

In caring comp

The serious shortage of health care workers looms large as baby boomers such as Diana Kelly age. MU's School of Health Professions operates an adult day care program that trains students and helps a few elders remain at home. But there's no end in sight to the larger problems.

Diana Kelly and Leta Flanagan enjoy a laugh during a morning activity at the Adult Day Connection. "Having a good time is what we do here," says Kelly, who has been attending the center since suffering a stroke in 2001.



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Story by Dale Smith
Photos by Nicholas Benner



About five years ago, at age 57, Diana Kelly had a stroke. The life she led working at local hospitals, doing cross-stitch and traveling suddenly and drastically changed. She could no longer walk or even speak.

"I thought I was going to die," she says. She means that literally.

Kelly spent more than two months in the hospital. She started therapy to improve function in her right arm and leg, which were severely affected. Soon after leaving the hospital, she started coming to the Adult Day Connection (ADC) elder care center, which is run by the School of Health Professions at MU.

The adult day health care center located in Clark Hall is licensed to provide services each day to 16 adults with disabling conditions, many of whom would be living in nursing homes without the help they receive there. The ADC, which costs \$64 a day, can be a bargain compared with nursing home care, which averages \$198 nationally, according to the Genworth Financial 2006 Cost of Care Survey. Many participants are frail, have memory loss or both. Many cannot prepare food or use the toilet themselves. Others come to ADC so family members can take a break from the sometimes exhausting task of caring for them.

Another part of ADC is invisible on paper but palpable in person. It's the emotional warmth of the place, and it starts with the staff, an ensemble of nurses and therapists of various stripes.

"We begin with the premise that people want to feel loved and needed," says Tish Thomas, who directs the center. If that sounds too good to be true, hold the skepticism and listen for the sounds of mirth coming from an unlikely place at the center. "One of the last vestiges of dignity is going to the bathroom by yourself,"

Thomas says, "So most of the staff members are trained on how to assist clients." She talks about this skill as though it's an art form. Somehow, she says, when clients and staff go in together, humor becomes part of dignity: "You ought to hear the laughing coming from the bathroom."

The center coordinates the various therapies its clients need, including physical, occupational, psychological and speech. Students fulfill course requirements by working with the clients, and many get hooked on the idea of working with elders. Kelly relies heavily on the help she gets from the ADC staff plus her occupational therapist and speech therapist.

"Without them, I'd lay down and die."

She means that figuratively.

But their help enables her to do things that give life purpose, such as the ability to get into a car and ride across the country to California to visit her daughter, Amy.

Kelly's situation highlights the need for training plenty of health workers to care for aging Americans.

Aging and health by the numbers

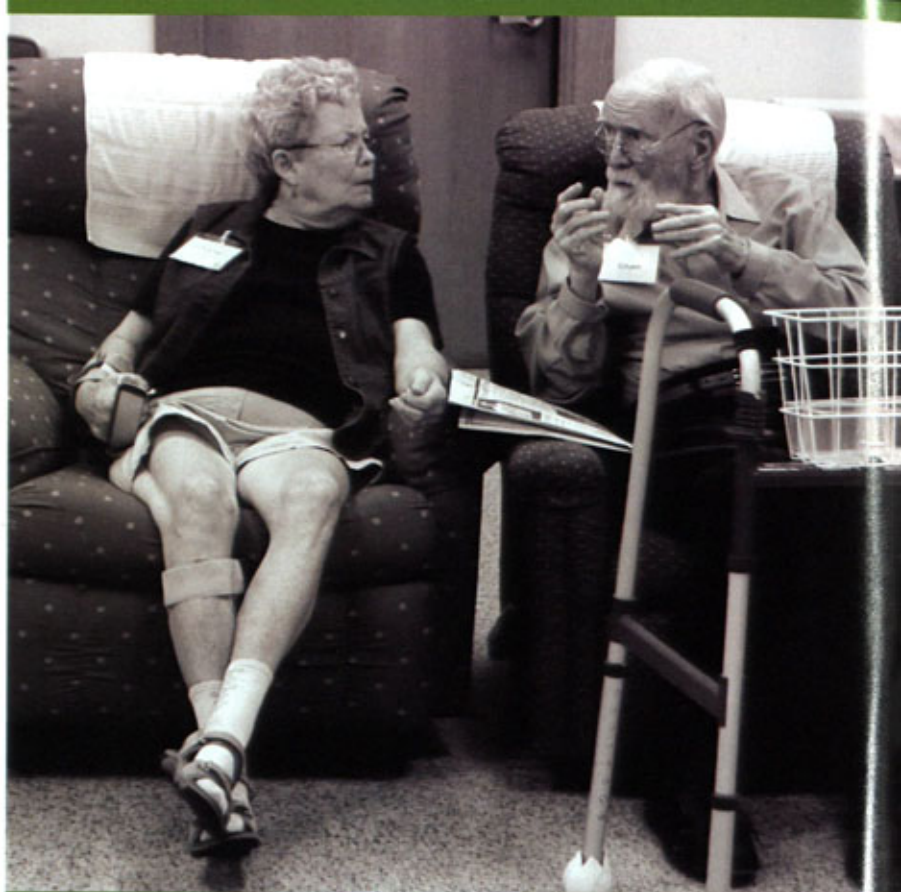
The murky future of the U.S. health care system is currently a contentious topic for

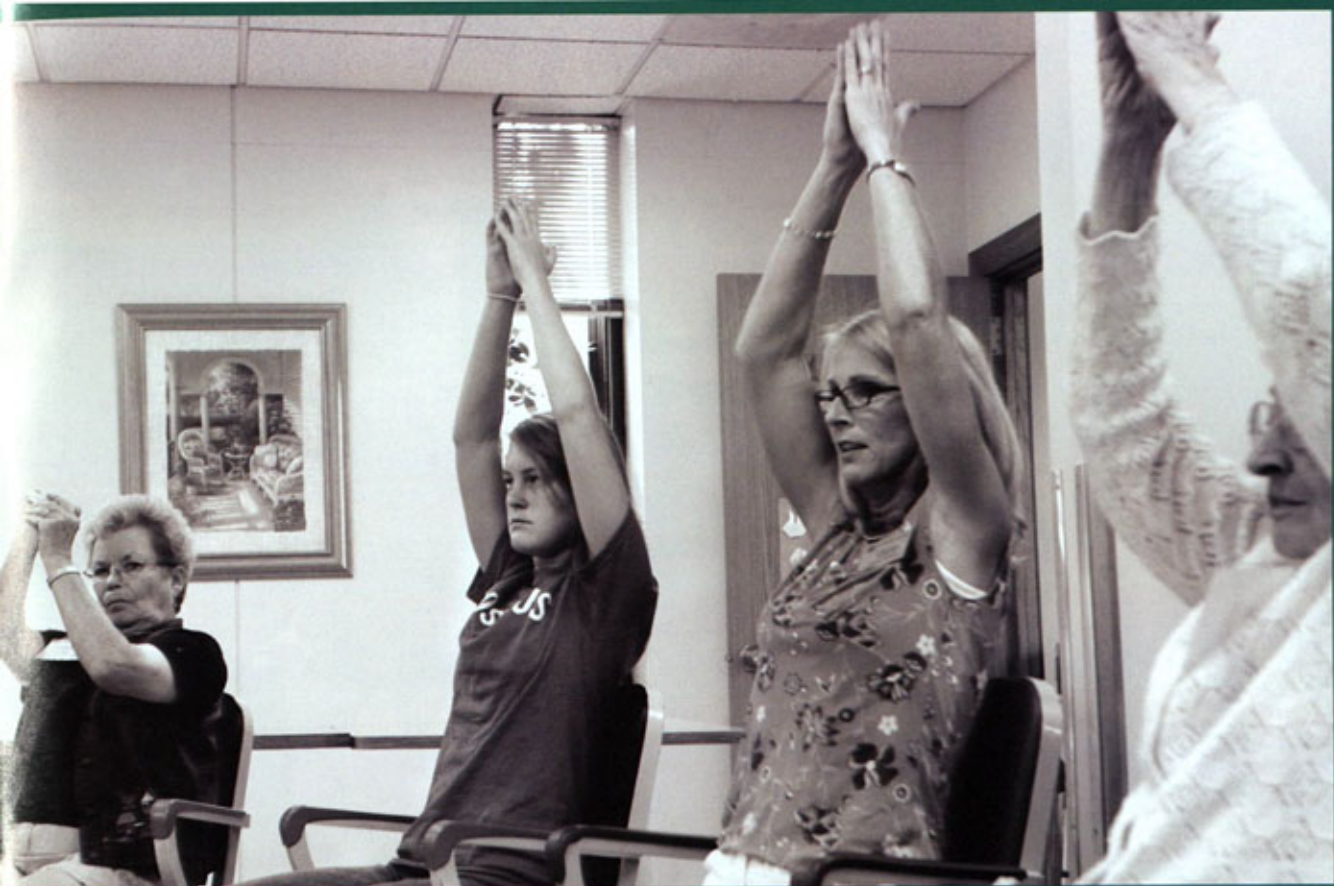
CLOCKWISE FROM TOP LEFT: After lunch, Kelly enjoys a conversation with friend Keith Crown.

Katie Williams, center, a pre-health professions freshman from Center, Mo., works side by side with Kelly and Carolyn Anderson, right, coordinator of elder care activities. Williams is learning the morning exercise routine that she will eventually lead. Kelly's stroke impaired the mobility of her right side extremities.

Kelly suffers from Broca's Aphasia, which leaves her with word-finding problems, but relatively intact comprehension. Last fall, Kelly worked with speech-language pathology graduate student Rebecca Ruth, in mirror, in MU's Speech and Hearing Clinic.

Adult Day Connection is also a learning environment for future health professionals. During afternoon free time, freshman nursing student Lindsey Hough of Butler, Mo., and independent living specialist Rexene Plagman help Kelly solve a puzzle.







presidential debates. But a few things are clear enough, says Richard Oliver, dean of health professions. "Health care is on everyone's radar. In the future, hospitals will look more like intensive care units, nursing homes will look more like hospitals. Most of us who are basically healthy but maybe with a few chronic conditions will get most of our health care from various community settings." And a lot of companies are scrapping for the 16 percent to 17 percent of the nation's gross national product spent on health care, which is more than any other country.

Oliver is an expert on workforce issues in health care. As the baby boomers age out of the work force, he says, the vacancies are mounting fast in health care jobs, too, just when patients need them most. Projections for the next 10 years call for 30 percent more

providers than currently practice. MU's School of Health Professions is doing its part. It has ramped up enrollment of health professions students from 584 in 2002 to 913 in 2007, and Oliver deals with workforce policy issues at the national level. The school also is working on the Preparing to Care Initiative, which would provide new state funding for more faculty and scholarships. If the initiative passes, it would allow modest increases in class sizes and professional programs. However, the school is housed in Lewis and Clark halls — former dormitories — which limits growth.

Oliver finds it frustrating to know about the shortage but be forced to turn away qualified students for lack of space. "Nearly 90 percent of our graduates remain in Missouri to practice. They take jobs that are critical to the economic development

of the state," he says. "With the vacancies occurring from the retirement of health care professionals, we absolutely cannot keep up," Oliver says.

At a recent job fair, Oliver asked some hospital reps how tough it is to recruit physical therapists, occupational therapists and speech-language pathologists. Their reply: code red. "They can't even find temp services to fill the gaps. That puts a much greater burden on existing staff."

The shortage causes problems to patients in various parts of the health care system. For instance, a young child may need speech therapy in the critical developmental years before starting school, but no full-fledged professional therapist may be available. Instead, the insurance company may be willing to pay for a paraprofessional to treat the child under the supervision of a therapist. "As parents,



we wouldn't be nearly as happy using that extender," Oliver says. To boot, the parents might feel they have to pay out of their own pockets for services they want their child to have. Needless to say, it's expensive.

Another example: When a rural hospital with two radiography staff members loses one, it creates a 50 percent vacancy rate. Very sick patients in urgent need of X-rays may have to wait several hours longer than usual to get them or even travel to another facility. Doctors need those X-rays to make good diagnoses. Oliver says hospitals often recruit therapists away from one another, all the while upping the salary ante and raising overall care costs as they go. What's worse, when rural hospitals close for lack of staff and other reasons, the local economy takes a big hit, and then people have no choice but to travel to larger cities for services.

CLOCKWISE FROM LEFT: Exercise physiologist Greg Thackery, MA '91, works with Kelly twice a week at Boone Hospital Center to improve her strength, endurance and range of motion.

Kelly, son-in-law Dan Gwartney and daughter Chris Kelly-Gwartney enjoy a laugh at the Kelly's Columbia home. Kelly-Gwartney lives one block away from her mother and father and transports her mother to and from activities daily.

Kelly's physical setbacks do not prevent her and husband J.D. from going out and having fun. "I'm not the cook, she [Diana] was, so we go out to eat several times a week," he says. For the past three years, the Kelly's children have given their parents season tickets to Tiger football home games.

Diana Kelly's show

For now, Kelly's story has a happy ending, though not of the usual kind. Five years out from her stroke, she has recovered some of her abilities. She walks ("very carefully"), and when seated she can kick her right leg as straight as a showgirl. She's proud of that. She speaks haltingly at times and can't always recall details. At those frustrating moments, her emotion is as clear as

when her whole body is seized in laughter, a common scene during her Tuesdays and Thursdays at the ADC. In other words, she is still recovering.

She spreads her word of hope and hard work regularly on the local *Pepper and Friends* TV talk show. Her shtick? On host Paul Pepper's cue, she rises from her chair, walks across the stage, pumps her arm and says, "Go, go, go!" ■