

THE NEXT GENERATION OF LONG TERM CARE LEADERS

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**The Wertlieb
Family**



EXECUTIVE SUMMARY

While numerous strategies are in play for moving long term care forward, the future of the field lies in the hands of its next generation leaders. With increased regulations, greater demands for quality care at lower costs and requests for transparency on the rise, the long term care field must respond. The 2010 National Emerging Leaders Summit (NELS) set out to identify needs and opportunities for future leaders in order to advance the long term care administrative profession, and ultimately the field. This report is the culmination of the efforts and outcomes of the event. Key takeaways, calls to action, attendee perspectives and session summaries from the Summit are included in this White paper.

During the Summit, four thematic areas were identified by the NELS attendees. Within the following paper, we will identify these thematic areas and provide a more detailed set of actions in which to build future actions and agendas.

Four Thematic Areas As Identified by NELS Attendees

- I. **Community involvement needs to be elevated.** This area focuses on the importance of administrators engaging in their local communities as part of their professional roles. Long term care (LTC) leaders regularly reach out beyond their settings and services, and this activity needs to be captured by the media. An outcome of raising the awareness and enhancing positive coverage is a heightened sense of prestige and value bestowed upon the administrator profession.
- II. **The work of this group.** Changing the image of long term care leadership requires attention and time, and the development of a new “Holy Grail” that describes the work that is done in a concise and high energy manner. The need to have a positive sense of the administrator profession and to eliminate issues of low professional esteem was a driving force of this thematic area. The bulk of the comments were centered on working within the NELS attendees and then reaching out to other stakeholders and associations.
- III. **Association involvement on both a personal and organizational level.** Critical to the success of raising the professional administrator bar is for leaders to be personally engaged and to advance a collective voice with LTC associations. This professional notion played out as a two pronged approach: Individuals will: 1) stay active or reconnect in their professional association, and 2) champion a focus on the leadership elements that are part of the Summit.
- IV. **Explore and address the barriers to entry of the administrator practice.** The current entry to the LTC administrator practice environment does not encourage or promote professional entry and access across the country for LTC administrators. From a next generation perspective, the field is perceived to be fragmented in terms of entry to practice standards and multi state practice requirements.

The information noted in this document is a reflection of the voice of the 2010 NELS attendees. This effort has been reviewed by the planning committee and attendees prior to this broader dissemination. It is anticipated that past and future NELS attendees will weigh in and help create a more detailed plan with specific items and assigned responsibilities. Ultimately, the goal of these actions will be to influence both policy and produce professional actions in the field.

The intentions of the 2010 NELS steering committee include expanding the NELS membership to incorporate representatives from past Summit attendees, developing a web platform, and following up with the individual efforts that have been identified. The NELS steering committee has presented these recommendations generated with sponsoring organizations and will use this White Paper as a spring board for the 2011 NELS Summit.

BACKGROUND

With unprecedented growth rates for the senior citizen population, our society faces a tremendous challenge to improve the quality of care and service provided in long term care (LTC) organizations. Data from the Census Bureau estimate that the elderly (age 65 and over) account for nearly 15% of the American population in 2010 and will account for nearly one quarter of the population by 2050.¹ As Americans continue to live longer and with more co-morbidities than ever before, the associated costs of providing quality care grows incrementally. The Agency for Healthcare Quality and Research shows the elderly consumed 36% of total U.S. personal health care expenses in 2002; annualized this totals about 1% of the national GDP.² Internationally, the Organization for Economic Cooperation and Development (OECD) estimated that LTC expenditures accounted for about 1% of GDP in OECD countries^a, and it projects this percentage to double and even quadruple by 2050. “Spending on long-term care as a share of GDP rises with the share of the population that is over 80 years old, which is expected to triple from 4 per cent to 11-12 per cent between 2005 and 2050 [in OECD countries].”³

The rising challenges of long term care and service will require strong provider organizations led by capable individuals. In addition to challenges already addressed, there is also concern about the sustainability of performance enhancements due to administrative turnover. Since 1998 the number of examinations administered to candidates seeking initial licensure as nursing home administrators has declined by more than 40%, with only a slight increase in recent years.⁴ At the same time the field is experiencing approximately the same 40% level of turnover reported in numerous studies.⁵ LTC is facing an employment cliff with more people leaving the administrator profession than entering it. Several factors contributing to this turnover phenomena include a fragile educational field, challenging societal views, a difficult and reactive regulatory environment, and a tendency to focus on management rather than leadership.⁶ One of the driving forces for developing the NELS was to begin addressing these root cause issues.

Leaders in the LTC community recognize the need to restructure and re-energize the LTC field. As the national and international crisis to address the needs of an aging population continues, the NELS was developed to address the field’s most pressing challenges. Composed of leaders from higher education and professional associations, a steering committee tasked itself with addressing leadership challenges within the LTC field. Inaugural members attracted a diverse group of emerging leader participants who:

- Identified challenges to attract young, energetic individuals;
- To effect needed changes;
- To meet the upcoming demand of LTC services resulting from the aging of the Baby Boomer population.

^a OECD countries include: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, and United States.

LTC organizations and services range from skilled nursing facilities, assisted living settings, continuing care retirement communities, home care, hospice, and day care services. Each of these settings targets the same senior population, but lack the coordination and integration to offer residents and their families a comprehensive continuum of services. It was recognized that there is a need to prepare future LTC leaders to work beyond silos of service and adapt to the changing consumer demands expressed for integrated service delivery needs in health care.

In addition to the breadth of services provided and the demand from the growing elderly population, the LTC field struggles with one of the highest staff turnover rates nationally. Factors that contribute to this overall rate include low pay, poor benefits, inadequate training, limited opportunities for career advancement, and high workloads.⁷ The combination of the increasing demand for these services, the disjointed system currently in place, and the imperative to reduce cost while improving quality all requires strong leadership to champion improvements in the delivery system. The need to understand how to lift up the value of the administrative profession for future leaders provided another driving force and impetus to organize the NELS.

To address the many facets of the LTC administrative profession, the NELS brought together today's LTC leaders with the next generation of individuals who will be responsible for all changes in LTC service delivery. These individuals carry the responsibility to effect and realize changes that will address the public's perception of the noble LTC administrative profession. LTC needs the best and brightest individuals leading these critical human service organizations in order to provide and coordinate the highest level of care for elders.

PURPOSE OF SUMMIT

Throughout the four day Summit, current LTC professionals along with the next generation of leaders identified mechanisms to revitalize the LTC administrative profession while moving toward a more proactive view of LTC leadership. Attendees' perspectives were used to begin a discussion about the need to change the leadership role in the future. A variety of experiences and trends were shared with participants to help them gain a broader view of possibilities in their careers. Participants had the opportunity to access legislators and association staff during their DC based Summit (see Appendix A). These experiential approaches and mechanisms were established to provide a solid environment and foundation for an engaging and thoughtful discussion about the future generation of LTC administrators. Throughout the Summit proceedings, participants had the opportunity to reflect on creating a better profession for themselves while at the same time leading organizations and systems with coordinated, high quality yet low cost LTC services.

SUMMIT ATTENDEES AND STRUCTURE

The NELS focused on long term care administrators, who typically have been in the field for less than ten years and/or are under forty years of age. These Generation X & Y leaders held positions in either skilled nursing facilities, assisted living communities, continuing care retirement communities, rehabilitation hospitals or aging service agencies. In order to attend the NELS, attendees submitted an application to the steering committee, which included a professional reference and a personal statement outlining their experience in and commitment to long term care.

Upon selection, attendees completed a pre-Summit survey (see appendix B) from which the committee learned about attendee demographic background, work experience, and work preferences. While the majority of attendees were in their mid-thirties, their average tenure in the LTC service setting was three to ten years. Key reasons these individuals enjoyed their jobs included the importance of resident and family interaction, and the variety of tasks making their work interesting. On the other hand, the regulatory environment challenges the attendees, a perspective which was echoed by industry expert, Malcolm Harkins of Proskauer. Other NELS participant perspectives included the following:

- Lack of perceived professional prestige was seen as a reason that young professionals do not enter the field.
- The next generation of leaders has a negative view of the LTC field, which is consistent with overall public perception.
- Early job experiences, a reference by a colleague, and/or an educational track were the three most common ways to enter the LTC administrative field.
- An open work environment, opportunities to learn and grow, a proper work/life balance were all important work cultures to the group.
- Mentoring played a significant role in career choice and success.
- Overall NELS participants' job satisfaction was at a very high level, and interests were strongly orientated toward developing LTC careers within present employment settings.

By understanding the background and perspectives of the NELS participants, the steering committee ensured that presentations were developed to create an understanding of the legislative process, develop interdisciplinary interactions between LTC providers within a community, and establish a foundation to identify mechanisms to overhaul the “face” of the LTC administrative profession. To prepare for discussions, NELS participants received the books, *Live First, Work Second* by Rebecca Ryan, and *They're Not Aloof...Just Generation X* by Michael R. Muetzel, to read prior to attending the Summit.

Joseph Reum, Ph.D., Senior Associate Dean of School of Public Health and Health Services at The George Washington University, opened the inaugural Summit by focusing on the value of strong leadership and how young leaders, like the NELS participant, can address the challenges of the LTC field. Dr. Reum identified and highlighted common fears in the U.S. – public speaking, not being able to provide care for a loved one, and financial disaster – to show how each of these fears impact the LTC provider community. In addition to these fears, the complexity of LTC services and the public’s perception give policy makers and current leaders reasons to avoid the daunting task of renewing the LTC industry. He emphasized how great leaders recognize the need for change and then provide their staff and stakeholders the resources needed in order to perform in extraordinary ways. As a parting thought, Dr. Reum instilled the energy and enthusiasm for the participants to become the long-awaited LTC change agents.

Following Dr. Reum’s provoking message, *Douglas Olson, Ph.D., Associate Professor of Health Care Administration, UW- Eau Claire Director, Center for Health Administration and Aging Service Excellence*, facilitated a discussion with participants that continued over the four days of the Summit. As the facilitator, Dr. Olson urged the participants to critically think about how LTC administrators can induce professional, nation-wide changes by reflecting on the experiences and presentations from peers and industry experts.

The structure of the NELS was arranged to encourage the group to think beyond their day to day essential work responsibilities and begin to evaluate the administrative profession from a broader perspective. This first day provided an overview of the Summit, highlighted some leadership trends and perspectives, and called participants to action. The NELS group was given the opportunity to fully experience and understand legislative processes and association perspectives. Multiple sessions and settings captured the Summit proceedings including a crystallization of themes and future recommendations that help change the face of the administrative profession. The overall experience and results have received favorable reviews from attendees, sponsors, steering committee members, and those who have heard the initial conclusions.

SUMMIT RECOMMENDATIONS

Strategically hearing the voice of next generation LTC and aging services leaders was paramount during the NELS. Using the following approach, perspectives were solicited and subsequently compiled together to reflect the consensus of the group:

- 1) Place attendees into distinct groups and allow them to work independently.
- 2) Bring attendees together to share ideas and results with the broader group.
- 3) Work as a larger body to find consensus among the groups.

Michael Muetzel facilitated this process with the assistance of Dr. Olson.

Over the course of the NELS, exceptional ideas were developed to identify how the LTC administrative profession can attract appropriate leaders to realize the changes needed within the field. The following recommendations are organized by stakeholder perspective and identify initial ideas and actions that can be taken to begin the process of revitalizing the LTC administrative community.

COMMUNITY-ORIENTED ACTIVITIES

Ensuring administrators are engaging in their local communities is the focus of this recommendation. LTC leaders regularly reach out beyond their settings and services. Incorporating local media into these activities needs to be a priority for LTC leaders. Raising public awareness and enhancing positive coverage results in a heightened sense of prestige and value for the administrative profession. The following activities are specific mechanisms for administrators to engage the community:

- Enhance internal LTC engagement awareness by communicating external activities with staff;
- Research, join and attend chamber, rotary and other community organizations;
- Analyze websites: employment, homepage such as the NELS;
- Contact area legislatures and government staff and invite them to tour facilities/settings;
- Develop outreach education at organizational level, e.g. forums, services;
- Partner with local associations to feature guest speakers;
- Host community events, e.g. Halloween, egg hunts, chamber breakfasts;
- Become an educational partner (e.g. interns, and community service site, offer meeting space);
- Communicate more effectively the quality and excellence of resident service and programs.

PARTAKING IN PROFESSIONAL ASSOCIATION ACTIVITIES

Critical to the success of raising the professional bar requires leaders to personally engage and advance a collective voice with professional associations. This goal entails a recommitment of individuals to stay active or reconnect in a professional association while at the same time championing a focus on the leadership elements that were part of the NELS in organizational associations.

Personal Commitment:

- Personally join a professional association such as ACHCA, ACHE, etc. (remembering that AHCA and Leading Age are provider associations with missions that are different from professional associations);
- Join in and be involved in a local or state chapter of their professional association;
- Create a tool or web response for influencing a decision about the benefits of joining one's professional association;
- Make sure on-line communication and discussions connect members to vehicles such as Facebook or LinkedIn;
- Encourage professional membership for new licensees;
- Get involved in the leadership of the professional organization.

Long Term Care Association Programs

- Research the focus and resources of provider and professional associations;
- Be in touch with association leadership and become aware of their leadership activities;
- Encourage LTC associations to disseminate the NELS White Paper;
- Explore the creation of a "one voice" NELS position paper.

SUMMIT PARTICIPANTS BECOMING ACTIVE CHANGE AGENTS

Changing the image of LTC leadership requires attention and time. The need to have a positive sense of the administrative profession and eliminate issues of low professional esteem was a driving force of this thematic area. The bulk of the NELS comments were centered on working within the group and reaching out to other associations. Recommendations for this group include:

- Create a “Holy Grail” that describes the work of LTC administrators in a concise, positive, high energy manner;
- Present findings of the White Paper to respective LTC associations;
- Create a short term/long term roadmap for emerging leaders;
- Recruit 1-2 emerging LTC administrators for next year’s NELS;
- Evaluate and consider an approach that encourages mentoring;
- Identify vehicle(s) for online communication and updates:
 - Create a business Facebook page to share momentum, ideas and drafts.
 - Develop a LinkedIn network for the group.
- Provide and suggest follow up reading and webinar;
- Track leadership activities and positions of this 2010 NELS group with association.

IDENTIFYING AND ADDRESSING BARRIERS TO ENTRY

The current LTC administrative environment does not encourage or promote professional entry and access across the country. From a next generation perspective, the field is fragmented for entry to practice standards. Recommendations to address this fragmentation range from refining higher education programs to creating a more positive image for LTC administration. The list below details additional recommendations:

- Create a broader study to determine the barriers of entry to practice:
 - Poll current administrators to identify the barriers, including reasons for professional entry, continuity, and exit;
- Work on the licensure reciprocity issue at the federal and state level;
- Encourage the enhancement of professional certification programs;
- Educate administrative executives and state affiliates on the professional certification advantages;
- Examine and encourage a stipend and/or scholarship award for the AIT experience;
 - Fundraised or operational dollars.
 - Research.
 - Best practices.
 - Database management.
- Examine internal barriers and/or challenges of historical senior leadership practices.

CALL TO ACTION

The recommendations presented above highlight the NELS attendees' thoughts and ideas to transform the LTC administrative profession and begin addressing its misconceptions and challenges. By developing strong leaders, and identifying opportunities for improving LTC, the NELS attendees can begin reforming the perception of both LTC facilities and the staff that they employ. It is timely that LTC administrators recognize the need to improve the staff experience as well as that of the residents, their families, and the community at large. The results of this improvement framework will include a higher quality of care service and lower cost, which are both imperative to the success of the field as it moves into the future. The national impact will be felt through the improvements and commitments made by strong leaders. A key takeaway and result of the 2010 NELS included a participant conviction to take ownership and personal interest in implementation of these recommendations.

The findings from this initial National Emerging Leaders Summit for Long Term Care Administrators sparked a new level of energy in planning the 2011 Summit. It is hoped that the 2010 NELS participants will consider participating or identifying other future leaders to participate in the 2011 Summit. Please visit the website (www.gwumc.edu/ltcsummit) for more information about the 2011 program and speakers.

A follow-up webinar with the inaugural group of attendees strongly encouraged the steering committee to emphasize the use of the "holy grail" from this White Paper as focus and as an action item for the 2011 group. They also encouraged the promotion of the web platform to better link the 2010 to 2011 attendees, help to resolve any trust issues, and begin the work of creating a new 'holy grail' for the profession. Further, they suggested that there should be a few personal messages accompanied by a picture/photo to allow the past attendees to share their views and help bridge that leadership role transition for 2011 attendees. Lastly, they encouraged the steering committee to consider changing the Summit structure to invite all attendees every five years.

The overall findings from a follow-up assessment with the 2010 Summit attendees include: 1) the need to develop a new "holy grail" (describing the work we do in a concise, positive and high energy manner); 2) establishing a greater involvement with professional associations (50% reported being reengaged or joining their professional associations); 3) pursuing the topic of barriers to entry into the profession (reciprocity issues); and 4) emphasize the community connection/impact of the profession. An overview of the results and the presentation highlights can be found in Appendix D.

SUMMIT PROCEEDINGS

Joseph Reum, Ph.D., Senior Associate Dean of School of Public Health and Health Services at The George Washington University, opened the four day Summit with great energy that he displayed while discussing the future of LTC and its leaders. Dr. Reum's extensive involvement with health policy established the foundation from which he discussed the challenges facing the next generation of LTC administrators. By reminding the attendees that one-sixth of healthcare spending occurs in the first seven days and the last seven days of life, he challenged them to identify the necessary mechanisms to evoke the changes needed. The profession must attract future leaders who have the knowledge and passion to transform LTC, ultimately delivering higher quality and lower cost services.

As the NELS facilitator, *Douglas Olson, Ph.D., Associate Professor of Health Care Administration, UW-Eau Claire Director, Center for Health Administration and Aging Service Excellence*, engaged the Summit participants by leading a discussion based on current evidence and trends as well as their experiences and feelings towards the LTC administrative profession while taking into consideration the results of their pre-attendance assessment. Identifying factors that dissuade young professionals from seeking this field and discussing the public perception, or better yet misperception, led to the consensus that LTC administration needs change that result from a collaboration of many stakeholders, including employees, professional associations, community members, and local, state, and federal officials. He challenged the participants throughout the next four days to consider as many solutions as possible to begin becoming change agents for the administrative profession.

Anne Montgomery, Senior Policy Advisor, U.S. Senate Special Committee on Aging illuminated the history of long term care legislation, and how more effective policy is needed. Ms. Montgomery highlighted some current legislative initiatives that are taking place on a federal level. She then discussed various ways legislators and staff interact with the practice field and encourage public input into the decision making process. She responded freely to general questions from attendees and listened to the interests of the group. A general conversation followed that focused on possible policy areas that may be appropriate places to spend energy and time.

Senator Herb Kohl, D-WI, Chairman, U.S. Senate Special Committee on Aging provided an opportunity to meet with both him and his staff during an open constituency forum. Senator Kohl works closely with Ms. Montgomery and expressed his interest in seeing the results of the White Paper.

Congressman Jason Altmire, U. S. House of Representatives greeted the attendees and provided very helpful insights into the daily inner-workings of the legislative process. He provided an overall framework for how health care policy is viewed in the political landscape of this country. Informally, he discussed how individual legislators deal with legislative priorities and effectively prioritize their agenda representing their constituencies. He gave suggestions to attendees to help them influence how their message is heard by both legislators and the public. He engaged with attendees on specific health care issues and responded to their questions.

Sara Rosenbaum, J.D., Harold and Jane Hirsh Professor, Health Policy Department Chair at The George Washington University, elaborated further on the discussions from Capitol Hill to re-emphasize the

importance of industry leaders making, revising, and implementing policy. In an era of healthcare reform, identifying the issues and creating the right framework are essential to developing good policy. Current LTC policies place stringent restrictions on facilities, and the only way to amend the policies requires LTC leaders to demonstrate the necessity for a better relationship between the governing bodies and service providers. She encouraged the group to become active members in developing policy.

Daniel R. Hawkins, Jr., Senior Vice-President for Public Policy and Research, National Association of Community Health Centers, Inc., reminded participants of the role community health centers have in providing primary care services in urban settings. With more than \$11 billion available to expand community health centers over the next five years, he emphasized the opportunity to foster collaboration among care providers within a community is now.

Malcolm J. Harkins, III, J.D., Partner at Proskauer, honed in on the inconsistent surveying process that struggles to effectively define quality care. He reviewed the history of policies and regulations that started in the 1960's with the passing of the Medicare and Medicaid Acts. Nearly every decade since the passing of these Acts, an attempt is made to measure and define good quality in LTC. In 1974, the regulations passed included eighteen conditions of participation, which only established requirements for capacity and none for quality. During the 1980's, Congress created the Institute of Medicine (IOM) to identify effective mechanisms that assess quality care in LTC, and the IOM established that quality care is not based on capacity. The latest attempt in the 1990's faltered as a result of variations in how each region interpreted policy and a lack of consistent training. A need for defined standards and expectations remains. To further exacerbate the lack of standards, each state institutes individual regulations, posing an additional challenge to define national standards. He left the group with the thought that only through united efforts can the issue of quality be framed appropriately to force a policy change that implements national LTC quality standards.

Randy Lindner, MHSA, CAE, President and CEO, National Association of Long Term Care Administrator Boards and, The NAB Foundation and Jane Baker, Executive Director, North Carolina Board of Examiners for Nursing Home Administrators reviewed the varying pathways to become a LTC administrator, and the impact this fragmentation has on the larger LTC community. While the majority of the states require administrators to complete a training program, the standards for the programs remain disparate with training requirements ranging from no formal training, others requiring just 200 hours, and others requiring 2000 hours of training and formal education through a university. Recommendations from this discussion included engaging college students in professional activities as well as collaborating with universities to establish a national set of entry to practice core competencies.

A panel from The American Association of Homes and Services for the Aging (AAHSA) included: *Larry Minnix, President and CEO; Suzanne Weiss, Senior Vice President, Advocacy; Robyn I. Stone, Executive Director, Institute for the Future of Aging Services Senior Vice President of Research; and Barbara Manard, Vice President of Long Term Care/Health Strategies.* This dynamic group discussed the challenges of being an effective administrator and manager in LTC. Challenges facing administrators span from uncertainty in the national reimbursement structure to evolving consumer behaviors and expectations. As these factors, along with technology and national policy, shape the next phase of LTC services, they proposed that attendees collaborate with their local chapters and national associations to develop evidenced-based best practices that will help construct the framework for better policy.

Marianna Grachek, President and CEO, and Timothy Dressman, Chair of the Board of Directors from The American College of Health Care Administrators (ACHCA) bolstered the comments from the AAHSA panelists by reaffirming the importance and value of LTC administrators becoming actively involved in professional associations that bring together members from around the country. Connecting with colleagues and peers establishes the platform from which young administrators can start influencing the perceptions of LTC administration. Ms. Grachek and Mr. Dressman reminded the audience that working in the LTC field is a vocation – a calling – rather than a traditional 8 am to 5 pm job, which dynamically affects their relationships and experiences in the community. As active members in their cities and towns, they now carry a torch to utilize social media and community forums to showcase how LTC facilities and administrators strengthen a community.

Bruce Yarwood, President and CEO and Robert Van Dyk, Chair from the American Health Care Association and David Kylo, Executive Director, from the National Center for Assisted Living discussed the implications of healthcare reform on LTC facilities, in light of the fact that the LTC field received little to no opportunity to participate in the healthcare reform discussions. As voiced by other presenters starting with Dr. Reum on day one, the LTC field lacks the necessary attention by politicians to effect national standards that will improve quality of care and services. Several factors contribute to why LTC remains on the backburner for many politicians, including: LTC is equally, if not more, complicated than primary and acute care; staffing shortages create national crisis; and the public only hears about the bad quality of care provided. In order to start moving LTC to the forefront of policy issues, these panelists recommend that administrators focus on providing quality care by hiring quality people. This begins with identifying highly qualified administrators who are positive leaders prepared to make changes that support the staff, residents, and community. They concluded by sharing with the participants how current LTC conferences provide dynamic sessions focusing on best practices in leadership, clinical practices, and human resources.

Michael Muetzel, Mx Marketing, Management Solutions began the last day of the conference with a dynamic presentation: “Career Perspectives of an Emerging Health and Aging Services Professional” through which he highlighted the importance of understanding generational diversity and focused on attracting and engaging employees. Organizations that want to be successful must have “people” strategies in addition to the traditional budget and ROI strategies. The gap between what traditional management thinks and what employees think is growing. While leaders might think assume that employees are leaving due to the long hours, employees are citing the lack of trust in leadership as their main reason for leaving an organization. Employers and leaders must understand individual and generational differences that are driving employees’ decisions to leave or stay with an organization. Mr. Muetzel proposed four key focus areas to addressing the problem of employee turnover in an organization:

- 1) Trust and employee equity to engage employees.
- 2) Mission-centric organization, rather than product-centric.
- 3) Positive reinforcement for employees.
- 4) Feed the growth by developing employees both professionally and personally.

Following the presentation, attendees worked together to dig deeper and uncover the issues facing long term care administrators today. Groups identified both short term goals that can be accomplished within six months and long term goals to address in the next year. During the discussion, attendees found that their long term goals were extensions of the short term goals they identified. These strategies focused on community efforts, professional affiliations and associations, and identifying and addressing barriers that affect LTC administrators and the overall industry. The overarching theme of the

discussions and the long term strategy of the attendees is to improve the image of the long term care profession by showing others outside the industry what long term care administration is all about.

A mixed panel of current leaders including *Michael Muetzel, Mx Marketing, Management Solutions, Pamela Hansen, Vice President, Human Resources at Golden Living, Diane Elizondo, Director, Human Resources, at Asbury Methodist Village, and Robert Burke, Chair, Department of Health Services Management at Leadership at The George Washington University* - defined and discussed some of the attributes that indicate if an individual has the aptitude to be a successful LTC leader. These individuals show an enthusiasm to work in LTC, have an ability to critically think, problem solve, and manage competing priorities, value diversity, and are actively engaged in professional associations. Participants learned what they may need to do or achieve to be considered for additional leadership responsibility that will, in turn, afford them the opportunity to begin transforming LTC.

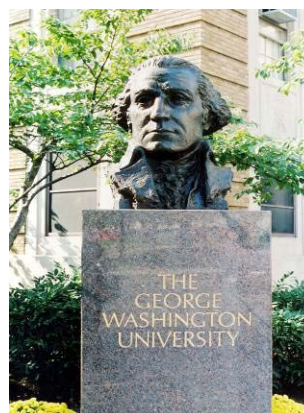
Led by Dr. Olson, the 40 emerging leaders shared what they will take away from the four day conference and how the NELS will impact each of their lives. The Summit gave the participants the vision to effect positive change in their facility, the community, and the LTC field. The participants acknowledged that this will be hard work and that there will be many barriers, but the energy and enthusiasm they gained from this conference will help the LTC administrator profession move forward. The administrators realized that their job goes beyond the everyday work they do in each of their facilities. It is also their responsibility to get involved in professional associations and effect change through political involvement. The NELS attendees realize that it is their responsibility, as emerging leaders in the LTC field to work together to make a difference. Leaders must collaborate to show others outside the field that this is a prestigious career. They must proclaim the message of exceptional care and service delivered daily to the residents of their facilities in communities throughout the country.

Appendix A: 2010 NELS Program Agenda



THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH
AND HEALTH SERVICES

The National Emerging Leadership Summit For Long-Term Care Administrators



EVENT PROGRAM

June 15- June 18, 2010
Washington, DC



Special Thanks to:



NELS 2010 EVENT PROGRAM

Tuesday, June 15

Overview of Best Leadership Practices and Trends

Location: The George Washington University, 2175 K Street, Suite 200

10:30am-Noon

Welcome and Opening Session (Breakfast Provided)

- Josef Reum, Interim Dean, SPHHS, GW
- Robert Burke, Professor & Chair, HSML Department, GW

Noon-1:00pm

Lunch (Provided)

1:00pm-3:00pm

Examining the New Face of Leadership in Long-Term Care

- Douglas Olson, Associate Professor, U. of Wisconsin at Eau-Claire

4:00pm-6:30pm

Tour of DC Attractions

(Meet in front of One Washington Circle Hotel)

6:30pm-8:30pm

Welcome Pizza Dinner at Bertucci's Restaurant

2000 Pennsylvania Avenue

NELS 2010 EVENT PROGRAM

Wednesday, June 16

Raising Legislative Awareness and Comfort Level

*Location: Dirksen Senate Building Cafeteria, and Capitol Building
Corner of Constitution & 1st St NE*

- | | |
|------------------------|---|
| 7:30am | Meet in lobby of One Washington Circle Hotel
Travel as a group to Capitol Hill |
| 9:00am-10:15am | An Insider's Perspective on the Legislative Process <ul style="list-style-type: none">• Senator Herb Kohl, (D-WI, Invited)• Anne Montgomery, Senior Policy Advisor, U.S. Senate Special Committee on Aging |
| 10:15am-10:40am | Leave Dirksen Senate Building and Walk to Capitol Building Conference Room
Additional security check point |
| 10:40am-11:00am | An Insider's Perspective on the Legislative Process <ul style="list-style-type: none">• Congressman Jason Altmire, (D-PA-04, Invited) |
| 11:00am-11:10am | Walk Down the Hall to US Capitol Visitor Center |
| 11:10am-12:10pm | Capitol Tour |
| 12:10pm-2:00pm | Break & Lunch. Recommended lunch/shopping area- Union Station
(Return back to GW, 2175 K St Suite 200) |
| 2:00pm-3:00pm | Overview of Public Health Policy <ul style="list-style-type: none">• Sara Rosenbaum, Professor & Chair, Health Policy Department, GW |
| 3:00pm-3:15pm | Break |
| 3:15pm-4:15pm | New Futures: The Role of Community Health Centers and Post-Acute Care <ul style="list-style-type: none">• Daniel Hawkins, Senior Vice President for Public Policy and Research, National Association of Community Health Centers |
| 4:15pm-5:15pm | Industry Response <ul style="list-style-type: none">• Malcolm Harkins, Proskauer Rose, LLP |

NELS 2010 EVENT PROGRAM

Thursday, June 17

Engaging with Professional Connections and Opportunities

Location: AAHSA, 2519 Connecticut Avenue NW

- | | |
|------------------------|--|
| 8:15am | Meet in lobby of One Washington Circle Hotel and Travel as Group to AAHSA
Breakfast provided at AAHSA |
| 9:00am-10:30am | National Association of Long Term Care Administrator Boards <ul style="list-style-type: none">• Randy Lindner, President and CEO• Jane Baker, Chair of Foundation of the NAB |
| 10:30am-11:00am | Break |
| 11:00am-11:45am | American Association of Homes and Services for the Aging <ul style="list-style-type: none">• Suzanne Weiss, Senior VP of Advocacy• Robyn Stone, Executive Director, Institute for the Future of Aging Services• Barbara Manard, Vice President for Long-Term Care/Health Strategies |
| 11:45am-12:30pm | American Association of Homes and Services for the Aging <ul style="list-style-type: none">• Larry Minnix, President and CEO |
| 12:30pm-1:30pm | Lunch (Provided) |
| 1:30pm-2:30pm | Travel to AHCA, 1201 L Street NW for Afternoon Session |
| 2:30pm-4:00pm | American College of Health Care Administrators <ul style="list-style-type: none">• Marianna Grachek, President and CEO• Tim Dressman, Chair of The Board of Directors |
| 4:00pm-4:30pm | Break |
| 4:30pm-6:00pm | American Health Care Association/ National Center for Assisted Living <ul style="list-style-type: none">• Bruce Yarwood, President and CEO, AHCA• Robert Van Dyk, Chair, AHCA• David Kylo, Executive Director, NCAL |
| 6:00pm | Evening Reception at AHCA |

Special Thanks to AAHSA for Hosting Lunch and to AHCA for Hosting the Evening Reception.



NELS 2010 EVENT PROGRAM

Friday, June 18

Listening To The Next Generation

Location: GW Campus: Marvin Center, 800 21st Street, Room 310

7:45am	Hotel Check Out. Hotel will provide luggage storage room.
8:00am-9:00am	Leading the Next Generations- Interactive Keynote <ul style="list-style-type: none">• Mike Muetzel, Mx Marketing, Management Solutions
9:00am-9:15am	Q & A
9:15am-9:30am	Break
9:30am- 10:30am	Digging Deeper, Uncovering the Issues <ul style="list-style-type: none">• Facilitated by Muetzel and Olson
10:30am-10:45am	Break
10:45am-11:15am	How do we Approach The Issues That Were Uncovered? <ul style="list-style-type: none">• Facilitated by Mike Muetzel and Douglas Olson
11:15am- Noon	What Are The Ideas That We Want To Move Forward With? Large Group Discussions To Focus Energy <ul style="list-style-type: none">• Facilitated by Mike Muetzel and Douglas Olson
Noon-1pm	Lunch
1:00pm-1:15pm	Overview of Identified Action Plan
1:15pm-2:30pm	A Conversation about Talent Development and Summit Idea <ul style="list-style-type: none">• Facilitated by Doug Olson• Mike Muetzel• Pamela Hansen, VP, Golden Living• Diane Elizondo, Director HR, Asbury Methodist Village• Robert Burke, Chair HSML Department, GW
2:30pm-2:45pm	Break
2:45pm-3:30pm	Closing Session
4:00pm	The Wertlieb Institute Tribute and Closing Reception <i>Room 309</i>

Josef J. Reum, PhD

Interim Dean of The School of Public Health and Health Services, GW



Josef Reum is Interim Dean, Associate Dean for Administration and Finance of The School of Public Health and Health Services and an Associate Professor in both the Department of Health Policy and the Department of Health Services Management and Leadership.

In his decanal role, Professor Reum is the primary administrator for the fiscal and administrative activities of the School. He also maintains an ambitious teaching schedule and has received six Excellence in Teaching Awards. Prior to joining the GW faculty in 1993, Dr. Reum was CEO of the American Health Quality

Association, which represents organizations that provide evaluation and quality improvement services to health care purchasers and providers. His administrative skills were also essential to his tasks as Deputy Director of the Local Initiative Funding Partners Program, a Robert Wood Johnson Foundation national program designed to promote innovation in the design and delivery of health care services. Dr. Reum has held leadership positions in six states, including Commissioner of the Department of Mental Health, Developmental Disabilities and Substance Abuse (Indiana), Deputy Commissioner of the Department of Mental Retardation (Massachusetts) and Director of the Anchorage Department of Health and Social Services (Alaska). "It has been my honor to serve mayors, legislators, governors, senators and tribal chiefs," he says. "But my greatest professional reward has been working with the other Deans and the faculty of this School to bring learning and service to life."

Professor Reum received a Bachelor of Arts (Philosophy and Psychology) from The Catholic University of America, 1979 Master of Public Administration, John F. Kennedy School of Government, Harvard University, 1987 Doctor of Philosophy (Health Policy, Systems Change, Ethics and Leadership), School of Business and Public Management, The George Washington University, 2000.

Robert E. Burke, PhD

**The Gordon A. Friesen Professor of Health Care
Health Services Management and Leadership Department Chair, GW**



Robert Burke is The Gordon A. Friesen Professor of Health Care Administration and Chair at The George Washington University in the Department of Health Services Management and Leadership. Professor Burke also holds a joint appointment in the Department of Health Policy.

Professor Burke is a medical sociologist and a nationally known expert in long-term care, with extensive experience in developing, evaluating and implementing health care policy and managing multidisciplinary professional staff. For more than 25 years, he has conducted and directed health service research, payment and evaluation projects, and is thoroughly versed in the policy and program issues of Medicare, Medicaid and other public and private third-party payor systems.

As Department Chair, Professor Burke oversees a well-known, well-respected faculty and a newly approved curriculum that stresses the "skills of business and the values of health care." Professor Burke has revitalized faculty and GW alumni to promote interdisciplinary education, dialogue and research in health services organization management and to prepare future leaders to meet the challenges of providing quality services to aging and disabled individuals. Prior to joining the faculty at SPHHS in 2002, Professor Burke held senior research positions at the Institute of Medicine, the General Accounting Office (now the Government Accountability Office), the Health and Retirement Funds of the United Mine Workers and the Pepper Commission. For the past decade, he has worked with the Health Care Financing Administration (now The Centers for Medicare and Medicaid Services), directing the design of new prospective payment systems for post-acute care. Professor Burke holds a Bachelor of Arts Degree from Boston College, a Master of Arts from Boston College, and a Doctor of Philosophy from The University of Florida.

Douglas Olson, PhD

**Associate Professor of Health Care Administration, UW- Eau Claire
Director, Center for Health Administration and
Aging Service Excellence (CHAASE)**



Dr. Douglas Olson is an Associate Professor, Health Care Administration and the Director, Center for Health Administration and Aging Services Excellence (CHAASE) at UW-Eau Claire. He also holds a visiting professor appointment with George Washington University. He has a Ph.D from the University of Minnesota, his M.B.A from University of St. Thomas, St. Paul, MN and a B.S., University of Wisconsin-Eau Claire. His teaching interests include Health Services Administration, Quality Management in Health Care, and Leadership and Management Practices in Health Services. His research interests include Leadership and Management Assessment, Health Care Leadership Development, and the Evaluation of Best Practices in Quality Management.

Dr. Olson has numerous articles published and has been a frequent speaker. He is on the AHCA Quality Board of Overseers for the Quality award and is Vice-Chair of the Academy for Long Term care Leadership and Development of ACHCA. He also has over twenty years of experience as an administrator and is a Fellow in the ACHCA.

Anne Montgomery

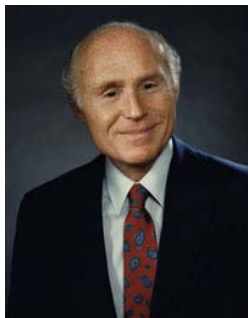
Senior Policy Advisor, U.S. Senate Special Committee on Aging



Anne Montgomery is a senior policy advisor for the U.S. Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was a senior health policy associate with the Alliance for Health Reform in Washington, D.C., where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders.

Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Congressman Pete Stark of the Ways & Means Health Subcommittee. She was an Atlantic Fellow in Public Policy in London in 2001-2002, where she undertook comparative research on long-term care in the U.S. and the UK. She also worked as a journalist covering the National Institutes of Health and Congress during the 1990's. A member of the National Academy of Social Insurance, Ms. Montgomery has an MS in journalism from Columbia University and a BA in English Literature from the University of Virginia, and has done gerontology coursework at Johns Hopkins University.

Senator Herb Kohl, D-WI Chairman, U.S. Senate Special Committee on Aging



A native of Milwaukee, Herb Kohl has represented Wisconsin in the United States Senate since 1988. He earned his bachelor's degree from the University of Wisconsin-Madison in 1956 and a master's degree in business administration from Harvard University in 1958. Kohl served in the Army Reserve from 1958 to 1964. Before coming to the Senate, Kohl helped build his family-owned business, Kohl's grocery and department stores. He served as President from 1970 through the sale of the corporation in 1979. In 1985 he bought the Milwaukee Bucks to ensure the basketball team remained in Milwaukee and he is recognized as an avid sportsman.

Senator Kohl serves on the Senate Appropriations Committee and the Judiciary Committee. Kohl is the Chairman of the Agriculture Appropriations Subcommittee, which has jurisdiction over the budgets of USDA, the FDA and other agencies which include many programs important to farmers and consumers. He also serves as the Chairman of the Judiciary's Subcommittee on Antitrust, Competition Policy and Consumer Rights.

Senator Kohl is the Chairman of the Special Committee on Aging, the Senate's principal committee charged with examining the many issues affecting older Americans, like Medicare, retirement security and protection from fraud and abuse. Kohl has led efforts to improve the Medicare Prescription Drug Benefit, urging the Administration to negotiate lower drug prices for seniors and close the "donut hole" in coverage that is leaving many beneficiaries with unexpectedly high drug costs. Senator Kohl also authored the bipartisan Older Worker Opportunity Act, which would expand opportunities for older Americans to work longer if they so choose in order to secure a more comfortable retirement. He has also successfully pushed for increased funding for nursing home inspections, and has introduced legislation to require background checks for long term care employees to ensure that people with abusive and criminal histories do not prey on vulnerable patients.

Senator Kohl has made lowering health care costs a top priority for the 110th Congress. Noting how prescription drug costs are a drain on seniors, families and businesses, he has authored two important bills to expand access to affordable generic drugs. His "Preserve Access to Affordable Generics Act" stops brand-name drug manufacturers from using pay-off agreements to keep cheaper generic equivalents off pharmacy shelves and his "Citizen Petition Fairness and Accuracy Act" prohibits brand name drug companies from abusing the Food and Drug Administration's "citizen petition" review process to delay generic drugs from reaching the market.

Congressman Jason Altmire

U. S. House of Representatives



Congressman Jason Altmire is serving his second term in the U.S. House of Representatives, where he represents all or parts of six counties in western Pennsylvania. He has quickly established himself as one of Congress' leading voices on health care, small business and veterans issues.

In all, Jason has authored 36 different legislative initiatives that have passed the House, 23 of which have been signed into law, including six dealing with veterans. His successful effort to guarantee bonuses for combat wounded veterans garnered national attention, and his bill allowing military families to qualify for the Family and Medical Leave Act was the first expansion of FMLA since its inception in 1993.

As a subcommittee chairman on the Small Business Committee, Jason has twice passed through the House legislation he authored to expand access to capital for small businesses. A leading fiscal conservative, Jason played a key role in the successful 2009 effort to restore pay-as-you go budgeting as the law of the land. A believer in leading by example, Jason runs his office so efficiently that he has already returned more than \$250,000 to the federal Treasury during his brief time in office.

Jason's success as a second-term congressman has been widely recognized. He is a frequent guest on a number of national television news programs and has been profiled in a variety of national media outlets, including Comedy Central's popular political satire, *The Colbert Report*.

Jason is consistently recognized as one of the most independent members of Congress. A recent non-partisan study of congressional votes identified him as having a reliably centrist voting record. He is the only member of the House who has never missed a vote during the past two sessions of Congress, having cast more than 3,000 consecutive votes since being sworn-in to the House in 2007.

Jason received his bachelor's degree from Florida State University. He later earned a master's degree in Health Administration from George Washington University. Prior to his election to Congress in 2006, Jason spent 15 years in health care policy, working as a congressional staffer, a hospital association executive and for the University of Pittsburgh Medical Center.

Sara Rosenbaum, J.D.
Harold and Jane Hirsh Professor
Health Policy Department Chair, GW



Sara Rosenbaum, J.D., is the Harold and Jane Hirsh Professor and founding Chair of the Department of Health Policy, George Washington University School of Public Health and Health Services, a unique center of learning, scholarship, and service focusing on all aspects of health policy.

Professor Rosenbaum has devoted her career to issues of health law and policy affecting low income, minority, and medically underserved populations. Between 1993 and 1994, Professor Rosenbaum worked for President Clinton, directing the legislative drafting of the Health Security Act and developing the Vaccines for Children program. Professor Rosenbaum also served on the Presidential Transition

Team for President-Elect Obama.

A graduate of Wesleyan University and Boston University School of Law, Professor Rosenbaum has authored more than 250 articles and studies focusing on all phases of health law and health care for medically underserved populations. She is lead author of *Law and the American Health Care System* (Foundation Press, NY), a widely used health law textbook.

A holder of numerous awards for her scholarship and service, Professor Rosenbaum is the recipient of the Richard and Barbara Hansen National Health Leadership Award (University of Iowa), a Robert Wood Johnson Foundation Investigator Award in Health Policy Research, and the Oscar and Shoshanna Trachtenberg Award for Scholarship, the George Washington University's highest faculty award. In 2009 she was named one of the founding Commissioners of the Medicaid and CHIP Payment and Access Commission, which advises Congress on federal Medicaid and CHIP policy.

Daniel R. Hawkins, Jr.
Senior Vice-President for Public Policy and Research
National Association of Community Health Centers, Inc.



Dan Hawkins is Senior Vice-President for Public Policy and Research at the National Association of Community Health Centers, Inc. (NACHC), where he provides NACHC's membership with federal and state health-related policy research, analysis, and leadership. During his 29-year tenure, federal support for health centers has grown from \$350 million to \$2.2 billion annually, and the number of people served by health centers has grown from 5 million to more than 20 million. In addition, health centers received an extra \$2 billion under the American Reinvestment and Recovery Act of 2009 (the stimulus bill), which will allow them to serve an additional 3 million people by the end of 2010.

Prior to joining NACHC, Dan served as a VISTA volunteer, Director of a migrant and community health center located in south Texas, and as an assistant to HHS Secretary Joseph Califano during the Carter Administration. He has written numerous articles and monographs on health care issues, and has provided testimony before several Congressional Committees. Dan teaches a course in health policy at The George Washington University, has lectured on health policy topics at Harvard, Johns Hopkins, and other universities, and has been interviewed frequently by major newspapers and radio/television networks. He has been named one of America's most influential health policy makers.

Malcolm J. Harkins, III, J.D.
Partner, Proskauer



Malcolm J. Harkins, III is a Partner in the Health Care Department. After founding and practicing law for almost fifteen years with the nationally known health care firm of Casson & Harkins, Mal joined Proskauer in 1992. He represents institutional health care providers, including hospitals, nursing homes and pharmacies, as well as several state and national associations of health care providers. He represents individuals and companies involved in managed care, home health care, congregate living facilities, therapy services and durable medical equipment.

Mal has learned the care delivery process literally from the ground up – from the nurses, administrators and facility operations personnel who deliver the hands-on care. This “grass roots” perspective enables Mal to shape legal and business strategies for his clients based on the real world significance of legal issues for his clients, as well as patients and care givers.

Mal has represented clients in an extremely broad variety of matters, including contested tender offers, acquisitions and dispositions of businesses, corporate restructurings, development and construction of new facilities, criminal proceedings, finance and bankruptcy actions, Medicare, Medicaid and private payment disputes, licensure and certification matters, corporate compliance, EMTALA investigations, residents’ rights litigation, False Claims Act and Qui Tam cases, neglect and abuse litigation and all types of quality of care disputes.

Mal serves as an Adjunct Professor in the Department of Health Policy in the School of Public Health and Health Services and in the Department of Health Services Management and Leadership of The George Washington University. He also was the Practitioner in Residence at the Center for Health Law Studies, St. Louis University School of Law.

Mal has written and published numerous articles related to managing and surviving the inspection process, securing appropriate payment, structuring health care joint ventures in compliance with federal and state laws, restructuring the health care company to succeed after health care reform and providing, documenting and defending quality of care.

Randy Lindner, MHSA, CAE
President and CEO, National Association of Long Term Care
Administrator Boards and The NAB Foundation



Randy Lindner is President and CEO of the National Association of Long Term Care Administrator Boards (NAB) and the NAB Foundation. The NAB represents boards of licensure for long-term care administrators in the 50 states and the District of Columbia.

Randy is actively involved in shaping health care policy through leadership roles and active participation in the Federation of Associations of Regulatory Boards (FARB), the Center for Excellence in Assisted Living (CEAL), the Leadership Academy of the American College of Healthcare Administrators, the Advancing Excellence in America's Nursing Homes Campaign, and the American National Standards Institute (ANSI). He is also an active member of the American Society of Association Executives.

In addition, Randy is President of Bostrom Corporation, an Association Management Company headquartered in Chicago and with offices in Washington, D.C. and Monterey, California.

Jane Baker
Executive Director, NC Board of Examiners for
Nursing Home Administrators



Jane Baker is the Executive Director for the NC Board of Examiners for Nursing Home Administrators. She has been in the long-term care profession for more than twenty-one years. Mrs. Baker has been involved with the National Association of Long Term Care Administrator Boards for over twenty years and has chaired several committees. She is the past chair of NAB and is currently serving as chairman of the NAB Foundation. Mrs. Baker is a graduate of the University of North Carolina at Chapel Hill.

Suzanne Weiss
Senior Vice President, Advocacy, AAHSA



Suzanne Weiss is the senior vice president of advocacy of the American Association of Homes and Services for the Aging (AAHSA). In this role, she coordinates the association's public policy development and government relations efforts for housing, continuing care, assisted living, health care, and community-based services.

Before joining AAHSA more than 19 years ago, Weiss was a consultant to the U.S. Department of Health and Human Services on health manpower issues. She also practiced law in Colorado and Wisconsin.

Prior to assuming her current post, Weiss was vice president for public policy and counsel to AAHSA's policy division.

Her bachelor's degree is from Viterbo College in La Crosse, Wisconsin. She has a master's degree from The Ohio State University and a law degree from Georgetown University in Washington, D.C.

Robyn I. Stone
Executive Director, Institute for the Future of Aging Services
Senior Vice President of Research, AAHSA



Robyn I. Stone, a noted researcher and leading international authority on aging and long-term care policy, joined AAHSA to establish and oversee the Institute for the Future of Aging Services (IFAS).

Stone came to AAHSA from the International Longevity Center-USA in New York, N.Y., where she was executive director and chief operating officer. Previously, she worked for the Federal Agency for Health Care Policy and Research (now known as the Agency for Health Care Research and Quality). Stone also served the White House as deputy assistant secretary for disability, aging and long-term care policy and as acting assistant secretary for aging in the U.S. Department of Health and Human Services under the Clinton administration. She was a senior researcher at the National Center for Health Services as well as at Project Hope's Center for Health Affairs. She was on the staff of the 1989 Bipartisan Commission on Comprehensive Health Care and the 1993 Clinton administration's Task Force on Health Care Reform.

Stone holds a doctorate in public health from the University of California, Berkeley.

Barbara Manard
Vice President of Long Term Care/Health Strategies, AAHSA

Barbara Manard, a health policy researcher and consultant with over 20 years experience, is the vice president of long-term care and health strategies at AAHSA. She joined the association in 2003.

Prior to joining AAHSA, Manard served as vice president of The Lewin Group (1981-1987) and subsequently as president of a Maryland-based research and consulting firm, the Manard Company (1998-2002). In 1998, she served as A Special Expert Consultant (ASPE) to the Office of the Secretary, U.S. Department of Health and Human Services, to assist with technical and policy issues related to implementing post acute care Medicare payment system changes mandated by Congress. In 2001, she assisted ASPE with a project regarding post acute care assessment instruments, reference vocabularies, and electronic medical records. Prior to joining the Lewin Group, Manard served as a policy analyst at ASPE and as an assistant professor of sociology at the University of California (Riverside).

She received her doctorate in sociology from the University of Virginia (UVA), a certificate in health planning from the UVA School of Medicine, and an A.B. from Vassar College.

Larry Minnix
President and CEO, AAHSA



Larry Minnix is President and CEO of the American Association of Homes and Services for the Aging (AAHSA), a position he has held since 2001. For more than 35 years, Minnix has been a passionate advocate for leadership and innovation in not-for-profit aging services. He entered the field as an administrative intern at Wesley Woods Center of Emory University, where he went on to serve as CEO. He also served as an AAHSA board member prior to joining the association as its CEO. Minnix has translated his passion into practice as AAHSA's CEO.

During his tenure, he established the Center for Aging Services Technologies (CAST), developed programs to address important issues like workforce retention and regulatory reform, and is currently advocating for long-term care financing reform. Minnix is a frequent speaker on long-term care, quality, ethics, and public policy. He serves on the boards of Generations United and the Erickson School of Aging Studies. Minnix received his undergraduate and doctorate degrees from Emory University and is an ordained elder in the United Methodist Church.

Marianna Kern Grachek, MSN, CNHA, CALA FACHCA
President & CEO, American College of Health Care Administrators



Marianna Kern Grachek is the President & CEO of the American College of Health Care Administrators, the national association representing long term care administrators. In this position she is responsible for all activities associated with professional membership for long term care and assisted living administrators including the development of programs and services. She also serves as the ACHCA liaison to national and state long term care trade and professional organizations.

Prior to her current position, Ms. Grachek was the Executive Director for Long Term Care and Assisted Living accreditation at the Joint Commission on Accreditation of Health Care Organizations for nine years and previously served as a surveyor in the long term care program for four years

Ms. Grachek is a fellow in the American College of Health Care Administrators and holds their certifications in nursing home administration (CNHA) and assisted living administration (CALA). She is also a fellow in the National Association of Directors of Nursing Administration in Long Term Care, and holds their certification as a director of nursing (CNADONA). Marianna was Board certified in Gerontological Nursing by the American Nurses Credentialing Center (RN, C) and is a member of Sigma Theta Tau, the National Nursing Honor Society.

Ms. Grachek received her diploma in Nursing from St. Vincent Medical Center in Toledo, Ohio, her Bachelor of Science degree in Nursing from the University of Toledo, and her Master of Science degree in Nursing with a focus in gerontological care at the Medical College of Ohio in Toledo. Ms. Grachek is licensed as a nursing home administrator and also as a registered nurse in the state of Ohio.

Timothy Charles Dressman, CNHA, CALA, CASP, FACHCA Chair of The Board of Directors for ACHCA

Timothy C. Dressman is Chair of the Board of Directors for the American College of Health Care Administrators, the national association representing long term care administrators.

Mr. Dressman is also the Executive Director of St. Leonard, Inc. in Centerville, OH where he is responsible for the operation of a 671 unit CCRC consisting of cottages/garden homes, Rest Home Units, a Medicare and Medicaid Certified SNF component, a unit tax credit housing facility, and adult day care. Previously, Mr. Dressman was the Executive Director of Mercy Franciscan of West Park for eleven years, and Interim Executive Director at Mercy St. Theresa Center.

Prior to becoming Chair of the Board of Directors for ACHCA, Mr. Dressman was Vice President of the Ohio Chapter in 2004 and a member of the National Board of Directors in 2005. He is presently a member of the Ohio Health Care Association, Catholic Health Association, American Association of Homes and Services for the Aging, and the Association of Medical Service Corps Officers in the Naval Reserve.

Mr. Dressman received a Bachelor of Art from Northern Kentucky University and a Master of Art in Health Services Management and Business Administration from Webster University of St. Louis in Camp Pendleton, California.

Bruce Yarwood
President & Chief Executive Officer
American Health Care Association/National Center for Assisted Living



Bruce Yarwood is the president and chief executive officer of the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) – representing nearly 11,000 for- and not-for-profit nursing homes, assisted living residences, and facilities for the care of people with mental retardation and developmental disabilities. Respected on both sides of the aisle, Mr. Yarwood previously served as AHCA’s chief lobbyist for more than sixteen years. He earned a reputation as a nationally renowned authority on health policy and long term care issues through his work in both the public and private sectors where he managed health organizations, associations, and long term care businesses.

From his hands-on work at the facility level to his experiences working at the state level as part of the California Association of Health Facilities (CAHF) and as director of Medi-Cal for the State of California, Mr. Yarwood is known as an honest broker of good public policy. His advocacy acumen and work on behalf of AHCA/NCAL has contributed to virtually every legislative and regulatory success the Association has had for close to two decades. His ability to work collaboratively with all long term care stakeholders has allowed Mr. Yarwood to successfully manage long term care issues and guide the Association through the complexities of the government’s legislative and regulatory process.

Prior to his work with AHCA/NCAL, Mr. Yarwood served as Vice President of Operations for Crestwood Hospitals of California representing eighteen nursing facilities that provide mental health, geriatric, and rehabilitative care. As Executive Vice President of the California Association of Health Facilities, he represented the interests of more than 900 member facilities throughout California. While in public service, Mr. Yarwood was chief deputy director for the Department of Health Services for the State of California with responsibilities for more than 20,000 employees and oversight for administering and directing the State’s Medi-Cal (Medicaid) program, which served more than 2.7 million Californians annually.

Mr. Yarwood holds a master’s degree in public administration from California State University at Sacramento, and a Bachelor of Arts degree in history, with a minor in economics, from the University of California at Berkeley.

Robert Van Dyk Chair, American Health Care Association



Robert Van Dyk serves as the Chair of the Board of Governors of the American Health Care Association (AHCA), which represents nearly 11,000 non-profit and proprietary facilities, including nursing facilities, assisted living residences, sub-acute centers, and homes for people with developmental disabilities. A third-generation provider, Van Dyk has nearly three decades of long term care experience, which includes work as a nursing home administrator and nurse assistant.

In 1994, Van Dyk stepped up to serve as President and CEO of Van Dyk Health Care, which began serving the needs of New Jersey seniors in 1953. The family business – founded by Van Dyk’s father and grandfather – has earned an unsurpassed reputation for excellence across the care continuum. Today, Van Dyk Health Care owns and operates nursing homes, assisted living residences, a senior apartment complex, a rehabilitation company, home care, hospice, and a management company. In addition, Van Dyk is a founder and principal of Assisted Living Training Associates (ALTA), a professional organization specializing in the training of Assisted Living Administrators and ancillary personnel.

Van Dyk had served as Vice Chair and Secretary/Treasurer for AHCA, as Chair of the National Center for Assisted Living (NCAL) – the assisted living voice of AHCA – and concurrently on the Executive Committee and Boards of both AHCA and NCAL. Van Dyk is a member of the American Seniors Housing Association (ASHA) as well.

In 2005, Van Dyk was appointed as a delegate to the once-a-decade White House Conference on Aging (WHCOA) in Washington, DC, and continues to serve on a variety of committees at the state and national level. His state-level service includes serving on the Boards of Directors of Columbia Bank and Houghton College, where Van Dyk also chaired the Houghton College President’s Advisory Board. A member of the Policy Committee that drafted state regulations for assisted living in New Jersey, Van Dyk is author of a number of published articles and a frequently requested speaker.

Van Dyk received a bachelor’s degree in Business Management from Fairleigh Dickinson University and earned his master’s degree in Health Care Administration from the George Washington University in Washington, DC.

David Kylo Executive Director, National Center for Assisted Living



David Kylo is Executive Director of the National Center for Assisted Living (NCAL) – the assisted living voice of the American Health Care Association (AHCA) and an essential resource for long term care professionals. Kylo is responsible for leading NCAL’s advocacy on behalf of a national federation of state affiliates, as well as directing NCAL’s educational programs, award-winning publications, and quality programs.

Kylo has 25 years of experience working in government relations, regulatory and public affairs in Washington, DC. He has served with two White House Administrations and both the United States House of Representatives and United States Senate.

Kylo joined AHCA 15 years ago. As the association began to focus more on assisted living issues, Kylo made the transition from working for AHCA to NCAL.

Kylo was a member of the Assisted Living Workgroup (ALW) Steering Committee and contributed to ALW’s 2003 *A Report to the U.S. Senate Special Committee on Aging from the Assisted Living Workgroup*. Two years later, 11 of the 13 national organizations represented on the ALW Steering Committee—including the National Center for Assisted Living—formed the Center for Excellence in Assisted Living (CEAL). CEAL continues to build on the work of ALW and has created resources to facilitate quality improvement and promote the availability of, and innovation for high-quality, affordable assisted living. Kylo has served on the CEAL Board of Directors and as Treasurer. In December 2007, Kylo was elected Chair of the CEAL Board of Directors, which includes NCAL, AARP, the Alzheimer’s Association, Pioneer Network, and other national assisted living organizations.

In 2003, Kylo was named to the National Commission on Nursing Workforce for Long Term Care, which developed practical recommendations regarding recruiting and retaining a skilled long term care workforce. Kylo is also member of the American Society of Association Executives.

A graduate of the University of Northern Iowa, Kylo frequently lectures on assisted living and long term care issues, having both worked and volunteered in several long term care facilities.

Michael Muetzel

Mx Marketing- Management Solutions



In the words of Best Selling Author Ken Blanchard, “Mike has a keen understanding of what will make companies tick in the future, it’s about maximizing the potential of your people, and it’s about winning.” Following hundreds of interviews with young managers, Mike Muetzel brings a new perspective as an expert in changing traditional leadership paradigms.

Mike has been featured in the national media as a contemporary management resource by The Associated Press, The Boston Globe, Opportunity World, Boardroom Magazine, Selling Power Magazine, Succeed Magazine, The Manager’s Intelligence Report, CBS Sportsline.com, Insight Magazine, The Arizona Republic, Careerbuilder.com, Pennsylvania Business Central, Canadian Manager Magazine, and Certified Management Accountants Magazine among others. He has had numerous articles published regarding evolving leadership techniques. In addition, he has been interviewed by Bloomberg Television (NY), Jim Blasingame, The IBM Small Business Advocate, The Geoff Metcalf Show, The Michael Dresser Show, and numerous network affiliates tapping into his solutions regarding the new generation of Human Capital Management. Mike is also the author of a Monthly Management Newsletter.

His prestigious client list includes but is not limited to, Motorola, the Federal Aviation Administration, Toro U, Hilton Hotels, Fed Ex Freight, Keebler, Georgia Department of Labor, Yamaha Motor Corporation, Society of Human Resource Management and the National Golf Course Owners Association. Mike has also conducted National Webinars for the American Society of Association Executive’s Center for Association Leadership and The HR Audio Hub.

Mike has completed a national book signing tour, and is the only author in the United States with a senior corporate background to specifically address Generation X Managers and employee retention/productivity in his book, *They’re Not Aloof...Just Generation X, Unlock the Mysteries to Today’s Human Capital Management* (Steel Bay Publishing).

Mike received his undergraduate degree from Bowling Green State University in 1979, and his MBA from Kent State University in 1988, where he has been utilized as a speaker for incoming MBA students. Mike’s senior management experience includes sitting on the Executive Committee at Yamaha Motor Manufacturing Corporation. He was recognized with the national Don Rossi Award by National Golf Course Owners Association and is a former member of the faculty at Clayton College and State University, School of Business in Atlanta, as well as a guest lecturer at Kennesaw State University and Georgia State University.

Diane Elizondo
Director of Human Resources, Asbury Methodist Village

Diane Elizondo is currently employed as the Director of Human Resources at Asbury Methodist Village, a senior living retirement community in Gaithersburg, MD. She has worked for senior living services for over 10 years. Diane graduated from the University of Maryland with a Master of Science degree. She is a member of the Society for Human Resource Management (SHRM). She has experience ranging from employee relations, performance management, strategic planning, and workers' compensation management.

Pamela Hansen
Vice President, Human Resources, Division 4 of Golden Living

Pamela Hansen is Vice President of Human Resources, Division 4 of Golden Living in Minnesota. She has over twenty-six years experience as a human resources generalist. Ms. Hansen is currently responsible for leading and directing: labor relations, training and development, employee relations, as well as the divisional recruitment and human resource team. Ms. Hansen attended The University of Utah majoring in Business Management and Westminster College majoring in Organization Behavior.

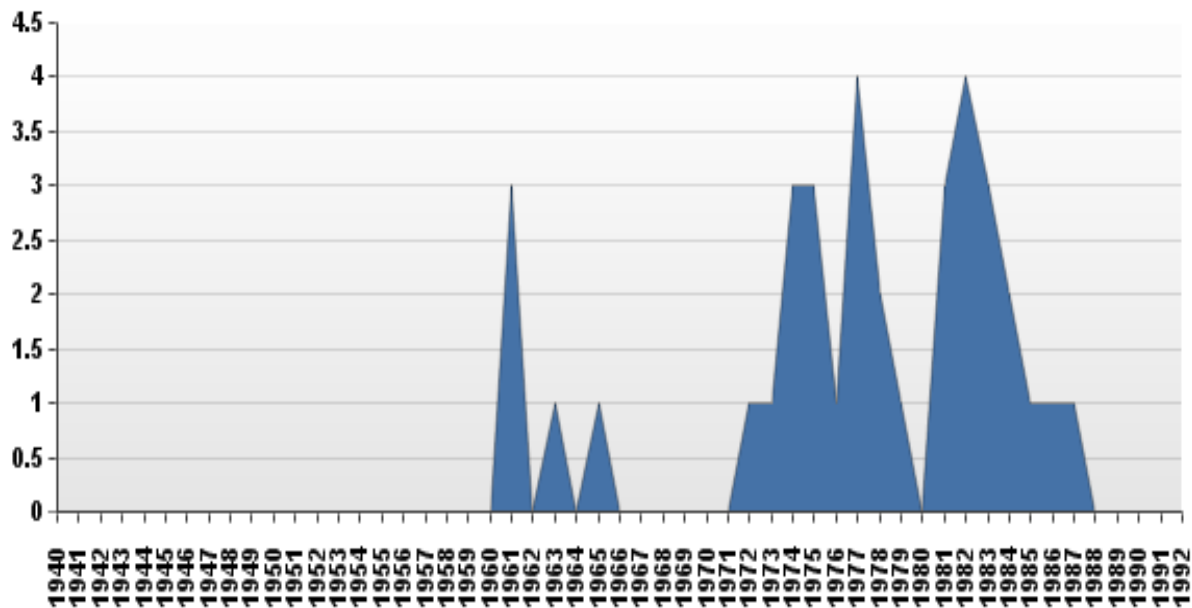
2010 Participants

Name	Organization
Allan Barr	Golden Living
Bryan Bee	Dove Healthcare South
Kristine Betz	Saint Therese
Lara Bowles-Yandell	Avalon Shadow Mountain
Elbert (Bert) Buegeler	Remington Medical Resort
Elizabeth Carrill	The George Washington University
Brett Coble	Elmbrook Home, Inc
George Colbert	Citizens Memorial Healthcare
Rachel Day	Our Island Home
Theresa Decker	Marquis Vintage Suites at Forest Grove
Misty DeGross	Southlake Nursing and Rehabilitation Center
Meagan English	Marquis Care at Wilsonville
Jeri Falk	MediLodge
Sara Flynn	The Cedars of Chapel Hill
Jennifer Gray	Senior Housing Management
Bridget Haupt-Morrow	Golden Living
Josephine Hewitt	MediLodge of Milford
Jason Hunt	HUD, Office of Insured Health Care Facilities
Keith Jackson	HCR ManorCare
Alexis Jauregui	The George Washington University
Christy Kramer	Asbury Methodist Village
Chris Krebsbach	Golden Living- Lakeridge
Rachel Kruth	HCR ManorCare
Dinah Martin	Saint Therese at Oxbow Lake, Inc
Matt Mauthe	Marquardt Village
Jana McDonald	Mountain View Care Center
Angela Moore	Sharon Lane Health Services
Robert Perry	Blakehurst Retirement Community
Katie Redig	Bridges Care Community
Amber Richards	MediLodge of Yale
Scott Royer	Golden Living-Valhaven
Peter Schuna	Pathway Health Services
Kristina Sprague	Brighton Gardens of Greensboro
Sara Sterling	Saint Therese
Stacy Suchla	Grand View Care Center, Inc
Erin Taylor	Marquis Care Plaza Regency
Gaylord Thomas	Oklahoma State Board of Examiners for Long Term Care Administrators
Brandon Thorsness	Chippewa Manor Nursing and Rehabilitation

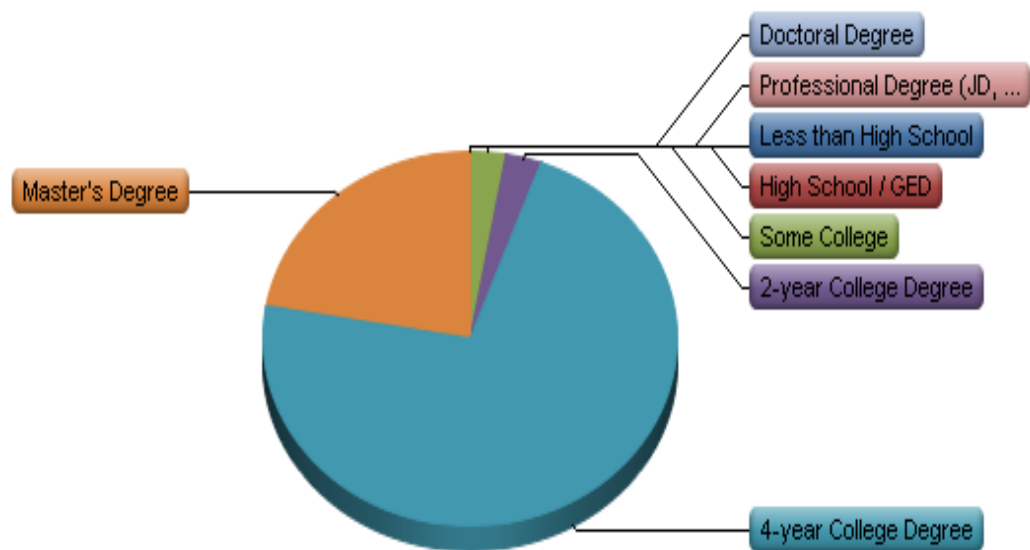
Appendix B: Results of Pre-Survey Assessment

As mentioned in the Summit Attendees and Structure section, the NELS participants completed a pre-Summit survey from which the steering committee learned more about attendee demographics. Appendix B includes the results of this assessment.

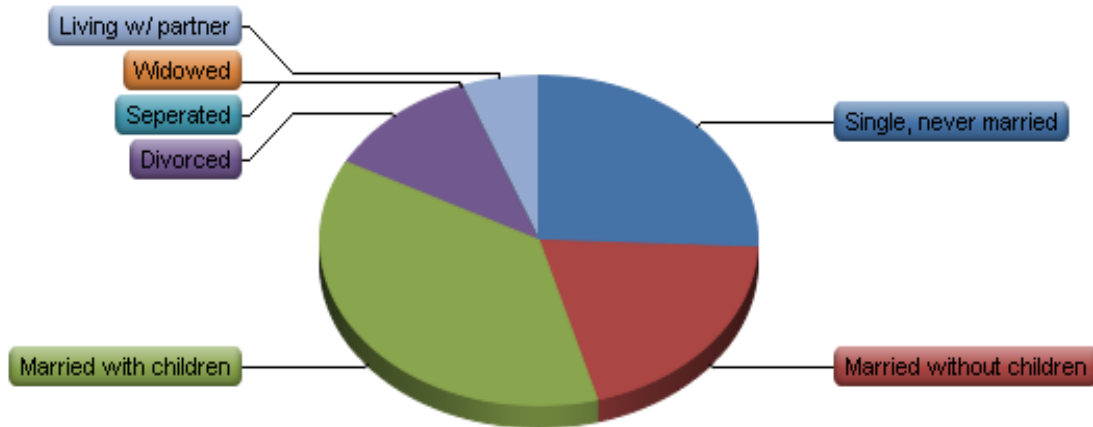
Results of the Pre-Survey Assessment
Figure 1: Age of 2010 Participants



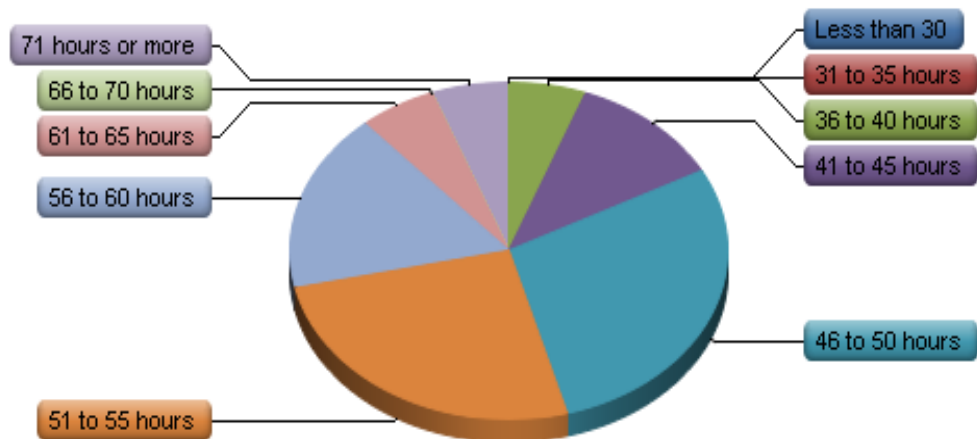
Results of the Pre-Survey Assessment
Figure 2: Attendees' Education Level



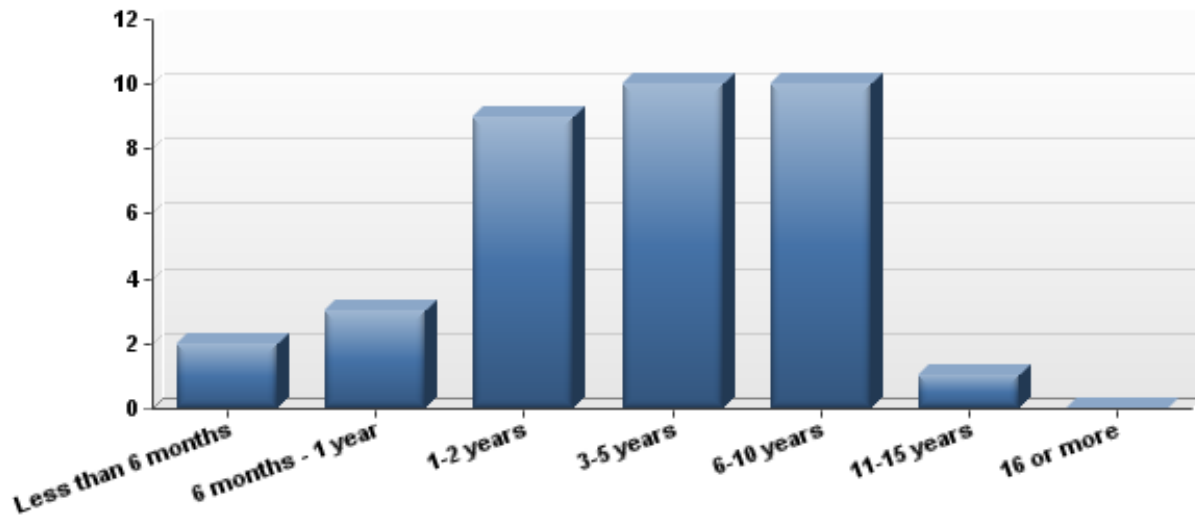
Results of the Pre-Survey Assessment
Figure 3: Family Status



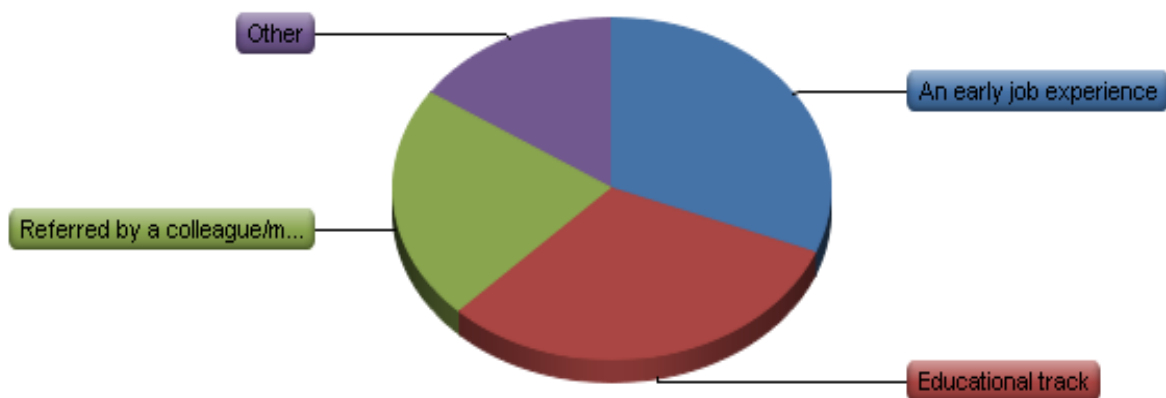
Results of the Pre-Survey Assessment
Figure 4: Number of Hours Worked Per Week



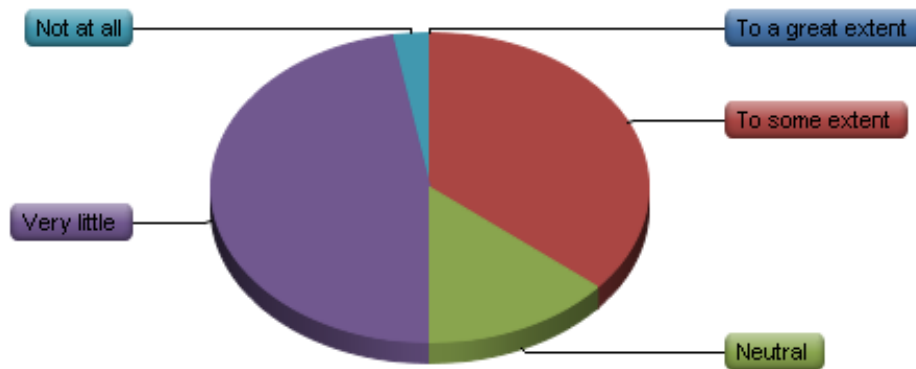
Results of the Pre-Survey Assessment
Figure 5: Duration in Current Position



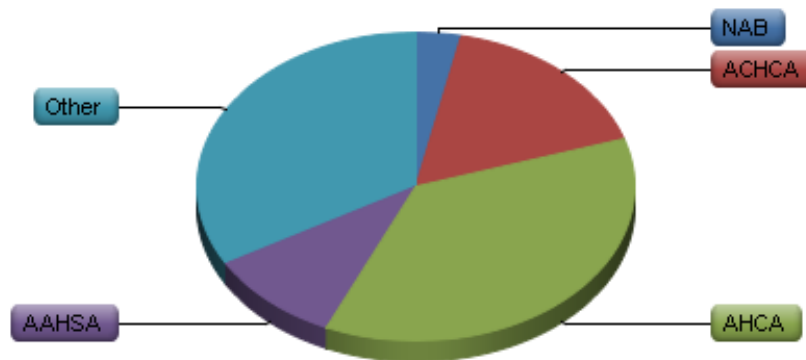
Results of the Pre-Survey Assessment
Figure 6: Reason for Entering LTC Profession



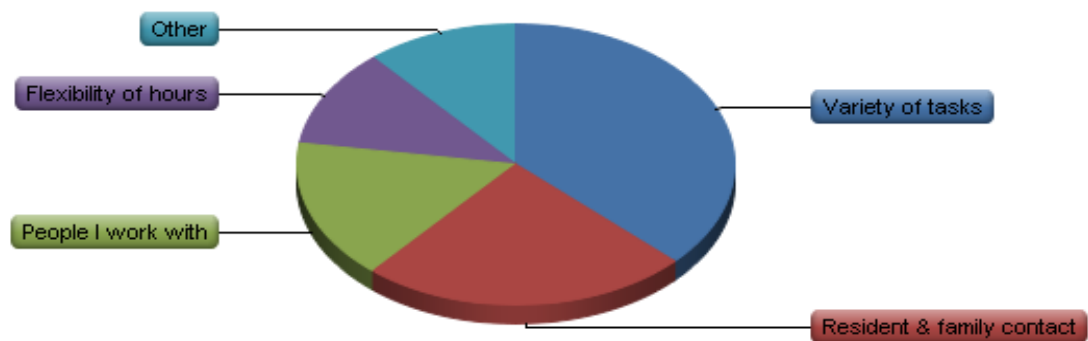
Results of the Pre-Survey Assessment
Figure 7: Extent to Which LTC Industry is Tech Savvy



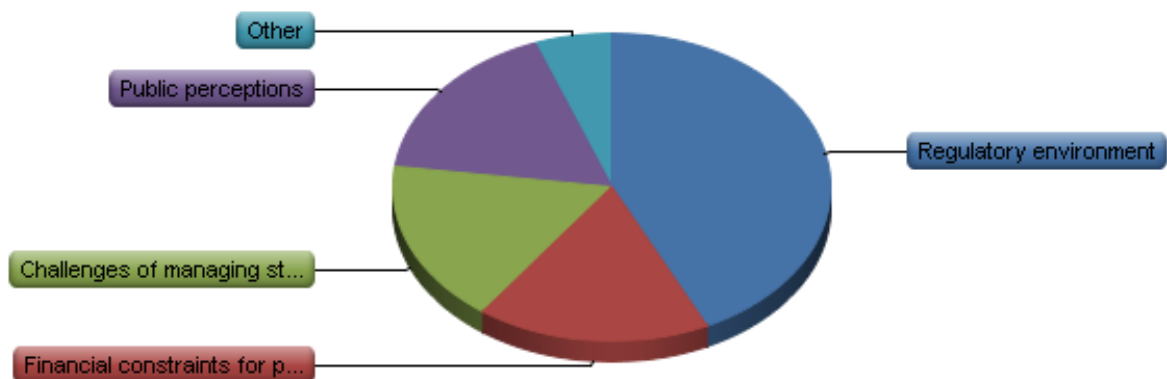
Results of the Pre-Survey Assessment
Figure 8: Associations In Which Attendees' Participate



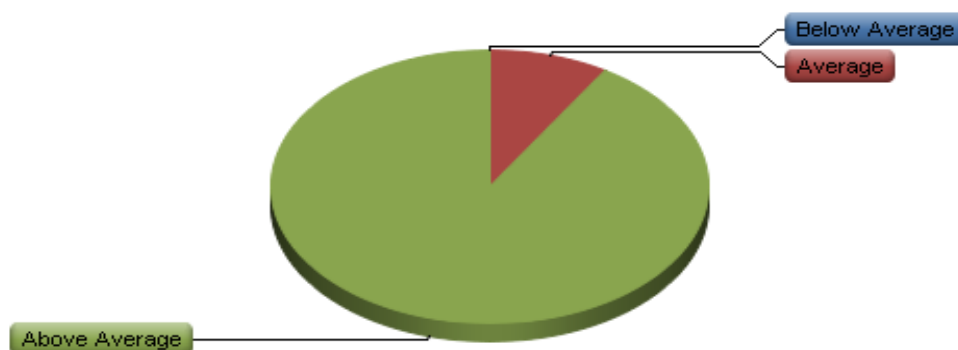
Results of the Pre-Survey Assessment
Figure 9: Favorite Aspects of Job



Results of the Pre-Survey Assessment
Figure 10: Least Favorite Aspects of Job



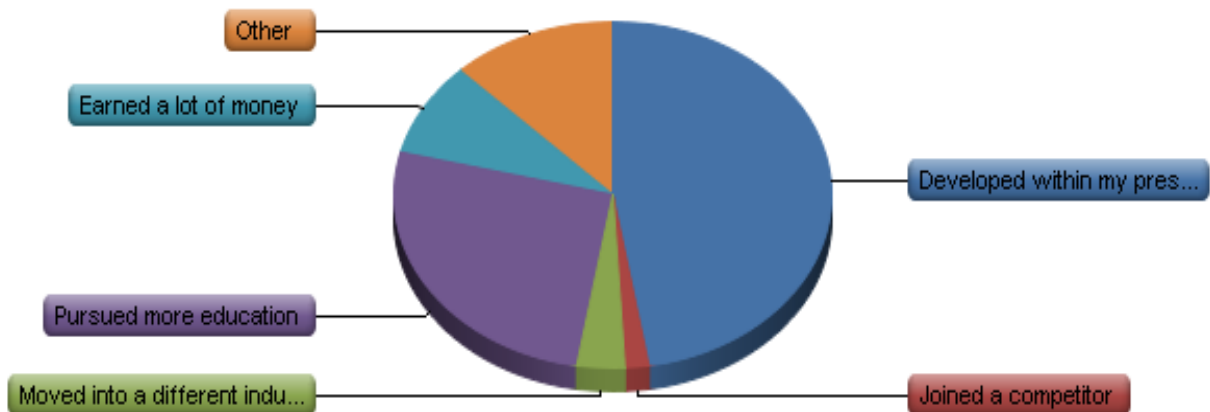
Results of the Pre-Survey Assessment
Figure 11: How well do you feel your organization performs in delivering quality services



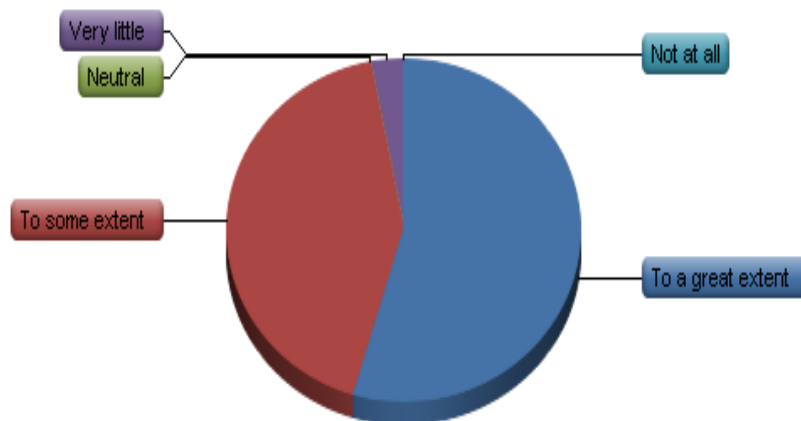
Results of the Pre-Survey Assessment
Figure 12: Work culture statements and their order of importance to you

Statement	Mean Responses
Open work environment where people act with integrity and respect	2.44
Having opportunities to learn and grow	3.21
Having a proper life-work balance	3.34
Working with supervisors who lead, guide, and give constant feedback	3.68
Receiving competitive pay and benefits	3.86
Keeping connections with the surrounding community	4.40

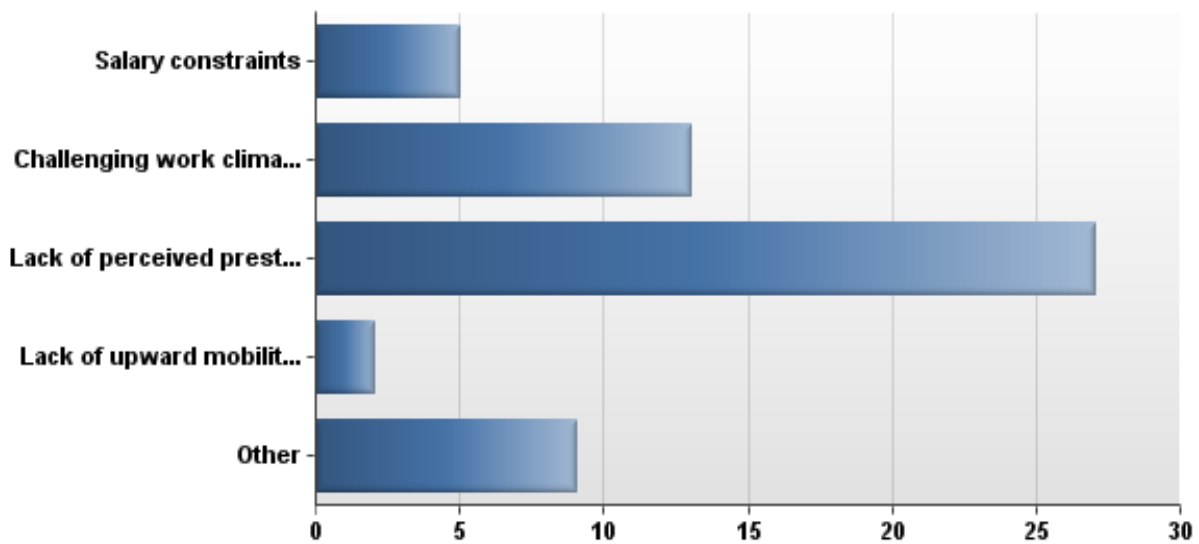
Results of the Pre-Survey Assessment
Figure 13: Professional Goals in the next 5 Years



Results of the Pre-Survey Assessment
Figure 14: To what extent does your mentor factor into your involvement in the field?



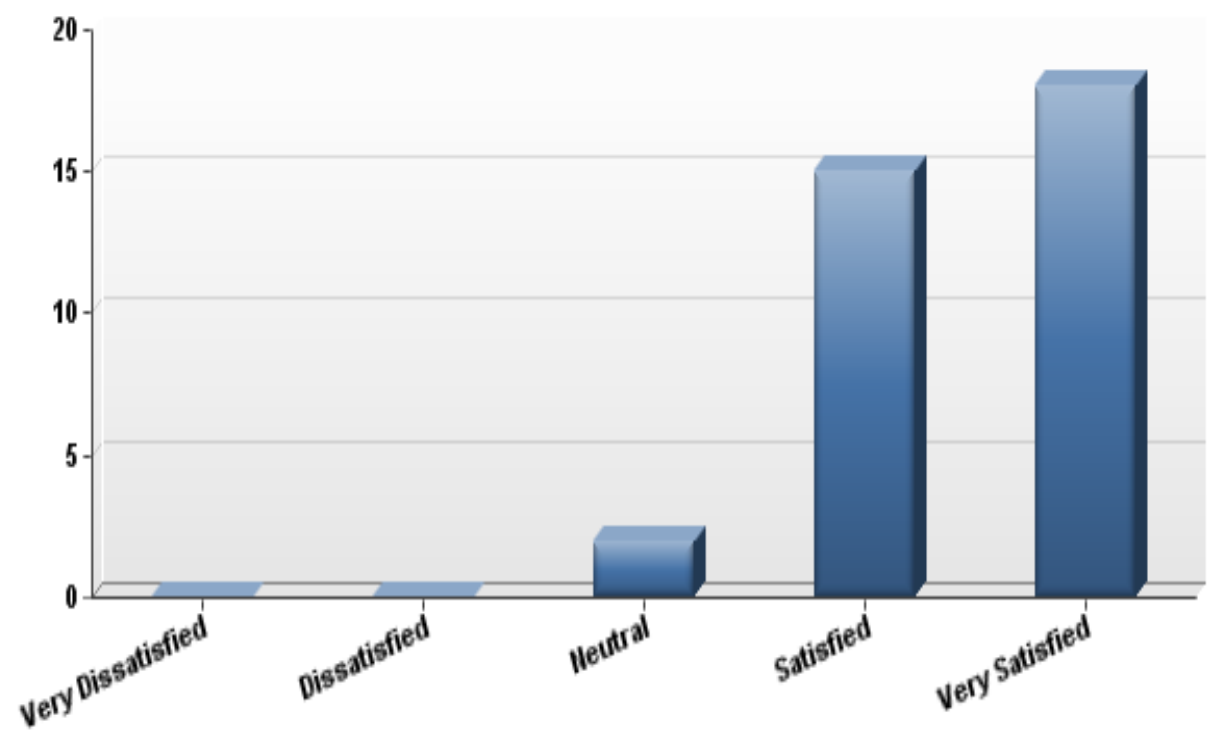
Results of the Pre-Survey Assessment
Figure 15: Reasons Why Young Professional Do Not Enter LTC Administration Profession



Results of the Pre-Survey Assessment
Figure 16: Responses to how attendees' think the next generation views LTC

#	Answer	Response	%
8	Challenging	15	43%
2	Unrewarding	12	34%
5	Mundane	11	31%
4	High pressure	10	29%
3	Caring	8	23%
9	Punitive	6	17%
10	Interesting	5	14%
6	Noble	4	11%
1	Exciting	1	3%
7	Fulfilling	1	3%

Results of the Pre-Survey Assessment
Figure 17: Overall Job Satisfaction



Appendix C: Sample Summit Presentations

Tuesday, June 15, 2010: Examining the New Face of Leadership in Long-Term Care

Examining the New Face of Leadership in Long-Term Care

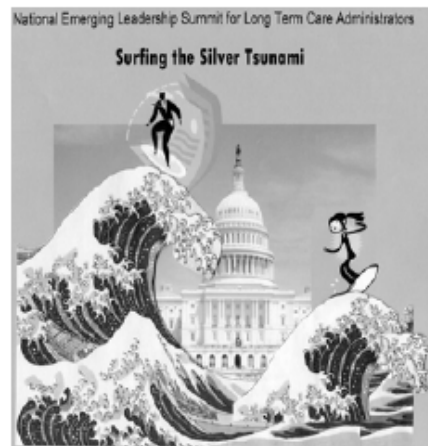
**National Emerging Leadership
Summit
June 15, 2010**

Outline

- Explore current environment and the different perspectives
- Gain insights about the trends impacting leadership development and future capabilities
 - Share attendees perspectives
- Explore models of change within and outside of the field of long-term

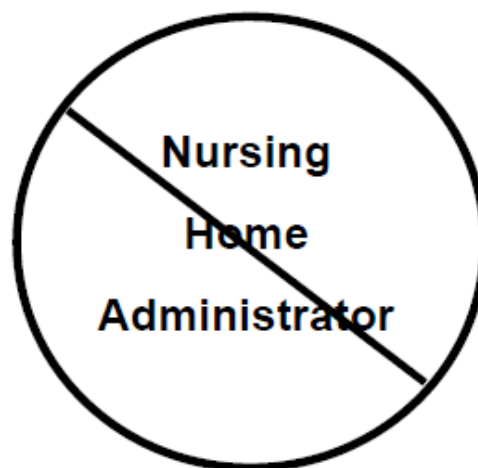
The Facts

- Decline in NAB applicants/renewals
- Fragile Educational Field
- Changing Labor Force
 - Aging of the field
 - Female presence
- NHA Turnover
- The Cliff



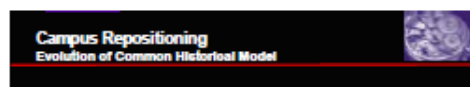
Factors Contributing to the Problem

- Silos
- Societal views
 - Lousy image
- Perception
 - Lack of prestige
- Management Orientation
 - Regulatory environment
- Reactive
 - "This really plays out with leadership development" - Olson



Upside of Leadership

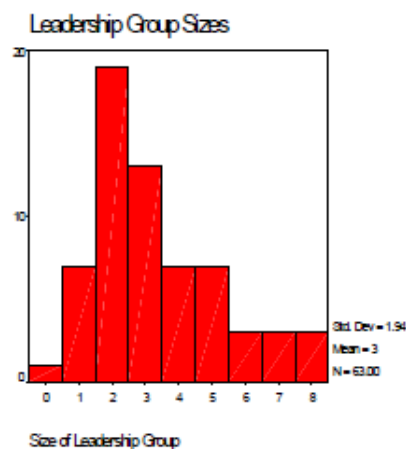
- Proactive
- Demand & Need
 - Job market
- Competitive Edge
- Changing Landscape
- Synergy
- The excitement of a noble profession



Every 10.9 seconds another American turns 60. By 2030, at the height of one of our undergraduate students careers, nearly 70 million Americans will be over the age of 65.

Looking Inside

- Identifying talent
 - 25-35%
- Developing talent
- Diversity of management team
- A 50/50 educational budget
- Growth opportunities



Jago's Leadership Matrix

	Universal	Situational
Trait	Type I: Attribution, Charismatic, Transformational	Type III: Fielder's Contingency,
Behavior	Type II: Leadership styles	Type IV: Path-Goal, Operant Conditioning, Vroom/Jetton

Leadership Practices

Visioning - "The one hand rule"

Change – The only constant

Communication – big opportunity

Visible Presence – caring focus

Nothing is optional, everything you do has an impact."

Alignment of Effort



■ **A.**



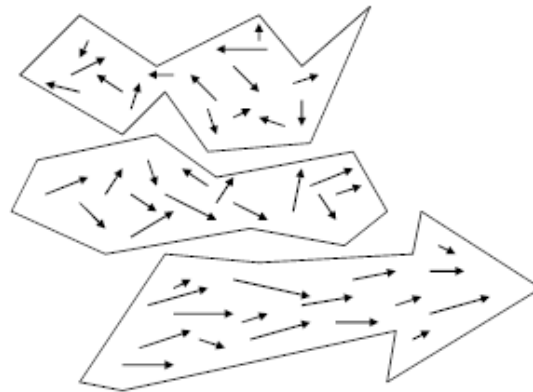
B.



C.



Pathway Health Services, Inc.



CHANGE

■ A —————→ B

Consider individual person and organizational development as
complementary, yet distinct
Use analogy of their own life and their organization
Self-development of the person - importance of education

Heart of Change

- Kotter

- Increase Urgency
- Building the Guiding Team
- Get the Vision Right
- Communicate for Buy-In
- Empower Action
- Create Short Term Wins
- Don't Let Up
- Make Change Stick

Communication

- USA Today
 - Management
 - Employees – 53%
 - Employers – 83%
 - Grapevine
 - Employees – 46%
 - Employers – 17%



It is also changing....

Generation X, Y and 'other' expects more....

They want to know what's going on.

Recommendations and Exercise – Communications

- ❖ What communication practices or tools do you feel work the best for your organization?
- Implications for You??
- Sample ideas and exercises...
 - Is it being read?
 - “Communication Inventory”

Touching Hearts

- ***Caring Presence:*** Providing leadership support through visible behaviors and practices in the facility – MIV Research & Culture Change
- Based on the high touch, personal nature of long-term care services this area is advocated, which is consistent with MBWA, Greenleaf’s Servant leadership and is also closely connected to Kouzes and Posner modeling behavior ideas.



Talent Development

- ***Building Personal Capacity*** Encouraging and supporting the individual and personal growth of the leadership team.
- This is a concept that has been popularized by Buckingham as a core responsibility of leadership, and also a fundamental belief of Covey.



Values

- Compassion
- Caring
- Service
 - Servant Leadership
- Integrity
- Open
- Wise leadership

National Emerging Leadership Summit

- Purpose
- Generation X, Y
 - Live first, work second
 - Different work culture interests
- Intergenerational Collision
- Hear the Voice of the Next Generation

Brain Drain

- Live First, Work Second
 - Life-long learning
 - Community
 - Vitality
 - Social capital
 - The living environment
 - Can I afford to live here?
 - After hours?
- Next Generation Consulting

Department of Health Policy

National Emerging Leadership Summit for Long-Term Care Administrators

**Sara Rosenbaum
Hirsh Professor and Chair
Department of Health Policy
June 16, 2010**

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

1

Department of Health Policy

What Is Public Health Policy?

- Rules of social ordering for the health care system, expressed in formal legal terms and governed by legal process
 - Constitution
 - Statutes
 - Regulations and sub-regulatory guidance
 - Common law
- The formal expression of relationships among and between:
 - Governments (federal and state)
 - The health care industry including health care entities, health insurers, and health care professionals, and
 - Individuals

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WASHINGTON DC

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Examples of Public Health Policy

- The U.S. Constitution
 - Commerce Clause
 - Spending Clause
 - Due Process
- Patient Protection and Affordable Care Act and implementing regulations and sub-regulatory policies

The Major Elements of Public Health Policy

- Policy formulation and establishment
 - Legislative process
- Policy implementation
 - Regulations and sub-regulatory policies
- Oversight and enforcement
 - Courts and judicial access
 - Subject to deep constraints
 - Legislative oversight
 - Administrative enforcement
 - Civil and criminal sanctions
 - Program exclusion
 - Constitutional due process constraints, but broad powers against health care professionals and entities

The Dynamics of Public Health Policy

- Defining the context: framing the issue
 - Improving quality
 - Bending the curve
 - Affordable coverage
 - Accessible coverage
 - Government administered health care
 - Preserving current coverage
- Amassing the evidence: organizing the evidence to tell the story
 - Impact (research)
 - Cost (CBO)
- Identifying options
- Understanding the stakeholders: the stakeholder analysis
- Balancing evidence, politics, and society/culture in selecting the options

The Role of Health Centers in National Health Reform

*The Case for a Robust
Primary Health Care System
(and More Health Centers!)*

Dan Hawkins
National Association of
Community Health Centers

***"Between the health care we have and
the care we could have lies not just a
gap, but a chasm. The American
health care delivery system is in need
of fundamental change."***

*--- Crossing the Quality Chasm: A New
Health System for the 21st Century
A Report from the Institute of Medicine*

***“Inferior doctors treat the patient’s
disease;
Mediocre doctors treat the patient
as a person;
Superior doctors treat the community
as a whole.”***

--- Huangdi, Chinese sovereign and
inventor of Traditional Chinese
Medicine principles, 2450 BC

**Community Health Centers:
Leaders in High Performance Care**

Brief History of Health Centers

- **Common Roots: Turn-of-Century Dispensaries, Milk Clinics, Public Health Reforms**
- **Special Heritage: Civil Rights, War on Poverty Efforts to Address Needs of Poor & Minorities**
- **Unique Public-Private Partnership: Resources Directly to Community-Owned Organizations**
- **Health Centers: Two-Fold Purpose -**
 - Be Agents of Care in Communities With Too Little of the Same
 - Be Agents of Change, Giving Communities Control of their Health Care System

Brief History of Health Centers

- **Health Centers: Five Basic Characteristics -**
 - Location in high-need areas
 - Comprehensive health and related services (especially 'enabling' services)
 - Open to all residents, regardless of ability to pay, with charges prospectively set based on income
 - Governed by community boards, to assure responsiveness to local needs
 - Held to strict performance/accountability standards for administrative, clinical, and financial operations

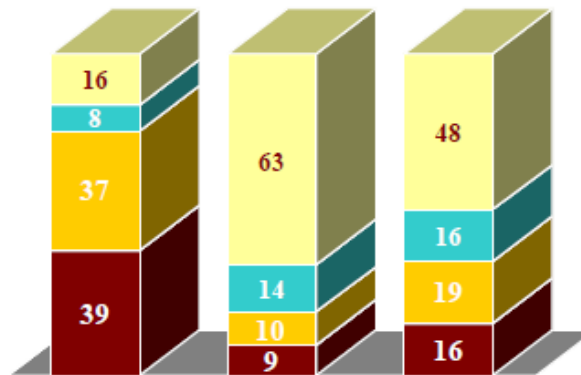
Accomplishments of Health Centers

- **Health Care Home for 20 Million Americans**
 - 1 of 4 Low-income Uninsured Persons (7.8 million)
 - 1 of 8 Medicaid/CHIP Recipients (7.1 Million)
 - 1 of 4 Low-Income Children (7.3 million)
 - 1 of 4 Low-Income Births (500,000)
 - 1 of 7 Rural Americans (8.8 Million)
 - 1 of 4 Low-income People of Color (12.8 Million)
 - 900,000 Farmworkers, 1 Million Homeless Persons

Health Centers and Their Communities

- **Founding mission:** to bring good health to ALL in community, regardless of ability to pay
- **Today's focus:** to end ALL disparities (racial, economic, coverage) in care and outcomes
- **Means:** addressing not only health, but also social, behavioral, environmental, and cultural dimensions of population health

Health Centers' Patient Mix is Unique Among Ambulatory Care Providers



Health Centers Provide One-Fifth of All Ambulatory Care for Uninsured...

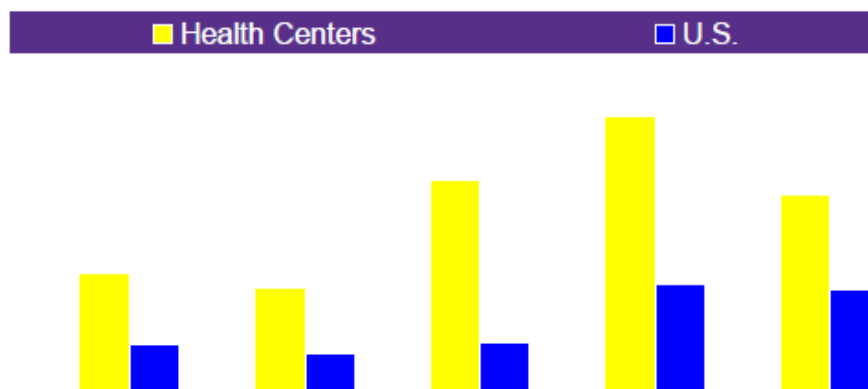


Source: National Ambulatory Medical Care Survey, 2004 summary, no. 374, National Center for Health Statistics, CDC, 2006; 2004 Uniform Data System Reports, Health Resources and Services Administration.

Accomplishments of Health Centers

- **Excellent Quality of Care:** More Effective Care, Better Control of Chronic Conditions, Greater Use of Preventive Care, Fewer Infant Deaths
- **Major Impact on Minority Health:** Significant Reductions in Disparities for Health Outcomes, Receipt of Preventive and Condition-Related Care
- **Higher Cost-Effectiveness:** 24% Lower Overall Costs, Lower Specialty Referrals and Hospital Admissions, \$24B in Health System Savings
- **Significant Community Impact:** Employment and Economic Effects, Contribution to Community Well-Being, Development of Community Leaders

Health Center Patients are Poorer, More Uninsured and More Minority than US Pop

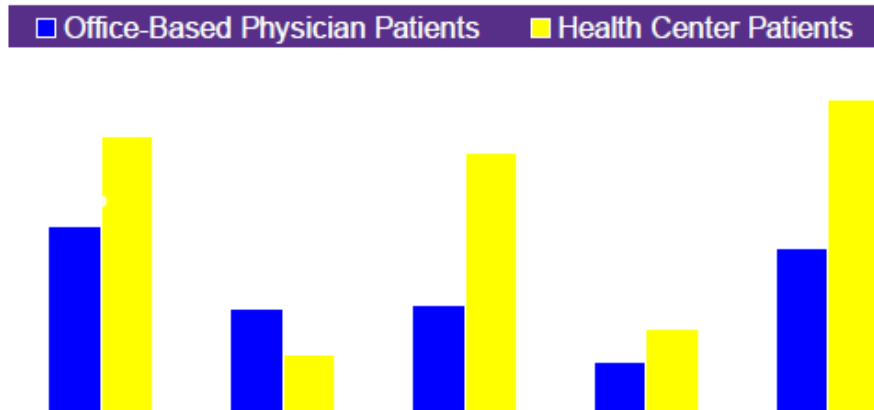


Sources:

Health Center: 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

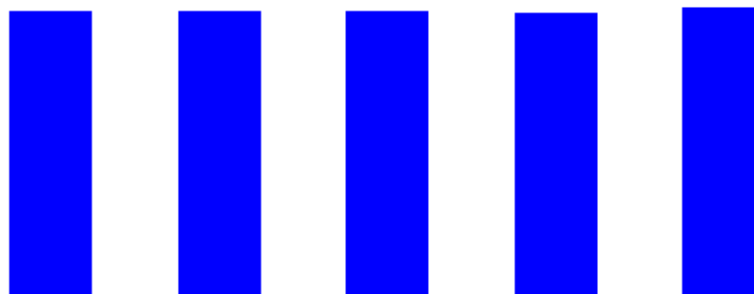
US: Kaiser Family Foundation, State Health Facts Online, www.statehealthfacts.org. See the following tables: "Health Insurance Coverage of the Total Population," "Distribution of Total Population by Federal Poverty Level," and "Population Distribution by Race/Ethnicity." US data are from 2006.

Health Center Patients are Generally More Likely to Have a Chronic Illness than Patients of Office-Based Physicians



Source: Rosenbaum et al. "Health Centers as Safety Net Providers: An Overview and Assessment of Medicaid's Role." 2003. Kaiser Commission on Medicaid and the Uninsured. Center for Health Services Research and Policy analysis of 2004 UDS. Office-based physician data based on 2002 National Ambulatory Medical Care Survey.

Nearly All Health Center Patients Report that They Have a Usual Source of Care



Source: AHRQ, "Focus on Federally Supported Health Centers," 2002. *National Healthcare Disparities Report*. <http://www.qualitytools.ahrq.gov/disparitiesReport/browse/browse.aspx?id=4981>

Fewer Health Center Patients Experience Ambulatory Care Sensitive Events

Number of ACS events per 100 persons



Source: M. Falik et al., "Comparative Effectiveness of Health Centers as Regular Source of Care," *Journal of Ambulatory Care Management* 29, no. 1 (November 26, 2005): 24-35.

Compared to Medicaid Patients Treated Elsewhere, Health Center Medicaid Patients...

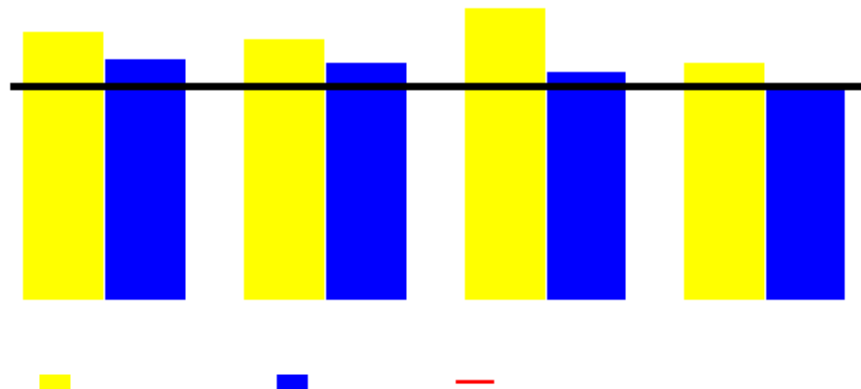
- **Are 11% to 22% less likely to be hospitalized for avoidable conditions**
- **Are 19% less likely to use the ER for avoidable conditions**
- **Have lower hospital admission rates, lower lengths of stay, less costly admissions, and lower outpatient and other care costs**

Saving 30-33% in total Medicaid costs per beneficiary

Sources: Falik et al., "Comparative Effectiveness of Health Centers as Regular Source of Care," 2006, *Journal of Ambulatory Care Management* 29(1):24-35. Falik et al., "Ambulatory Care Sensitive Hospitalizations and Emergency Visits: Experiences of Medicaid Patients Using Federally Qualified Health Centers," 2001, *Medical Care* 39(6):551-56.

Health Centers Reduce Disparities in Access to Mammograms

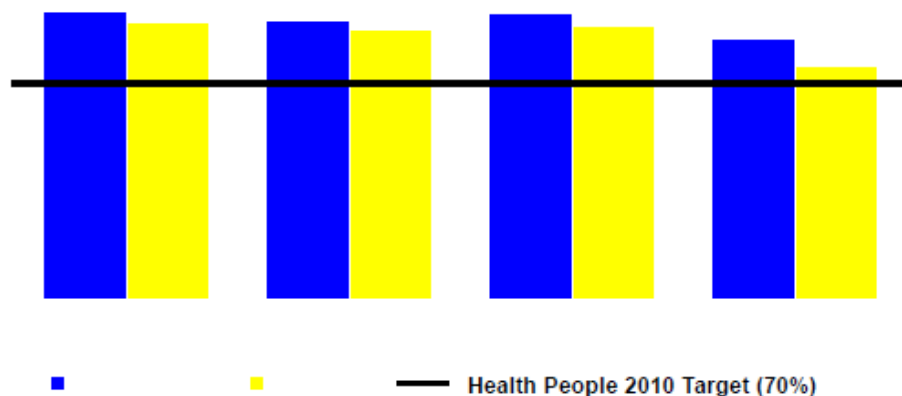
% of Women 40+ and <200% FPL Receiving Mammograms



Source: Leiyu Shi, "The Role Of Health Centers In Improving Health Care Access, Quality, And Outcome For The Nation's Uninsured." Testimony At Energy and Commerce Committee, Subcommittee on Oversight and Investigations Congressional Hearing "A Review Of Community Health Centers: Issues And Opportunities." Washington, DC. May 25, 2005. Based on Community Health Center User Survey, 2002; and National Health Interview Survey, 2002.

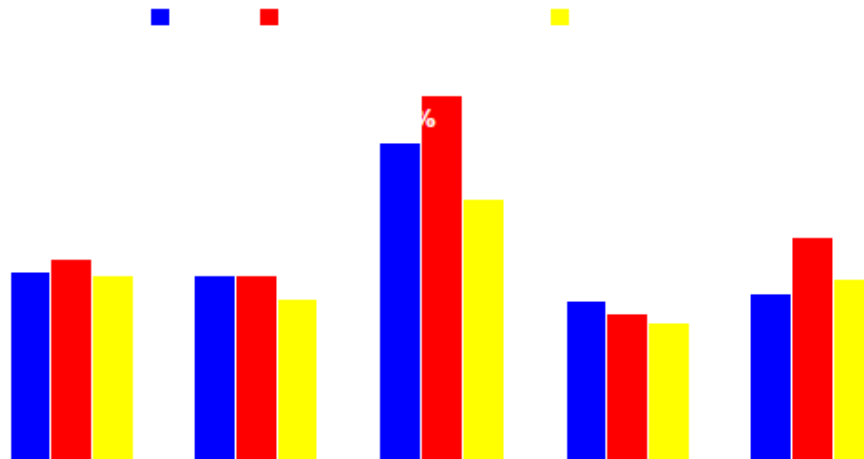
Health Centers Also Reduce Disparities in Access to Pap Tests

% of Women 18+ and <200% FPL Receiving Pap Smears in Last 3 Years



Source: Leiyu Shi, "The Role Of Health Centers In Improving Health Care Access, Quality, And Outcome For The Nation's Uninsured." Testimony At Energy and Commerce Committee, Subcommittee on Oversight and Investigations Congressional Hearing "A Review Of Community Health Centers: Issues And Opportunities." Washington, DC. May 25, 2005. Based on Community Health Center User Survey, 2002; and National Health Interview Survey, 2002.

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts



Source: Shi, L., et al. "America's health centers: Reducing racial and ethnic disparities in prenatal care and birth outcomes." 2004. *Health Services Research*, 39(6), Part I, 1881-1901.

Most Health Centers Meet Key Medical Homes Criteria



Source: Health center data from 2007 UDS, HRSA and the 2006 HIT survey conducted by Harvard University, George Washington University, and the National Association of Community Health Centers.

Note: All health centers are required to be governed by patient majority board to ensure quality care meets the needs of the community. Additionally, starting in 2008, all health centers must provide quality of care data to HRSA in their annual UDS report.

Recent Recognition of Health Centers by Key Government Agencies

- **IOM** recommended health centers as THE model for reforming the delivery of primary health care (*Rapid Advances in Health Reform*)
- **GAO** credited CHCs for Collaboratives success and recommended expanding them further
- **OMB** ranked CHC program 1st among all HHS programs and one of the top 10 federal government programs for effectiveness

What Just Happened?

Comprehensive Health Reform!

The final health reform package touches on every element of the *Access for All America* plan, and NACHC's key objectives for reform:

- ***Growth***: providing significantly expanded, guaranteed funding for the health centers program.
- ***Participation***: ensuring Health Centers and our patients are part of a reformed health system.
- ***Payment***: making sure Health Centers are not underpaid for our services.

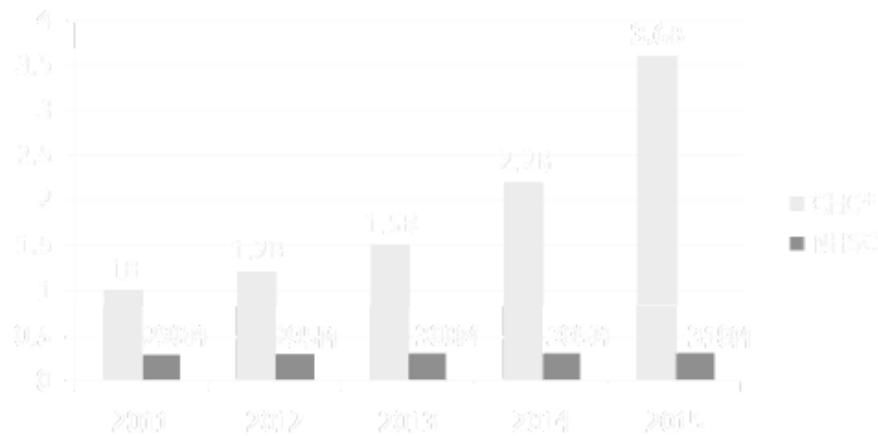
Health Reform Law's Support for Health Center Growth

- New Funding for Health Centers: \$11 Billion over 5 years (dedicated funding), over and above the \$2.2 billion in annual CHC funding
 - \$9.5 billion for CHC operations under Sect. 330
 - \$1.5 billion for Capital over 5 years
- This essentially **DOUBLES** the federal support for CHCs over the next 5 years, allowing them to reach and serve 20 million additional patients
- Permanent Authorization: Original Sanders language with increasing authorization levels, ensuring that the CHC model will remain intact well into the future

Health Reform Law's Support for Health Center Workforce

- New Funding for NHSC: \$1.5 Billion over 5 years (also dedicated funding) over and above the \$142 million in annual NHSC funding
 - Will provide assistance to an estimated 17,000 clinicians placed in underserved communities
- New Funding for Community-Based Residency Training: Provides funding for establishment of freestanding "Teaching Health Centers"

Health Reform – Funding Growth Chart



* Does not include \$1.5B for capital projects

Health Reform Law's Support for Health Center Payment & Participation

- **Guaranteed Contracting:** Exchange insurers must include all 340B eligible providers in networks, including FQHCs.
- **Menendez Amendment:** Requires Exchange Plans to pay FQHCs no less than their Medicaid PPS rate.
- **Medicare:** Modified Medicare PPS for FQHCs. Inclusion of all preventive benefits, and elimination of current caps and screens.

Crucial Value of Primary Care in Health Reform

- *Entry point* into health care system
- Focus on *whole individual* (not organs, systems)
- Treat *most common* conditions and *prevent* ill health
- Have *continuing relationship* with individuals in care
- *Manage and coordinate* all care for the individual (referral, diagnostics, specialty/inpatient care)
- Address individual needs in context of *family and community* (relationships/stressors, nutrition, environment, occupation, violence, epidemics, etc.)

Result: more primary care leads to better access, better health outcomes, and LOWER COSTS*

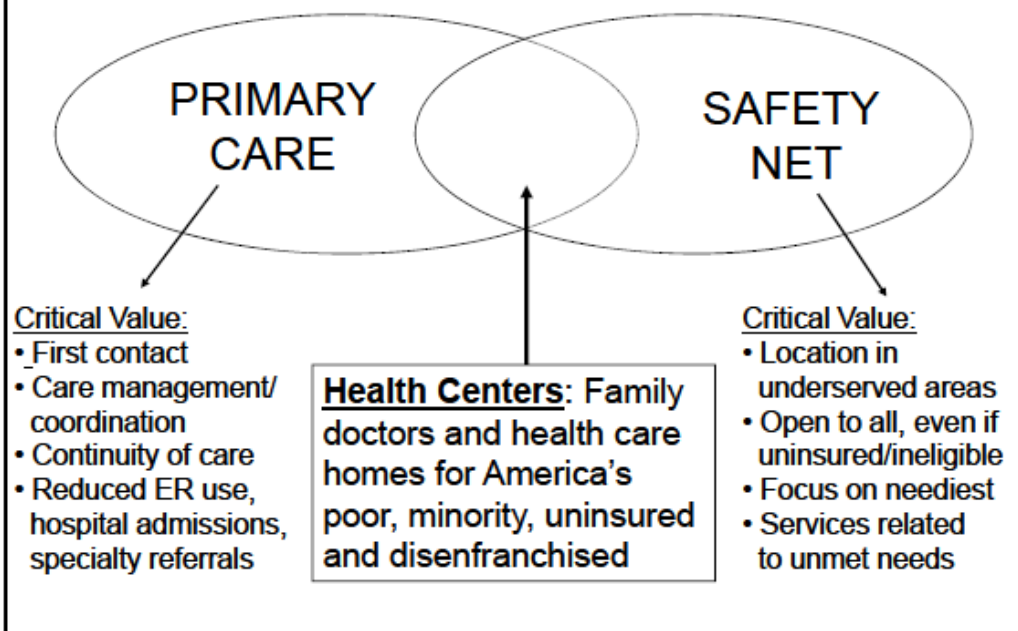
*Starfield B and Shi L, "The Medical Home, Access to Care, and Insurance: A Review of Evidence," *Pediatrics*, May 2004; Institute of Medicine (IOM), *Coverage Matters: Insurance and Health Care*, National Academy of Sciences Press, 2001; Phillips RL, et al, "The Importance of Having Health Insurance and a Usual Source of Care," Robert Graham Center, 2004.

Crucial Role of Safety Net in Health Reform

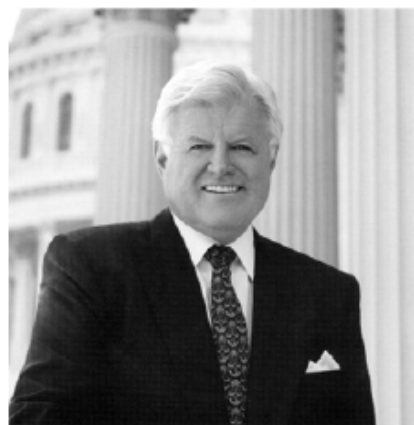
- Who will locate in low-income inner-city and isolated rural areas where private practice is not economically viable?*
- Who will care for those ineligible for coverage (eg, undocumented)?
- Who will care for the hardest to reach (eg, homeless, immigrant, substance-addicted, mobile/farmworkers)?
- Who will care for those whose coverage is not adequate for the care they need (visit/service limits or exclusions)?
- Who will provide services needed by only some (eg, language access, transportation, health literacy)?

* The average practice relies on consumer out-of-pocket payments for at least 25% of its revenues, which makes private practice non-viable in most low-income and rural/frontier low-volume communities.

Health Centers – Turning Coverage into Better Health Care Access



In Memory of Our Founding Father



Our daily work serves as a lasting tribute to his memory, and to the cause to which he devoted his life: health care for everyone as a fundamental human and civil right.

National Emerging Leadership Summit
Washington, DC
June 17, 2010

**National Association of Long Term Care
Administrator Boards**

- Jane Baker, Chair, Foundation of the NAB
- Randy Lindner, President and CEO

NAB National Association
of Long Term Care
Administrator Boards

Agenda

- Welcome & Introductions
- About the NAB
- Mission and Vision
- Stakeholder Groups
- NAB's Ecosystem
- Benefits
- Licensure – Entry into the Profession: What works, What doesn't
- Primary Challenges
- Vision – Preparing Future Administrators
- How you can shape the future of the profession
 - State Board Service
 - NAB Participation
- How NAB Supports Licensure
- Contact/Resource Information
- Discussion & Questions

NAB National Association
of Long Term Care
Administrator Boards

*Serving America's
Long Term Care
Administrator
Licensing Bodies*

NAB National Association
of Long Term Care
Administrator Boards

About the NAB

- **National Association of Long Term Care Administrator Boards (NAB)**
- **Mission – Public Protection**
- **Membership**
 - State Licensing Board/Agencies and their Board Members
 - Former Board Members
 - Academia, Allied Associations & Other Stakeholders
- **Governing Structure**
 - Board of Governors
 - Executive Committee
 - Staff



NAB's Vision

NAB:

- **The national not-for-profit association serving entities that license, credential, and regulate administrators of organizations across the long term care continuum**
- **Enhances the effectiveness of its members to protect public interests**



NAB's Mission

- Be the nationally leading authority on licensing, credentialing, and regulating administrators of organizations along the continuum of long term care.

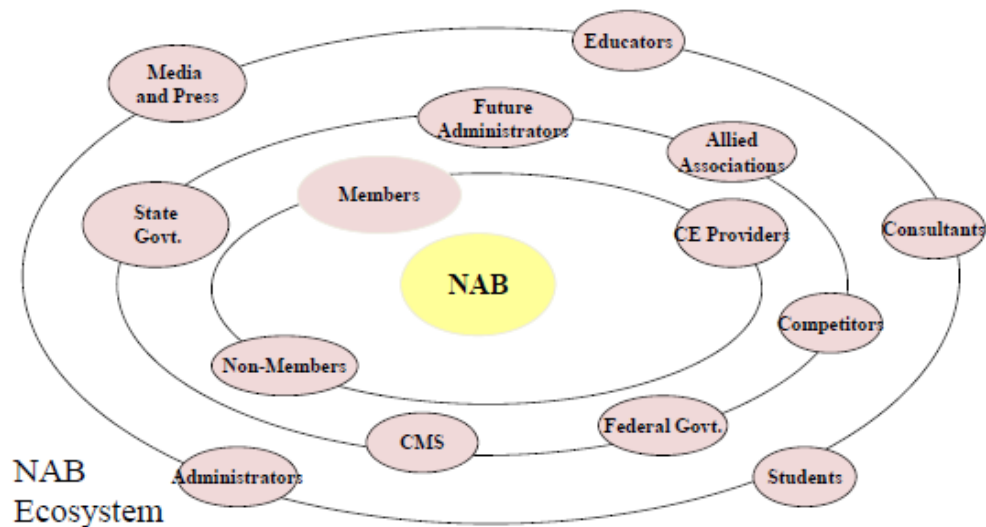


Primary Stakeholders

- State Boards and Agencies
- Licensee Candidates/Licensees
- Academia
- CE Providers



NAB's Ecosystem?



NAB National Association
of Long Term Care
Administrator Boards

Benefits

- **Academia:**
 - Assurance; validation of program
 - Access to state requirements
 - Marketing Plus, NAB approval, Licensure
- **State:**
 - Best Practices
 - Valid defensible national exam
 - Competency measurement tool
- **Allied Associations**
 - CE Approval, collaborate on expertise
- **CE Providers**
 - CE Approval; one stop national approval
 - Marketing tool- NAB approval
- **Licensees**
 - Resource for finding CE programs
 - Quality education/NAB approved
 - State qualified
 - Meet licensure requirement
 - Licensure renewal- "job"
- **Consumers:**
 - Public Protection
- **Exam Candidates:**
 - Licensure leads to a job ; Exam prep resources
- **Legislators:**
 - Public protection
- **Providers :**
 - Get qualified leaders
 - Regulatory compliance

NAB National Association
of Long Term Care
Administrator Boards

NAB Foundation

- Advancing Excellence in America's Nursing Homes
- Research Impact of Exam Programs – St. Joseph's College
- Commission Resource Documents on Culture Change
 - Pioneer Network – NHA
 - CEAL - RCAL
- **National Emerging Leaders Conference**
 - George Washington University, ACHCA and UWEC



How NAB Supports Licensure

- Establishes and Measures Entry Level Educational Competency Standards
 - Job Analysis Studies (NHA & RC/AL)
 - Academic Accreditation Standards
 - Administrator in Training Guidelines
 - Examination Development and Administration
 - Publications
- Establishes Continuing Education Approval Standards
 - **National Continuing Education Review Service**



Entry into the Profession: What works, What doesn't

Jane Baker, Executive Director, North Carolina
Board of Examiners for NHA

- Education
- Administrator in Training Program (AIT)
- Preparing for the exam
- How can we do a better job of preparing you to enter the profession?
- What are your post licensure challenges



Primary Challenges

Changing Continuum of Care:
The Need for Leadership Core Competencies

- The provision of services along the long term care continuum are evolving rapidly
- Leadership core competencies have not kept pace with the changing environment
- The provider community has been passive and/or resistant to raising the bar on leadership core competencies
- Federal and state regulations have not kept pace with the changing need to assure leadership core competencies in long term care administration
- States rights continue to create 51 different regulatory safety standards which negatively impact administrators moving from state to state.
- The academic community has struggled to establish a market to support academic degree programs in long term care leadership
- There is significant commonality in leadership core competencies along the continuum of long term care



Primary Challenges

Changing regulatory board/agency structure and its impact on the validity of the mission of public protection and quality of life and quality of care

- A Federal mandate established the licensure of nursing home administrators in 1970
- Regulations established the licensure program through a state licensing authority
- Over the past 40 years the structure of the licensing authority has changed dramatically in most states
- Over the past 40 years the mandate to the states has not changed
- Over the past 40 years the long term care profession and industry has evolved dramatically
- Over the past 40 years most licensing authorities have not evolved with the evolution of the industry and the profession
- State economics and changes in the structure of the licensing authority have resulted in significant budget, staffing and professional development constraints on state licensing authorities



Primary Challenges

Recruitment and Retention of Long Term Care Administrators

- Long Term Care Administration is not viewed as a sexy profession by most young people
- The industry and the profession are negatively impacted by a punitive and litigious regulatory system
- The press projects a negative and sensational image of long term care
- The average age of the profession is increasing
- The average age of those entering the profession is increasing
- The number of active NHA licenses is declining



Vision – Preparing Future Administrators

- Identify and define common leadership core competencies along the continuum of care (independent living to hospice)
- Identify and define the unique/specialized leadership competencies for specific service delivery systems (i.e. skilled nursing, assisted living, hospice, home care...)
- Design educational programs to prepare students with core competencies to work along the continuum – specialized learning modules
- Create a strong market for degree programs in long term care administration



How you Can Shape the Future of the Profession

- Serve on your State Regulatory Board
- Participate/serve in leadership roles in your professional and trade associations
- Serve as a Preceptor
- Volunteer Opportunities through NAB
 - Item Writing
 - Job Analysis Task Force
 - Continuing Education Review
 - Committees and Task Forces





American College of Health Care Administrators: Providing Excellence in Long Term Care Leadership

Overview
National Emerging Leadership Summit
June 17, 2010
Washington, DC



Description

The American College of Health Care Administrators (ACHCA) is a 501 (c) (3) membership organization that serves 2,400 professional members nationally and through its chapter network. Members include both experienced and novice nursing home and assisted living administrators, corporate leaders, aging services administrators, academics, students, and affiliate members.





How Does a Professional Association Differ from a Trade/Provider Association?

- Provider associations
 - National members are the state affiliates
 - State affiliate members are the facilities
 - AHCA/NCAL, AAHSA, ALFA
- Professional Associations:
 - Serve the *individual* professional (professional discipline)
 - Professional Associations (ACHCA, AMDA, ASCP, NADONA etc.)



Preamble

The members of The College are leaders within the profession. They:

- are committed to providing comprehensive health, personal, and social services for persons who require various therapeutic, protective, and supervised environments *with an emphasis on long-term care in order to improve the quality of care provided for those they serve;*





Preamble, Cont'd

- adhere to a professional **Code of Ethics**;
- are dedicated to advancing leadership excellence across the continuum of health care administration *through education, research and professional development and achievement*;
- Are guided by the **ACHCA Principles of Leadership Excellence** (replaced its Standards of Practice in 2004).



Mission

The American College of Health Care Administrators aspires to be the leading force in promoting excellence in leadership among long-term care administrators.





Vision

- o The College shall be the premiere organization providing professional leadership development opportunities to health care administrators by identifying and meeting their needs.
- o Dynamic leadership forges long-term health care services that are desired, meaningful, successful and efficient.



Values

The College:

- Identifies long-term care leaders
- Recognizes long-term care leaders
- Supports long-term care leaders
- Advocates for the mission of long-term care leaders
- Promotes professional excellence among long-term care leaders





Key Services

- Chapter networking and education
- Continuing educational programs and online services
- **Professional Certification programs in both nursing home and assisted living administration**
- **Advancement to Fellow**
- Academy of Long Term Care Leadership and Development (2007)
- National educational conferences of the highest caliber
- National networking, mentoring, and Peer2Peer resource list serve
- ACHCA website, with members-only information
- E-news, member only newsletters, Industry Research
- Discounts on products and services for administrators



Academy Initiatives (2010)

- The Leadership White Paper (released April 2007) sets direction for Academy initiatives
- An inaugural student poster presentation at the 2010 Convocation
- Sponsored the 2010 Convocation keynote address on mentoring presented by Chip Bell
- Co-sponsored an Academy Fellow, housed at the University of Wisconsin Eau Claire. Fellow is supporting the development of student chapters of ACHCA
- Co-sponsorship of this National Emerging Leadership Summit which focuses on the enrichment of leadership skills for emerging long-term care administrators.
- Actively involved in several funded grant opportunities
- Seeking funding to support two major initiatives:
 - Our own Academy mentoring initiative
 - An AIT best practices study





Listening to Your Voice

- o Perception of the LTC field
 - How to change public perception?
 - Why should someone enter this profession?
 - How can you encourage others?
 - Work life balance/Quality of Life
 - Preparation for entry to practice (compared to other professions)
 - What are the drivers?
 - Enhancing Diversity in the field



Listening, cont.

- o Professional Development
 - How do you best learn and grow?
 - Conferences, tradeshow, online??
 - How do you get your CE?
 - Internet/social networking/self discovery
 - Value of networking?
 - How do you work with associates?
 - Develop talent?
 - Products and services that intrigue you?





Your Voice, cont.

- o How do you meet the challenge for becoming a uniform voice for LTC administrators?
- o How do you come together as leaders?
 - Work with Provider associations?
- o Are associations (ACHCA, ACHE) a benefit or a detriment to the profession?



Leading The Next Generations



Michael R. Muetzel
Management Solutions

Beginning Discussion

I say describe
“Today’s Employees”

You say ...

Issues for concentration in our time together
from your perspective...



Our Internal Human Capital Resources Who are They?

	<u>Age</u>	<u>Numbers</u>
“Zippies”	< 11	
Gen Y, Millenials <small>Echo Boomers, WHY Meaningful Work</small>	12-28	70 mill
Gen X <small>Work to Live</small>	29-44	43-46 mill
Boomers <small>Defined by Job</small>	45-63	68-70 mill
Traditionalist <small>The Greatest Generation War Babies</small>	64+	Source: They're Not Aloof... Just Generation X

Boomer Co-Workers

- Culture of respect your elders
- Culture do not question authority
- Company responsibilities are of the highest priority
 - relocate
 - work hours and travel
 - “Do not need to know at this point”
- “Traditionally” -- High degree of trust in management and government - diminishing quickly



Generation X Co-Workers

- Work to live: national turnover - 36 months
- 61% Text Message everyday
- Priorities: family and social values over work
- Raised in a culture of media questioning authority figures
- Lack of trust in corporations and government



Generation Y

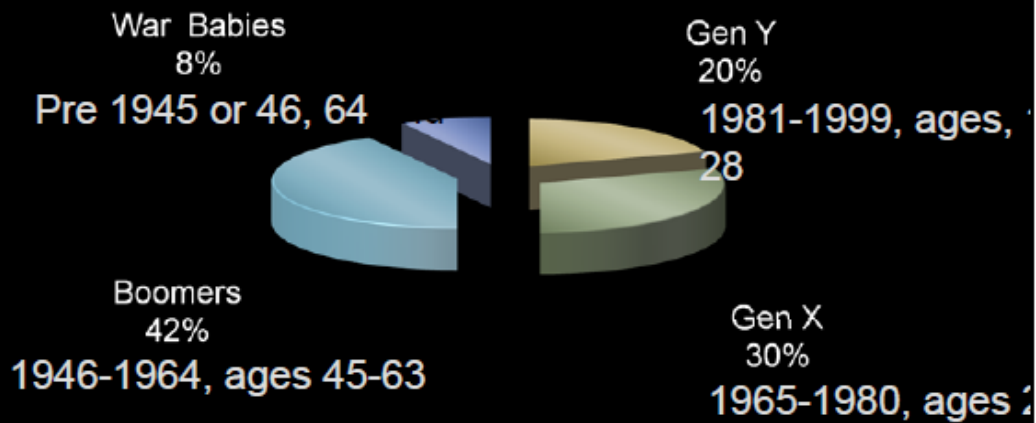
- Live with work, balance, community (73%)
- Technologically ahead of older co-workers
 - 77% Text Message everyday
- Different communication expectations
- Different “pay the dues” expectations (51% 1-2 yrs)
- Impatient, 77% will decide in 6 months...
- Organization – professional development
 - No corner office, time clock, casual dress



Sources, 2008 DDI Research Report

2008 Novations Group Survey

Generations at Work

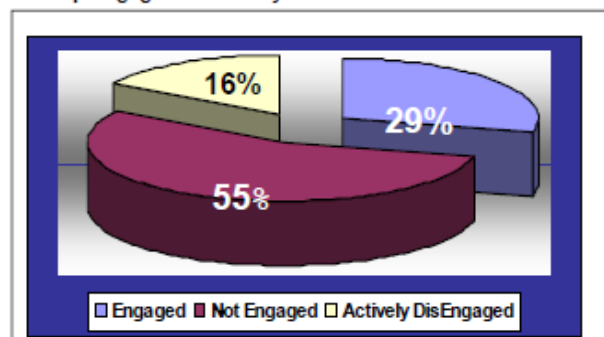


Why Is This So Critical?

- What Is The **COST** Of This *Turnover*??

Where Does It Go On The G/L??
And What Does It Do To *Service*??

Gallup Engagement Survey



Solutions...

Nearly 60 %of HR managers at large companies say they've observed office conflicts that flow from generational differences, according to the Society for Human Resource Management, Money Magazine

- Best Buy 60% No defined hrs (+35%) ROWE
- Microsoft Video Games
- Deloitte W. Stanton Smith, National Director, Next Generation Initiatives

Decoding Generational Differences

Budget Strategy as well as 'People' Strategy



Real Life Data

* **49%** of employees surveyed in August are either looking for a new job or plan to do so after the recession ends.

* **30%** of surveyed employees are already actively seeking new employers.

* Generation X is least likely to stay with their current employer (**37%**) as compared to Generation Y (**44%**) and Baby Boomers (**50%**).

Deloitte Aug 2009, "Keeping Your Team Intact: A Special Report on Talent Retention"



Real Life Data A Tale of 2 Mindsets

- * Just **9%** of corporate leaders surveyed said they expected voluntary turnover intentions to increase.
- * Corporate leaders surveyed ranked "excessive workload" **2nd** among barriers to retaining employees, surveyed employees ranked it **10th** overall.
- * Surveyed employees ranked "lack of trust in leadership" **6th** surveyed corporate leaders rated "lack of trust in leadership" 10th at only 12%.
- * Wall Street Journal, May 2010, employees leaving surpasses those being discharged...

Deloitte Aug 2009, "Keeping Your Team Intact: A Special Report on Talent Retention"



Where are they? Where are you? Facebook 1 mill new/week, YouTube 50 mill/week

	Gen Y	Gen X	Boomers	Traditionalist
Go On Line →	87%	82%	70%	56%
Buy Something	71%	80%	70%	56%
email	94%	93%	90%	91%
Research Products	84%	84%	81%	73%
Rate Person or Product	37%	35%	30%	25%

Source Pew/Internet 2009

Mission-Centric **Culture vs. Programs... 4 Keys**



- **Trust - Employee Equity - Engagement**
- **Mission- Centric... vs. Product-Centric HBR**
- **Positive Reinforcement - Not Lunch w Boss**
- **Feed The Growth (Development)**



Feed the Growth **Leadership, Succession Planning**

- Development programs do not need to be expensive
- Training counteracts “impatience”
- IBM Study, 80% Mgrs in Development
 - 3x more profitable than just 60%



What should LTC employers do differently to attract a younger professional workforce?

Advertise the positives of working with elderly, it is not all about death and dying.

Executive development programs, growth opportunities, graduate degree funding programs.

Shed the "convalescent home" image, competitive wages, better PR about the opportunities. I don't think most folks even think of LTC when you say "Health Care."

Provide a better opportunity to succeed with more assistant positions to gain experience.

Treat all employees with respect and worth in order to encourage the person to stay in the LTC field if they are already in the field. If they are not yet in the field, attend career fairs at colleges, etc. and show the enthusiasm that would attract a younger workforce.

When I was finishing school I had never even considered a career in LTC. It wasn't something I even knew of, or considered a possibility because I do not have a medical background. There needs to be more education provided to people entering into the work force or even getting people the knowledge of the job opportunities available in healthcare as young as the junior high level.

Establish AIT/Assistant Positions where people have the opportunity to learn and take on more responsibilities before they become ultimately responsible for a home.

The regulatory environment needs serious overhaul. It is not enough to just follow the regs these days, you need to also ensure your methods and practices meet the scope of personal preferences at times with certain surveyors.

Staff development

Somehow come up with a more "fun loving" work environment

The majority of companies in my state "use" their AITs by having them fill in as department heads for extended periods of time. I think this deters people. Also, not having an Administrator position for them for awhile, leaving them in limbo - or then they have to fill in as a department head, at department head wages.

Provide greater autonomy and challenge Provide for a more flexible work schedule Enhance benefits

Expose college students to senior living as an industry and not just look at Nursing Homes.

Flexible scheduling, advanced training

Get into schools and let them know about jobs and volunteering - from grade school to high school.

Work on improving LTC image. Be more selective in hiring staff.

View1. Implement clinical laddering, tuition assistance programs 2. Implement creative scheduling options 3. Implement longevity and performance bonuses 4. Provide an option/assistance with daycare 5. Provide short and long term financial planning/counseling 6. Train, train, train, empower, empower, empower

Change the overall perception of Long-Term Care.

Communicate the positive sides of long term care in a more meaningful way. Create environments that younger people WANT to work in. Change the public's perception of LTC.

Partner with colleges with nursing programs and Healthcare Administration programs.

Need to make young professionals aware that there are other roles in healthcare other than nursing.

Collaborate with area schools/colleges to communicate about career opportunities in the LTC setting. Help nursing students understand the infinite opportunities in LTC to build their clinical skills.

Recruit/market at the university level

Pay them better.

Better benefits considering the time investment from the employees.

Mentorship programs collaborating between universities and progressive long term care companies.

Create opportunities for young professionals. Most jobs are either site CEO or nothing and that is a huge jump.

Educate- more exposure during professional training (schooling)

Promote autonomy -reference recent technology integration projects(i.e. WLAN improvements, Nurse Call system enhancements, electronic charting system enhancements, etc) -provide professional growth opportunities (promote and provide funding for involvement in: professional associations, chambers of commerce, community organizations, etc) -provide information on what the city/community and surrounding area have to offer for lifestyle opportunities

Target students earlier on - even in elementary school, to get the kids more comfortable with elderly and disabilities, and to tap into potential resources (ie: volunteers at the middle school and high school level). Examples: hold sensitivity training simulating elderly impairments, match student and elderly to form a mentor relationship, have students do reports on elderly (ie: WWII experiences, cooking, sports, and other interests)

Be more open minded and be open to change. There is a lot of "the way we have always done it" mentality in the longevity of the field.

Focus on mentoring young professionals in undergraduate and graduate programs.

Find ways to expose them to the best things about the profession.

Be open to developing and mentoring individuals. Work to remove bias against younger work force. Advertise through internet websites and professional websites versus newspapers.

Embrace and advertise that the industry is moving at a fast pace- with a push towards new technologies and culture change models of skilled nursing care.

Appendix D: Follow-Up Survey Results

The following slides reflect the results from a survey given to the 2010 NELS attendees. These results show how attendees have expanded their activities within their communities and professional associations as well as an energy to establish a platform on LinkedIn © to maintain communication.

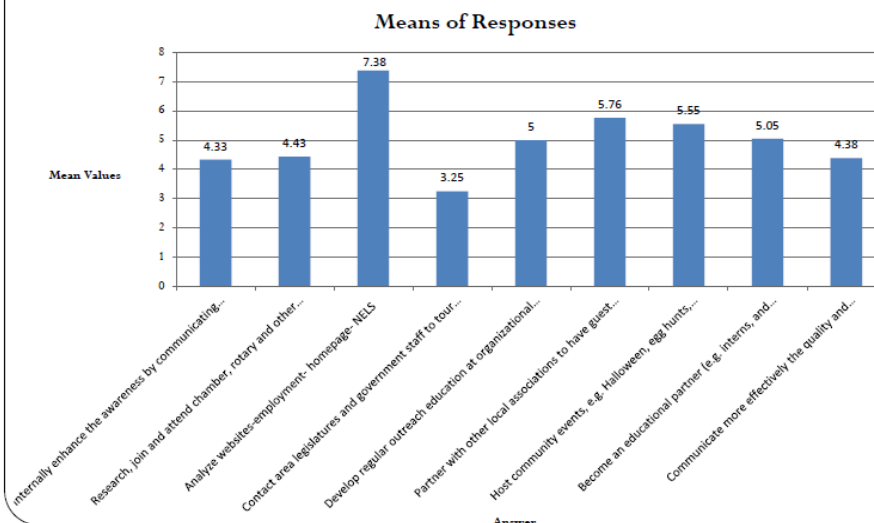
Qualtrics Survey Results

Question: Rank the importance of the four broad thematic areas.

Overall ranking	Answer	Ranked #1	Ranked #2	Ranked #3	Ranked #4	Responses
Most Important	Summit Participants Becoming Active Change Agents	10	4	6	2	22
Very Important	Partaking In Professional Association Activities	4	7	7	4	22
Less Important	Identifying And Addressing Barriers To Entry	4	5	7	6	22
Least Important	Community-Oriented Activities	4	6	2	10	22
	Total	22	22	22	22	-

Qualtrics Survey Results

Question: Order of importance of specific mechanisms for being engaged in the community.



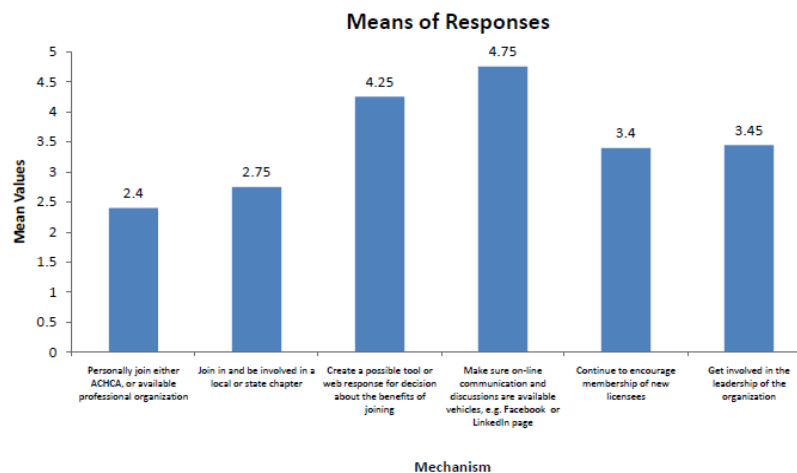
Qualtrics Survey Results

Question: Briefly explain what you have done in the community

- *A variety of community activities were mentioned by respondents for example*
 - *Member of many civic and volunteer associations.*
 - *Served as Chamber Board Member, asked staff member to represent our organization as a member of Rotary,*
 - *Served as a clinical preceptor site to more than 30 students (AITs, student nurses, CNA classes, etc.)*
 - *AHCA driving for quality tour was hosted by my facility. Working with NVHCA for education programs.*
 - *Joined the Business and Workforce Development Committee at our local Chamber.*
 - *Involved with county ethics committee.*
 - *Partnered with neighborhood association*
- *There were also some comments about increased legislative involvement*
 - *Met with newly elected state representative at our facility and spent time educating him on our business and our impact on the community."*
 - *Joined state health care legislative committee.*

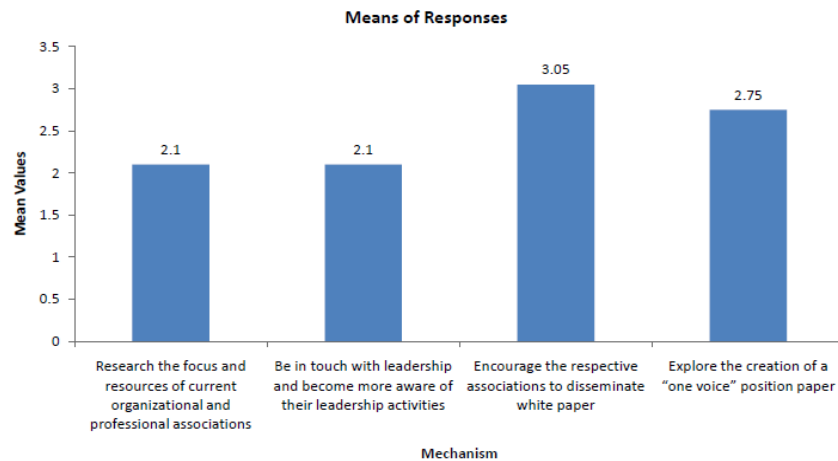
Qualtrics Survey Results

Question: Rank in order of importance specific mechanisms for partaking in professional association activities for PERSONAL commitment.



Qualtrics Survey Results

Question: Rank in order of importance the following specific mechanisms for partaking in professional association activities for PROFESSIONAL commitment.



Qualtrics Survey Results

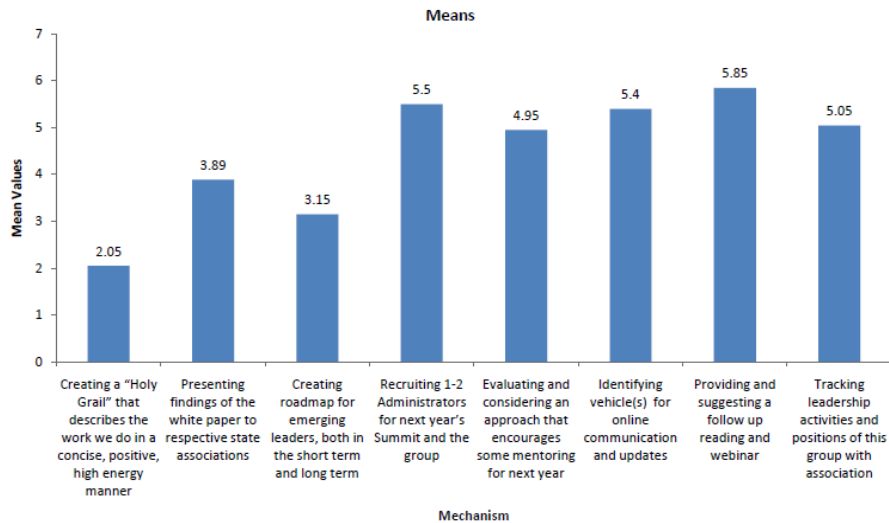
Question: Briefly tell us about your experience in joining a professional association.

- 50% of attendees people reported becoming re-engaged or joining their professional association.
 - Some examples included:
 - Joined the ACHCA and started a Facebook page for administrators in my state and have tried to encourage ACHCA membership and the rebirth of an ACHCA chapter through that avenue...
 - Joined NAB and became an alternate for the NHA item writing committee, and was involved in the item writing drive this year."
 - Served as aboard member for the Colorado Health Care Association as well as the Workforce Committee for the American Health Care Association. Now becoming involved in the Arizona Health Care Association."
- There were a few comments of frustration based on communication and involvement opportunities of associations.

Qualtrics Survey Results

Question:

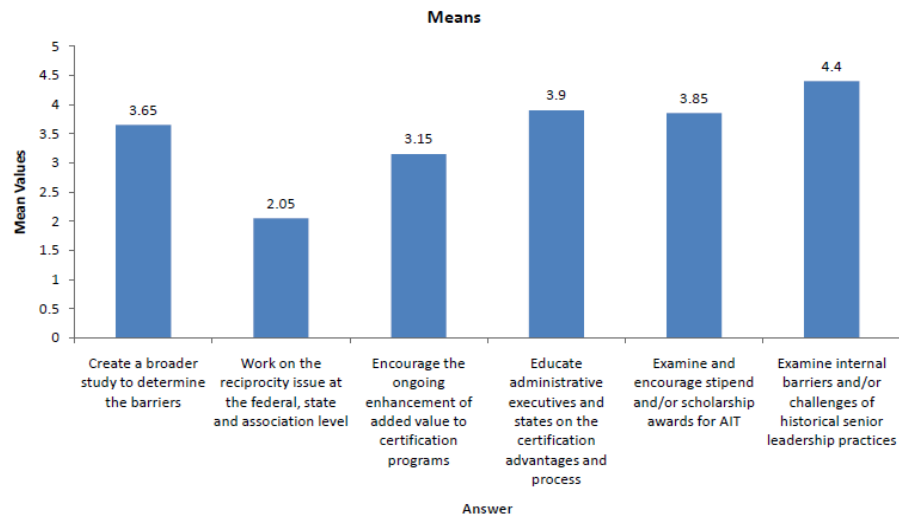
Rank in order of importance the following specific mechanisms for becoming active change agents.



Qualtrics Survey Results

Question:

Rank in order of importance the following specific mechanisms for identifying and addressing barriers to entry.



2010 NELS Survey Summary and Summit Recommendations

- Developing a new “holy grail”
 - Describing the work we do in a concise, positive and high energy manner
- Establishing a greater involvement with professional associations.
- Barriers to entry into the profession
 - Reciprocity issues
- Emphasize community connection/impact
- Others
 - Your ideas

Next Steps

- Developing strategy for the 2010 recommendations to serve as platform for the 2011 NELS Summit
- Establishing a formal commitment to action to advance the profession
 - The 2011 action agenda – NELS, the group, associations, individuals
- Identify a delegate/staff to facilitate and lead communications via web platforms. Utilize LinkedIn to facilitate communication.
 - Better communication/coordination necessary
- Establishing a mechanism to participate on the planning steering committee, and expand reach to others

¹ Table 2. Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050. Population Division, U.S. Census Bureau. August 14, 2008.

² *The High Concentration of U.S. Health Care Expenditures*. AHRQ Research In Action. June 2006:19. <http://www.ahrq.gov/research/ria19/expendria.pdf>. Accessed 10-19-2010.

³ *DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS Employment, Labour and Social Affairs Committee; Health Committee*. Organization for Economic Cooperation and Development. <http://www.oecd.org/officialdocuments/displaydocumentpdf?cote=delsa/elsa/wp2/hea%282009%291&doclanguage=en>. Accessed 10-19-10.

⁴ National Association of Boards of Examiners of Long Term Care Administrators (2000). Decline in license exam applicant study. Washington DC.: NAB.

⁵ Castle, N. (2008) State Differences and Facility Differences in Nursing Home Staff Turnover *Journal of Applied Gerontology*, Vol. 27, No. 5, 609-630.

⁶ Dana, B. and Olson, D. (2007) *Effective Leadership in Long Term Care; The Need and Opportunity*. American College of Health Care Administrators Position Paper . (www.achca.org).

⁷ Barondess, Linda Hiddemen. *Some Potential Solutions to High Direct-Care Staff Turnover Rates*. *Annals of Long Term Care*. Volume 15: Issue 10. Oct. 01, 2007. <http://www.annalsoflongtermcare.com/article/7860>. Accessed 10-19-10.