



1700 K Street, NW | Suite 740 | Washington, DC 20006
T 202.293.2856
www.agingresearch.org
[@Aging_Research](https://twitter.com/Aging_Research)

This is Growing Old—A Podcast from the Alliance for Aging Research
Episode 1: Lance Robertson

Sue Peschin:

Hello, and welcome to This Is Growing Old, a podcast from the Alliance for Aging Research. I'm Sue Peschin, President and CEO of the Alliance for Aging Research, and today I'm thrilled to be talking with Lance Robertson, who serves as both Assistant Secretary for Aging and Administration for Community Living Administrator, about COVID-19's impact on older adults. Lance, thank you so much for joining us today.

Lance Robertson:

Hey Sue, thanks for having me on.

Sue Peschin:

Lance, for folks out there who may not be familiar with the agency, can you please tell us about the Administration for Community Living and your dual roles there as Administrator and Assistant Secretary for Aging?

Lance Robertson:

Well, absolutely. And yes, I'm very honored to serve in both capacities. Just quickly for anyone that's interested, the assistant secretary role is a Senate confirmed role and of course, it's the Administration's lead position for working on behalf of older Americans. So really in this role, I'm the voice for older Americans when it comes to policy decisions, particularly within federal government conversations. And that's similar to how most assistant secretary roles work.

Lance Robertson:

So again, that's a real honor or a privilege for a guy that's been a gerontologist and has worked in these spaces his entire career. And then of course, as an administrator, that gives me the authority and the responsibility for running a federal agency, which of course is the Administration for Community Living, and I can bleed into answering that question for you too Sue.

Sue Peschin:

That sounds great.

Lance Robertson:

All right. So the Administration for Community Living, I think is just one of the best federal agencies out there. We are pretty new, but we're so excited I think to have a mission that really touches everyone. Our mission is to, of course, in every possible way support older Americans and people with disabilities, with the ability to live in the community, which of course we all know that's most everyone's choice and it's such a win, win.

Lance Robertson:

And of course that objective, I believe has really never been more important in the history of our country. We were actually born in 2014, thanks to Congress. And they brought together all the different programs that served older adults and under one roof added a variety of programs that serve people with disabilities, and then a number of specialty programs.

Lance Robertson:

So we have about 36 different programs roughly that we're responsible for and we are part of the Department of Health and Human services. So for people that understand federal government structure, HHS has about 11 different agencies, which you could call businesses if you will, each of the 11 is their own standalone agency or business under the \$1.4 trillion HHS.

Lance Robertson:

But again, our focus is very exclusively directed at supporting older adults and people with disabilities. We have about a two and a half billion-dollar budget. Now, it's quite a bit more than that— which I know we'll talk about in a moment—it's closer to \$4 billion now and through the supplemental funding for COVID. So those dollars go directly from us. We don't do direct service work.

Lance Robertson:

So those dollars go directly to the States and local communities and specialty programs. So we do so many different things, Sue, that I know your listeners would be pleased to know about. Senior meals and nutrition services, the Centers for Independent Living, which help people with disabilities live independently in the community, home and community based services.

Lance Robertson:

We operate the Ombudsman Program, which helps make sure that quality care happens in nursing homes. Then of course, services like transportation and caregiver support, traumatic brain injury, limb loss, Alzheimer's, community transitions, volunteerism, grandparents raising grandchildren, home modification, protection and advocacy, programs like the Ship Program, which really is an information counselor type program, No Wrong Door, which helps people access information.

Lance Robertson:

And then another bucket that we're really proud of, Sue, is the research work we do. We have 100-million-dollar research institute that's part of ACL, which really permits us to flex a little bit of our muscle and those important conversations as well.

Lance Robertson:

So you can see them and there's a lot there. Those are just examples, but we're just so proud of what we're able to do. We have a very streamlined network that we support across the country, about 22,000 providers. So a lot of federal agencies struggle a bit because there's such enormity to what they offer. And while we do a lot, thankfully we have a streamlined system.

Lance Robertson:

So really through oftentimes a single phone number or a website, people can gain the information they need to make critical decisions. So our website Sue, I know you've been on it, and those that have an opportunity it's just acl.gov, acl.gov, fabulously informative, more user friendly I think than you'll find with some federal sites. I'm pleased to say that.

Lance Robertson:

And then of course, for a lot of folks on the aging side, it's our Elder Care locator number, a national number, toll free that people can call and get access to that information as well. So you have the online as well as the phone option as well.

Sue Peschin:

That's awesome. Thank you so much for that great overview because there's a ton of stuff that happens at the community level that you all coordinate and fund and make sure is running well for people. And a lot of folks don't even realize where it comes from. So that's what today's about, so I am grateful that you're here.

Sue Peschin:

So the Coronavirus has up ended everything we do. And it's obviously been a major exercise in crisis management, and I'm sure you have a very long list, but we want to know what your shortlist version is of issues for the agency and for you as the leader that are keeping you up at night.

Lance Robertson:

Yeah. A great question, Sue. And thank you. I would say that my short list would be about a half a dozen or so issues that I can just quickly touch on that I believe will resonate with your listeners because they honestly are issues that are confronting and challenging us each day as a country.

Lance Robertson:

But again, I'm just so proud of the resiliency of our network and how our people are working to really push through this unprecedented time. So I would say the first thing for me that really remains a priority that does stress me is how do we continue to permit state flexibility? Because as you know Sue most of the response of course is state-driven.

Lance Robertson:

The good saying about emergency response is, locally executed, state-managed and federally supported. So as the federal partner, how do we continue to offer those state flexibilities without just throwing the baby out with the bath water? We have to make sure that there is some reasonableness to what we can permit states to do, but knock on wood so far, I just have loved how responsive states have been. And I think the innovation we're seeing is to be supported and heralded.

Lance Robertson:

And the big question is, again, what do we do post COVID? How many of these flexibilities should we permit to stay in place?

Lance Robertson:

A second big issue of course involves the money. As of today, we through the supplementals have pushed out about \$1.2 billion, maybe some more coming soon. And how do we make sure that that money moves? For us, it's how do we ensure it gets to the local level? Because as you know through our structure, it's really that local level service provider who needs those dollars quickly.

Lance Robertson:

So I'm proud that as the federal partner, we got those dollars pushed out in record time. I think many states also are getting those dollars pushed down to the local level quickly. But again, as every state differs and some require as an example, legislative authorities, how do we make sure that there's not too much of a lag time between the federal government appropriating those dollars and giving them to us and they get to the local level.

Lance Robertson:

And then I think speaking of money, a third worry for me is what happens when the money dries up. Those supplemental dollars are limited, and we do have thankfully a lot more people as one example on the senior side that we're feeding. So what happens when the money dries up? Do we simply tell them, "Hey, no more money for the meal we've been providing. We're so sorry."

Lance Robertson:

We've got to think through as a network, what our options might be in that respect. And then quickly, I would say on the back half, as we've all been following and monitoring the issues around nursing home care, that really has just become such a challenge, not only with the contraction of the virus, but how it's being managed to assure that residents are permitted access to family members, vice versa. How do we take care of Ombudsman needs, et cetera.

Lance Robertson:

Another big bucket of issues, of course involves reopening, which is timely. That's a big conversation right now and that varies from state to state. So I was as a quick example, talking with a colleague, a state unit director in South Carolina who's border states are opening before her and putting a lot of pressure on her. And what

about residents that live close to the border and may crossover and then come back? What does all that mean?

Lance Robertson:

That's a big issue. And then I think the final thing that keeps me up Sue is just making sure that our populations older adults and people with disabilities are not marginalized through COVID and post COVID, because a lot of the guidance that's given is much more generalized to the American population not often fully recognizing some of the things that we got to really be careful about when it comes to vulnerable populations, such as older adults and people with disabilities.

Sue Peschin:

Yeah. That's really helpful to hear and just to learn about the things that you're struggling with, because I think there's a lot of people out there that want to try to help.

Sue Peschin:

And so my next question is actually around that, which is what are some of the key issues that you think the public might not be familiar with regarding the pandemic experience for older adults and people with disabilities that you really want people to know that we should all know? And are there things that those of us at home can be doing to help?

Lance Robertson:

Yeah, absolutely. And several things come to mind. I do think it's important for people to know, to acknowledge that of course, we're all in this together. We're hearing that pretty commonly now, but for us in the service delivery that we're responsible for, it really is about the blending of our population. So people tend to think older adults on the left side and people with disabilities on the right side.

Lance Robertson:

But as you know Sue, people with disabilities are growing older, we have a lot more people now, roughly 30% of our American elder population live with one or more disabilities, and what does that look like in terms of how we have to delicately blend services and create a more effective conversation in that respect.

Lance Robertson:

For me, my soap box issue, my second item will be this Sue, and that's an acknowledgement that the critical work that we do is always important. It's not just during the pandemic. For better or worse, older adults and people with disabilities, vulnerable populations have become a bit of a focus because of the contraction rate. But to be honest, all the folks, whether it's the family or the government systems, are all grateful for the work we do now, but I don't want that appreciation to go away post COVID.

Lance Robertson:

So we need to make sure that people understand and see the value in what we do through alleviating food insecurity, by providing nutritious meals. And when we operate those Centers for Independent Living, we're helping people with disabilities be functional and independent in the community. And so many different things we do around social isolation and mental health and all of that in my argument both preceded and will certainly outlive any sort of COVID-19 conversation.

Lance Robertson:

So that's the big second thing I would say. And then finally, to your point about what could we all do just as the most simple example, we can all be champions in fighting social isolation. As we see this quarantine stretch now from weeks into months and so many older adults and people with disabilities who really are experiencing that loneliness, that isolation. And I think it's such an easy thing for all of us to be a part of in terms of the remedy.

Lance Robertson:

Just reaching out and making sure that loved ones, older adults and folks that we know are getting some regular check-ins by phone or by technology or by knocking on the window or whatever you can do safely. We just all have to make sure that we're taking care of those individuals. And then also as we know caregivers, we got to make sure caregivers aren't getting burned out.

Lance Robertson:

So many of these caregivers Sue, they're caring for an older adult, but maybe now they're homeschooling and they're teleworking. So all of these sorts of things are challenges, but yet again, I think we can all step in and play a role. So that's how I'd answer that question.

Sue Peschin:

That's great. That is so great because it's really is all about community and what we can do to help each other. We all need each other more than ever right now. So this actually goes into my next question quite well on mental health issues. And on May 7, the ACL join with SAMHSA, the Veterans Health Administration and the National Coalition on Mental Health and Aging, which the Alliance is a part of, for National Older Adult Mental Health Awareness Day. How has the pandemic, do you think, put a spotlight on the mental health of older adults? And you mentioned that a little bit, but I was wondering if there was anything else. And do you feel like there are any aspects to growing older that are actually helpful to mental health that younger people can learn from?

Lance Robertson:

Yeah. That's a great really bifurcated question there, there's a couple of different pieces to that and you're right. I mean, certainly there's been an increased awareness of what the impact of social isolation can do to one's health. And I think that's kind of that first part of your question. And by the way, the webinar last week, I thought went really well. We had about somewhere around 3,500 participants, it's the third year in a row that we partnered with SAMHSA.

Lance Robertson:

So again, I'm just proud when we're able to push some of that information out and help better educate and make people aware of what's happening in terms of federal government programs, but then also how we can all be attuned to our needs and those that we love and care for. So yeah, to your question we're all aware of the difficulties that accompany those mental health issues that so many people do struggle with.

Lance Robertson:

And sometimes that includes even obtaining services, particularly during a crisis, as you know, for a lot of folks that have been struggling with mental health illness of late for the past quarter, a lot of their treatment has had to be done using technology, which is probably not as preferable sometimes as being actually in a position to be able to physically go to counseling or to support group.

Lance Robertson:

But again, people are working through that. And I'm proud of that. I also think Sue, and I know you'll appreciate this too. We have to remind people that behavioral health problems really, that's not a normal part of aging. And I'm afraid that as people stereotype older adults, they tend to think, "Oh yeah. Mental health issues inevitably come because they're getting older and they're getting sad because of their physical failings or the loss of relationships or all these other variables."

Lance Robertson:

And they sort of presume that behavioral health problems are a part of normal aging. And I would say, that's not the case. And we really have to appreciate that. So for us, it is about making sure people have access to the resources that they need. I think if I were to give advice to folks and I'm not the expert, but certainly when it comes to your mental health, people often overlook the importance of focusing on your overall health.

Lance Robertson:

So it really also is about what are you doing physically to make sure that your body's in good shape and then certainly mentally, but I'd even add spiritually. What's your anchor look like? Whether you're a person of faith or not. And for a lot of people, it's that connection, appreciating that connection between physical and mental health, obviously the healthier you can be physically, the more likely you're going to be, to be resilient mentally, and that also includes avoiding poor health choices.

Lance Robertson:

We still have too many smokers and people that probably drink a little too much, and then some people that use illicit drugs and none of those things are good for you physically or mentally, and exercise is important. I even think mental exercises, just so overlooked and its value, and whether that's some of the arts or reading or other things that you can do to really challenge your mind, we got to work that part of our body as well.

Lance Robertson:

And then I think another key aspect is social. How engaged are you outside of the home? And I think for so many people, we're just so busy, Sue, our relationships are pretty limited. It's the people we associate with very briefly at work and it's what we can offer at home. But so often relationships are stimulating and as long as you avoid the bad ones, what can you do to really grow your portfolio of people that you have a decent relationship with?

Lance Robertson:

I also think, I mean, let's acknowledge that those situations for some still will occur, so the sooner though that you can acknowledge that and seek out resources the better. And I think just generally speaking in terms of all services, and I know this having done this for two and half decades, far too many people come to us for help when it's far too late. And I think with any mental health illness, the quicker we can get in front of that, the better.

Sue Peschin:

I agree. That's great. So what do you see happening in the coming months that we should be doing at both the societal and the community based level to make sure that the safety and the wellbeing of our older adults is in full force?

Lance Robertson:

So I think of a number of things I'd like to quickly point out. I think it starts with respecting an individual's choice. We're in still a very peculiar time where again, some states are reopening and some folks are permitted now to really socialize in a broader way than they have in recent months. And I think we just have to respect individuals choices in that regard, particularly those that may have some vulnerability with their health and if they don't want to get out, we don't need to make them feel like they need to, or conversely, if they feel like they can safely get out and socialize, so be it.

Lance Robertson:

That's one big thing. I think another thing is we got to continue as a society and certainly as the federal government to support home and community-based service systems. I mean, like we talked about a little bit ago, there is a cycle to some of this, and we don't want in the months to come for there to be a drop off in the amount of support that we have.

Lance Robertson:

And I'm not just talking financially, but just in terms of the support needed to make sure that people appreciate and value things like nutrition and transportation services, and all the different things our network does. I think also, how we manage this nursing home situation over the next quarter is going to be absolutely critical. I'm proud that CMS is standing up the coronavirus commission on safety and quality and nursing homes.

Lance Robertson:

We're doing some stuff around that space as well. There's such an urgency there, as we all know, not just because of the contraction rate, but just those residents must be insulated and protected in a way for their own wellbeing, not just from the virus, but from all sorts of other challenges that can be experienced in a setting like that. And I also think, the right safety measures for the situation. We keep pushing, as you know, day in and day out, for PPE prioritization.

Lance Robertson:

And I think where that makes sense, we're going to keep championing that because we got to make sure that we're protecting older adults and people with disabilities from the virus.

Lance Robertson:

And then transitioning is another issue. I think there'll be a lot of people who are going to be transitioning, whether it's from a different home, where they were maybe perceived to have been safer to their own home, or maybe from a facility to their own home. So a lot of transitioning that I think will take place in the coming quarter that we need to be ready for.

Lance Robertson:

I'll just end answering this question by saying, I really hope Sue and I know you feel the same way, I hope that the tremendous kindness that I've seen during this virus remains deeply rooted in who we are as a culture. I just am so ... It's so heartwarming to see how far people now will go to help others and we don't need a virus to be like that. It certainly prompts it, but let's make this a regular thing. And let's make checking on our neighbors and going and getting the groceries for an older adult, why does that have to happen just during a virus? Let's get in the habit of doing these things on a regular basis, moving forward.

Sue Peschin:

I love it. Yeah. You are preaching to the choir as you know, but I think all of our listeners could use that. And it's so true, it's like sometimes it does take a problem for us to recognize what's really, really important, and we need this to stick. So for sure.

Sue Peschin:

So I am pivoting to something a little bit more lighthearted, and I want to ask you a question about when you were a kid, what did you imagine growing older would be like?

Lance Robertson:

Well, I think in many respects, the common answer you get from people who are honest is that you're sort of worried about what that might look like, but thankfully I was raised by my grandparents as you know, Sue, so for me, my role models already were older adults who exemplified what the beauty of life can be as you age.

Lance Robertson:

And even as they were my caregiver and then later on when I became their caregiver for both grandparents, it just really was for me a reinforcement of how the span of life that we're all blessed to be able to have, may look a little different at different age stages, but at the same time, there's so much beauty and value in age. And I know for me as a young person looking at that, I knew that I looked forward to shifting from dependence to independence, so that as an older adult, I really would have the ability to make more decisions and to control some aspects of my life. And I looked forward to that. And also I'm a giver. So I really looked forward even as a young person to being able to be a giver rather than the taker, because as a young person you're inherently dependent. So that was something that I looked forward to.

Lance Robertson:

And then I think the last couple of things for me, I know looking back that this really was a big driver for me. I wanted to be a powerful and positive influencer. And I knew at some point, as I grew older, that opportunity would arrive. So I'm very blessed when big and small things happen where I can help influence others. And then finally, making your mark, I mean, we're all here for a limited time, so what is it we're doing and what are we investing in that makes a difference?

Lance Robertson:

And again, for me, it's family and the service that I'm able to now do through federal work, but friendships and all of those things, I think just really have, even from a young person, I have looked forward to that and now that I'm older, I'm appreciating and relishing every moment.

Sue Peschin:

That's awesome. I love it. Those are great answers. And I totally think you met your goal. I think it's amazing that you had that passion as a younger person, and you've just led a life of service and we're so grateful for that. So thank you.

Sue Peschin:

I want to thank you so much for this wonderful conversation and for joining us on This is Growing Old. We encourage our listeners to learn more about ACL by visiting acl.gov. They also have a great COVID-19 resource page that I encourage you to click on, and it's right on their homepage.

Sue Peschin:

Lance, is there anything else you want people to know about on the website?

Lance Robertson:

No. It's a great resource and I do hope people will visit.

Sue Peschin:

Okay. That's all for this week's episode, please join us in two weeks for our conversation with Sandy Markwood, who serves as chief executive officer of the National Association of Area Agencies on Aging. And we ask you to visit us at agingresearch.org to learn more about age related conditions, diseases, and issues that impact the health of older Americans. Thank you all for joining us.