. More preventive benefits have been passed in the past 15 years than in the prior 40 years of Medicare. Most notably the Affordable Care Act and why? Because the boomers demands for a different Medicare than how it started. So, in my work in aging as Dana mentioned advocacy has been a central feature of my work. I had the opportunity to work on Capitol Hill for 17 years doing advocacy inside. And working for member of Congress. And you know, you have to focus on that individual member of Congress what committees they were on, and you know where, what focus they have, in my case it was education of labor committee. Which dealt with the older Americans act, age discrimination, higher education, to name just a few. But inside advocacy was about, knowing who to turn to on the outside, as a resource to understand what was needed in legislation. It might be a university president, might be a senior senator, it might be an attorney working behalf of fighting age discrimination, we represented New York City so obviously we put an urban lens on a lot of our issues, but some of the best legislation ever produced, came from the ideas and suggestions, from individual constituents, grass roots organizations and front line people. By the way, it is still the same today. Maybe the most unique inside advocacy position I had Dana eluded to when I was appointed by President Clinton, to run the 1995 conference on aging. Dana it's 25 years! Next May. Since that conference was held. I cannot believe it. Two distinguishing factors: it was the first conference to focus on aging not the aged. Secondly, it was entirely driven from the agenda to the actions taken from the grass roots. 3,000 delegates 100s of observers including international observers the theme was, the road to aging policy for the 21st century. 1995. And then advocates brought two issues to the forefront for the first time in the aging policy space: the role of grandparents raising grandchildren and recognizing as a distinct constituency, LGBT older adults and policies followed this conference in both those areas. But now, over the course of the 20 years I've been working in my firm, there have been many great advocacy opportunities but this time I'm doing it from the outside. Did my inside experience help? Absolutely. Since the majority of our work is behalf of the older adults, that provides somewhat of an advantage with policy makers because older adults are politically important and as we all know, there's no good policy, without politics.

I don't have time to go through all the examples but I want to focus my attention on the kind of advocacy that is needed in this environment with the pandemic.

* Let me start with the issue of funding for nutrition for older adults. One of the organizations we represent is the national association of nutrition and aging service programs. The programs in question were the nutrition programs under the older Americans act, meals on wheels, you may know them as, it is obvious the pandemic is advancing one of the sequences is going to be the shutting down of locations where meals for older adults were being served. What does that mean day-to-day on the ground? These are the questions that key and influential members of the Congress in the house, were asking us, as pandemic unfolded. They reached out to us because we have members on the ground, who we could turn to get realtime information. Our members responded they talked about how quickly the conversion process was happening. From surrogate sites to home delivered recipients challenges from raising additional costs to home delivered meals, higher food costs and higher transportation cost, to loosing volunteers all these things were happening on the ground. So we were asked, assuming, that we're talking about a bill for 2 month period what was needed in terms of funding? We recommended a number, Congress accepted it, $250 million was provided, just for senior nutrition in the first emergency bill passed by Congress.
* Then they moved to what is called the CARES act, the larger bill. And, the advocacy continued, but, here again, it is a two way street. It wasn't just the advocates asking for something, it was about being a resource to the Congress to help them, determine what to do with funding. And what the CARES act you saw another $820 million going into all the programs in the older Americans act. Including $500 million more for senior nutrition and working with larger coalitions such as leadership council of aging organizations you saw increases for funding for center for independent living, aging and disability resource centers, SNAP program, food stamp program, got additional 15.5 billion-dollars low income energy assistance program, gets another $900 million-geriatric work force program, critical to many of you on the call, was extended through this and -- given increased funding on the bill. And this was very, unusual, in terms of the size and the speed of the response. But we're in an unprecedented time in unchartered waters. And, that's how it relates to how much we need and when it is needed.
* But now, let's go to the next phase of advocacy in this time period. You got to follow the money once it gets passed. How long does it take from the time it passes Washington to reaches the community service level? All the time in advocacy we're asking and tracking we're pushing, you know, then we don't have to decide what is an essential service? Believe how important that is right now in our world, understanding what an essential service is and who an essential worker is, for purposes of getting help. Another front we're dealing with now, is the work of the FEMA agency the emergency management agency in getting cooperation to make sure critical food supplies for older adults or low income individuals are not in any way, diverted. For other purposes. Today, we got into a discussion about with the department of agriculture they have a tremendous amount of surplus commodities fresh produce that needs to go someplace they need to connect properly with non-profit organizations and we've been spending the day doing that connection. And then, of course, administration for community living which runs a lot of the aging programs we work with them on a daily basis, planning for now and what is coming down the road in the future and then, of course, as I mentioned earlier with the nursing home situation, working on elder abuse prevention is very important during the pandemic we have 7300 nursing home residents die in this pandemic just so far including dozens in the Maryland the obvious short comings are on the Medicare and Medicaid monitoring the facility there's a system they have called the star rating system. And -- you know you can go from one star to five star. Five star is supposed to mean you're the best. Okay. The Kirkland Washington facility that started the death trend if you will, in nursing homes, had a 5 star rating for Medicare and Medicaid services. Hard to imagine. That shows you, a crying need for reform in that system our advocacy work is about pushing key congressional leaders to do the oversight, demand answers to get to the bottom of it, good example was senator Grassl of Iowa and Massachusetts 48 hours they put out a mandate saying that all -- cases need to be reported, coronavirus not only to the -- to Centers for Disease Control but to families, so we have an idea what is going on, inside of those facilities we have so much more to do, staffing issues have to be addressed. We must, also deal with funding for adult protective services and nursing home, Ombudsman program all on the agenda going forward. The work will go on across the aging services sector, in subsequent funding by hims expected. For those who are, and I guess many people are following news because they're home now, the Senate just based call bill 3.5, emergency bill 3.5, dealing with the small business, loan program, but more importantly, the bill also provides, up to $25 billion for testing, for the virus, another billion dollars for the Centers for Disease Control, 1.8 for the NIH and -- 825 million for community health centers and health clinics and up to $1 billion to cover testing costs for uninsured the house expected to pass the same bill, later this week. But you know we like so many others have learned, in the past 6 weeks that advocacy in times of emergencies, is perhaps, most important. It has to be you adaptable to the rapidly evolving nature of things. And it must be credible, and must have a grass roots component and it needs to be related to a service or a program that addresses a real need. And, advocacy is so dependent on relationships. And the best one to have, as an advocate is to be recognized as a resource, by policy makers. So, returning, if you will to careers in aging I've shared a little bit about what has been important in my work even though I deny having a career in aging I guess I do, this field has grown, so much, in size and scope, since I started longevity economy is the umbrella thing. But think about kinds of gettings one can work in as an aging professional. Health care, research, science, counseling, law, business, government, advocacy, academia, entertainment, associations the list goes on. This is one unique place where you can have a multidisciplinary career and have a career in aging. That's one of the unique features of being in this field. And the hope is, those of you who are in careers in aging, please continue. You'll grow. You'll flourish. But you're also going to feel good about what you do and who you do it for. For those who entering the field, you can do some important thing now. Like job shadowing, joining professional organizations learning about all of possibilities looking for mentors remember please become a mentor when you become a great success. But the last point is, always remember the importance and relevance of advocacy whatever you do. You enter a career in aging you do so, because you care. You want to make a difference, whether it is for one older adult or many, you want to contribute to a society that values aging. And finally, in these most difficult of times, as we focus on getting along day-to-day, remember, how important that caring side of you is. Show any way, you can, show it often as a saying of the day goes we can get through this together. I close with a thank you for joining tonight. And, a sincere wish to stay well and stay safe. Thank you very much.

ERIKA RIEF>> Thanks so much Bob.

>> BOB BLANCATO: You're welcome

ERIKA RIEF>>So now, we'll just take any questions so please type your questions in the QA box if you have any. (pause for questions)

DANA BRADLEY>> I used to be really shy, people who have known me for more than a couple of decades so Bob, give some advice, to your younger self -- >> I mean chronologically, I don't know how old you are doesn't really matter your former self you're doing these cool things some people on the call that might be, might be emerging professionals they're all over I mean from what I could tell, literally geographically all over the place so advice to your younger self.

>> BOB BLANCATO: The first advice I would give my younger self I wish I had taken a course in the gerontology, I could walk on a job like I have, with a certain amount of experience, at the same time, you know, it is all about, seeing an opportunity. You know, many junctures you'll walk through, you know and it -- if you look at the -- at the opportunities first versus, you know, obstacle that might be there or inconvenience or whatever it is I will give you the best example I can think of, I started, my "Career" as intern, I was a Georgetown University, junior year my government professor said you can get 3 credits one of two ways, Bob, come hear my boring lectures or get your job a capital him hill I'm out the door I go to an office and Georgetown graduate is the chief of staff. He said to me, the following -- he said Bob you'll do all the grunt work you can ever imagine. Nastiest work you could ever imagine, if you're smart, you'll get that done early, and, rest of the time that you're here I'll teach you some other thing that will allow you to grow later on, okay. So, once I got past the grunt work it was pretty nasty I remember what I said, I'm interested to this he would say write a letter on this or research this, before you know it, more opportunities presented themselves, and I have always looked at it as that approach. So I think the best advice I could always give is look on the opportunities side of the picture of the fence more importantly than ever, also, you chose to do something for a reason never lose sight for that reason, if anything reinforce it with the steps you take.

ERIKA RIEF>> So let's start with, um, is there a policy discussion about the urgency of getting PPE for direct care workers and nursing homes? I'm they're always the last people that are paid attention to.

>> BOB BLANCATO: Yes the answer to that question question there's a growing human cry that's been manifesterred across, party lines and house in the Senate, um, I suspect that you'll see that in the proof of that in the future bills there may be some abilities at the state level, you have to remember, this -- what makes this crisis so difficult, is that the federal government has some responsibility, state and local governments have responsibilities but the states have a lot of responsibility. And, some of the states are making decisions about allocations of PPE. That, you know, are -- disturbing people a long the way the question is going to be, whether or not, they will be a federal, declaration of who is an essential person that needs PPE. And I think it has been very effective the nursing home residents rights group and advocacy groups are doing very good job raising this issue it's being listened to, just need a little bit more time and, let's not forget one other thing, there's a resource challenge here too. Just not enough of that equipment out there. And so, we have to address that issue just as vigorously as who gets it, so believe me, a lot of people working on that, you'll see improvements in the coming weeks. >> Okay. Great. And, um, we're getting a bunch of COVID-19 related questions then also career questions so I'll stick with COVID-19 for now we'll transition to career. So, um, how do you think we can fix the Medicare rating issue? >> BOB BLANCATO: The nursing home rating issue? I'll give you one, I testified on this very issue, back in July of last year in the Senate finance committee. And what I find most disturbing is let's assume that you get a five star rating in January, okay. And by June you detieriate to be equivalent to a one star but your five star holds for the whole year the first thing you have to do, is subject the data, that allowed you to get a rating of five star to be, audited at least several times a year Miranda make sure the authenticity is there, if we can make that one step as a starting point, I think that will send a very important message, that, nursing home needs to be a better consumer tool. But, if you just let data sit there for a long period of time, conditions change rapidly in nursing homes. So there has to be an auditing of that data, on a regular basis and I believe you'll see that in legislation later this year.

ERIKA RIEF >> Great. Thanks how can we combat the narratives springing up around the vulnerable elderly and make sure we acknowledge older adults are not dependent vulnerable group >> BOB BLANCATO: Great question, all the questions are very good, that is an issue that is I mentioned earlier we have the distinct and disturbing of ageism going on in the way this, this pandemic has been discussed in the context of older adults I think people just have to continue to call the issue out. Um, I think it becomes a question of, you know, the media has a responsibility here too. Um, I think the media needs to be educated on that very point. That you cannot, pig on hold people into one set of groups put a label on them, that applies to everybody that's not true. In fact, if a media was smart, let them go out and see how many volunteers, older adults out there, are doing volunteer work in their communities behalf of other other older adults. It is wrong for the characterization they have been doing, it's a convenience in the scheme of things, busy time period, media strays towards, what's convenient the best thing they can write the quickest thing they can say. That's how stereotyping begins and, we have seen the worst examples of this so far it's up to, advocates up to voices, it is up to the media, and you know, to combat this, and I'm glad that groups like you know groups my friends justice in aging, publications like next avenue, people are stepping into this breach and saying we have to stop doing this. But, we've got to do a much larger effort in this front, now and in the future.

ERIKA RIEF>> Okay. Great. So how do you advocate for helping seniors age in place, specifically with obtaining home health support for seniors during the quarantine.

>> BOB BLANCATO: Well, that becomes a challenge, um, because aging I mean aging in place now is a forced situation for too many people. Um, and one of the problems has always been, that we have had for a number of years a, um, a need to rebalance the way federal dollars go into programs on behalf of older adults and, I would say, that -- I hope this trend continues, it is only been the past few years that Medicaid, spends more now on home and community based services than it does on institutional care for the first time. That's a critical step forward because that, that reflects the fact that older adults prefer by a large margin to live in homes and communities but unless they have access to the proper services, okay. It becomes that much more of a challenge but in a pandemic situation, you know, the ability to get even a meal, has become a challenge. Um, because, of things like the ability to present that meal to an older adult. The -- the mere shortage of people to do these kinds of work. So, I also -- the point that was brought up earlier about PPE becomes very important if you're entering a home, provided some kind of service you know you should be able to be protected not become vulnerable yourself, to the thing, so -- I think, what you'll see now, is this where advocates become so important it is the need to get information on the ground, into policy makers, they need to hear you know, the stories that are out there and anyone who has done advocacy knows that you know, that there are, surveys that help you get things done on policy but there's stories that actually drive the ship even more so. I'll go back to that, nursing home compare issue. The witness at that hearing in the finance committee, testified her mother passed away in a nursing home from dehydration after a week of neglect and that nursing home had a five star rating from CMS. That story, believe me, has a powerful impact I think what we need to do is we need to hear from the people on the ground to provide the service -- what are they -- what are the problems they are having and realities they're facing when legislation gets adopted, you know, they're being addressed. That's a simplest way I can answer that question right now.

ERIKA RIEF>> Thanks and so we have a bunch of questions around, what -- how this will impact long-term care in the future, or what is the forecast for the home care home health industry post COVID what are the growth opportunities?

>> BOB BLANCATO: Well, first of all, you know, I've -- in fact I had a second opportunity to testify in Congress last November and would bedder full hearing held by the house ways an meaning called caring for an aging America, it was about long-term care. And, you know, long before the pandemic struck, long-term care continues to be America's denial issue. You know we just have not confronted the issue, the way we should. And, the only way you'll be able to do, long-term care the proper way is through a public private partnership that brings together, all of the elements that are necessary for what is needed in long-term care from home care, to care coordination, to assisted living to nursing homes. Um, and, the home care side of the equation I think is where the growth will be, significant. Again because of the preference of the older adults and their families, is to age in place to be home, to get the services that are there, quality of home care has improved tremendously over the years, I think as time goes forward the pure demographics of the situation will dictate that will be a growth component. But we need to have a long-term care policy, okay. That may even include, tax credits that provide coverage for long-term care insurance for people because, look at it this way -- you've got 3 sectors to look at. You know, those who qualify for Medicaid, is one group. Very wealthy or private pay, they're going to take care of that, their way you have a big group in the middle. That needs some other help. So some other attention. So some of the things may be thing on long-term care insurance, history of that product has been a little shaky to put it mildly. More entities have left the business than have come in, here's what they don't think right of my judgment of one piece of this you could have a long-term care policy, home and community based first, start with that first. Have some coverage for that first and then see, what people need going down the road, but if you just start off with you know a -- a policy, that you pay into for 30 years and you mayor may need it, it only comes nursing home care that's not what we're talking about, sorry for that long answer it was a good question. >> Okay. No worries lots of work to do there. >> BOB BLANCATO: Gosh yes.

ERIKA RIEF>> So, there is a significant concerns regarding negative impact on the mental health of older adult as a result of COVID-19 do you feel mental health services will be spotlighted in policy as increased rates of social isolation.

>> BOB BLANCATO: Without question, without question I commend I call upon, from an advocacy standpoint I call upon those people involved in mental health services, counseling anyone that is whether it's an individual or part of a state group or national group, we have got to hear from you, about the crisis at hand and just take the issue of isolation alone. Okay? And the number of people who find themselves now -- as older adults, in a unique situation, of being -- not just home bound home bound is one term, isolated is a whole different term and loneliness is a third term on top of that, these are serious, serious issues that need to be addressed. I am -- I am watching very carefully, um, activities on the ground with this whole new range of people who have become, for example, home bound getting home delivered meals because of the closing of centers. One of the things that's being very important, being done are the telephone and, telehealth reassurance programs. We cannot spend enough money doing that kind of work getting people connecting, directly with these people on a daily basis. Because, you know that -- one of the reasons the home delivered program, in this country succeeds, as it does, is this is more than just this meal. It is the safety check, it is that communication that the person has with that older adult. It makes such a difference that person's life, and also, in the person's family life, I'll give -- I have an absolute perfect example. It happened to me last night, I'm going to get emotional about this I do a volunteer thing as a wonderful state chain in Arlington called median rare they offer free meals for older adults who are home bound, 70 years and older and most of the time they're ordered by their family members. But they need drivers. So I you know I know the people at the restaurant I'm happy to do that last night I had my first delivery and you know the woman, wrote a note daughter wrote the note that said I have not heard from my mom in a couple of weeks I want to surprise her with the meal I go to the door ring the bell, 3 times. I look around, all the window shades are drawn the place looks like it has not been, so I immediately called back to the restaurant, called the daughter apparently the mother had taken a fall. And, had not, been able to you know, not reached anyone, so -- turns out she is okay now. But it's that day-to-day stuff we need to be cognizant of, we need to invest way more in the mental health services than we do, we need to understand the importance of those good mental health for aging in place and aging successfully. So, count me in one of those people that would work hard to see if we can do a better job in getting resources into mental health.

ERIKA RIEF>> Definitely it's amazing to see all of these neighbors springing up overnight, that's been pretty inspiring. >> BOB BLANCATO: It has.

ERIKA RIEF>> Um, before we, move onto the more career oriented questions I'm going to change this wording of the question a little bit. How can we ensure that the spotlight remains on elders after COVID crisis, in order to make sure that, attention is still being paid to their needs?

>> BOB BLANCATO: Yeah. Well, that's a very important question and, it is one that you have -- there's a balancing piece to hold this thing, we have many constituencies we have children we have, you know adults and we have older adults, um, they're unique needs in all places it becomes the responsibility of the advocacy groups, if you will. To maintain the focus and the spotlight. I think what you find, for example, with the older adult population, is this unique issue around the isolation piece that we just talked about a little while ago. You know the whole idea of, you know, going back to that point I made earlier when people are making value judgments about you know, who should be treated first in the hospital in this time? You know, um, some younger person with the virus or someone who looks like they're you know, near the end of their life. That's the wrong approach for us to take and we need to stand up and push back against that type of ageism. But I think, you know, what we're learning in this pandemic is that people are working together, more than they ever had before, there's a greater understanding of the -- also, you know, in this country, you know a lot of people in this country, that have older relatives. And they care about them. And you know I think that caring is going to continue, going forward, and I think policy makers will understand that, there are certain programs for older adults that are sound investments in -- in expenditure policy. They're not just expenses. Okay? If you're giving a person a meal in a senior center, okay versus a hospital, I mean think of the quality of life is better, it's cheaper. So we need to be looking at the bigger picture of where we need to put our resources that aimed and improving the quality of life as many older adults as we can. But I'm not worried about the spotlight I think the spotlight will stay on older adults I want to make sure it doesn't stay on for negative reasons.

ERIKA RIEF>> It all makes sense moving onto the more career focused questions. Um, someone is wondering for grad students those not necessarily in the policy space, but might want to try it out, how is best to figure out whether or not a public policy is a good fit?

BOB BLANCATO>> Good question. Um, and -- I will say a couple of things I mean, first of all, um, looking forum, fellowship programs, um, I have one in particular that comes to mind, that I'm very involved with, have been for a long time health aging policy fellows program, that -- allows people to come in and at different stages of the career and become assigned to you know either congressional office or federal agency office or a you know real opportunity to be exposed to, um, work that is there, the Robert wood Johnson has a program as well fellowship program let's see where the fellowship programs available, look also to see, um, you know, members of Congress, um shall often times have, um, opportunities for, you know, interns or you know, some other kinds of positions federal agencies have the same thing. Um, you know, sometimes, it pays just to make contact with your house member or your Senate members and Maryland you have tremendous folks in the Congress that are, more than likely very interested in helping, um, people who are interested in learning about, learning about policy. And, also, you know one thing that sometimes people forget, in every university and college you know they have government relations offices you know, if someone went to visit them said I'm interested in policy can I help you or something I can do with you together you might find a little connection that will work very well there. So, those are a couple of suggestions any way. And I'm going to say this much, at the end of -- I know we'll be distributing, um, like you know, my comments and slides and stuff I'll have contact information for people who want to follow-up or the ones that were too shy to ask a question tonight I'm more than happy to try to be helpful to you in any way I can.

ERIKA RIEF>> Yeah that's really great there are several questions about suggestions where to start getting involved in policy, or wanting to make a career switch and not sure how I think all these suggestions you listed plus, any other ideas that you have, really great in addressing some of these. Um one person asked, um, I guess this is more for me, um, that they -- live in Baltimore and would love to get involved in Aging2.0 in our chapter, definitely stay tuned you can check out our -- web site, so if you go to the aging2.com/baltimore you'll be able to find us we're having in-person events we'll have to figure out how we'll pivot with all of this, this is, this is one such event, hopefully we'll be able to keep them, coming just a shout out to the London chapter has been holding he weekly events they have had several webinars and you can watch them all online you can get involved in your local chapter as more and more chapters move online there will be resources everyone can access which is really great.

ERIKA RIEF>>So -- um, for a few more questions. Um, are there opportunities with the special committee on aging? And how do we find out when they have opportunities?

>> BOB BLANCATO: I cannot speak for them necessarily I do know that, um in those fellowship programs a lot of times they find placement opportunities for folks. So let me suggest this, um, I would, suggest that you go to, um, I'm trying to remember a senators on the aim aging committee, I can tell you in one second. That maybe the place to start, one of them is, because -- I would start with their office either way. I will make contact can connect you with senator Colins or Casey, Colins is the chair on committee, senator Casey is the ranking Democrat, I would send a letter if you have interest to either one ask if they could connect you see where that leads. They're a wonderful place, great people hopefully thrl be some opportunities for you.

ERIKA RIEF>> great. We have some other questions howt might aging policy, address the increasing cultural diversity among older adults. >>

>> BOB BLANCATO: Bob first they have to recognize it and, acknowledge it and -- in away that allows for smfer the issues that have, worked, against adversity for a long time let's go back to the point I made early on my comments about the COVID-19 and the disproportional African-Americans so far that's been recorded and also, in the areas around the country that are low income, older adults are living is high concentration there. You've got disparity issues, um, that are long standing in nature, that need to be addressed that proven themselves in a dramatic way because of this COVID-19 and you need to also look at things like where are services located? You know, if a community changes its complexion, the demographics in a community and, in this country many you have, you have a doubling of the minority aging population that will occur by the year 2030, many areas have seen influxes of different groups coming in, but do the services match that? Are they located where the people need the services? You know, sometimes it is real a matter of drilling down to, you know, what went on before, what needs to change, where activism is needed to get, to get changes made. Um, so I think that there's a number of place toz do it, but, it is going to be a local state, and some degree a national decision as well we have to look at the disparity issues in a meaningful way going forward there's something really significant there.

ERIKA RIEF>> How are things looking for the reauthorization of the older Americans act this year? >>

>> BOB BLANCATO: Could not be better. It's done, it was signed into law by the president, at the end of March it's a five year reauthorization of the older Americans act, with a 35 percent increase in authorizations over the life span of the act, the highest increases in authorizations ever passed, in the older Americans act. And, the older Americans act, really got a bipartisan reaffirmation of support in the house and the Senate. Um, they put together a bill that says you know, the core services that they operate, nutrition services senior center services legal services transportation services, so on, you know, they all got extended. They're all viewed as sound investments of federal policy, because they achieved the goal of keeping older adults, independent, living in the communities and still getting, services. You have older workers program that's in the older Americans act, low income older adults getting, doing community service employment that got extended for another five years. But, the thing that is also important, two things that come to mind I know, are important one is that the -- what they used to call the told title EV, Dane a remembers this very well, I'm sure that was sort of, bypassed over the years now been brought into the older Americans act, we can some some spend time doing research and what does work what could be better policy. The second thing is, there's a focus on social isolation. That is going to be some work done in that space. Under the older Americans act, so this was a very good, bipartisan effort that, achieved the goal when the president signed it, at the end of March that's the good news so far tonight.

ERIKA RIEF>> That's great. Someone asked, specifically, about, a home and community based services. And will they be covered by Medicare eventually

>> BOB BLANCATO: Covered by Medicare? >> Yep. >> BOB BLANCATO: Well, it's more likely to be covered by Medicaid, than it is in the older Americans act than Medicare, um, but Medicare advantage okay let's distinguish between fee for service and Medicare advantage, Medicare advantage is now, by virtue of decisions made by the federal government, covering a larger range of home and community based services, starting actually started this year. So you can have, um, nutrition services, home delivered meals and meals in a congregate setting, this is -- there's some, counseling services that could be covered, case management things that can be covered. So my suggestion, is for that individual, is to -- look at the Medicare advantage program, and see, you know what they're going to be covering, the federal government has given the ability to cover more home and community based services the hope is, if enough of these Medicare Advantage Plans take advantage of the opportunity to cover, home and community based services that this will translate over for fee for service Medicare doing the same thing in a short period of time.

ERIKA RIEF>> Great. Well we're just about out of time. So I think we'll wrap it up. Thanks everyone so much for all of your questions and, Bob, your great presentation and insightful answers we'll hope to get a summary of the questions and answers and discussion out to everyone. And, um, thank you so much to Dean Bradley for working this. And putting it together, along with everyone, at the Ericson school for aging studies and, um, thanks everyone and have a good night. >> Thank you everyone, good night. Happy health thank you Bob. >> BOB BLANCATO: Okay my pleasure. (session concluded)