

**Notes from the November 13, 2001 Meeting of the Vital Aging Network (VAN)
DARTS, West St. Paul, MN, 10:00 a.m. to noon**

Topic: Vital Aging Perspectives on Long-Term Care

Present

Don Schmitz, Dick Graham, Alice Evans, Rich Kessler, Wayne Takeshita, Darlene Schroeder, Sue Carter, Barbara Laporte, Caron Hassen, Susan Thurston Hamerski, Carol Daly, Claire Olson, Kelli Hill, Judy Schuck, Joan Knuesel, Mary Maher, Karen Bowen, Leah Melstrom, Joanne Westergard, Grace I. Ramseyer, Kristen Lund, Sue Myers, Chuck Gribble and Hal Freshley

Introductions

Dick Graham, Executive Director of DARTS, welcomed the group to their newly remodeled facility. The building where we met had formerly been a bus/van garage but is now completely converted into office and meeting rooms with state-of-the-art AV and IT wiring. Dick also introduced Kristen Lund on DARTS staff who works with neighborhood groups and individuals to develop new programs and services in the community. Everyone introduced him/herself around the table. There were four new persons who joined the VAN discussion for the first time.

Dick Graham drew our attention to the group of volunteer quilters in the adjoining room and invited us to stay for a United Way fund-raiser chili lunch held immediately afterward.

Vital Aging and Long-Term Care Policy

Hal Freshley (MN Department of Human Services) gave a brief overview of the work of a legislative task force on long-term care. This bi-partisan group of 6 State Senators and 6 State Representatives spent over a year studying the state's long-term care system, and asking different stakeholders (e.g., consumers, providers, regulators) what should be changed to make it work better for older people and their families. He also talked about the driving forces that are making changes in the system necessary:

1. The needs and preferences of Minnesota's consumers are changing. Fewer people are choosing nursing homes when they need assistance and more are choosing home care. Also more families are purchasing services to supplement what they can provide themselves.
2. The type of long-term care system Minnesota offers no longer meets the preferences of older people. Minnesota has proportionately more nursing home beds (77.2/1,000) than most other states (national average is 49.1/1000). Baby Boomers demand more choices for their parents and will demand more for themselves.
3. Minnesota is experiencing (and will experience) a severe shortage of workers in long-term care because of low wages in the field, fewer younger workers,

and the perceived unattractiveness of the work. Worker forecasts suggest that we will need 16,000 more LTC workers in MN over the next 6 years.

4. As long-term care moves away from a medical model, the ways that quality is regulated and care is reimbursed will need to change. We need to measure quality of life (not just clinical outcomes. We also need to “unbundle” reimbursement so people can get what they want.

In order to move the state toward these goals, the Task Force adopted the following vision statement:

We envision a long-term care system serving older Minnesotans that supports consumer self-determination, provides services that meet consumer needs, provides high quality care, ensures efficiency and affordability, and supports a motivated, stable work force.

Darlene Schroeder: Briefly described how this vision is being “translated” into programs and services. The goal of today’s discussion is to critically discuss the state’s policy direction and how this is getting translated into system change—from a vital aging perspective. Specifically, Darlene asked to group to break into 4 smaller groups and discuss the question: ***How do the following initiatives support vital aging? What additional initiatives are required?***

- Consumer information and assistance (via phone, internet and links to screening tools and public services)
- Long-term care consultation (assessment of persons who are considering moving because of LTC needs—either into or out of a nursing home; assistance in developing a plan for getting services/supports needed in whatever setting is selected)
- Long-term care quality profiles (consumer information about housing and/or service quality)
- Nursing home transition (funding to help nursing homes either close or remodel to provide assisted living)
- Home & community based services (3% increase in LTC staff wages, eliminate administrative and contractual barriers to new providers, clarifying case managers’ responsibility to assure health & safety in community settings.

Discussion:

We discussed the issues in four smaller groups—roughly discussing (1) What’s not working, and needs to be changed? and (2) What’s working—what’s good about the system? The following summarizes the discussion of all four groups.

What’s NOT working?

- The kids (aged 40-59) don’t know what’s best for their parents.—They (we) don’t ask them what they really want.
- Only 7% of the population has LTC insurance that will help pay for home care costs.

- The whole population is in massive denial about aging. We're all going to get there but nobody's really preparing for it. We seem to wait until the crisis and then it's too late.
- When the crisis hits, everyone is too emotional to make good, rational decisions. People kind of panic.
- Many caregivers are older themselves and need both support and training.
- Medicare doesn't pay for LTC services.
- The system is overwhelmed by bureaucracy, the financial forms alone can take actual weeks to assemble all the required information. The "system" blows you away. You get so many pieces of paper that you don't know if they're important or not—what are you supposed to do with them? "This is not a bill."
- Too many specialists, part-time workers, different providers, etc.-- No one seems to have a family systems approach to the consumer or caregiver. There's NO continuity.
- People often have to make decisions "now" even though they haven't had time to even find out what the options are. It's hard to weigh the pros and cons.
- There's no help getting the real stuff done (household maintenance, shoveling snow, raking leaves)
- There's no easy way to balance risk and independence. Civil rights need to be balanced along with family and community interests.

What IS working?

- Living wills and increased willingness to talk about these issues with family members.
- Short-stay nursing home rehabilitation.
- Look to vitally aging adults as mentors about how to plan for and approach aging.
- Long-term care insurance. If people will consider it, it's a teachable moment. It gets people thinking about more than money, and about what they really want in terms of independence.
- Older caregivers are healthier today and more likely to be able to help each other. Senior Companion and Friendly Visitor programs are great because they're needed to compensate for today's fractured families.
- Professional counseling and family mediation—when they're needed it's great to have them available.
- Inter-generational living arrangements.
- Respite programs and Day programs that respect people.
- Families that are advocates *for* their older members (not against them).
- Help for family members to translate the real impact of dementia on decision-making and autonomy.
- New technology that helps people help themselves—maintain their desired level of autonomy.

Next Program – December 11, NEW Skyway Senior Center in downtown Minneapolis, THE WISE WOMEN'S CIRCLE: "Ma" Delores Irwin and Other Members of the North Minneapolis Circle

Chuck Gribble has been inspired by this group and we are looking forward to meeting them and hearing from them. In addition, Ruth Kildow (City of Minneapolis) and Melinda Ludwiczak will tell us about the development of the new Skyway Center.