

*Michael Donovan:* Welcome to the Evidence-to-Impact Podcast, the podcast that brings together academic researchers and government and practitioner partners to talk about research insights and real-world policy solutions in Pennsylvania and beyond. I'm Michael Donovan, the associate director of Evidence to Impact Collaborative at Penn State. In this episode, we'll be discussing the complex world of aging.

With me today, I have Dr. Marty Sliwinski, director of the Center of Healthy Aging at Penn State, and professor of Human Development and Family Studies, as well as Stephanie Cole, director of Special Projects, and executive assistant at the Office of the Secretary at the Department of Aging in Pennsylvania. Thank you both for joining me today.

*Marty Sliwinski:* Thank you.

*Stephanie Cole:* Thank you.

*Michael Donovan:* We just start off with just a quick introduction on backgrounds and think about what you bring to the table in this conversation today. Marty, if you wanna start things off.

*Marty Sliwinski:* Great. As you mentioned, I'm a professor of Human Development and Family Studies, and my work in the Center for Healthy Aging is focused on Alzheimer's disease and prevention, as well as looking at ways in which to promote brain health, focusing on not just medical types of solutions or things we typically think of as promoting health behaviors, but more broadly, social impacts on brain health. The work in the Center reflects this really broad perspective.

*Michael Donovan:* That's great, thank you. Stephanie, any background on yourself?

*Stephanie Cole:* Sure, Michael. As you mentioned, I'm the director of Special Projects at the Pennsylvania Department of Aging. One of my primary functions is focusing on emerging issues in aging. Some of my projects include working on initiatives around grandfamilies—grandparents raising grandchildren mostly due to the opioid crisis, LGBTQ aging issues, and currently, our department's working on ACL required four-year state plan on aging. We are trying to make the best plan that we can to ensure that we're capturing all of the many needs of our older adult population in Pennsylvania.

*Michael Donovan:* Excellent. Thank you so much. This is an incredibly complex problem and question and exploration. Just to start things off and orient ourselves in the conversation, in 15 years—by 2035—the U.S. will reach a cultural tipping point where there'll be more people over the age of 65 than age 18 and under. This has such incredibly historic implications to our society, to our communities. Before we get there, how do we actually, as different communities, measure aging? It's a complex question. Where are cut-offs? I don't know, Marty, if you wanna talk from an academic perspective?

*Marty Sliwinski:* Aging is a lifelong process. It's not just something that happens to us when we turn 65 all of a sudden. It's something that begins perinatally, in conception. Something that begins—we begin to see the effect when we're in our 20s and 30s, and very importantly, the types of activities we engage in, in middle age can really lay the foundation for a healthy or unhealthy second part of our life.

*Michael Donovan:* That's great. Obviously, it brings major challenges to how a government breaks down the domains of how they implement their policies, right? How does the Department of Aging in Pennsylvania understand the aging process and work with that spectrum?

*Stephanie Cole:* Many people are familiar with Medicare, a federal program, and that starts at age 65 for most people. For us, at the Department of Aging, you're guided by the Older Americans Act of 1965, and it defines an older adult as anyone over 60. Of course, we see in people that we talk to, even people over 60 don't wanna define themselves as old or aging.

*Marty Sliwinski:* This presents some interesting problems that we face as scientists—and that I think policymakers face as well—that we need to inform policy for people when they're 60 and above. A lot of that information and the data we need is created when they're in their 40s and their 50s. If we just start looking at people at age 60, we don't have as broad a picture as we need to try to figure out how to serve them.

*Michael Donovan:* Are there particular domains of policy that are most central to that work? Is this the health agencies that hold this? Is this transportation movements? How do we think about better integrating our aging population?

*Marty Sliwinski:* All of the above. And I think—because the statistic you described earlier, we really are reaching a cultural tipping point. I think we need to rethink the types of boundaries and silos that exist not just

in government, but in academia. When we think about the problems that an aging society presents to us, as well as the opportunities that it presents, we need to think about housing, we need to think about higher education and how that can be reshaped to serve the needs of people who are moving into that age category. We need to think about all—as well as transportation. We need to think of how we can get all these different systems—domains of scientific study and policy—to begin talking to each other.

*Stephanie Cole:* Agreed.

*Michael Donovan:* Stephanie, how does that link in with some of your perspective at the Department of Aging?

*Stephanie Cole:* Well, if I could share some additional statistics, and this one I just heard the other day. and it was really kind of sobering to hear this. In 2030, the first baby boomers are going to start turning 85. Every day, starting in 2030, baby boomers will be turning 85 years old, which are the folks that have the most needs out in the community. In Pennsylvania, our population is already—almost one in four people are over 60 years old, and by 2040, we'll have four million, or nearly one in three people will be over 60 years old in our state.

To Marty's point, yes, the systems do need to talk to each other. One of the things that Pennsylvania is doing right now, one of the Governor's initiatives, is customer service transformation, which is going to promote all of our systems talking to each other so that our citizens' data will be shared at least across state systems so that there will be kind of a one-stop where information is integrated together as for consumers of state services.

That is going to be a huge win, but secondarily, and this I think really speaks to what you were talking about, Marty, is to be able to provide kind of a holistic system of care across the entire care spectrum, whether it be health, social services, that these health information exchanges that exist in Pennsylvania. We at the Department of Aging believe that this is very important, especially in the older adult community. This type of work is going to be a big win in efficiency for providers who work with older adults, and also the older adults as receivers of services themselves.

*Michael Donovan:* ~~Fascinating. It's really remarkable, one in four. That's really dramatic.~~ I think that Pennsylvania really has a unique context, particularly because of our geographic distribution and rural challenges. In some of our earlier conversations, Marty, we

discussed the challenges of trying to reduce isolation and promote integration. This is particularly challenging in communities that are already vulnerable, that are hardest to reach for a variety of reasons, whether that's geographic, economic, cultural or social reasons. First, maybe from an academic perspective, how do we really hone in on aging communities that are really, really hard to reach and particularly vulnerable?

*Marty Sliwinski:*

That's a great question. I think one thing that we can bring as academics and scientists is to reframe some of these problems, some of these questions, in ways that reflect new information and how we understand them now. Just a word about social isolation, and why this is so important to study. People who are socially isolated are at increased risk for cardiovascular disease, other types of coronary problems, and premature death. The level of that risk, if you were isolated and lonely as an older adult, is equivalent to smoking 15 cigarettes a day.

The degree of risk conveyed is on par with smoking as well as being obese. If someone were smoking 15 cigarettes a day, we would run up to them and say, "Stop this right now," but if someone's lonely, we let them walk by. We don't feel that same sense of urgency. I think it's time to recognize that this is an epidemic. It's a crisis, and it's something that we really need to direct our concerted efforts. Estimates suggest anywhere between 10 to 43 percent of seniors—retirees, people 65 and above—are lonely at least some of the time.

*Michael Donovan:*

We all age, we all are going to be part of this population.

*Marty Sliwinski:*

Yeah, and what's important about this is we can look at residential status and the number of seniors who are living alone. I think it's now about 30, 38 percent. That places you at risk for social isolation. Not everyone who is living alone is lonely and isolated. There are people who are living with family who also feel lonely, so we need to go beyond what we can just get from the regular types of demographic data that we might collect as part of Medicare visits, health care visits, and really try and think about better ways to get the data we need to identify people and hear their voice because we're not listening at this point.

*Michael Donovan:*

That's great. Stephanie, what is your take from a governmental perspective on what the Department of Aging and overall government can do to better reach the most vulnerable and hard to reach populations?

*Stephanie Cole:* Well, I have to echo what Marty said about social isolation. A couple of years ago, our department participated in the NCI-AD, it's National Core Indicators Survey conducted by the NC states. We went out into consumer's homes and interviewed, face-to-face, 400 people who receive our services. Who received in-home services in the community three or more times a week. I actually had the unique opportunity to participate in those surveys, and they were fairly structured, but we did allow for an open dialog—say what you wanna say, basically—at the end of the interview.

The number of older adults that conveyed how difficult loneliness is to me was quite staggering and difficult to hear. It is definitely a problem, and we see it every day. We recently updated our department's mission because we feel that this is such an important topic to have at the front of our minds all the time. Our mission at the department is to promote independence, purpose, and well-being in the lives of older adults through advocacy, service, and protection.

I just wanna draw out the word purpose, and how key that can be to alleviating social isolation. It's giving older adults a sense of purpose by involving them in programming like intergenerational programs, programs that get them out into the community or give them a sense of community. This is really critical to removing those health risks and behavioral health risks that Marty was talking about.

*Marty Sliwinski:* That's a very forward-thinking way of framing the problem. It's really great to hear that that's how you're thinking about trying to address this important issue, where the view of what we need to do for people who are retired, and elderly is more than just take care of them. That's the bare minimum. What we wanna do is help them flourish, and by making them feel valuable, integrated. Their social roles change once we retire, and a lot of people are left rudderless, not knowing what to do. The first month of being retired, it's great just to sit around and hang out, but then you need something more than that.

*Michael Donovan:* I can't help but think about not only is there value to better integrating our aging populations by reducing those health risks or other risk factors to their own health, but the value of integration to the rest of the community, right? It's remarkable to think that we would have a lifetime of experience that goes untapped. I think it would be beneficial to other children growing up, mentoring. Please speak to that.

*Marty Sliwinski:* The way you frame that problem is again, why just even having this conversation is so valuable because it gets us to look at the situation in novel ways to address the current needs of society. For example, when we think about how to reduce isolation, you might think about senior centers. Very important. You might think about social groups and clubs. Very, very important. Let's think about something really crazy—the notion of co-housing.

Co-housing is when you develop a community where you have people from different generations. The communities are designed to have people from different generations cohabitating, maybe in single-family homes or in apartments, but the idea is of shared community space. It's easier for people from younger generations, older generations to interact together, to dine together, to go to movies together. This also serves needs. Transportation needs—makes it easier to carpool, makes it easier to arrange child care and eldercare.

There are 165 such communities in the United States, and 140 are being planned. To my knowledge, I don't know of any here in Pennsylvania. State College or other locations where some of the branch campuses are for Pennsylvania would be ideal locations, but to begin to think about that, again, we need to get different agencies talking to each other and partnering with academics who can inform what kind of data we need to determine the viability of these and their potential benefits.

*Stephanie Cole:* Yes, I totally agree with that. I would like to share with you a program that we're doing that's addressing, actually, a couple problems many older adults face, and that is the problem of being basically house rich and income poor. Many older adults in the community have a house that they have paid for and find it, on a low income, difficult to pay their property taxes and then end up they can't afford to keep their house anymore. We started a few years ago, a pilot housing program called SHARE. That stands for Shared Housing and Resource Exchange. We kind of think of it as a sort of eHarmony for housing, if you will.

*[Laughter]*

*Stephanie Cole:* We've had a bunch of successful matches. The idea is that through housing counselors that work through our area agencies on aging. We piloted this in three counties: Pike, Wayne, and Monroe. We have an older adult who's willing to share space in their house with someone who has a need for housing and has, perhaps, a service

that they can provide. Maybe they could help cook meals for the older adult or do work around the yard in exchange for, perhaps, a reduced price in rent. Basically, a win for both people. There's companionship there. We received so much great feedback from the matches that have been made so far, and that's expanding in five more counties.

*Marty Sliwinski:* That's fantastic to hear. It's very forward-thinking, very innovative. Maybe one of the things these podcasts can do, can help create potential partnerships. I don't know if you're working with academics. We would love to talk with you about this. Being able to ascertain outcomes, use this as a springboard for trying to address some really interesting questions.

*Stephanie Cole:* I'm sure our team would love that as well.

*Michael Donovan:* Especially as the rigor that the scientific community can provide to evaluating outcomes, then that can provide gravitas to applying this elsewhere, right?

*Marty Sliwinski:* Doing cost-benefit analysis, for example.

*Michael Donovan:* Seeing how this could not only expand in Pennsylvania but also potentially become a model for application elsewhere. Speaking of, Stephanie—your colleagues in other states—are you aware of any particularly innovative or forward-thinking orientations that other states have taken, and where's the conversation on a national level as far as you know?

*Stephanie Cole:* Well, it's interesting that you ask that because there are states who are trying to reshape the conversation around aging. I call your attention to, interestingly, Massachusetts is a really good example of a state who's very forward-thinking with their aging population. Boston, in particular, had a—I believe they called it an elderly commission or an elderly council. In the last year or so, they rebranded that council to call it the Boston Age Strong Commission and just went a whole different direction with it.

We're trying to do those things here in Pennsylvania—rebrand and rethink the way that we talk about aging. Again, to Marty's point, that it's a lifelong process—aging. It's not something that starts at a certain age. Another state that I believe is doing some good work is Colorado. They have a publication where they talk about Lifelong Colorado, where they're really discussing this is a place where you can be born, grow up, spend your entire life, and retire, and be

happy here in Colorado throughout your whole existence. Those things are really exciting to me.

*Marty Sliwinski:* Thinking about, in the space of higher education and the role that universities can play in being a partner in some of these exciting programs you're describing, Stephanie. University of Minnesota, for example, called the Advanced Careers Initiative, to where people who are at or around retirement want to come back to university, get some retraining or respecialization either just because they're interested, or maybe because they need to continue to earn income so they can do something a little bit more than what they could have done otherwise.

University of Texas at Austin has something called the Tower Fellows Program. Stanford has a Distinguished Career Program. All of these are geared toward people 60, 65 and above who are now facing the second part of their life that maybe they didn't really plan for. Now it gives them a chance to reinvent themselves. I think there's a role in which higher education can partner with government agencies to really reinvent how we think about this last half of our life—the second half of our life.

*Stephanie Cole:* We think that's wonderful. We have been trying to get out—we're close, as you know, being in Harrisburg, to the Penn State Harrisburg campus, and we've actually been going out doing panel discussions with students just to try and promote this industry to young adults, to show them that the aging industry is a growing industry. It's exciting to me.

*Michael Donovan:* Let's change gears a little bit and think about how we talk about aging. I think the salience of this issue can be lost in the intensity of exigent problems. Today, we're hearing the news about the coronavirus rampaging across China and expanding to Italy and South Korea, and the rest of the world. In a really complicated and loud policy environment, how do we motivate the conversation towards this very, very complex and important issue? I don't know, either one of you would like to—?

*Marty Sliwinski:* I'll let Stephanie go first on that one.

*Stephanie Cole:* We always try and keep focus on the fact that we need to have older adults at the center of everything that we do, so we stay guided by that. Honestly, there's not anything controversial about the Department of Aging. I don't think anyone in our society, if you explain to them why it's important to take care of our older family members, our older society members, there's no one who



argues with that. Do we take our eye off the ball as a society? A little bit, yes, I think so. We need to remain steadfast and focused on that. Maybe that's an overly simplistic answer, but that's how we stay focused on it here.

*Marty Sliwinski:* You're correct that it's not a controversial topic. Nonetheless, when you look at tensions in society and disagreements, and where people argue a lot, oftentimes, people on both sides of those issues no longer fall along racial divides, but these are generational divides. I think one of the important steps in being able to really talk about how to create a society where there isn't this type of separation between people of different generations is some of the programs you were talking about earlier. Getting people from different generations to interact with, live with, each other.

It's interesting when you think about age. It's the one characteristic of an individual that's still considered socially acceptable and even desirable to segregate on. You will go to parks and sometimes see signs, "No Adults Allowed Without Children." That's one example. Another example might be residences that are specifically geared toward people of certain ages. Even our schools. We're segregated into classrooms where we don't interact more than a couple years younger or older than us. I think we need to really think about how we can change the structure of society to promote these types of interactions and exchanges, and then everything else will be a little bit easier to talk about.

*Michael Donovan:* One big piece of this, which I'd love to talk a little bit more about, is we should really be addressing the elephant in the room, here, that this population, this community really is affected by a significant amount of stigma.

Both externally, from societal factors as we've kind of touched on, but also internal amongst the aging population themselves. Saying things like, "Well, that's an old person. They're not me." Creating an other. I'm wondering how do you guys foresee, from your respective corners of the ring here, how do we talk about breaking down the barriers?

*Stephanie Cole:* I can start and talk about that using our senior centers as an example. We call them senior centers right now. We have, in Pennsylvania, 550 senior centers across the state, and there are about 11,000 nationally. There have been different focus groups done as to how we get the baby boomers to want to participate in the senior centers, where people can go get a free congregate meal.

They can give a voluntary donation and it's a healthy, well balanced, and quite frankly, delicious meal with other folks in their cohort. Honestly, the name senior center is a turn off for many people. We feel at the department a rebranding and just listening to who's gonna use those centers? What do they want? Not trying to figure it out for them. Many of the centers are, for lack of a better term, not dull, but not very ornate.

*Stephanie Cole:* Recently, I was with the Secretary of Aging, Robert Torres. We were visiting area agencies on aging. We were in Somerset County, and we visited their senior center that's attached to the area agency on aging. Folks were at lunch and there had to be close to 75 or 80 people there. They had an entertainer there and we got to see blueprints for a beautiful new center that's gonna have wood and stone interior and fireplaces. Things that make it more like a club than a senior center. I think the rebranding and updating of community spaces that aren't branded as senior centers is gonna be a key to making it feel like it's part of the community and not just a place we put our older adults.

*Marty Sliwinski:* The way I think about this, and how I can affect this is as an instructor—as a teacher. In classrooms, I talk about, when I teach a course in aging, or we call it Adult Development. Not just Aging—Adult Development. First recognize that stigma goes across both ways, so older adults may view people from different generations in ways that aren't exactly accurate in the same way that people from younger generations think about older folks. One of the things we try to do is first get people to realize that they're already aging, so to some extent, we all belong to the same group, and get younger people to imagine what their future lives will be like. How to think about planning for their future lives.

We do exercises where people have to—for their term paper—they write their future biography of what's going to happen to them after they graduate, all the way up to when they die, incorporating some of the scientific concepts that we talk about in class. That changes peoples perspective to think about aging as not, "Other people are old," but "This is something that I'm going through right now and going to go through." It gets people to not think about the other, and that type of distancing. That's the idea behind it. I think we have to just change how we think about aging.

*Michael Donovan:* Your comments bring me to another idea that comes around instruction and training. Thinking through the pipeline for future job opportunities as the explosion of population, as we discussed, as boomers enter their later years, the drastic societal need for

home health care workers. This is what will become a workforce problem. How do we increase excitement among our young people to enter in these spaces, and what kind of structural factor from a policy perspective can we induce—incentivize—the growth of this area? I don't know if that's for both of you to talk through.

*Marty Sliwinski:* I can start a little bit about some of the challenges that—you hit the nail on the head. When younger people are thinking about going into health care or some sort of service profession, the majority of individuals are thinking about working with youth, and that's great. We need that, but it just doesn't come to mind what it would be like, what could a possible career look like where I'm working primarily with older adults.

There are certain types of services that are stereotypical that a very old individual who's frail might need, and those aren't for everyone. Understanding what an activity director is at a senior retirement community looks like. When people go into majoring in kinesiology or nutrition, and they're thinking about going into physical therapy or rehab or training, the idea is they're gonna be working with young athletes. More likely, they're gonna be working with someone like me.

*[Laughter]*

*Marty Sliwinski:* Getting them to think a little bit about that, and also realize where the job opportunities are. Market pressures, as based on what you were describing, we know where the opportunities are gonna be.

*Stephanie Cole:* I'll share that the shortage of direct care workers is already at a critical level—low level. It's a critical issue in the state, and there's ways to address it. Part of that is increasing the minimum wage. The wages that these workers can earn are just not enough to sustain them. Also being able to see that there is a career path. That it's not, "I'm gonna be stuck doing this forever." There's not really a delineation, "Oh, I start out as an aide and then I can become a CAN. Maybe then I can go to nursing school and become an LPN."

There's not a well-defined path for direct care workers. Our Pennsylvania Long-Term Care Council came out with a blueprint for direct care workers with some recommendations on how this can be improved, but yes, it's a critical shortage. Again, I think in education there could be some partnerships there. I know that there's a lot of careers where clinical hours are required of students, and hey, time as a direct care worker would be perfect.

*Michael Donovan:* That's great. I think there's also opportunities within government as well to expand coalitions, thinking through the workforce development infrastructure inside of the Department of Labor and Industry as well. Thinking through how do we better prepare our incoming class of workers for the jobs that will be present tomorrow, right?

*Stephanie Cole:* Agreed.

*Michael Donovan:* Well, we are coming to our time, but I want to provide each of you with an opportunity for any closing thoughts, any questions, or any ideas that has been burning in your mind tryin' to get out there. Maybe I'll give Marty the opportunity here, first.

*Marty Sliwinski:* Sure. A lot of the problems we were talking about, and potential challenges, we have the talent to solve. In Pennsylvania, we have the innovation, we have the good ideas, and we have the people willing to work hard. Think about the effort that's being directed towards other types of problems, like the opioid crisis. To really tackle what's facing us, is it okay if I use the F word? Funding.

*[Laughter]*

*Marty Sliwinski:* This costs money, and there needs to be the collective will to direct resources toward this problem. We can have all the good intentions in the world, but unless we have the support to do this, we're not going to be able to build sustainable solutions. We can do this. I'm confident we will.

*Michael Donovan:* I have a feeling that Stephanie will echo your sentiments. Stephanie, anything to offer?

*Stephanie Cole:* I agree. I agree that the administration that I work for and our secretary, we strongly feel that partnerships and collaboration, especially with the academic community, is key to expanding our reach and ensuring that the good work that you do as researchers can also be better implemented in the community by folks *[unintelligible 37:20]* area agencies on aging being implemented when we know that it can be successful because it's been tested. I think we're on the same page there.

*Michael Donovan:* With that, we will bring this episode to a close. Many thanks to my guests, Dr. Marty Sliwinski, Director of the Center for Healthy Aging here at Penn State, and also Professor of Human Development and Family Studies, as well as Stephanie Cole,

Director of Special Projects, and Executive Assistant at the Office of the Secretary at the Pennsylvania Department of Aging. Again, I'm your host, Michael Donovan, the Associate Director of the Evidence-to-Impact Collaborative at Penn State. This has been another episode of the Evidence-to-Impact Podcast.

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