We Need Older Workers for the Future Us

From “You’re How Old? We’ll Be in Touch” by Ashton Applewhite on the “Opinion Page” of The New York Times 9/3/16:

“It might not seem that Hillary Clinton and Donald J. Trump have much in common. But they share something important with each other and with a whole lot of their fellow citizens. Both are job seekers. And at ages 68 and 70, respectively, they’re part of a large group of Americans who are radically upending the concept of retirement.”

“In 2016, almost 20 percent of Americans 65 and older are working. Some of them want to; many need to. The demise of traditional pensions means that many people have to keep earning in their 60s and 70s to maintain a decent standard of living.”

“These older people represent a vast well of productive and creative potential. Veteran workers can bring deep knowledge to the table, as well as well-honed interpersonal skills, better judgment than the less experienced and a more balanced perspective. They embody a natural resource that’s increasing: the social capital of millions of healthy, educated adults.”

“Why, then, are well over a million and a half Americans over 50, people with decades of life ahead of them, unable to find work? The underlying reason isn’t personal, it’s structural. It’s the result of a network of attitudes and institutional practices that we can no longer ignore.”

“The problem is ageism—discrimination on the basis of age. A dumb and destructive obsession with youth so extreme that experience has become a liability. In Silicon Valley, engineers are getting Botox and hair transplants before interviews—and these are skilled, educated, white guys in their 20s, so imagine the effect further down the food chain.”

“Age discrimination in employment is illegal, but two-thirds of older job seekers report encountering it. At 64, I’m fortunate not to have been one of them, as I work at the American Museum of Natural History, a truly all-age-friendly employer.”

“I write about ageism, though, so I hear stories all the time. The 51-year-old Uber driver taking me to Los Angeles International Airport at dawn a few weeks ago told me about a marketing position he thought he was eminently qualified for. He did his homework and nailed the interview. On his way out of the building he overheard, ‘Yeah, he’s perfect, but he’s too old.’”

“I’m lucky enough to get my tech support from JK Scheinberg, the engineer at Apple who led the effort that moved the Mac to Intel processors. A little restless after retiring in 2008, at 54, he figured he’d be a great fit for a position at an Apple store Genius Bar, despite being twice as old as anyone else at the group interview. ‘On the way out, all three of the interviewers singled me out and said, ‘We’ll be in touch,’ he said. ‘I never heard back.’”

“When we are no longer able to change a situation—we are challenged to change ourselves.” Viktor E. Frankl
“A 2016 study by the National Bureau of Economic Research found ‘robust’ evidence that age discrimination in the workplace starts earlier for women and never relents. The pay gap kicks in early, at age 32, when women start getting passed over for promotion.”

“Discouraged and diminished, many older Americans stop looking for work entirely. They become economically dependent, contributing to the misperception that older people are a burden to society, but it’s not by choice. How are older people supposed to remain self-sufficient if they’re forced out of the job market?”

“Not one negative stereotype about older workers holds up under scrutiny. Abundant data show that they’re reliable, handle stress well, master new skills and are the most engaged of all workers when offered the chance to grow and advance on the job. Older people might take longer to accomplish a given task, but they make fewer mistakes. They take longer to recover from injury but hurt themselves less often. It’s a wash. Motivation and effort affect output far more than age does.”

“Age prejudice—assuming that someone is too old or too young to handle a task or take on a responsibility—cramps prospects for everyone, old or young. Millennials, who are criticized for having ‘no work ethic’ and ‘needing to have their hands held,’ have trouble getting a foothold in the job market. Unless we tackle age bias, they too are likely to become less employable through no fault of their own, and sooner than they might think. The Age Discrimination in Employment Act kicks in at 40.”

“The myth that older workers crowd out younger ones is called the ‘lump of labor’ fallacy, and economists have debunked it countless times. When jobs are scarce, this is true in the narrowest sense, but that’s a labor market problem, not a too-many-old-people problem.”

“A 2012 Pew Charitable Trusts study of employment rates over the last 40 years found rates for younger and older workers to be positively correlated. In other words, as more older workers stayed on the job, the employment rate and number of hours worked also improved for younger people.”

“Progressive companies know the benefits of workplace diversity. A friend in workforce policy calls this the ‘shoe test’: look under the table, and if everyone’s wearing the same kind of shoes, whether wingtips or flip-flops, you’ve got a problem. It’s blindingly obvious that age belongs alongside race, gender, ability and sexual orientation as a criterion for diversity—not only because it’s the ethical path but also because age discrimination hurts productivity and profits.”

“Being part of a mixed-age team can be challenging. Betsy Martens was 55 when she landed a job as an information architect at a start-up during the heady days of the tech boom. Decades older than most of the staff, she found it invigorating. ‘When it came time to talk about the music we loved, the books we’d read, the movies we saw and the life experiences we’d had, we were on different planets, but we were all open-minded enough to find these differences intriguing,’” she told me. Things shifted during an argument with her boss, ‘when he said exasperatedly, ‘You sound just like my mother.’ That was the moment the pin pricked the balloon.”

“‘Culture fit’ gets bandied about in this context—the idea that people in an organization should share attitudes, backgrounds and working styles. That can mean rejecting people who ‘aren’t like us.’ Age, however, is a far less reliable indicator of shared values or interests than class, gender, race or income level. Discomfort at reaching across an age gap is one of the sorry consequences of living in a profoundly age-
segregated society. The Cornell gerontologist Karl Pillemer says that Americans are more likely to have a friend of a different race than one who is 10 years older or younger than they are."

“Age segregation impoverishes us, because it cuts us off from most of humanity and because the exchange of skills and stories across generations is the natural order of things. In the United States, ageism has subverted it.”

“What is achieving age diversity going to take? Nothing less than a mass movement like the women’s movement, which made people aware that ‘personal problems’—like being perceived as incompetent, or being paid less, or getting passed over for promotion—were actually widely shared political problems that required collective action.”

“The critical starting point is to acknowledge our own prejudice: internalized bias like ‘I’m too old for that job,’ and that directed at others, like ‘It’s going to take me forever to bring that old guy up to speed.’ Confronting ageism means making friends of all ages. It means pointing out bias when you encounter it (when everyone at a meeting is the same age, for example).”

“Confronting ageism means joining forces. It means seeing older people not as alien and ‘other,’ but as us—future us, that is.”

The Workforce Shortage We Don’t See


“Velma Jean DeFreese, 87 years old, wrestles day and night with Alzheimer’s disease. So does her son, Stan, her full-time caregiver.”

“Formerly a busy nurse, Ms. DeFreese now can’t be alone. She can’t pick out her clothes, cook for herself, or recall that her husband died in 2012. The petite widow relies on her son and daughter-in-law, with whom she lives, for everything.”

“‘It’s hard, it’s hard,” said Mr. DeFreese, a 52-year-old engineer and jewelry-store owner who had just guided his mother into a new adult day-care center in southern Maine, near where they live, so he could grab a respite. ‘People don’t know what they’re getting themselves into.’”

“Strain on family caregivers is alarming many lawmakers and social-service providers, who are hearing more stories like Mr. DeFreese’s. They are pushing for new ways to assist the vast unpaid workforce of people who are crucial in part because they allow more seniors to age in place and reduce reliance on public subsidies such as Medicaid, a major funder of institutional health care for older Americans.”

“‘Families have always been the backbone of our system for caring for people,’ said Kathy Greenlee, the assistant secretary for aging at the U.S. Department of Health and Human Services. ‘Really, if we didn’t have them, we couldn’t afford as a country to monetize their care and we couldn’t replace, frankly, the love they provide to family members.’”

“About 40 million U.S. family caregivers provided unpaid care, valued at $470 billion, to an adult with limitations in daily activities in 2013, according to AARP.”

“That struggle isn’t new, but ‘demographics make it even a greater concern going into the future,’ said Howard Degenholtz, a University of Pittsburgh associate professor of health policy and management who studies family caregivers.”

“The massive baby boom generation is barreling into old age with a smaller generation behind it—a shrinking number of family caregivers will have to do more to help older people who require some support to remain at home.”

“‘The math doesn’t add up,’ said U.S. Rep. Michelle Lujan Grisham (D., N.M.), a member of a bipartisan congressional caucus, formed last year, focused on caregiving.”

“‘Almost every family has this issue either themselves or they know someone close to them that has been touched with this,’ said Victoria Walker, the national coordinator of the Family Caregiver Platform.”
Project, a national coalition of organizations that is pressing state political parties to include caregiving in their platforms.”

“In Maine, the Southern Maine Agency on Aging, a two new adult day-care centers in the past year and a half. They now serve nearly 80 people and their caregivers. ‘The baby boomers who are taking care of family have to work and it’s very difficult without any support,’ said Polly Bradley, the agency’s director of adult day services. ‘Then we have spouses of the folks we serve—they are exhausted.’ ”

“At the Sam L. Cohen Center, the agency’s adult day service that opened in Biddeford in January, families pay $18 an hour, or receive subsidies, to leave their loved ones. The clients, called ‘members,’ have dementia or other cognitive disorders and typically live with family.”

“Stan DeFreese left a network engineering job that required travel to tend to his mother, Velma Jean DeFreese. Mr. DeFreese now makes a living mostly at the jewelry store he and his wife own in Portland, Maine. He often squeezes in side engineering jobs late at night after he has gotten his mother to bed.”

“The relentless routine and stark role reversal triggered emotions as he recently spoke about it after delivering his mother to the Cohen Center.”

“‘Wooh,’ he said, exhaling loudly and wiping tears from his eyes. ‘You have to remember my mom, how she was when she was younger, how she took care of me. How she was there for me and everything else.’ ”

Help Grow Next Generation of Rural Health Leaders
The National Rural Health Association Foundations needs your contribution to help develop the next generation of rural health leadership.

Go to www.ruralhealthweb.org/go/top/donate to learn more.

WHEFA Serves All 501(c)(3) Non-Profits

From “Message from the Executive Director” by Dennis Reilly in the Wisconsin Health and Educational Authority’s Capital Comment, Summer, 2016:

“Three years have passed since the legislature expanded WHEFA’s statutory powers to allow us to serve ALL Wisconsin 501(c)(3) non-profit organizations. The WHEFA acronym stands for ‘Wisconsin Health and Educational Facilities Authority,’ which could lead some to believe that we serve only health and educational institutions.”

“Last year, we added the tag line ‘Proudly Serving All Wisconsin Non-Profit Institutions’ above our logo to better capture the fact that WHEFA may now work with all 501(c)(3) organizations in Wisconsin. WHEFA just finished up its 2016 fiscal year, marking the end of another successful year in WHEFA’s 37-year history.”

“The ability to issue bonds for a broader and more diverse group of borrowers has never been more apparent than in this fiscal year during which WHEFA completed financings for seven acute care organizations, four long-term care facilities, three private colleges, one private K-12 school, and three new non-profit organizations.”

“The three first-time non-profit borrowers were not eligible for WHEFA financing prior to the expansion of WHEFA’s powers and included a $4.4 million financing for St. Vincent de Paul of Waukesha County; a $25.7 million financing for REF Bridgeway Commons, LLC, a public private partnership with UW Platteville; and a $226.4 million financing for Milwaukee Regional Medical Center Thermal Service, Inc. In total, WHEFA completed 23 financings totaling over $1.9 billion in fiscal year 2016.”

More info available at http://whefa.com
“A Partnership of Wellness”

New WHA/WisEye video highlights how employers and health care providers are working to make Wisconsin a healthier state: Vernon Memorial Healthcare and Organic Valley—A Partnership of Wellness.

Watch the video at https://youtu.be/O9Whs1ia6Y8

“Wisconsin hospitals and health systems are partnering with local employers to make health care more accessible and convenient for employees, with an even bigger goal in mind: creating healthier communities.”

“Thousands of Wisconsin employers are working with their local health systems on wellness and health-related programs and activities that range from adding on- or near-site medical clinics, to bringing in nurses and health coaches to conduct health risk assessments or design and staff employee wellness classes and fitness programs.”

“As employers compete to attract and retain valuable talent in their workforce, they have found wellness programs are a key recruitment tool,” according to Wisconsin Hospital Association President/CEO Eric Borgerding. “Wisconsin health systems have the clinical expertise and great depth of knowledge in prevention to help employers design wellness programs and run on-site clinics that meet the needs of their employees, while helping to moderate health care costs.”

“There are many notable and successful employer-health system partnerships statewide, but a new video produced by WHA and Wisconsin Eye, ‘A Partnership of Wellness,’ features a unique partnership between Vernon Memorial Healthcare (VMH) in Viroqua and Organic Valley, an independent cooperative of organic farmers based in La Farge, Wisconsin.”

“While the towns are small, the partnership they have fostered over the past decade has had outsized benefits to both organizations. Each is committed to the other’s success, and they understand the importance of working together to improve the health of not only their employees, but all local residents.”

“Kyle Bakkum, CEO of Vernon Memorial Healthcare says the partnership has had benefits for both organizations. ‘By interacting with the staff of Organic Valley, many of their employees are now aware of the health care services that are available in their own backyard here at the hospital in Viroqua and at the clinic in La Farge,’ Bakkum said.”

“Amber Wendorf, Organic Valley’s wellness program manager, said the benefits of the relationship they have with their local health system reach far beyond the campus of her organization.”

“Working together with VMH, we can improve the community’s health and that helps with our recruitment and retention efforts,’ Wendorf said. ‘We hire employees who follow our mission. They care about the health of the environment, their own health, and the food they eat. We need to provide them with those same opportunities when they come to work. While it’s great to have those opportunities here on site, it is one thing to be healthy eight hours a day, but then go home and fall into those unhealthy habits.’ ”

“More than 70 percent of Organic Valley’s employees participate in the company’s wellness program. ‘We have seen a decrease in smoking, a drop in the number of employees who were diabet-
ic, and a big increase in attendance in our wellness classes,” Wendorf said.”

“Borgerding said those are the kind of results that employers and health care organizations are hoping to achieve. ‘Hospitals and health systems are contributing to the economic strength of our employers by providing clinical and wellness services, helping their employees take control of their health, and making health care accessible in even some of our smallest communities,’ according to Borgerding.”

“Wisconsin has a reputation for delivering high-quality, high-value health care. Our goal is become equally well-known as a state where we are all working together to build healthier communities.”

24th RWHC Rural Essay Prize Winner

The 24th Hermes Monato Rural Health Essay Prize went to Matthew Brelie (UW School of Nursing Class of 2017) for “Stories of the Past, Lessons for Today.”

The essay can be read at http://ow.ly/IujE303Jw8u

Matthew Brelie grew up in a small community in Northern Minnesota. Although he obtained his first undergraduate degree from Saint Olaf College in 2004, he enrolled at UW-Madison School of Nursing in 2015 to follow a lifelong interest in becoming a health care professional.

Matthew’s eventual goal is to earn his DNP and become a nurse practitioner. He envisions his ideal career as “a three-legged stool comprised of one part primary care, one part public health, and one part educating the next generation of health care professionals.”

Last summer, Matthew had the good fortune to study the public health challenges facing rural communities in Northern Wisconsin under the guidance of Dr. Pamela Guthman. His essay stems from that experience: “I am seated in the basement of a repurposed con-

vent with seven of my classmates listening to Sister Lucy, a 91-year-old member of the Servite Sisters of Mary who used to dwell there, tell tales of how rural health care was practiced in northern Wisconsin, over a century ago. Her tale begins in the late 1880s with the story of a German man named Frederick Weyerhaeuer. Upon his arrival to the region, Mr. Weyerhaeuer recognized the wealth he could amass by logging the forests growing there. So he did. Sister Lucy tells us that by the time his operations were finished, Mr. Weyerhaeuer had become one of the richest men in the world. But he did not fell the trees on his own. Rather, he availed himself of the many workers who immigrated there, eager to earn their own fortunes in his service. It is in part to share the experiences of these men that Sister Lucy has gathered us together. She wants us to know of the injuries these men suffered—the muscles strained as they moved cords of wood, the bones broken as the limbs of trees crushed the limbs of men, and the hearing lost when dynamite was used to break loose logjams. She tells us how wounds were bandaged with cloths torn from shirts. And she tells us how the men were simply replaced by other able-bodied workers after they were maimed.”

“As my classmates and I struggle to fathom their experience, Sister Lucy segues to home remedies she remembers from her childhood. Sore throats were treated with the juices released from sliced onions sautéed with sugar on the stove. Smears of goose lard applied to the chest and covered by flannel diapers treated congestion. Itchy chicken pox sores were covered with a paste of baking soda mixed with water. Chamomile tea was another good medicine, but you had to grow the flowers yourself. And finally, for any ailment, there was chicken soup. My classmates and I are spellbound. ‘The purpose of these stories,’ Sister Lucy tells us, ‘is to show you that health care for folks living in rural areas at that time was one part common sense and one part making use of what you had. Because there were no medical facilities available. We called it medicine.’ ”

24th Annual $2,500 Monato Essay Prize

A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student or recent graduate. Write on a rural health topic for a class and submit by June 1st. Submission info available at www.RWHC.com

“These stories are uplifting and inspiring. And they are examples of what public health outreach is capable of accomplishing when properly supported. But they are
also among the last success stories that will be written about Fresh Start in Rusk County unless sustainable funding is forthcoming. Without it, troubled youth in the area will no longer have the same opportunities to turn their lives around and better themselves the way past participants of the program have. I cannot help but see similarities between these broken spirited youth in need and the broken-bodied workers Sister Lucy told us about who were cast aside.”

The Hermes Monato Rural Health Prize of $2,500 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin (any campus) as well as those who will be recent graduates at the time of submission. Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health Cooperative as an entry by June 1st. Previous award winners as well as judging criteria and submission information are available at http://www.rwhc.com

Leadership Insights: “Preventing Turnover”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“No one wants to come to work and feel like they don’t know what they are doing or where they belong, and it’s easy to forget how tenuous the first few months on the job are. New hires are at risk for leaving when feelings of competence and belonging don’t kick in, and the risks fall in quarters: at 3, 6, 9, 12, 15 and 18 months.”

“Applying broadly what we know from nursing research, the cost of replacing a nurse is approximately 1.5X an annual salary, even more if the nurse has specialty training. The lower productivity while training, overtime or temp pay while the position is open, morale of an overworked team all take their toll. Working managers, so common in rural health care, pick up the frontline work while leadership and management responsibilities build up in a pile. It pays to invest in strong onboarding and precepting which has a cost but not as high as 1.5X an annual salary. Look at your turnover rate and do the math. Efforts to increase retention are worth every penny.”

How do you get people to stay? “It starts before you even place an ad, but once you have selected the best candidate the following behaviors make a difference.”

BUILD BELONGING. “Attend to this right away. Belonging is the fertile ground for learning. Some of the best ideas we have gotten from our preceptor program participants:

- Meet with the new hire before they start
- Do something social with the team outside of work
- Greet them at the door their first day
- Give them a questionnaire about their favorite foods and have some of those for them on day one
- Have different staff take the new hire to lunch each day for a week
- Do a team icebreaker, have a few minutes of fun getting to know each other before tackling a project

BUILD IN QUARTERLY CONNECTIONS. “Put quarterly discussions on both of your calendars. Go beyond, ‘How are things going?’ Some starters:

- Now that you’ve been here for three months, what has been the most surprising thing you have learned so far?
- If you were just starting today, what would you recommend that we tell you that we neglected to tell you when you started?
- Now that you have been here 6 months, is there anyone who has been particularly helpful to you and made you feel comfortable here? (Learn about their sense of belonging and recognize the named employees).
- What would be the biggest reason in the next year that would make you want to stay in this job? What would make you not want to stay? (We call these ‘stay’ interviews, much better than the alternative ‘exit’ interviews).”

BUILD ENGAGEMENT. “Checklists have their place, but engagement is not something you can cross off a list. Fundamentally, it is about your relationship. Critical employee engagement factors have a direct link back to the manager:

- Giving regular actionable feedback and recognition
- Providing materials and tools to get the job done
- Being clear about expectations
Fostering a caring environment”

BUILD TEAM ACCOUNTABILITY FOR ENGAGEMENT. “Make it EVERYONE’S job, not just the manager or preceptor. Understandably, everyone wants the new person up to speed immediately, remember they’ve been working extra while waiting for the position to be filled! But explain that if the new person has to sink or swim, they might sink and you’ll be interviewing again. It’s in everyone’s best interest to take the time to teach and mentor while building up to a reasonable workload during the learning curve. (And if you hear, ‘No one did that for me when I was new,’ learn to address this problem we call lateral violence). Another staff tip: ‘You want this person to cover for you when you need to be off, or to have your back when they are working with you, so you need them to be fully competent. They need your help to get there.’ ”

BUILD IN A SUCCESS PLAN. “Clearly identify and discuss what the new hire should know right away, then build in a plan so that they don’t get overwhelmed by all there is to learn. Identify milestones for their job, then state, ‘At 3 months you should be able to…’ Repeat for quarterly intervals. It helps to normalize that it takes time to learn all there is to know and they can’t learn it all at once, something easy to forget when new on the job.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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