How do the rights of tenants work in different facilities/living situations?

The State of Nebraska has an ombudsmen's program whose purpose is to provide advocacy for older persons living in Long Term Care facilities. Here is a web-site for them: https://dhhs.ne.gov/Pages/Aging-Ombudsman.aspx   (Randy Jones, Aging Partners)

I will add that retirement communities, 55+, or independent living centers are not considered long term care facilities and the above does not apply. In those cases, normal rights of the Nebraska Tenant Act apply. (Jalene Carpenter, Nebraska Healthcare Association)

How does aging look the same or different in minority populations?

This is one area we hope to gather more information on in our community-wide study. Different cultures and ethnicities engage their older family members differently. Different cultures and ethnicities also seek engagement outside of their family units more than others and from different organizations. The key is understanding what each individual support is desired and needed at the individual level and making those available. All segments of our community must consider the aging populations that are a part of their organizations and explore how their organizations can respond to the increased number of older people that make up their community. Likewise, existing institutions must increase their understanding and inclusion of older minority populations as well as LBGTQ persons. (Randy Jones, Aging Partners)

Many aspects of the aging process are consistent across race (how health issues rise with age, the need for various types of care such as in home health, and the decision-making process). Differences also exist, such as cultural norms, certain groups having more extended family nearby and available, socio-economic differences impacting finances, and the prevalence of certain health factors or diseases differing by race. In general, why similarities in the aging experience abound, each person's or family's situation is unique and will need to be treated as such, and not with a cookie cutter or one size fits all approach. (David Drozd, Community Health Development Partners)

Aging is a topic that many are reluctant to discuss. How do we change that, or can we? Who needs to take the lead in those discussions?

Discussions regarding Aging are most important at the individual and family level. Discussing everything from legal and medical, to future housing and finances, are important at the family level so that the people who support you can assist you in providing the type of support you wish. Aging issues as a whole need to be discussed at every service level in the community. City departments such as planning, fire service, and law enforcement include these discussions when considering future service needs and tactics. At Aging Partners, we will be launching community discussions in 2023 to help identify what the needs of older persons are in the Lincoln/Lancaster County area and identify what we can do to address those needs. Our desire is for our community to be age friendly. We can also influence the future and how aging populations are included in our community by encouraging multi-generational experiences

between the young and older persons. Better understanding between generations can influence a positive future for both. (Randy Jones, Aging Partners)

As you mentioned the challenging needs for people of color, who is leading the discussion for this challenge?

It's hard to point to one group/organization that would be spearheading this, but in general cultural awareness and addressing differences among various population groups has received more attention in the last 10-15 years. The face of aging is changing, and service providers as well as many nonprofits have stepped into the arena to better address the various challenges. (David Drozd, Community Health Development Partners)

What's the status of the number of skilled nursing centers in NE (or specifically Lincoln) that will accept Medicaid? I worry about small town nursing homes closing and what that means for growing numbers of elderly people who will need medicaid to pay for their care.

Here is the roster for all nursing facilities in Nebraska:
https://dhhs.ne.gov/licensure/Documents/LTCRoster.pdf

There are 199 nursing homes, which includes the prison and VA. Excluding those, 178 accept Medicaid. Since 2017 there have been 36 nursing home closures, primarily all in rural parts of the state. In Lincoln, there are 13 nursing homes, 12 of which accept Medicaid. The greatest concern is the rise in the number of residents who need long term care who rely on state Medicaid. Historically, Medicaid does not cover the total cost of care. (Jalene Carpenter, NHCA)

Do some states offer progressive tax benefits, etc for families that are able to care for an aging family? For example, the more care they need the greater the benefit?

There is a Federal tax credit for caregivers available.
https://www.joingivers.com/learn/what-is-caregiver-tax-credit#:~:text=Given%20that%20the%20average%20family,maximum%20tax%20credit%20of%20%245%2C000 (Jalene Carpenter, NHCA)

Would a housing voucher (i.e. similar to the vouchers to those with developmental disabilities) for an aging person to live with another family member be a reasonable solution to address loneliness, care, etc.?

Nebraska has an Adult Family Home program:
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-473/Chapter-5.pdf (Jalene Carpenter, NHCA)

There are a lot of disparities in access to healthcare that can be the main reason behind the decline in the number of newborns; many women are struggling with the high cost of raising children and lack of maternity leave and social stigma related to depending on government assistance. What is next, and what can we do as healthcare professionals, community leaders, and Nebraskans to take care of our elders and at the same time, encourage having kids?

Businesses have come to realize that flexibility is needed for working families. Having set hours is disappearing in the business setting. Flexing hours or coming in late/leaving early to accommodate school or childcare pickup/drop off is now a new normal. Covid has played into this as well and technology allows people to work/fulfill their hours and work responsibilities on nights/weekends when kids are asleep or might be with grandparents. Positions in healthcare often don't have as much flexibility – so perhaps having a floating worker to help cover shifts becomes increasingly important.

In the tight labor force market, employers need to incentivize people to stay. So workers should be receiving perks or benefits of some sort as they hit anniversary milestones (3 months, 6 months, 1 year, etc.) This will help with those workers' financial situations, allowing them more opportunities to both become parents and care/provide for aging individuals in their circle. (David Drozd, Community Health Development Partners)

Keeping seniors in their homes, or in non-institutionalized housing, should be a priority. Is there a disconnect between homes being built and the housing that we really need as our population ages?

There is a disconnect in housing. While some attention has been made on floor plans (fewer stairs), more is needed. More importantly, however, are the square footages and price points. As people age, they don't need as much space. The same is true for first time homebuyers/new families. Builders should focus on quality homes, but they can have fewer square feet to keep prices more affordable. Builders like the larger, higher-priced homes because they have more margin, but the market is dictating that they could make that up with additional volume for affordable housing units. (David Drozd, Community Health Development Partners)

How do we maintain the workforce as the Baby Boomers age?

People over 60 can continue to be significant contributors to our community workforce. Just as we are beginning to reframe what the work environment is to attract new employees and appeal to younger audiences, so too we should consider adjustments in the working environment to keep or attract older workers. Consider offering longer, extended time away from work or more flexible hours that benefit the older worker; incorporate ADA workplace practices; consider job-sharing as a method of filling the needs of the work; provide flexible time off for people to support grandchildren activities; support caregiver spouses by providing financial support for adult day services to care for their spouse. (Randy Jones, Aging Partners)

See comment on incentivizing people to stay. Companies invest a lot in each employee – training/onboarding, learning company culture and how things are done, learning software and systems, etc. Thus, companies lose a lot anytime someone leaves, especially for a better offer in Kansas City, Dallas, or Chicago. Thus, bumping pay upward is a small investment relative to the large investment needed to find someone new and take the time to train them. No business likes having higher labor costs, but in this environment as the prime age workforce shrinks, they are going to have to pay more given simple supply/demand economics. The focus on "human resources" and acquiring/maintaining talent will only get more intense in the years ahead.

Also, it's important to perhaps incentivize prospective retirees to stay on board part time. This will help the workforce crunch for hours/shifts. More importantly, their institutional knowledge can be better passed down to those taking their spot. You can't show the best way to handle all the various situations that come up over a 30-year career in a couple day onboarding. There is a value to companies paying for maintaining that institutional knowledge and passing it down more effectively to the next generation of workers. (David Drozd, Community Health Development Partners)