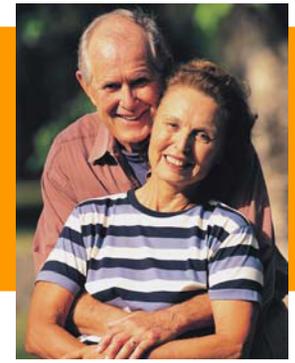
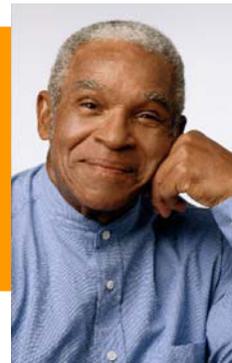


# LEGISLATIVE PRIORITIES 2010



## Age Well Live Well

Over the next twenty-five years the number of Minnesotans over age 65 will double – from 600,000 to 1.2 million. The policies and public programs currently in place will be neither fiscally viable nor well suited to the next generation of older Minnesotans. Seniors want to stay in their own homes and communities and be self-sufficient and contribute for as long as possible.

Minnesota has made significant progress in reducing reliance on nursing homes and expanding the supply of home and community based services. But service quality and accountability remain a challenge. In 2009 the majority of older Minnesotans receiving publically financed long-term care live in their own homes and apartments. The Minnesota Board on Aging (MBA) and Minnesota Department of Human Services are striving together to improve quality and build mechanisms for ongoing sustainability.

In order to continue our progress and to ensure service quality and accountability, the MBA has identified the following priority areas for Legislative attention in 2010:

- **Adequate Protection and Advocacy**
- **Supporting Caregivers of All Ages**
- **Developing Gerontological Expertise**



## LEGISLATIVE PRIORITY—2010

### I. Adequate Protection and Advocacy

Minnesota's system for ensuring service quality was created for a long-term care system that was primarily institution-based. Today, the majority of Minnesotans with disabilities, of all ages, are living in the community. By national estimates, about 95,000 persons in Minnesota over the age of 65 need some kind of long-term care assistance with basic activities such as eating, dressing and bathing, whether or not they are receiving public services. However, the public system for protecting citizens who are frail/vulnerable was designed for a highly centralized and regulated system—namely facility-based care. Neither the design nor the funding of this system is in sync with current conditions.

The federal- and state-funded ombudsman service has minimal capacity to extend its advocacy services to seniors in community settings.

Frail persons who are living on their own must also be protected from abuse or exploitation. Trained and reliable personnel must be available to ensure that quality care is provided in all settings, whether in facilities or in the community, and to respond quickly in cases of immediate jeopardy.

While adult protection reforms enacted by the Legislature in 2009 were very important, the MBA and Department of Human Services continue to develop concepts for improved protection including a future central entry point for the reporting of maltreatment of vulnerable adults.

The MBA also supports passage of the federal Elder Justice Act.

The highest leverage way to prevent situations in a range of care settings from developing into abuse and neglect for seniors at risk, is to...

- Increase staffing of Ombudsman services and advocacy for older Minnesotans who are frail and at risk.

**The Minnesota Board on Aging seeks six new regional ombudsmen and a volunteer coordinator for the Office of the Ombudsman for Long-term Care (estimated \$947,000).**

## LEGISLATIVE PRIORITY—2010

### **II. Supporting Caregivers of All Ages**

Minnesota has an estimated 610,000 family caregivers providing more than 90% of the daily assistance and long-term care needed by seniors and younger persons. Family (non-paid) caregiving is valued at \$7.1 billion per year. The typical family caregiver is a 46 year-old working woman who spends an average of 18 hours per week caring for her 77 year-old mother. Caregiving can take a physical, emotional and financial toll on the caregiver. In two recent reports caregivers reported a lack of energy and sleep (87%), stress and/or panic attacks (70%), pain (60%) and depression (52%) related to their caregiving role, and average annual out-of-pocket expenses of \$5,531.

*(Source: 2008 Minnesota Board on Aging family caregiver fact sheet.)*

The MBA supports outreach to all family caregivers of seniors with an ongoing priority for linking them with personal advisors or coaches, especially working caregivers. During 2009, the MBA received the prestigious Rosalyn Carter Leadership in Caregiving Award for the Family Memory Care program, which is an evidence-based, counseling support program for spouses of individuals with Alzheimer's disease and related disorders and their personal support networks. Research has demonstrated that this approach of supporting caregivers results in significantly lower depression, strain due to ongoing behavior problems, and broader and deeper extended family involvement in care. Together these improvements result in an average delay in nursing facility placements of 18 months, when compared to a control group not receiving the intervention. There is increasing evidence about the positive financial return to the State of Minnesota budget resulting from evidence-based investments in caregivers.

## LEGISLATIVE PRIORITY—2010

### **III. Developing Gerontological and Geriatric Expertise Across All Professional Helpers**

An in-depth understanding and advanced professional education on "aging" issues will be increasingly important for people in all walks of life, with the aging of our population.

Of particular importance are the forecasted long-term labor shortages for most health and long-term care professional positions. We need to begin now to prepare more doctors, nurses, social workers and allied professionals with gerontological and geriatric expertise to serve the elderly population of the future.

The MBA will expand cooperation with the Minnesota Area Geriatric Education Center of the University of Minnesota in order to increase participation in existing gerontological and geriatric education programs.

## AGING IN MINNESOTA

# Critical Changes Ahead

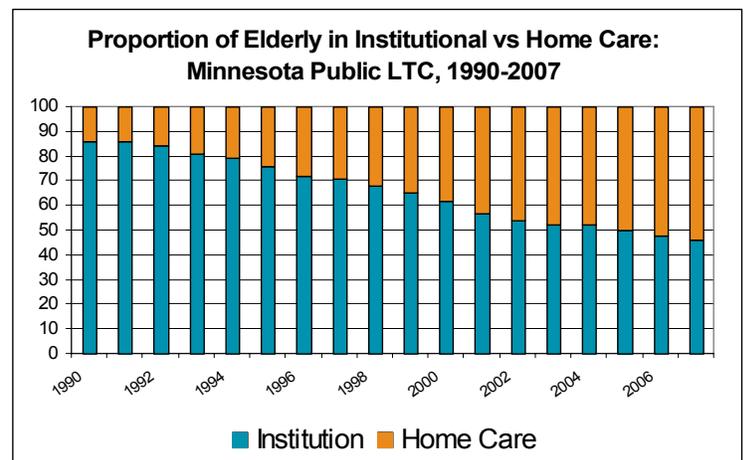
The top goal of the MBA is to move away from an institutional-based system to one that is more in line with consumer preferences and choice. A key element to achieving this goal is to provide information regarding options for families when they are making decisions or planning. The Senior LinkAge Line® and the web-based MinnesotaHelp.info® are core to providing the right information at the right time so that families can make informed choices. “Long-Term Care Options Counseling”, is the name of a Senior LinkAge Line® service now available to Minnesotans. A second new program established by the Legislature in 2009, “Return to Community”, will provide substantial assistance to individuals living in nursing facilities who wish to move back to a community residence.

The MBA also strongly supports the following efforts of the state’s **Health Care Reform** initiatives:

- **Stronger health promotion and disease prevention activities**
- **Greater focus on complex disabling chronic conditions and high cost**
- **Sufficient and stable supply of competent/trained LTC workforce**
- **Use of technology to improve and streamline health and long-term care**

The Minnesota Board on Aging is a partner with the Department of Human Services and the Minnesota Department of Health in project **Transform 2010**—exploring the impact of changing demographics in Minnesota. **Transform 2010** has identified five key areas where significant “transformation” work must be done to prepare for a permanent shift in the state’s age structure:

- **Redefining work and retirement**
- **Supporting caregivers of all ages**
- **Fostering Communities for a Lifetime**
- **Improving health and long-term care**
- **Maximizing the use of technology**



The MBA mission is to ensure that older Minnesotans and their families are effectively served by state and local policies and programs in order to age well and live well.