White House Conference on Aging
Post-Event Summary Report

Name of Event: **Continuing Care Options**

Date of Event: **July 28, 2005**

Location of Event: **Western Maryland Hospital Center, Hagerstown, MD 21740**

Number of Persons Attending: Morning and Afternoon Segments: Total of 18 participants

Sponsoring Organization: **Western Maryland Hospital Center & ElderSystems, Inc.**

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Issues discussed in this segment involved private home care, group homes, affordable and safe environments and choosing the appropriate level of care for our aging seniors. The "scribe/participant" for these two important sessions was Anne Bushong of the Maryland Department of Social Services, Washington County, MD. Ms. Bushong, Ms. Rush and Mr. Hendershot were in both sessions.

Priority Issue #1: Seniors want to age-in-place and stay in their own homes/dwelling units as long as they can do so safely and with dignity.

Barriers: Many homes/dwelling units have not been evaluated preventively, for internal and environmental physical safety and for how well the physical structures accommodate (or confound) the resident/person with increasing physical or mental limitations.

Multi-family, public housing units originally intended for "the aging" may include populations that threaten the safety of the people for whom they were originally intended.

The process of renovating to accommodate a disability is stressful and may be inordinately expensive. People are not aware of a variety of new financing options (or the cost of alternatives) that may make the investment in renovation worth it.

Apartment building owners may not permit customized adaptations.

Mental illness and Alzheimer's conditions require increased vigilance and special care regimens. Family members may not be emotionally, economically or physically prepared for that role.

Solutions: Home and living environment safety assessments should be available by independent, unbiased, fee-based, trained licensed professionals at a reasonable cost. The assessor should be specially trained and certified in this process and should not be an employee or subcontractor of a care facility, i.e. "selling beds".

"Accommodations" should be the norm and not "extras for the disabled". Universal design characteristics should be built into all new homes plans.

More new housing building codes should require that a high percentage of wheelchair accessible rooms and bathrooms, ramps and other attributes for aging in place become the standard for new construction.

More financial incentives and rewards (ie tax credits/grants) for individuals, apartment building owners and municipalities to encourage more aging in place and promote capital expenditures rewarding and expanding the aging in place potential.

Options of adding on a "granny flat" to a family residence or a "nanny flat" for a senior's residence are often overlooked.

Priority Issue #2: Temporary or permanent challenges that compromise a person's independence may require an array of support systems to be in place (transportation, care providers) at an affordable price and they are not. (This is not just an " older person's" problem.) This forces more people into a "continuing care" institutional environment that may be more costly and may disenfranchise the seniors.

Barriers: Lack of first-hand experience by decision makers. To date, not enough people…especially decision makers…have been first-hand consumers of or in need of independence support systems (ie hiring a caregivers; accessible transportation; food services.)

Many decision makers can afford private-pay solutions not available to the "middle class".

The first entry point for many families into this system is the result of an emergency (ie trip and fall.) Family members may not have considered these issues and may not be able to make informed decisions.

The demand for providers is increasing and there is no certification or "registry" of qualified independent "eldercare" providers. This may expose people to unscrupulous people.

Perception seems to be that care-giving is (a) a "woman's job" and/or (b) a family member's job (generally the woman) and/or (c) does not deserve a high enough pay to result in adequate number of entrants into the care

professions except as interns.

Multi-cultural issues: caregivers from other countries: Care-recipients for whom English is a second language.

High liability insurance costs hold down profit margins and therefor thwart entrepreneurial solutions.

Our system has permitted a continuous and invisible barrier between issues of "the "able" and the "disabled".

Denial/invincibility: many people of all ages assume support services are for "the dependent". They are not aware of how independence may be compromised because of or as a result the low supply of qualified people and safe transportation services at a fair price.

There is not enough affordable, safe housing available for aging people with a moderate array of special needs.

Proposed Solutions: Because the issue will be increasing in importance as more Baby Boomers age, make **accessibility for all** a personal AND a political platform issue in upcoming elections.

Increased awareness and decision support coaching (not just information and referral) services should be developed in the private sector.

Design fresh media campaigns and offer workplace and faith-based education, education, education.

Pilot programs require liability waivers for public/private partnerships to enable more entrepreneurs to want to enter this market (i.e. home nursing, private cabs, home remodeling.)

More faith-based incentives BUT with certified, registered care providers to prevent financial exploitation. Especially in congregations for whom a high percentage of members have English as a Second Language.

Laws of large numbers: provide more entrepreneurial solutions for delivering services to independent-living housing units (ie apartment buildings.)

Priority Issue #3: Incentive system is too "pro-destitution" and/or "pro-institutionalization" and does not really help the middle-class family.

Barriers: The "social systems" today has been designed to help people who are destitute. Demoralizing destitution is, today, a criteria to qualify for certain benefits. The wealthy (private pay) consumers have better access to care providers supporting independence.

Because of the pro-dependency criteria, some families with aging parents feel less economic responsibility for longer-term care because they assume that "the government" will be there.

Proposed solutions: The "middle class" needs to be offered rewards for maintaining their responsibility for keeping aging family members safe and independent.

"Middle class" people may need more help with education and planning for the loved one living longer, especially when on a fixed income.

Employers can help by helping the working caregiver with new benefit Packages including savings plans and salary reimbursement.

Re-evaluate co-housing options: Call for input about previously successful (but underfunded) programs providing co-housing options. Reconstitute previously successful programs such as Operation Match in which an elderly homeowner living alone in a single-family home hosted a single-mom and child as "tenants". Rental income and companionship flowed to the elder and moderately priced housing became available for the single-mom.

Priority Issue #4: Family members do not understand the costs/benefits or decision variables for sustaining independence versus defaulting to institutional care.

Because so many seniors no longer live in their neighborhoods of origin, children no longer have frequent, positive interactions and therefore may not have a good perception of the role of the elder in our society.

Barriers: Many people still believe that Medicare pays for all nursing home care and/or are ignorant of the high costs involved in residential care settings.

Child care initiatives (ie "It Takes a Village" promotions) were successful in the 90's. But eldercare/aging issues are far more complicated and highly variable versus caring for children. There is no "one size fits all" solution.

Demand for qualified caregivers is high: supply is small and expensive.

Solutions: Make aging issues personal through media programs.

Offer more adult education opportunities and aging-family planning incentives.

Include aging-family programs and volunteer opportunities in high schools.

Understand the workplace better: offer incentives for workplace based aging-family planning programs AND PROVIDE A RESOURCE FOR CAREGIVER GLASS CEILING COMPLAINTS.

Develop a Longevity Resource Center model because of the variety of issues: temporary and permanent, urgent vs. predictable involved in aging.

Create an ongoing consortium of allied stakeholders that goes well beyond the "social services" providers to charter and register new para-professions to keep certain costs down (ie. accountants, lawyers, home care providers).

Priority Issue #5: The Image of Aging and of Caregiving needs to be changed. Aging relatives may be perceived as a "problem" by families especially when seniors are routinely relieved of their traditional roles as "Elders" and/or as caregivers of children. Caregiving is not perceived as "worth a lot" and/or is a "woman's job".

Barriers: Plenty of studies have been funded but there are few working models.

Celebrity culture: younger generations may not respect elders or be interested in planning to be responsible for their "upkeep" as they age.

Proposed Solutions: Let more seniors, working caregivers with aging parents and people with, (especially temporary) disabilities, have a voice in making recommended solutions.

Use seniors as assets: encourage more seniors to help in family child care and in schools.

Testimonials: Gather stories from "celebrities" that have cared for an aging parent. Make them models of compassionate leadership for Aging Americans.

Charter a special public/private partnership to develop a "model community" with a goal of developing and publishing new standards for a longer-lived society suitable for national replication. Includes integration of community based services, continuum of care case management assigned to the person/family and not just the facility, employers, home builders, and financial/legal considerations.

Fund these Longevity Projects through Lottery Allocations.

"No Senior Left Behind" media campaign.

Power Point Categories Continuing Care Options

Priority Issues:

#1 Aging in Place: Investing in More Opportunities

#2 Affordable, quality care at home may not be available

#3 Incentive systems promote destitution, institutionalization and dependency.

#4 Family members to not understand the costs and benefits of a variety of continuing care choices

#5 The Image of Aging and Caregiving Professions should be improved.

Barriers:

Not enough emphasis on Universal Design options and incentives

Private, independent care providers that may be "affordable" may not be well qualified.

Working caregivers do not have time; employers do not support caregiving time off.

Systems today have been built around governments providing help only for dependent and Destitute which Seniors should not need to become to access benefits.

Families do not understand the cost of a variety of continuing care options, especially Medicare benefits.

Solutions:

Unbiased, standard home safety and environmental assessments available at low cost.

Tax credits and other incentives should be available for capital improvements, loans and and investments designed to enable aging in place.

Independent, professional caregivers should be "registered".

Family caregivers need more planning, training, coaching and workplace support.

An "Aging-in-place" model communities project should be chartered by the Federal Government and funded by a consortium of public and private resources. Gaming/lottery funds should be tapped. Managed through a Longevity Resource Center.

<u>No Senior Left Behind: Make Aging and Caregiving Important</u>
Media Campaign featuring Celebrities
Examples and testimonials from "the stars" ie the Oprah approach.