



# Future of Aging Services Summit

Word cloud containing terms such as: **care**, **living**, **support**, **aging**, **people**, **intergenerational**, **services**, **life**, **long**, **access**, **workforce**, **education**, **health**, **home**, **caregiver**, **learning**, **transportation**, **incentives**, **place**, **resources**, **Iowans**, **best**, **choice**, **stay**, **stream**, **health**, **meets**, **create**, **adults**, **care**, **affordable**, **and**, **well**, **integrated**, **homes**, **funding**, **older**, **barriers**, **communities**, **better**, **nursing**, **based**, **moving**, **technology**, **lives**, **day**, **livable**, **caregiver**, **learning**, **transportation**, **incentives**, **place**, **resources**, **Iowans**.

## The Future of Aging Services Report

The following report is a collaborative vision for the future of aging services and aging in Iowa created by participants of a Summit hosted by LeadingAge Iowa (LAI) and the Iowa Department on Aging (IDA) on May 26, 2018.

The goal of the Summit was to create a collaborative vision, not the solutions to reaching those goals or specific policy proposals. The development of solutions and policy proposals will be the next steps, but it was important to first have a mutual understanding of the destination or the vision for aging services to strive for. The vision created is big and bold and does seem difficult to reach currently. However, participants at the Summit were not asked to ground their ideas in the possible. They were asked what would it look like if Iowa's aging services system were the best in the world by 2030? Their collective answer to that big question is detailed in this report.

The vision is ambitious and take many small and large steps by the stakeholders of the Summit and many others to achieve over time. As the voice of non-profit aging services providers and the people they serve, LAI will work tirelessly to do its part to create a better future for aging Iowans. As detailed in the report, Summit attendees are also working in their fields of influence to lead change toward this vision, and we plan to engage others as well.

*"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." --Margaret Mead*

## Imagine if...

The following is an illustration of the collaborative vision of aging services and aging in Iowa:

The year is 2030. Journalists flock to Iowa, not for the Presidential caucuses, but to review its system for older adults. A recent report listed Iowa as “#1 in the World for Retirement and Aging Services.” The federal government and states have been struggling to support the rapidly growing older adult population.

Iowa saw the crisis coming. In 2018, Iowa took proactive steps to avoid the perils facing states in 2030. Iowa understood it was one of the oldest states in the nation and it would only keep getting older. The percentage of individuals over the age of 65 would go from 16.5 percent in 2018 to 22.5 to 25 percent in 2030. Those over the age of 85 would increase by 52 percent over the same time frame. Instead of avoiding the impending crisis, Iowa changed its entire approach to aging and caring for older adults. Through collaborative work of state and local governments, providers, consumers, insurance, business, education, and many others, Iowa became a bastion of progress for supporting older adults.

Iowa, in 2030, is home to the most comprehensive and well-funded aging services system on the planet. Regardless of income or residence in rural or urban area, any older adult in Iowa has the same access to quality care that meets their defined needs and desires. Through a series of initiatives and innovative test models, Iowa shifted the payment structure away from specific settings and toward a consumer-based model open to all. Now, Iowans have options to select the type, location, and level of support and care that works best for their needs and preferences.

If older adults in Iowa are still in good health, but need some minor assistance, integrated care through new technology and home health aides assist in keeping Iowans in the place they call home for as long as they want. Those needing more help or desiring to live in communities with people of their own age have the option to live in care communities designed like a college campus or small town. The care communities can provide all the needed levels of care, from independent living to hospice, and help act as staging areas for home health. The care communities are strategically located to be integrated into their local city or town and have all needed amenities in walking distance or through convenient and affordable transportation services. Baby Boomers, Gen X, Millennials, and Gen Z share experiences generating a broader and more vibrant community.

The integrated services and communities are just not for cities like Des Moines or Cedar Rapids, but small, rural communities across the state have equal access to all levels of care. Iowa and providers created care communities across rural Iowa that augmented or replaced traditional aging services. These regionalized care communities ensure close access to all levels of care regardless of where the older adult lives in the state. Through technology, more Iowans can stay at the place they call home longer, easing the burden on Iowa’s caretakers and abbreviating staffing shortages.

The entire health care system in Iowa is integrated, allowing people to easily identify and secure the services and supports needed. Further, all care and support is tracked and coordinated between all levels.

Iowa redefined aging. Instead of being feared or avoided, growing older is being embraced and valued. Through public education and intergenerational living, older adults continue to contribute to their communities in meaningful ways. As integrated communities share experiences across generations, older adults pursue passions and find meaning in their lives. Older adults remain active and volunteer on a wide variety of charities and civic organizations. With the ease of city amenities in walking distance or through public transportation, older adults are connected socially with one another and the community. They visit restaurants, shop, and participate in aging-centric community activities.

Iowa expanded opportunities for older adults through community colleges and other learning institutions. Iowa’s educational institutions retooled portions of their curriculum toward older adults. There are now educational sessions like resources available for getting older, how to embrace aging, healthy living, and preventative care and wellness for older adults. Traditional educational courses are readily available to keep lifelong learning a priority for all generations. Older adults are thriving with the new emphasis on physical and spiritual wellness.

The role of a caregiver working in aging services is a respected health care profession. Increases in long-term care financing creates greater equity in access to aging services for all Iowans, which pushes significantly more resources into the system. A career in aging services is well-regarded, well-compensated and highly sought after because it is personally rewarding. Direct care workers and nurses see increases in salaries and benefits as providers with increased resources compete for the best talent in Iowa.

By 2030, Iowa is a model for the world. The steps taken over a decade to create the most innovative and well-funded aging services system, combined with a culture embracing aging, creates the best place in the world to age.

## Future of Aging Services Summit: Goals, Process, and Development

Due to the demographic concerns of an aging state, LAI and the IDA agreed to jointly convene a Summit to advance the discussion about the collective vision for the future of aging services in Iowa and how we best engage and support the health and well-being and independence of Iowa's older adults.

From the beginning, the intention was to have broad representation including government, providers, payors, policy makers, legislators, consumers, business leaders, city planners, real estate developers, community colleges, and many others in the same room for the collaborative discussion. The projected demographic changes will impact every facet of Iowa.

Each participant of the summit was asked *what would it look like if Iowa's aging services system were the best in the world by 2030?* This broad question was at the heart of the Summit and drove the collective vision for the future.

Participants were separated into smaller groups of five or six and were then asked to personally consider the question. Together, the small groups deliberated about a shared vision for what they wanted to see in Iowa. The facilitator of the Summit asked each small group to share their vision with the entire group.

After collecting each vision from the small groups, LAI identified common themes and goals. The following is the collaborative vision created by the Summit participants:

- Adequately Funded Aging Services that Provides Choice in Setting and Equity in Services
- Lifelong Learning of Older Adults with Access to Knowledge and Resources
- Intergenerational Communities Focused on Livability and Walkability
- Respected and Well-Compensated Aging Services Careers
- Creating Purposeful Living with No Fear of Getting Older
- Changed Models of Aging Service Delivery
- Innovative Ways to Regulate Nursing Facilities

## Adequately Funded Aging Services that Provides Choice in Setting and Equity in Services

With unanimous inclusion from all small groups at the Summit, adequately funded aging services that provides choice in setting and equity in services is the top priority for shaping the future of aging services. All Iowans, regardless of economic level or status, should have equal access to high quality care that is in the place they call home. The participants envisioned a system where older adults could seamlessly access services, regardless of whether they are in a rural or urban setting. No barrier should exist to keep Iowans from accessing the highest quality of care.

Choice of setting is a significant component of this goal. The 2030 vision of Iowa allows consumers to direct care according to their needs and preferences. For example, participants believed if older adults want to stay in the place they call home to receive services, that would be the top priority of the payor. The 2030 aging services system has flexibility to allow the money to follow the person instead of forcing a one-size fits all approach.

Equity of services also relates to the economic status of older adults and the quality of care they receive. Participants noted that wealthy Iowans have access to quality care and the poor can access long-term care through Medicaid. It is the middle class that is struggling to find quality care that would not deplete their entire life savings. Participants believed that by 2030, there would be no difference in the kind or quantity of care a person receives based on their ability to pay.

Equal access to care requires resources to pay for the services. While participants did not delve into specific long-term payment solutions, all agreed that the current system is not the solution for 2030's best-in-the world system. Several groups mentioned more robust insurance or financial protections for the middle class that would protect their finances as they continue to age and decrease reliance on Medicaid. Regardless of the path forward, the system envisioned for 2030 would have significant resources to pay for the services that older adults could afford in the setting of their choice.

## Lifelong Learning of Older Adults with Access to Knowledge and Resources

Participants were not solely focused on aging health care services, but also what it meant for older Iowans to live meaningful lives. A goal of three-fourths of the small groups was lifelong learning of older adults and access to resources to continue to grow. Retirement should not be the final chapter of life, but the beginning of a new adventure. To achieve a meaningful and complete life, participants put the ability to continue to grow intellectually and emotionally as a top priority.

Ideas to further this goal include: free community college courses for all age groups, education and webinars focused on aging adults, and non-profits built around aging education. Additionally, others mentioned the need for older adults to have access to volunteer opportunities to keep engaged with other older adults and the wider community.

Colleges, community colleges, and other educational institutions would design curriculum around aging to educate older adults on financial options, health care and long-term care planning, and on how to live engaged and purposeful lives. The goal of these courses is to educate Iowans on aging and meet their full potential at every stage of life.

## Intergenerational Communities Focused on Livability and Walkability

One goal of Summit participants was to combat the aging stigma. Older generations living in aging-centric communities and younger generations flocking to suburbs or downtown areas keeps different generations isolated from each other. A natural generational cross over of experiences and ideas is not occurring.

A goal supported by the Summit is intergenerational communities focused on livability and walkability. The Participants envisioned communities across Iowa where Baby Boomers, Gen X, Millennials, and Gen Z all live in harmony and in one location. Iowa in 2030 would have communities and housing intermixed so different generations are exposed to each other. The goal of intergenerational communities is for each generation to gain insight and appreciation of the others. Younger generations would learn from the Baby Boomer's experiences and the Baby Boomers could keep connected with their communities and keep engaged longer. The intermixed generations would combat stigmas associated with aging and show younger people the vibrancy and dignity of aging.

City planning in new development and urban renewal focus on creating walkable communities that all generations can utilize. Participants described communities that had all the essentials within a few blocks of each other. Regardless of the size of the community, older adults would have the ability to be in a central location in their community with access to grocery stores, restaurants, entertainment, medical care, and health and fitness. There would be limited busy streets and the city planning would emphasize the pedestrian over the vehicle. Finally, amenities not easily reached within walking distance could be accessed by ride-sharing companies or dedicated public transportation.

## Respected and Well-Compensated Aging Services Careers

Currently, Iowa's aging services providers are struggling to find quality staff to care for Iowans. Workforce shortages are not a far-off crisis, it is occurring right now. Summit participants were aware of the issues facing Iowa's aging services workforce. Most small groups included this as one of their primary visions for the future of Iowa: a well-respected and well-compensated aging services workforce.

Today, aging services along the entire health care continuum are struggling to find competent staff to work. Whether its urban or rural, providers rank workforce at the top of issues facing them today. Additionally, providers noted at the Summit that working in aging services is not a sought-after profession. They gave stories of workers jumping to higher paying or more "glamorous" jobs at a hospital or clinic.

Participants proposed aging services of 2030 be highly sought after. They theorized as more resources were poured into the care of older adults, wages would steadily increase to be highly competitive. Additionally, Iowa's efforts at combating the aging stigma would result in service-minded caregivers who want to dedicate their lives to caring for older adults.

Participants believed that new technology for in-home care and telemedicine may alleviate the burden on workers. The workforce could provide better quality care with individuals as new care models develop to care for Iowa's older adults.

## Creating Purposeful Living with No Fear of Getting Older

Fear of getting older is common in today's society. Many fear becoming a burden or a drain on their family or community and many connect being a burden with getting older. The fear plagues many older adults' actions, keeping them from living life to the fullest. Few understand what it means to purposefully live at all stages of life.

Participants envisioned 2030 Iowa would have created a culture where Iowans embrace aging through purposeful living. Purposeful living is just that: living life to the fullest. With no financial fears related to health care or long-term care costs in Iowa, older adults could use their resources to seek out new adventures both at home and abroad. Access to educational courses centered on aging would teach older adults important lessons about living and keep them connected with the broader world. With communities built on intergenerational living, older adults seek out opportunities to stay active in their community, either through volunteering for local nonprofits, issue campaigns, or connecting through community activities.

Each success related to enhancing the quality of care and standard of living for older adults leads to the goal of purposeful living. With less fears of the future, older Iowans can live their later years without barriers. They can seek out new adventures, new hobbies, or new connections with friends. Iowa of 2030 would be a haven for older adults to enjoy their retirement years in peace and with a purpose.

## Changed Models of Aging Service Delivery

Summit participants had numerous ideas related to improving the quality and type of care provided to older adults in Iowa. Almost every small group had a different, unique method for providing better care. Below are a few highlights of the different service delivery models mentioned at the Summit:

- **Emphasis on Home-Related Services** – Sitting at the top of the list of changing the model of service delivery is a shift away from institutional care and an emphasis on services centered in the place the older adult calls home. By 2030, participants want home services to be readily available and affordable throughout the state of Iowa. Participants imagined that a loosening of regulatory requirements would put a greater emphasis on the choice of the consumer and the market would expand with additional home health services provided to Iowans.
- **No Wrong Door** – Iowans might have trouble figuring out who to turn to obtain information regarding their services. Do Iowans turn to the Iowa Department on Aging? Department of Health and Human Services? Area Agencies on Aging? Iowa Office of the Long-Term Care Ombudsman? Numerous agencies related to aging in Iowa makes it confusing for older adults and their families to identify aging services in their communities. Participants envision a system that older adults can easily navigate to meet their needs and preferences. Regardless of what entity Iowan's contact, they will receive the same information.
- **Integrated Health System** - Aging services is a component of a larger health network of providers. Providers such as hospitals and clinics work hand in hand with aging services providers, often relying on each other for updates and providing different levels of care. However, different payment structures and heavy regulations creates issues in quality payment, integration of information, and conflicting or redundant services that keeps health providers from working together cohesively. Participants believed that 2030 Iowa would have broken down the walls separating providers and payments would focus on the care of the individual, not the setting of care. Therefore, an Iowan could move throughout the system seamlessly. Care would be coordinated at all levels by the health professionals and records would be easily accessible. There would be no more duplicative medications or services between different providers and the care would be focused on the patient/resident.
- **Care Towns/Campus** – When posed with the question as to how to care for rural Iowans in a world of shrinking populations and resources, a participant looked to community colleges for inspiration. Why not have regionalized institutions throughout the state with needed amenities nearby that act as the care centers for their areas? Instead of each small town trying to cover all the aging service needs, the care town/campus would cover small regions of the state and offer the entire continuum of care from independent living to hospice. Additionally, these regional care towns/campus could act as a central hub for home health in their regions. The goal of the care town/campus would be to centralize resources, such as workforce and construction capital, instead of spreading it out over various entities throughout the state. Further, the care towns/campus would be built in locations with a goal of better integration to the wider communities. Iowans could receive all the care they need, not far from their home town, in a way the helps reduce the resource cost.
- **Robust Oral Care** – Of huge significance for quality of life for older adults is comprehensive oral care. Medicare does not pay for oral services and older adults are required to have additional insurance. For older adults with limited resources, that might keep dental services from being a priority. Numerous studies have found that higher quality oral care leads to a whole host of better care outcomes, such as reduced use of pain medications to healthier eating habits. The participants believed that the Iowa of 2030 would ensure oral care for all older adults.
- **Technology Integration** – Iowa in 2030 has fully embraced technology in aging services. Participants believed that the rise of assistance technologies such as Alexa or Google Assistant and health monitoring technologies will revolutionize home care services. New technology will help Iowans remain in the place they call home for longer periods of time and help relieve workforce shortages as fewer workers are needed to monitor aging Iowans. Additionally, regular aging services providers, like assisted living or nursing homes, will integrate technology into their facilities and care. Telemedicine will allow doctors to view patients from the nursing home instead of incurring transportation costs and jeopardizing the health of the resident during transit. The assistance technologies will help answer questions for residents and help track their care. Participants only viewed technology as a positive in increasing the quality of care in Iowa.

- **Preventative Health Services and Healthy Living** – In addition to new health care models, participants envisioned a holistic approach to health care that emphasized healthy living habits and preventative health services for older adults. Through a combination of easily accessible health care services, public education of healthy living diets and lifestyles, and new technologies that helped manage and monitor health, aging Iowans would live healthier and happier lives. Additionally, the emphasis on preventative medicine would directly link to cost savings to Iowa. Reductions in emergency room visits and expensive medical procedures through healthier living would allow the state to use its resources in other ways to benefit the aging populations of Iowa.

## Innovative Ways to Regulate Nursing Facilities

Few health care providers are more heavily regulated than nursing facilities. The federal government's approach to only fining bad behavior is taking resources out of aging services, right when Medicaid is unable to keep up with paying for the cost of care. Participants of the Summit recognized that a balance between providers and oversight is needed. Some recommended not jumping to large fines immediately, but instead creating action plans that give providers a chance to correct the action before a fine occurs. Others suggested a system where, instead of fines, nursing facilities would be required to put the money into quality improvements, such as additional staff, new equipment, or mandatory training. Either way, many participants believed that a better regulatory environment would ensure a quality care for aging Iowans.



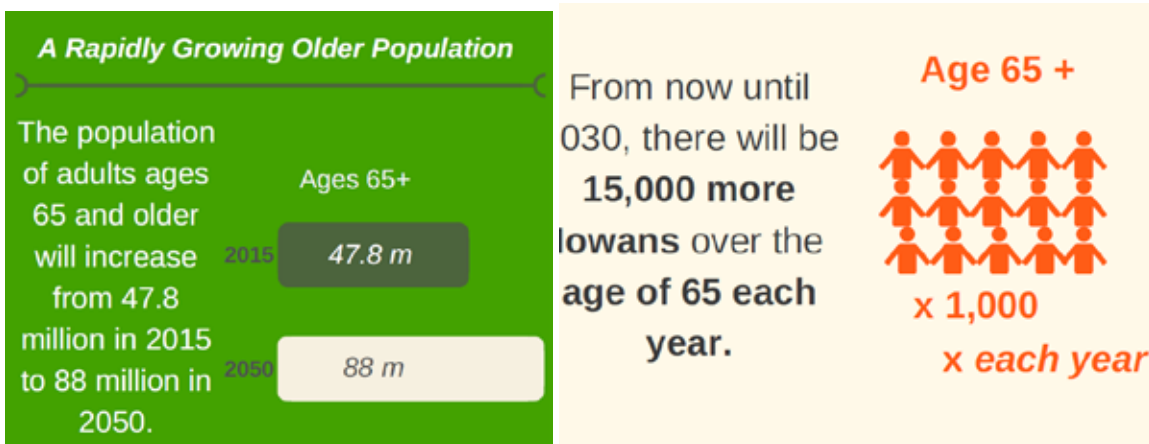
## Today's Challenges Facing Aging Services and Iowa's Aging

There are numerous challenges facing the Summit's vision for the future of aging services. A tidal wave of baby boomers, low reimbursement rates, and fewer workers to care for older adults are just a few of the challenges that face the aging services system in Iowa. Participants of the Summit were given the opportunity to hear some of the challenges facing providers and Iowa's aging. The information helped inform their vision for the future of aging services and help them focus on the most pressing issues facing older Iowans.

### A Growing Older Adult Population

Iowa is an old state and only getting older. In the 2010 census, Iowa had the fourth highest percentage of population age 65 and older in the nation. Today, Iowan's over the age of 65 make up 16.5 percent of the state's population. By 2030, it will be 22.5 to 25 percent of the state's population. For Iowa, the growth of those over the age of 85 will be more dramatic. By 2030, those over the age of 85 will grow by 42,000 more Iowans than today. That is a 52 percent increase!

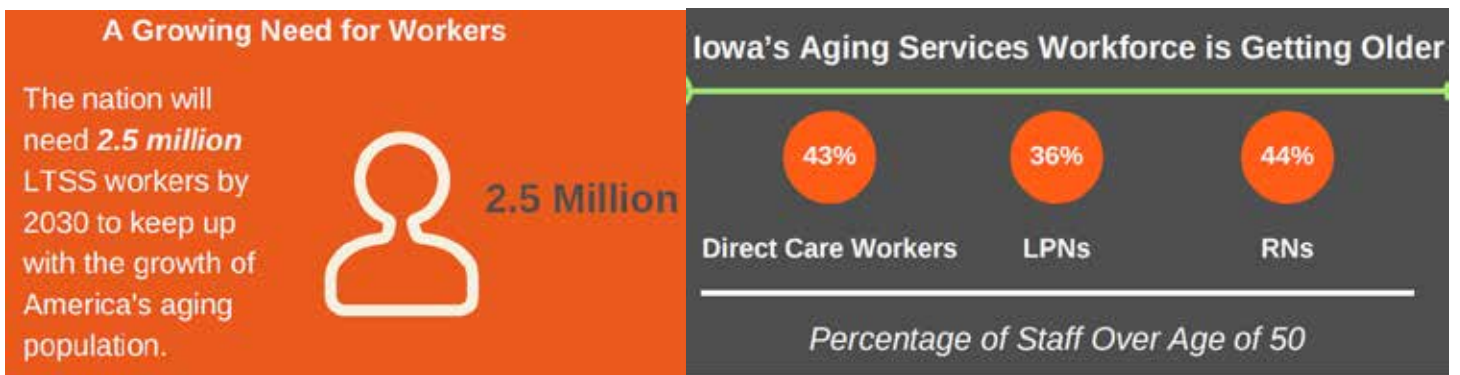
The demographic trend means thousands more older adults in Iowa who will strain aging services, social services, and health care.



### Workforce Challenges

Workforce is not some issue that will concern Iowa in five or ten years. It is a challenge facing aging service providers today. Workforce is consistently viewed as the largest pressing issue for health care providers. Finding direct care workers, nurses, and other support staff is a struggle in both urban and rural areas. Low Medicaid reimbursements, low unemployment rates, and other factors make finding quality staff in aging services difficult. In 2016, Iowa Workforce Development found there are an average 9,000 job postings a month for RNs, LPNs, and CNAs in Iowa, and only 2,500 of those positions are being filled.

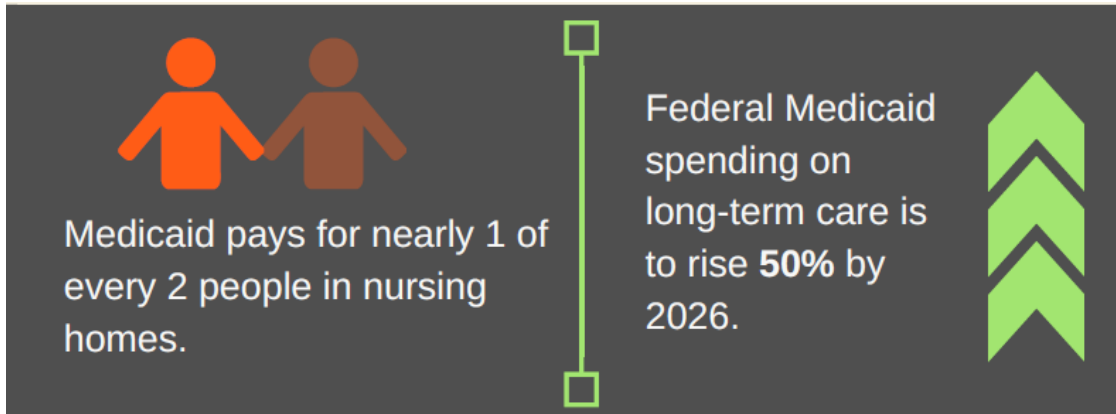
Iowa will need thousands of new workers to deal with the rising grey tsunami of older adults who will need some form of services.



### Reimbursement Issues

How America and Iowa currently pay for aging services is not sustainable. For nursing facilities, one out of every two people in a nursing home is on Medicaid, and the other half is made up of mostly private paying individuals. Today, Iowa is reimbursing nursing facilities \$30 less a day than the cost of care. That translates to thousands of dollars of losses each year for nursing facilities serving Medicaid populations.

For services in assisted living, home health, adult day, or other HCBS settings, state aid is limited in resources and reimbursements are not keeping up with costs. As more Iowans enter these services the disparity between the cost of care and state reimbursements will only increase as more and more Iowans seek to utilize services.



### **Aging Stigma**

People view the elderly and the concept of aging often in a negative light. Working in a nursing home or in some form of aging services is not seen as a glamorous career. The use of modern medicine to slow the process of aging to stay young as long as possible is a massive and lucrative business. The value of the older adult is often underestimated as the culture and media is driven by youth and "new" ideas.

## Current Innovations in Aging Services

With participants from a wide variety of backgrounds and spheres of influence, many are already making great strides in shaping the future of aging services. From education initiatives to focusing on quality over quantity of care in nursing homes, many are already innovating in their sectors.

LeadingAge and LeadingAge Iowa (LAI) are focused on dealing with challenges facing aging services workforce, LTSS funding, and the aging stigma. LeadingAge, the national association of LAI, has released several papers and videos regarding these topics, including the Pathways Report, A New Vision for Long-Term Services and Supports, Workforce Data Sheet, and a video about An America Freed From Ageism. LAI has also released Workforce Data Sheet that is Iowa centric and LAI has pushed for workforce related legislation over the last few legislative sessions.

Many other participants listed a wide range of activities they are currently engaged in:

- Promoting legislation focused on aging issues at the Iowa Capitol.
- Creating a "No Wrong Door" policy for receiving aging services information.
- Creating a health career pathway from high school up.
- Looking at including technology and telemedicine in the care for residents on their campus.
- Trying to integrate health fields with Future Ready Iowa.
- Keeping older adults independent through proper medication management.
- Seeking quality metrics and measures to keep people out of hospitals.
- Trying to keep Iowa's aging in a setting they call home as long as possible.
- Collaborating between the provider and the community college on workforce challenges.
- Changing the culture of their facility to make it more service focused.
- Restructuring payment models to support independence and choice with older adults.
- Collaborative approach between regulators and providers.
- Reaching out to schools to expose aging to younger people.
- Innovative new care models for treating dementia.
- Looking at ways of helping older Iowans enter the workforce.
- Building affordable independent living.
- State Innovation Model to devise a redesign of health care delivery system.
- Created a PhD program in gerontology.

The list is just a sample of all the initiatives under way to try and solve the coming aging crisis. All the work by the myriad of participants at the Summit highlights the importance of the collaborative vision. With so many ideas and goals currently underway, a need to push toward a central vision is critical if Iowa wants to make a sustainable future for all older adults.

## Future of Aging Services Next Steps

The Summit laid out an ambitious vision for the future of aging services. The Summit did not propose incremental steps to fix current problems, instead the Summit wanted to reshape aging services and aging in its entirety.

The 2030 vision is achievable. It is not a pipe dream, but an aspirational vision that can be reached through coordinated effort. Reaching the collaborative vision is going to take considerable effort from all the participants at the Summit and many more who were not in attendance. What is clear is that the conversation on the future of aging services and aging is one that will continue to be shared.

Before participants left, the Summit tasked them with creating a plan and next steps to carry forward the collaborative vision. Each participant needed to provide short and long-term next steps for creating the 2030 Iowa vision. Here are just a sample of goals set forth by participants:

- Commit to further summits and discussion on action plans or strategic plans.
- Educate staff of organization on challenges.
- Collaborative efforts to build a career pathway.
- Supporting legislative efforts in Iowa.
- Look at innovative ways to fund aging services.
- Convene discussion with leaders from across the health care continuum to discuss partnership opportunities.
- Go to legislative forums to share the message of aging.
- Focus on recruitment and retention of workforce.
- Investigate payment methods for alternative services.

### Support of the Collaborative Vision

The collaborative vision for the future of aging services and aging is too large for one entity to achieve alone. LAI asked all participants to review the report and share goals or strategies they intend to lead or support toward the collaborative vision. LAI stated the association will take the lead on topics such as adequate funding for aging services, providing choice in setting, well-respected workforce, integrated health systems, and innovative ways to regulate nursing facilities. However, more will need to be done to support the collaborative vision created at the Summit. Only by all participants working together can Iowa achieve the vision of being the best place to age in the world.

## List of Participants of the Future of Aging Services Summit

First Name	Last Name	Title	Organization
Jerry	Foxhoven	Director	Iowa Department of Human Services
Rob	Kretzinger	President and CEO	WesleyLife
Peter	Martin	Professor	Iowa State University Gerontology Program
Cindy	Schulte	Director, Government Affairs	Iowa Valley Community College
Georgia	VanGundy	Executive Director	Iowa Business Council
Ryan	West	Division Administrator	Iowa Workforce Development
Michael	Bergan	Representative	Iowa House of Representatives
John	McCalley	Program Director	Amerigroup
Katie	Smith Sloan	President and CEO	LeadingAge
Pat	Steele	Central Iowa Works Director	United Way of Central Iowa
Julie	Thorson	President and CEO	Friendship Haven
Bert	Vigen	CEO	Good Shepherd
Kim	Bergen-Jackson	Administrator	Oaknoll Retirement Residence
Alex	Harris	State Director for Adult Education	Division of Community Colleges & Workforce Prep
Linda	Miller	Director	Iowa Department on Aging
Robin	Mixdorf	CEO	Meth-Wick Community
Ryan	Murphy	Public Service Manager	Iowa Workforce Development
Dave	Stone	Advocacy Officer	United Way of Central Iowa
Jann	Freed	Professor Emeritus of Business Mgmt	Central College
Kathy	Horan	President/CEO	Abbe Health
Carrie	Malone	Compliance Officer	Iowa Department of Aging
Michael	Romano	Board President	Iowa Medical Society
Joe	Sample	Executive Director	Iowa Association for Area Agencies on Aging
Gretchen	Brown	CEO	Stonehill Franciscan Services
Linda	Brown	Program Director	Iowa Alzheimer's Association
Natalie	Ginty	Health Policy Advisor	House Caucus Staff
Suzanne	Heckenlaible	Commissioner	Iowa Commission on Aging
Rod	Roberts	Director	Iowa Department of Inspections & Appeals
Sara	Ruhlmann	Director of Nursing	Oaknoll Retirement Residence
John	Forbes	Representative	Iowa House of Representatives
Julie	Kaminski	COO	Immanuel Pathways
Ashley	Thompson	Government & External Affairs Liaison	UnityPoint
Kathy	Weinberg	Executive Director	Iowa Board of Nursing
Scott	Halbach	Administrator	Lutheran Retirement Home
Donna	Orton	Legislative Liason	North Iowa Area Community College
Brian	Phillips	Campus Administrator	Highland Ridge
Bob	Russell	Bureau Chief	Iowa Department of Public Health
Ronee	Slagle	Regional Manager	Iowa Workforce Development
Tony	Vola	Board of Director	Older Iowans Legislature
Mindi	Baker	Administrator	Eventide Lutheran Home
Brian	Majeski	Assistant Director	Iowa Department of Aging
Kari	Matheason	Executive Director of Clinical Services	UnitedHealthcare Iowa
Jennifer	Nutt	Director, Nursing & Clinical Services	Iowa Hospital Association
Heather	Rehmer	Executive Director	Bishop Drumm Retirement Center
Matt	Blake	Director, Government Relations	LeadingAge Iowa
Di	Findley	Executive Director	Iowa Caregivers Association
Teresa	Krueger	Executive Director	Brio, WesleyLife
Yi	Lu	Masters in Public Health Intern	Iowa Alzheimer's Association
Kelsey	Thien	Health Policy Advisor	House Caucus Staff
Cheryl	Arnold	Commissioner	Iowa Commission on Aging
Regenia	Bailey	President/CEO	Bailey Leadership Initiative
Jessica	Coon	Pharmacy Student	
Nichole	Stark	Pharmacy Student	
Shannon	Strickler	President/CEO	LeadingAge Iowa



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