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Care Providers of Minnesota

LeadingAge Minnesota

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Vision Loss Resources

Volunteers of America

MINNESOTA ASSOCIATION OF AREA AGENCIES ON AGING
Minnesota Leadership Council on Aging

Setting the Stage for Aging Issues in MN: Prioritizing Action

Greg Owen, Consulting Scientist
Wilder Research
December 6, 2016
8:00 AM – 12:15 PM
In 30 or 40 years, the whole country is going to look like Florida. That’s not necessarily a bad thing; it is just a reality.

— Rita Effros, UCLA School of Medicine

Why are we talking about this today?

- 231 countries around the world (about 99% of the world) are expecting to see an increase in their aging population.
- By 2050, the world population of older adults is expected to double and reach 2 billion.
- Growth in the older population does not help the economy of a country. Countries lack the younger workforce it needs to keep production rising. Older people need more care and other forms of transportation.

United Nations Population Report
October 2016
...and why should we be concerned?

Generally most seniors fail to prepare...are struggling to keep their heads above water, and ignore the need for advice and planning. It is usually a crisis such as a fall, the inability to pay for services or medical care, hospitalization or sudden illness or some other precipitating event that results in action being taken. Unfortunately, by this time it is often too late.

Thomas Day, Director, National Care Planning Council

Minnesota Demographics
**Minnesota’s population by generation**

<table>
<thead>
<tr>
<th>Generation</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatest (age 88+)</td>
<td>107,525</td>
<td>2%</td>
</tr>
<tr>
<td>Silent (age 70-87)</td>
<td>505,652</td>
<td>9%</td>
</tr>
<tr>
<td>Baby Boom (age 51-69)</td>
<td>1,320,047</td>
<td>24%</td>
</tr>
<tr>
<td>Generation X (age 35-50)</td>
<td>1,109,099</td>
<td>20%</td>
</tr>
<tr>
<td>Millennial (age 18-34)</td>
<td>1,240,076</td>
<td>23%</td>
</tr>
<tr>
<td>Digital (age 0-17)</td>
<td>1,137,983</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Between 2010 and 2030 Minnesota’s older adult population will more than double!**

**Minnesota population age 65 years and older**

- 2013: 756,077
- 2045: 1,380,726

- 1950: 260,130
- 2010: 756,077
- 2025: 1,137,983
- 2035: 1,240,076
- 2045: 1,320,047
Unlike anything we’ve seen before

Growth in Minnesota's older adult population (Age 65+)

Source: Minnesota State Demographic Center

2013

Counties (31) where at least 1 in 5 residents are age 65+
2030

Counties (87) where at least 1 in 5 residents are age 65+

Immigrants by generation in Minnesota

<table>
<thead>
<tr>
<th>Generation</th>
<th>Foreign born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatest</td>
<td>1 in 25</td>
</tr>
<tr>
<td>Silent</td>
<td>1 in 20</td>
</tr>
<tr>
<td>Baby Boom</td>
<td>1 in 18</td>
</tr>
<tr>
<td>Generation X</td>
<td>1 in 8</td>
</tr>
<tr>
<td>Millennial</td>
<td>1 in 11</td>
</tr>
<tr>
<td>Digital</td>
<td>1 in 33</td>
</tr>
</tbody>
</table>
Key Issues

Caregiving
Caregiving

- **Recent Wilder studies**
  - Caregiving in Context
  - MAAA focus group study
  - Title III-E funded services
  - Worksite support of caregivers
  - Entira/Wilder caregiver study

- **2015 MBA survey of older adults**
  - Half of all caregivers care for someone with memory loss

**2012 Caregiving in Context study shows who helps family caregivers**

Most important resources…

- Support from family friends and/or neighbors: 62%
- Health care resources: 48%
- Home-based services: 15%
- Community-based resources: 8%
- Faith community: 6%
- Personal resources: 6%
- Professional service: 4%
Recent Wilder studies

- Essentia Health
- Lakewood Health System
- Minnesota Taking ACTion (to broadly improve dementia capability)
- Central Minnesota Dementia Proj.
Successes at Lakewood and Essentia

- Increased dementia screening of adults age 65+
- Increased early diagnosis and community partner referral
- Increased communication and relationship building between clinical staff and community partner’s leads to high quality patient care and system implementation. (Positive Feedback loop)
- Patients more likely to look into community resources, and sooner, when it’s recommended by a doctor they trust.

Facility Based Care
Facility-based care

- Recent Wilder Studies
  - Assisted Living resident survey
  - Immigrant workforce study for the Minneapolis Foundation
- Experience as POA
Care Transitions

- **Recent Wilder studies**
  - Integrated Services Grant
  - Senior LinkAge Line®

- **C.A.R.E. Act**
  - (Caregiver Advice, Record, Enable Act)

Changes in MN statutes impacting transitions

- 2012 law requires those wishing to enter assisted living programs to contact Senior LinkAge Line® and receive offer of Long-Term Care Options Consultation

- 2013 law further modified the work of the SLL and role in care transitions requiring hospitals and health care homes to refer older adults at risk of nursing home placement to the SLL
Home and Community Based Services

- Recent Wilder studies
  - Study of 53 HCBS’s in MN
  - Integrated Services Grant
  - Living at Home Network
  - St. Anthony Park Area Seniors
Recent Wilder Studies

- Greater Minnesota Community Action Needs Assessment
- Gaps Analysis for DHS
  - Agency representatives statewide identified transportation as the greatest unmet need
  - Service availability was second
Complexity of the Service “System”

System complexity

- DHS map of Long-Term Care System
  - Older adults cannot be expected to understand how this works
- Gaps Analysis for DHS
  - Adult Mental Health, Aging and Disability are unique and separate systems
  - Coordination across areas is challenging
Key Observations to consider for policy action

- Support for those who provide the most care (family and friends) is inadequate
- Facility based programs will face major staffing problems that will increase with difficulty each year without major corrective action
- The complexity of service delivery systems requires simplification or paid navigators who older adults feel they can trust
- At least one-third of older adults will qualify for government services that will be harder and harder for taxpayers to afford

Key Observations (cont.)

- Home and Community Based non-profits serving older adults will struggle without a stronger infrastructure of support and administrative capacity
- Hospital and clinic systems have difficulty:
  - Understanding and coordinating with HCBS’s
  - Identifying and preparing caregivers for future needs
- Older adults trust family, physicians and friends first. They are the front lines of advice and consent for all health care decisions.
Discussion and Questions

To learn more go to:
www.wilderresearch.org
greg.owen@wilder.org

Key Policy Topics
Paula Hart & Panelists
Workforce
Patti Cullen

Workforce—Crisis Point

- Numbers of individuals requiring “hands-on” care increasing (90,000 Minnesotans and rising)
- Availability of workers for ANY jobs decreasing due to competitive environment and lack of “eligible” workers
- Availability of specially trained workforce (clinical & behavioral health) a continuing challenge
- Vacant positions increasing (nearly 100,000 in 2nd Q);
- Staff recruitment and retention challenging!
Minneapolis Job Vacancies and Unemployed Workers by Quarter

- Number of Unemployed
- Number of Job Vacancies

Family/Friend Caregiver Support
Beth Wiggins
Elderly Waiver
Kari Thurlow

Transportation
Dawn Simonson
Community mobility is key to independence

Medical Transportation

General Transportation

Driver Safety Programs

Transportation services
High demand and growing challenge

• Older adults outlive their ability to drive by 7 – 10 years and 1 in 5 adults age 65 and older do not drive

• Since the initial DHS Gaps Analysis (2001) transportation for older adults has been cited as a significant service gap, usually as the #1 gap

• Fewest services/options in rural communities

• “Silent Need” that creates feelings of dependency; imposing on others

• Lack sense of urgency; few leaders or champions with senior transportation as their priority issue
Complexities and myths

• Multiple federal, state and local funding streams and regulations
• Lack of coordination and collaboration within and across public transit and human services providers
• Issues specific to volunteer driver programs
• Older adults who stop driving do not, and many cannot, use public transit
The road to solutions

- Remove barriers for volunteer drivers
- Clarify requirements for nonprofit human services providers of volunteer transportation
- Clarify the Uber/Lyft statute to ensure volunteer drivers are a viable resource
- Designate state funding for community-based transportation solutions

Other Issues
Paula Hart
Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.

-Margaret Mead