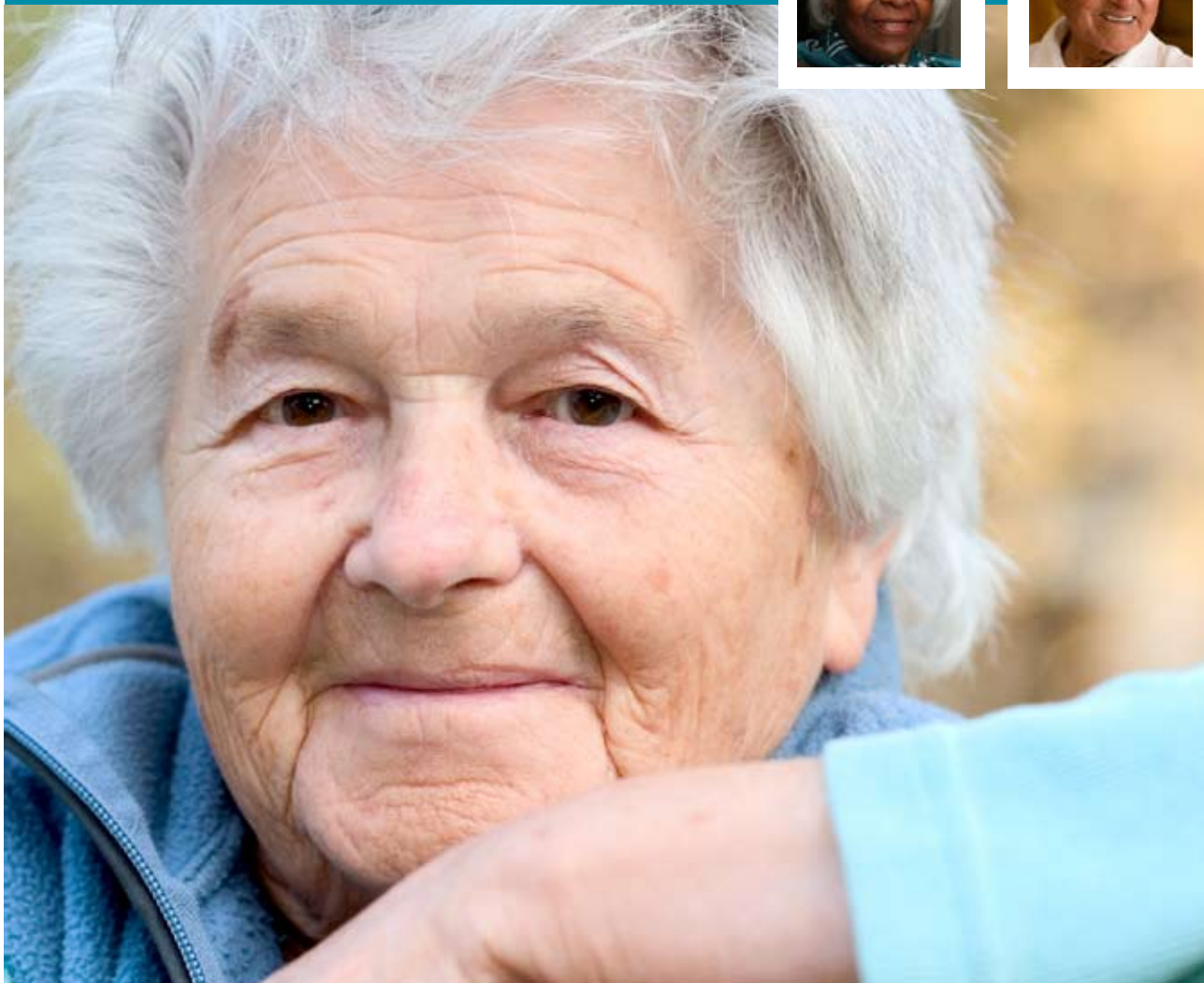
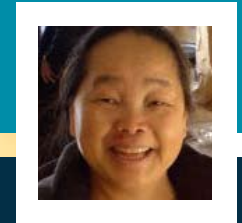
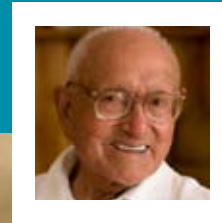
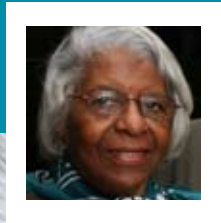


2009 Legislative Priorities

advocate. advisor. administrator



Minnesota Board on Aging 2009 Legislative Priorities

I. PROVIDING ADEQUATE CONSUMER 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 federally-funded ombudsman service is designated by law to be used in nursing facilities, board and care homes and similar institutions. State-funded ombudsman service has limited capacity to extend its advocacy services to consumers in community settings. Consumers now receive long-term care services in home and community-based settings such as housing with services (assisted living) and in their own private homes. This scattering of long-term care services makes it more difficult for ombudsmen to maintain a regular presence in these settings.

This change in how and where long-term care services are provided has created a huge gap in quality assurance and consumer protection services for vulnerable adults. While Minnesota's long-term care system has changed dramatically in the last decade, the capacity to provide consumer advocacy has not kept up with the changes. To do so will require additional regional ombudsmen.

The Vulnerable Adult Act is also currently under review to determine whether new strategies should be adopted to protect adults and elderly in Minnesota.

The Minnesota Board on Aging will seek six new regional ombudsmen and a volunteer coordinator for the office of the ombudsman for long-term care (estimated \$947,000). The Minnesota Board on Aging will also support specific recommendations coming from the Vulnerable Adult Act Stakeholders' Study.



Minnesota Board on Aging 2009 Legislative Priorities

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.)

III. DEVELOPING GERONTOLOGICAL AND GERIATRIC EXPERTISE ACROSS ALL PROFESSIONAL HELPERS

A general understanding and professional training 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 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 Minnesota Board on Aging is investigating options for innovative respite services and other support for caregivers and for the expansion of employer-based caregiver supports and resources.

The Minnesota Board on Aging will monitor the progress of the Minnesota Department of Health’s, Health Care Shortage Study and consider support for its recommendations. In addition, cooperation will be expanded with the Minnesota Area Geriatric Education Center of the University of Minnesota in order to increase participation in existing gerontological and geriatric education programs.