

Charles

Welcome everyone. This is our last webinar of the year, and we're excited about the content. It's super timely, we're excited to have you. Like Megan said, this is our Activities Strong Webinar, December 14th, and also this is our executive edition where we focus on topics that are important to everyone, but also executives in their senior living industry, right? So if you are one of them, i.e, an administrator, an executive director, or anyone that is beyond, or another department beyond activity and information, thank you for showing up. It shows that you value resident engagement, you see the importance of it, and are helping us elevate the discussion just by being here. So I'm joined today by a good friend of mine called Eleanor, and we are gonna be talking, she's gonna be talking, about and presenting on, staff and resident engagement, the exponential value driven partnership. Before I get started, I just want to remind everyone that Activities Strong is an initiative led by LinkedSenior in partnership with Activity Connection, NAP, and Encap. And like Megan said, I'm the CEO and Co-Founder of LinkedSenior. You know, we at LinkedSenior believe that old people are cool. I think that I know somewhere has a sticker that says old people- yeah, right there in the back, which is an initiative that we started seven years ago, just to fight ageism in a healthy and fun way. And obviously we started Activities Strong as the pandemic unfolded to, you know, not only acknowledge the amazing work of you all, activity and life enrichment professionals, but also to empower you and educate you. Super quick slide about LinkedSenior. We are a resident engagement platform for senior living. So we work with the operators across the US and Canada across levels of care. Essentially what we do is we help you do more and better engagement through different types of technology and education. And our work has been published in a peer reviewed journal. Very proud of that. So today, we're gonna talk about something that I've always personally been very passionate about, which is staff and resident engagement, right? In activities, we know that our task, our job, our passion is around helping elders find purpose, but isn't there something so cool that happens when our staff themselves is engaged, right? And so Eleanor, who has tremendous experience, is going to help us understand how to quote-on-quote unlock this partnership, right? And I thought that as a word of introduction, I maybe thought about reminding myself of what resident engagement is about, and really it's about collaborating, right? It's about finding common ground with the elders that we serve to connect with them. And connecting is something important to us, we love it. That's why we show up at work, it's important to our staff. So the more we connect with the elder, the more successful will be ourself in finding purpose, but also in helping our residents find their purpose as well. So with that, again, a great pleasure to introduce Eleanor, as I mentioned she's a friend of mine, she's actually a mentor of ours, of mine. And she is the Chief Executive Officer of LeaderStat, and Ganzhorn Suites, and she's joining us from sunny Ohio, as you can see. Eleanor, thank you so much for being here with us.

Eleanor

Thank you, Charles. I'm really excited to be here today, and share with you maybe a couple of experiences that I've had along the way. First off, just a little bit about my background, and you can see I started LeaderStat 20 years ago, 20 plus years ago, to fill that need of interim administrators and interim of nursing that I saw across the country. When a skilled nursing facility or assisted living was in need of leadership on a short term basis, they really need talented people who were there and able to step in, so I started LeaderStat based on that. Based around 2005, started moving into the acute care space and we

place travel nurses in hospitals. Then really a critical moment for us was 2019, when a couple of our clients were really struggling in the early days of the pandemic and said, you gotta help us. We really need direct care staff. And so we shifted and started STNA's, LPNs, and RNs in care facilities, both skilled and assisted living across the country. So that when people had staff members out in quarantine, they had a reserved staff to call upon. It really wasn't crisis in the early days. I know all you experience that firsthand, but we didn't have PPE. You know, we were actually sending masks with people so that they were properly protected. We didn't have testing. It was really a tough time, and I know all of you have gone through that. So LeaderStat was really proud to be able to support facilities along the way. In addition to LeaderStat, six years ago, I started an assisted living center that's a hundred percent memory care. And it really helped me fulfill a dream that I had of caring for people with Alzheimer's and other types of dementia in a really unique and special way. (00:06:02): These are individuals who need our love and care probably more than anybody else in the post-acute world. And I really believe in a special environment that's based on person-centered care and small houses. So basically this is, if you go on LinkedIn, this is the bio that you'll see about me. I've been in senior care since I was 25. It's something that I feel very, very passionate about. And I remember back in that time, we kept saying, the baby boomers are coming, the baby boomers are coming. Well, guess what, we're here now. And we still have lots of challenges along the way. So again, this is kind of my bio, if you will, but I really wanna tell you more about me, and why I feel so passionate about what I do and why I share the passion in the work that you do. Charles, next slide. Thank you. So this is a really fuzzy grainy picture, but it is of the D.C. Home for the Incurables. So the D.C. Home for the Incurables is downtown, I think it's on Massachusetts Avenue, right over the line in the district, and when I was in high school, I volunteered there every Wednesday afternoon and it was a very institutional setting. And it was almost scary the way we were providing care to people, and really it was for our elders, but if you said you were in the Home for the Incurables, you got some kind of special federal funding. So every Wednesday, we little high school kids, we go in and say, you know, we wanna talk with you, we wanna meet with you and try to bring a little life and joy into the lives of the residents there. And it was really depressing, but out of that, I can still remember the story of an individual by the name of Roy who was in, you know, a typical hospital gown, a typical hospital bed, and he had pictures of being a speedboat driver. And he told all these stories about racing, being in a boat and all the excitement and exhilaration being this really speed demon driven guy. And I saw him in this older body, but I realized that inside there's this incredible person with an incredible history and story to be told, and their elders have this story that we all need to hear, and we all need to connect to that part of our history, to that part of our legacy. And so Roy really helped me to find a path in life. I didn't quite know it yet, but he was really the foundation for me saying, you know, I think this is what I care about. So, Charles, next slide. (00:09:06): So this is kind of a long story of how I got there, so I'm gonna spare you the details, but I found myself just a couple years out of college, working in West Virginia, in six really rural counties as a long term care investment. And a lot of times I don't tell people about this, because they go oh, you know, we don't like those people, you know? But I kind of saw myself as the Norma Rae of elder care, and went into a lot of unlicensed personal care homes that were just horrific. They were people's homes that they almost converted and they just took people's social security checks. There was this opportunity because all of the state mental hospitals had and closed down. There was a federal mandate to put people in the least restrictive environment and it opened up all kinds of abuses for elder care. So I literally went in with state troopers and people from

the health department to close down a facility, that was a home, in the middle of August. And I lived in this old Victorian home for three days while we gave people baths, cleaned them up, helped them find nice clothes and placed them in licensed facilities. I knew at that point that we had a much better way of caring for people and we needed to find better ways of caring for people, because our systems and processes that we have are not getting it done. And so when this doesn't show up on my official resume, this really is my 'why.' It touched me deeply, and I realized that if I was gonna change the world of elder care, I could do it by running one skilled nursing facility, and running it right, doing the right things. (00:11:00): And so that one thing led to another, you know, that happens in your career, and I operated in various facilities and became a regional and worked for two very large companies for 20 years. So that's really the track you will see, but the voice that lives inside is the voice of connection and advocacy and improvement in providing the best level of care. Not just physical care, but that emotional support that so many people need, especially in their elder years. So this is really in my 'why,' and I wish my resume were a picture of some of the people along the way, instead of just data. Okay. Next slide. So I remember along the way, talking to caregivers and saying, this is a hard job, you know, and you work really hard, not only physically, but emotionally, why do you come back? And I had so many people say to me, you know, the first day was terrible. I walked out that door saying, I don't think, you know, I'm never going back that, you know, no way I'd much rather be working at McDonald's than that. And then they, they kind of got home and they had this moment of, you know what, but there's that resident there and I know they're counting on me to come back. And it was that personal connection that helped so many people say 'I'm needed. This is important work. This is what I need to do.' So let's do the next slide. So one of the places that I really got to see the impact of significant relationships was at the Ganzhorn Suites, where we developed memory care in four households. So each household has approximately 30 residents, dedicated staff, and everything is focused around the kitchen, living, and dining room in the household. And it was amazing to me. I knew that we would have stronger relationships between residents and staff, but what I didn't understand was that in having the household kitchens and dining rooms, that it would bring our families together. And our staff developed so much stronger relationships with families, and the families with one another. So when we have someone pass away, we normally have 10 family members at the funeral, because of these incredibly dedicated relationships. During the pandemic, our turnover was less than 20%, and I really believe that a big part of that was the commitment and the dedication that came from these deeper relationships that happen in a smaller environment. You know, lots of the studies have been done around the Green House and person-centered care about how you drive better outcomes, but we got to see that in real time, so I know that relationships drive commitment and it's an important part of who we are in this field, much more than any other setting. So it's important that we love that and connect with that and continue it. So next slide, Charles. So some data, and I think a lot of you are living this, so it's probably information that's not surprising to you. First off, some of this information is about all employers, not just healthcare, but we know right now that we've been in this incredible national workforce shortage. 53% of all employers report severe difficulty in finding and retaining workers. I mean, you know that. You drive down, you see Myers, you see Panera, everybody has job openings. 92% of all healthcare employers report moderate to severe difficulty. One of the things that's really impacting us is that 28% of all employers see more women leaving than men, and that's even more pronounced in healthcare. 53% of healthcare employers see more women leaving their jobs. There have been so many complications

around childcare and navigating hybrid work situations and hybrid school situations, that it's made it very difficult for our workforce to continue their commitment. 60% of employers say employees are leaving for higher paying jobs. And we see that dramatically in our field. We know that it's so hard to compete with Amazon Distribution Center down the road. You have to get to that level of being able to compete economically. You have to be able to offer a decent rate of pay so that you can then focus on the commitment side. 58% of the people who responded to the survey said that many employees could make more money or as much money from unemployment benefits and childcare benefits than working. And I think all of you know this has had a tremendous impact on operating our centers. Next slide. What is really interesting is that we see six different healthcare environments here: outpatient care centers, home healthcare centers, nursing homes, physician practices and hospitals and AL's. Every other area has bounced back from the decrease in employees except nursing homes and assisted living. We are still struggling. We still have a tremendous amount of difficulty staffing our centers, even when home centers are starting to bounce back, hospitals are starting to bounce back. So Charles, will you do our next slide for us. So according to this national data, basically, we have lost over 250,000 jobs and the sector, and it's very hard for us now to refill that pipeline. We've always had challenges, finding a committed, dedicated workforce, but now it's even tougher. And I know all of you are living that and you see it. Okay, Charles, we're ready.

Charles

Did you want this one?

Eleanor

I did, thank you. So 86% of nursing homes and 77% of, if you don't mind going back one, Charles, be great, say that their workforce situation has gotten worse, even in recent months. Many nursing homes have had to limit new additions. Many. 78% of the nursing homes in assisted living communities are concerned that workforce challenges may force them to close, but leaders that we sent, some CNAs and LPNs to some facilities that I'm pretty sure they would've closed down if they had not had the additional support. They just did not have the reserves within the local community. And I think yes, of late, we just got that resurgence of COVID coming back. I think we have a lot of people who just don't wanna work in an environment where they feel like they've got a deadly virus. I mean, in the beginning we had people who said, I love it, but I don't wanna put myself or my family at risk. Charles, will you go to the next one for me? And I think, what we've all found is that there really are no easy answers. This is such a complex problem. A big part of it, I think, especially in skilled nursing, gets back to reimbursement. You know, there's so much pressure to increase wages, but you only have so much revenue to work with because of Medicare and Medicaid reimbursement limitations. I think a lot of the states are trying to put more money back into the workforce and skilled nursing. I met with a Senator this morning from Ohio who said that they had approved close to a billion dollars in workforce support money, just for skilled nursing. It's problematic though, because a lot of the money does not go to assisted living, so much more of it is earmarked towards Medicaid and Medicare providers. There is a movement to try to resolve some of the issues short term, but the long term issues are really huge. HCA and LeadingAge are both sponsoring a care for our Seniors Act, which is really interesting and has some good long term solutions for workforce

development. So I think while we know that there are some things that we can do, it's still a very complex problem. The best thing that we can do that we have control over is, to create those opportunities to connect. Create those opportunities for our staff, to know that they are needed, that they are doing meaningful and purposeful work, to help them reaffirm the 'why.' The 'why they come to work every day' and 'why it's important.' The more that we can inspire and motivate passion and meaningful work, the more we can hold onto our staff and help them see that what they do is one of the most important jobs out there. Charles, are you ready to transition? (00:24:39):

Charles

Absolutely. Thank you so much Eleanor. So this was an amazing presentation background. I love to hear about your 'why' Eleanor, it's a great reminder sometimes for us to find our 'why.' And obviously like you said, many times, this is definitely not a, quite a good, easy situation. It's probably one of the worst ones that our industry ever experienced. You know, part of me when I hear you talk wonders, how much of this kind of already existed, right? We know that it's difficult for us to compete against other industries because, and I have this slide here that says 'may the age be with you' from Yoda and LinkedSenior, just as a reminder that, you know, we all fight, again, this idea of ageism, right? Can you talk a little bit about that? What you thought existed before in terms of what pros and cons we had and things that might be helping or not today?

Eleanor

Well, I think you're absolutely spot on. You know, we have had the workforce issues before the pandemic. There are many nurses that don't feel like they can put their clinical skills to the best use by working in a skilled nursing facility. So we, you know, we've struggled with building a committed workforce, but it has become so much worse with the pandemic. I mean, it has become overwhelming. I'm on a Facebook group with a lot of administrators and I think there's almost like 5,000, maybe it's 3,000 administrators in this group, and their stories are heartbreaking. I mean, just the hours that they're working. Directors of nursing, everyone in a facility is just pushed to the max. And I feel that it's hard, you know, one person only has so much to give. So we have to find help and support and relief for these incredible individuals. But I think it was there before, but it's so much worse now.

Charles

Yeah, and I'm interested to hear from your perspective, Eleanor, as you work with leaders that obviously have many partners and clients throughout the country, so you might have also an understanding of some of the companies that might perform better, right? So you talked about culture, for example, you know, it comes to mind two operators, one in Canada called Schlegel Villages, and another one in Denver, Colorado called Christian Living Communities, where they, for years, have built this idea of having a culture of integrating elders, of being very adamant about anti-ageism and so on. From your perspective, do you see such a big difference? And if there is such a big difference, what are the main points that you see between people that are successful right now on this topic or not?

Eleanor

So I agree with you. I think culture is huge, but you still have to offer competitive wages and benefits. If you are, you know, \$3 an hour below your local competition, even though you've got great culture, you're probably not gonna hold onto people. I mean, there's an economic reality that has to be met, but once you're there, people wanna stay in an environment that has great culture and energy and commitment. And we're in healthcare. It should feel like a kind, collaborative, loving place to be. That's what we want in this field. So I think culture is really important, but it's so hard when everybody's, you know, in kind of a survival mode, but the people who are more successful, I think one, maintain culture and respect and kindness and caring. And I think you also need to get out in front of, or react to, issues with staffing more quickly. A lot of times we wait till it's really desperate before we start looking at interventions and solutions. The faster you react, the better it's gonna be. You can't just post a job and pray. You've got to be much more progressive and proactive in reaching out and connecting with potentially new employees. Don't wait until it's a crisis.

Charles

Right. And you know, on one of my last, my next slides, sorry, I have one of my favorite quotes, which is that 'a musician must make music, an artist must paint, a poet must write if he is to be ultimately at peace with himself. What a man can be, he must be.' And I, personally love that quote, because it reminds us of often what we do in the field of senior living, which is to help our elders be who they must be. You know, I love your story of Roy that you shared earlier, and it's interesting, I don't know if you've been following, but in the chat, a number of people have made total discussions about the fact that culture is great, but it's definitely not the only thing that matters. Like you mentioned several times, pay was really important. I mean, at this stage, you know, we're at the end of 2021, right? We're looking into 2022, I talk to operators, I'm sure like you do, like, some of them are really challenged and even figuring out their budget. I mean, pardon me, ask where do we see the light? Any sense on that?

Eleanor

Oh, you know, I'm an internal optimist, so, and sometimes yeah, called Pollyanna. Because I believe that the light is there. We don't have a choice. We have so many elders in this country and, you know, obviously it's not just a problem for the US, but you know, our numbers of elders have grown. So we have to figure out a strategy for elder care in this country that is viable. And I know these long term solutions sound like, well, you know, they're down the road, but if we don't start working on long term solutions now, you know, we're still gonna be five years down the road saying, oh my gosh, we have these problems. So I think part of it is getting commitment from your local and state governments to increase reimbursement. I mean, we have got to have a big voice to say caring for our elders is a national priority. And we have been trying to do this for a long time, but it's more important now than ever now that we've gone through the pandemic. So I think we have to work on scholarship programs, creating career paths. In Ohio, we don't really use medication aids, and it's an opportunity to give CNAs a career path. And so, you know, we have the ability to help develop CNAs into medication aids, to help grow LPNs, and create not just tuition reimbursement, but scholarship programs to create career paths. I

mean, that's how we're gonna fuel our workforce portal, if you will. We've just got to get creative. It's not gonna get better unless we push hard and work hard.

Charles

Thanks for those suggestions. You know, I, obviously, I'm a little bit like you, as an entrepreneur I do tend to be optimistic. And I agree with you that in the end, I mean, it's a good reminder to say that, I a hundred percent love your idea but we don't have a choice. We need to fix it. And so thank you for suggesting these things that can be done. You know, in the chat, there's something that came up, and I think it's a very important aspect as well. You know, my wife is a teacher, so there is a little bit of that in quote-on-quote, the teaching world, and it's actually a comment from Joanne, that says that coach is important, but the fact that this is a female dominated field shows that the culture does not value our contribution or the lives of elders. So I think, you know, the question here is also about gender dominance and so on. Can you talk a little bit about how much do you think that weighs into some of these care paths to be less valued or less dignified?

Eleanor

You know, and I agree with you Charles, and the person who made the comment. I find this fascinating that we are such a female dominated field. You know, most nursing facilities, assisted living, you know, probably 90, 95%, right? At the center level. But as you start to go up the chain of command in lots of large organizations, that starts to flip. And one of the things that I think we need to do is, and probably you weren't expecting this, but is to get more women at the table where decisions are made about resources, money, things we care about that will change the path of care. I really think that we have a commitment as caregivers and women and all of us as caregivers, regardless of our gender, to make sure that we are living those values and the correct values. We are here to care for people. And some of the issues that we've gotten into with publicly traded REITs operating facilities has really changed that dynamic. (00:35:00):

Charles

Yeah, I do want to go further in that topic because I personally feel very strong about it. You know, I'm sure that you've gone to some of these conferences where you meet capital partners, the owners and operators, and I agree with you, like frontline very female dominated, but when you go to that level of the organizations, it's quite the opposite. Sometimes you have a room with just not enough women, that's a problem, right? That's a big problem. And so I know that, you have experience in the industry. I'm curious to hear in the past five years, have you seen a change? And for the organizations that have made the change, anything you could talk about how they've accomplished that?

Eleanor

I'm not sure that I've really seen a change in the last five years, but six years ago when I was going out to raise the capital for my assisted living center, my CFO, really smart guy, I mean, and I get it, but most of the time, you know, after about the first five minutes of conversation, everybody was talking to him and they were, you know, they were ignoring me. Trying to raise capital is very, very difficult. I knew that if I

was going to start a facility, I wanted to own the real estate. I didn't wanna be held to somebody that I was leasing it from, because I knew I wouldn't be able to make the right decisions to provide the right kind of care. But trying to get capital, trying to develop facilities is very difficult. You will not see a lot of women who are actual owners. And I think we have to help make those opportunities available to women and other minorities so that there can be more people sitting at the table, and more diversity.

Charles

And I hope that everybody here in the audience potentially sees themselves well, sees the example in Eleanor, who's successfully done that. So thank you very much Eleanor, for being an example of that success. One of the other topics that we wanted to, that I would love to just discuss with you, you know, so we at LinkedSenior, obviously we're very passionate about resident engagement, I started the company to help elevate this, and this is a slide that we've used for some time now, that basically explains why sometimes it's almost impossible, therefore, we should look into technology, right? And yesterday I was talking to someone who just before COVID had been in a hotel and ordered something, and it was a robot that came to deliver the item that was requested, right? That was just before COVID. And she was making a point that, you know, our industry is late to the game when it comes to innovation, but there is also a lot of staff efficiency. We definitely don't want to replace staff, but there is an element of making investments that help our staff do more. I'm wondering if you're seeing any trends or what your thoughts are on that, which is basically innovating part of our way out of the situation here.

Eleanor

Yeah, and Charles, I think that is just such, it's such a fascinating topic because there's so much of the hands on care, you know, that you can't automate. But when you look at resident engagement, there's so much that we can do to use technology to help tell the story about a resident. You know, I was talking to somebody at the Ganzhorn Suites about how, you know, if we could hear the stories about people that we hear at their eulogies, if you hear it in the very beginning, you really understand who that person is and what they care about, we could be so much more effective. Technology does a great job of capturing stories and the pictures and the sounds and who somebody is, and also what they enjoy. So I think technology can go a long way in keeping people connected and engaged and residents connected with the outside world and family and etcetera, but also staff getting to know residents in a deeper way. I think the other thing that is really fascinating in our world of really advancing technology is that in a memory care center, it's very hard to find super good technology to keep people safe without restricting them. You know, our goal is to keep people as safe as possible, but allow them maximum freedom. And the technology is still really not being designed for our setting. And there's a lot that can be done to help predict and prevent falls. And we have to keep moving down that path so that we can have support from technology, because it can't always be people

Charles

Last kind of slide, and after that, I can stop sharing my screen. You know, we are obviously, you know me a little bit, I'm very passionate about engagement, and making sure that our elders find purpose every day. You know, I think I always like to refer the field of activities of resident engagement as, I mean,



basically it's a human right, right? And I want to thank you again for sharing your story of what you experienced in West Virginia, when you discovered these homes where basically they were meant to be closed in the first place.

Eleanor

Yeah, it was really concerning. And I think, you know, where I really got kind of disappointed was after we closed this one home and successfully placed all these individuals and safe environments, I went to the department of health and I said, that's great! Now we've got four more that we need to close. And the guy looked at me and said, if you think that we can put all of these people in licensed facilities, you're politically naive. I was like, well, this is a dumb job, what am I doing? And that's when I knew that if you can make a difference, you can do it in one center. Whether you are an administrator or you're the director of nursing, or you are that resident engagement person, you can make life better for individuals. And, and that's where we have to start. It's just got to be one person at a time. We can't, sadly, I finally figured out in my advanced age now I can't really change the world. I thought I could, but I know the best that I can do is one relationship at a time, try to move it forward. And that, you know, at the end of the day, then we go home and we say, you know what? It was a hard, but I did something really important, and I am proud of who I am and what I was able to accomplish for somebody else.

Charles

Yeah. I mean, thanks for sharing this Eleanor. I would argue quite the opposite. You are changing the world, right? I mean, you've contributed to something that's better today for sure, and just, I hope that some of your team members definitely hear what you say, and soak it in really, because I find some of your stories admirable and your work at the Ganzhorn Suites I know is really some of the best experience that our elders deserve. I'd like to kind of switch gears a little bit here, and you know, take this opportunity. We have, I think right now 319 professionals in front of us, Eleanor. Your experience, tell the leaders that if you were to help these professionals, like in January and February, think about what the top three things they can do right now to help, let's start with helping the team members continue to find purpose, right? This idea of the 'why' and all of that. Any bits of advice you can share with them about doing that?

Eleanor

Oh, so first let me just say, none of this is easy, okay? And there are so many reasons why we can't do a lot of this, but we have found at the Ganzhorn Suites that we've extended our orientation and onboarding so that it is four to five days. And we make sure that people don't sit in a room all day long, like with PowerPoint slides going in front of them. So, you know, there's onboarding and then you'll learn about, okay, we're gonna learn about activities, daily living, or dining, etcetera. And so there will be an hour of teaching, but then we spend two hours going out in the household and actually practicing those skills. So I think the more in your original training that you can blend classroom training with hands-on training, the better your staff will connect. Any of us, if you sit in a room for three days and just have somebody talk at you, will be brain dead. And it doesn't help to set the tone of engagement from the very beginning. So I really encourage you to look at your orientation and training programs. Now that's

easy to say, and I know when you're in a terrible staffing crisis, the first thing you wanna do is try to get people, you know, on the floor, on your assignments, as fast as you can, but if you can try to resist and train people better, and I mean, in a more experiential qualitative way, I think your long term connections, relationships, and therefore retention will be better. So I really encourage you to look at some of your training and how you bring people into your center, because you should be, you know, living those values, living everything you care about. It's a very important time. I would also encourage you that if you have people in orientation and they're just not getting it, I mean, you can tell they're bored, they're on a phone, say goodbye early. Don't wait. If people don't share your values, and really believe what you believe in, don't bring them into your home, your family. So I think looking at your training and orientation is really important. Charles, you talk about technology and communication. One of the ways we can communicate with our staff so much better now. We have so many ways, through text messaging, Facebook groups, you know, stay engaged. Stay engaged with topics that are important to them. This is a really stressful time for so many people. It's been really tough. Look at messaging around support and mental health and getting a break balancing family, and you're a really demanding job. You communicate frequently, you know, that support that you have for your staff. Make them feel cared about. We have so many more tools now. It's pretty exciting, really, to keep that connection going. And then involve your families too. Sorry, Charles.

Charles

No, no, no, I think, sorry, because I had an idea, let's go back to the family in just a second, but you know, you mentioned very quickly, this concept of self care, right? And, generally speaking, I think that in the industry, we're not great at helping our team members, you know, take care of themselves. I mean, I know from a fact of talking to hundreds of activity directors, like activity directors tend to be, you know, extremely passionate, extremely like go, go, go, go. Plus it's a discipline where we're with residents, we're with people, so we need, it's like a switch where you're kind of on and you can't really be semi on, it's exhausting. Tell us about self care and what you see as good practice as well.

Eleanor

Oh, it's so complicated, right? Because self care for every individual is different, right? You know, what I need in terms of emotional support is gonna be really different than what you need. And I think that is getting to know your staff, and getting to know their signs of when they're really stressed out and providing them with that ability to have somebody to talk to, to have support, to look at resources. We provide a list of, you know, all kinds of counseling resources and resources for food, etcetera, just trying to make sure that you've got emotional support and resources there for each individual where they are.

Charles

And we have Joan, I think, who's making another great comment about me saying 'on,' is saying that what if we were real with our residents instead of on which actually, I love, thank you so much for sharing this. I mean, I'll say what I think. I think that if we can be real and we know with our residents, that is a fantastic opportunity. What do you think, Eleanor?

Eleanor

You know, I agree. And I think that activities and engagement professionals also are under so much pressure. You know, the number of people that are assigned to your care is a huge number. I mean, to try to meet the psychosocial and emotional needs of a huge number of people is very challenging. And I know you have to reach people at different cognitive levels, different emotional levels, and I know that's gotta be incredibly draining, and you probably go home at the end of the day, realizing that, you know, you felt like a lot of things didn't get done. I think it's really important that you give what you have to give, you give your best self, but when you leave at the end of the day, you have to say, I did everything that I can do, and don't beat yourself up for what you didn't do. It's gotta be really hard, especially now. And with all the short staffing, I think a lot is expected of you to kind of fill in all those gaps. And again, you can only do so much.

Charles

Yeah, and actually somebody had a previous question in some of the topics that we just discussed, especially like the challenges, do you see differences, like big differences at level of care or types of product? I mean, what do you see there actually? Tell us the story there.

Eleanor

Oh, I think there are tremendous differences and I think, you know, obviously I have a bias towards Alzheimer's and dementia care, and I think it is incredibly demanding care, because you not only have the emotional and behavioral issues, you still have people that have very complex clinical issues. And a lot of times people with dementia are put, you know, in a secure unit where they're safe, but not always stimulated, or able to really reach their maximum potential, so I think one of the more challenging environments is the dementia world. But those breakthrough moments are really precious when you can see the light and hear a voice that hadn't been heard before. I mean, that should make you feel like you've done something very special. We had one resident that hadn't said his wife's name in 18 months. And just because of more freedom, you know, the environment that we have, he said her name for the first time. And you know, those are the moments that we live for. I think that is really different than some of the intense clinical care skills, which is a whole different type of challenge, but it's all tough.

Charles

Yeah. Eleanor, one thing that we feel very passionate about is how we elevate and champion activities, because I mean that there is often kind of the fabric of the community, right? That is kind of the life, and we had a speaker a month ago, I asked her because I knew her community, when you walk into her community, it's a nonprofit here in D.C., you know, sometimes you feel it in the air, it's just a different community. There's a sense of quote-on-quote community, right? It feels good. There's a positive energy, there's a good vibe and so on. And she was making a point about the fact that it's often you know, the fact that the activity program, the life enrichment is done well, but also the fact that this true interdisciplinary work, right? This true collaboration amongst departments. And so we, you know, we love this idea of having activities as quote-on-quote CEOs, you know, Chief Engagement Officers. So you and I are actually CEOs of our organizations, but there's something to be said about two things, which is

one: elevating that engagement, and also: that engagement person is the leader for the rest of the organization and kind of helps other team members, other departments, enable that success. And I'm sure that when there are starting issues, the fact that some of our team members can take on other responsibilities or collaborate better is a huge plus. We love your comments on this. I know I've covered quite a few things here, but mainly the interdisciplinary teamwork. Quick thoughts on that before we wrap up?

Eleanor

Very quick, first off, I love the comment: activity professionals are the glue bridging the gap of physical care and mental and emotional care. Very important. And I mean, I think that really summarizes it in a lot of ways. I think a lot of times you are our voice, our conscious, if you will, of saying, we can do this better, we can do this a different way. And I think a lot of times you're called upon to be that intervention for falling, for weight loss, you know, you are like the magic solution on the care plan. And we do count on you in so many ways because it is that exact glue that, the person that Charles is talking about, you bring us all together in some really important ways to connect to the physical care and the emotional care, and not just for that resident, but for their families too. So there's one other thing I'm gonna throw in, that's a little bit off topic, but it's one of those things that is one of my crazy little missions in life. I think it's really important that we all stop calling our profession an industry. You know, when we talk about post-acute as an industry, it sounds like manufacturing. It sounds like a warehouse. And I think as we elevate ourselves, we have to remember, we're not in an industry, we're in a profession. And we're in a healthcare field. That is super important. So I'm just gonna toss that out to the group.

Charles

See you say this at the last minute, because then I want to ask questions, but no, I get your point. I think I do get it. I guess it's another discussion in the future. No, but I do love the idea of, you know, industry sounds, I mean, everything you just said, warehousing the manufacturing piece, and I love this concept of flipping it around because actually it elevates all of us around the world of profession.

Eleanor

Language is important.

Charles

Words matter. Yes. Words definitely matter. Hey, Eleanor, this was amazing. Thank you so much. Thank you so much for your time. Thank you so much for your leadership. I mean personally and I'm sure that the audience feels it, your passion is just, it's just there, it's so warming and so empowering and so inspiring. So yeah, thank you for who you are, and what you continue to do for all of us and for our, not industry, but for the profession. Thank you, thank you so much.

Eleanor

Thank you for that, I love being with you.

Charles

Anytime Eleanor. I just wanted to share, very quickly, our contact, so Eleanor I hope that's okay with you. If people have further questions, yeah, thumbs up. If people have further questions, please feel free to reach out to Eleanor. You know, wonderful leader, wonderful mentor, all sorts of inspiration again through her staffing company, but also operating herself memory care communities, lots of experience there. And I'm sure, I hope a lot of you learned a lot today. So thank you for that. And actually going further, Eleanor and her team also helped us build something really cool, and that's for you to kind of share with you and your team when you go back to work tomorrow, next week, and these are 10 tips to kind of put into play, put into action, some of the topics that we discussed today. So we'll share with you the link, I think, in the chat, and in the upcoming conversations through emails, but Eleanor, I want to thank you again for being here today, and also thank you for helping us put together this really cool tip sheet.

With that, just a couple reminders of upcoming events. We obviously are continuing our Activities Strong and Webinar programs. The next one is gonna be with somebody who clearly needs sunscreen, and his name's Charles, and that's me. I, like every year, I'm gonna have a kind of state of resident engagement. And so obviously we're starting 2022 on January 4th. Everyone's welcome, love to share my thoughts on what's going on in the industry, where we see things going, and it's gonna be a balance of really hard data, really understanding where we are, and hopefully a lot of very easy to implement things to help us elevate engagement. Tuesday, January 18th, we are honored and excited to have Dr Camp and Gary Johnson come and discuss the ultimate person set approach to leadership development, staff engagement, and dementia care. And obviously they are leaders in the field of Montessori and dementia and senior living.

And then quick reminders, we have our validation, the first annual Congress, January 15th, we have made a very recent change to our Activities Strong website, and I just want to share with you that if you go under events, I'm sharing my computer screen here, we are building here the schedule for the whole year. So if you wanna book in advance events as far as actually next year, believe it or not, some people do December 6th, feel free to register all of our webinars are free. We provide CU's, and it's just an honor to be able to welcome speakers like today's Eleanor, but also help acknowledge, educate, and empower this amazing profession. Happy holidays to all of you from my team, my family, from me, and I'm sure from you also Eleanor. Thank you for all that you do every day. You are essential and it's just fantastic to be able to support you. Thank you so much.