

**ON THE MINDS OF
MINNESOTA SENIORS:
Priorities for the Older Americans
Act Reauthorization**



**Prepared by the
Office of Senator Al Franken
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Foreword

“From home foreclosures, to health care, to retirement security, hundreds of thousands of Minnesota seniors – especially those in rural areas – are struggling to make ends meet. Seniors are vital members of our communities, and as the Baby Boomers begin to retire, we must engage these retirees as active leaders in our schools, neighborhoods, and towns. We also have a responsibility to care for each other in our later years, and I want to ensure that we are prepared as a state and a nation to meet our seniors’ needs. I’m committed to working with Minnesota to bring the voice of our seniors to Washington.”

– Senator Al Franken
*Member, Committee on Health, Education, Labor and Pensions
& Special Committee on Aging*

The Older Americans Act funds many crucial senior services in Minnesota. In 2008, more than 328,000 Minnesota seniors used at least one of the services provided under the Act.¹ From July 12 to July 23, 2010, Senator Franken’s staff traveled across the state holding listening sessions with seniors to hear about what’s working and what needs improving in the Act. This report is a compilation of the issues raised by over 400 seniors at 17 listening sessions in 16 Minnesota counties. The recommendations from these discussions will guide Senator Franken’s legislative efforts in Washington as he works to reauthorize the Older Americans Act on both the Senate Health, Education, Labor & Pensions Committee and the Special Committee on Aging.

Senator Franken’s staff visited the following locations: Moorhead, East Grand Forks, Roseau, Warroad, Bemidji, St. Cloud, Willmar, Alexandria, Brainerd, Winona, Austin, Worthington, Marshall, Duluth, Grand Rapids, Two Harbors, and North Branch.

OVERVIEW OF SENIORS IN MINNESOTA

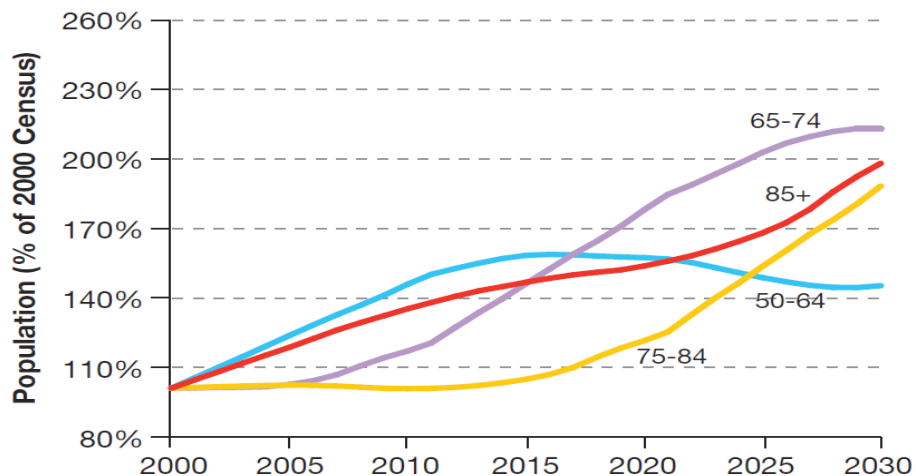
Changing Demographics

In the coming years, our nation will face unique challenges as we work to meet the needs of the growing number of seniors in our country. The number of Minnesotans over the age of 65 is expected to increase by 88 percent between 2007 and 2030. That's why next year's reauthorization of the Older Americans Act is so critical, and why Senator Franken will be working to address the issues raised by Minnesota seniors that are highlighted in this report.

According to the most recent data, of the 902,000 Minnesotans over the age of 60:

- 261,600 are living in rural areas²
- Over 69,600 are living in poverty³
- 39,800 are living in nursing homes and other long-term care facilities⁴
- Thousands more are being cared for in their homes by over 590,000 family caregivers⁵
- Over 328,000 used at least one of the services provided under the Older Americans Act in 2008⁶

Projected Growth in the Older Population in Minnesota as a Percentage of 2000 Census, by Age Group, 2000-2030



American Association of Retired Persons. "Across the States: Profiles of Long-Term Care and Independent Living," Pg. 174, Eighth Edition, 2009. Available at http://assets.aarp.org/rgcenter/il/d19105_2008_at.pdf.

THE OLDER AMERICANS ACT 2011 REAUTHORIZATION

An Overview

In 1965, the United States Congress enacted the Older Americans Act (OAA) to help people stay in their homes and maintain their independence as they age, as well as to protect our most vulnerable elderly living in nursing homes and long-term care facilities. OAA is reauthorized every five years, giving seniors a chance to speak up about what they think is working and what could use improvement, and giving Congress the chance to amend the act to address the changing needs of the senior population. Next year, Senator Franken will work directly on the reauthorization of OAA as a member of the two Senate Committees with jurisdiction over the Act – the Health, Education, Labor, and Pensions Committee’s Subcommittee on Retirement and Aging and the Special Committee on Aging.

What’s in it for me?

OAA created important and popular service programs that are available to seniors 60 and older. Nationally, seniors who used OAA services were more likely to live in rural areas than in urban or suburban settings.⁷ In 2008, over 328,000 Minnesota seniors used at least one of these services. These programs include nutrition services like Meals on Wheels and subsidized communal meals at senior centers; transportation programs; adult day care services; family caregiver support such as respite care; and disease prevention and health promotion activities such as diabetes management and nutrition education. In addition, OAA offers job opportunities for low-income seniors and provides resources to prevent and respond to elder abuse and neglect in nursing homes and other long-term care facilities.

KEY FINDINGS FROM SENATOR FRANKEN'S LISTENING SESSIONS

1. **Seniors lack transportation and access to vital programs, especially in rural areas**
 - Seniors need more access to transportation services. Lack of adequate transportation was brought up at each of the 17 meetings across the state. There is a great need to assist seniors with transportation to medical appointments, which often require travel to distant medical centers. Additionally, as more seniors age at home, there is also an increasing need for basic transportation to the grocery store, senior centers, and the hair salon.
 - Seniors in rural areas face even greater barriers to transportation. Participants made it clear that transportation services are especially inadequate outside city limits. Seniors who live in rural areas have little or no access to transportation due to a lack of funding for these services. For example, Hubbard and Clearwater counties received a grant to purchase buses for senior transportation; yet these buses are sitting idle because there are no funds to pay a driver.
 - Seniors are interested in attending more social events, ranging from plays to concerts to civic meetings. However, the lack of evening and weekend transportation often prevents this healthy social interaction. Seniors said that weekends and evenings can become very long and lonely. Many feel isolated at these times, which can lead to depression. Depression is a serious illness affecting approximately 15 out of every 100 adults over age 65 in the United States, or about 5 million seniors.⁸ The disorder affects a much higher percentage of

people in hospitals and nursing homes. The issues of loneliness, isolation, and depression were brought up throughout the listening sessions.

- Home meal delivery programs allow seniors to remain in their homes. Programs like Meals on Wheels allow seniors to stay in their homes longer, as opposed to having to relocate to a nursing home. However, the transportation programs that bring these services to seniors are facing serious challenges throughout the state due to funding issues, increased regulation on volunteer hours, and mileage reimbursement requirements. It is often difficult to find ways to deliver meals to seniors in rural areas or bring seniors to communal dining facilities.

2. **Minnesota seniors prefer home care; current programs work, but need additional support**

- Many seniors want to stay in their homes as long as possible. Privacy and an independent mentality are embedded in the “boomer” generation, and many seniors want to remain in their own homes and are simply looking for support – not hand-outs. In addition to being preferred by seniors, home and community-based services are also cost-effective since it is less expensive to provide services in-home than at nursing homes. However, it is important to seniors that they have access to nursing home care when they need it, especially in rural areas, where there may be few nursing home options.
- Seniors want access to high-quality home care. Although there have been many initiatives to improve nursing home care, efforts to ensure quality home care are just getting started. For example, Minnesota has a “Home Care Bill of Rights” that could be expanded at the federal level. In general, seniors want

to know where to find home services and assurance that the services they get at home are top-notch.

- Seniors need more access to programs like the Senior Companion Program, Meals on Wheels, and Congregate Dining facilities. These programs are extremely worthwhile and have added value for seniors beyond the specific service provided. For example, Meals on Wheels is more than just a food program. It also provides social contact and an opportunity for seniors to check in with a trusted community member. Many seniors explained that home food deliveries are sometimes their only social interaction of the day. Several service providers shared stories of finding fallen or hurt seniors in need of medical attention while delivering food. However, the needs are greater than the available services, especially for assistance with heavy chores (mowing, snow removal, housekeeping, food preparation, managing finances, home modification, or repair).
- Recent restrictions on volunteer programs have created unnecessary barriers. Volunteers provide urgently needed services to seniors across the state. Retired Seniors Volunteer Program (RSVP), Senior Nutrition, Senior Companion Program, and many other services are incredibly valuable and popular among seniors. However, additional volunteers are needed in order to serve the growing needs among seniors. Increased funding and greater flexibility of funding would allow for sustainable volunteer programs.
- Seniors need more opportunities for adult day care. Although families want to take over care of elderly relatives, many families have two full-time workers. Adult day care programs provide families with the support they need to keep seniors

living among family, while also offering seniors opportunities for enriching programs and social interaction during the day.

- State and federal restrictions and regulations sometimes force seniors out of their homes. For example, the Medicare requirements to be “homebound” in order to qualify for home care can be very restrictive. A homebound individual is defined as one who cannot leave home without a considerable and taxing effort, or who requires the aid of a supportive device (such as crutches, a cane, a wheelchair, or a walker), or if the individual has a condition that makes leaving the home medically inadvisable. Medicare pays for unlimited care in the home as long as the following criteria are met: the beneficiary is “homebound,” in need of skilled care on an intermittent basis, and under the care of a physician. Beneficiaries do not have any cost sharing requirements for home health services, but many beneficiaries who may benefit from home care do not meet the definition as “homebound.” The restrictions can lead to depression, isolation, loneliness, poor health care maintenance, and lack of preventive care. Ultimately, the senior may have no choice but to move into a nursing home – if they can afford to do so.

Most seniors were not aware of the new, voluntary long-term care insurance plan called the CLASS program that was included in health reform. After five years of paying into the program, CLASS will help seniors pay for services and supports that will help them maintain their independence should they become disabled down the road.

- Family caregivers need opportunities for respite care. Demands on caregivers can be immense, and they may find it challenging to balance the responsibilities of caring for an aging family member with all of the other obligations they have.

Programs that provide care coverage—even for a few hours a month—can provide caregivers with the relief they need to provide sustained care to their aging family member. This keeps seniors at home longer, which improves their quality of life and saves money.

3. **Additional coordination and flexibility of senior programs are needed**

- **The network of aging services is incredibly complex.** Services involve federal, state, and local government, as well as many private non-profit and for-profit entities. Some programs like the Senior Linkage Line help to coordinate information about senior services for consumers. However, there would likely be cost-savings and increased efficiency with better coordination among programs and those who work with seniors. Lack of coordination leads to inefficiencies, redundancies, and unnecessary competition among providers. Specifically, there needs to be more clarity about who is responsible for which services among state and local governments and private non-profits.

4. **Volunteer opportunities are critical—for seniors and those who serve seniors**

- **There needs to be more flexibility to make volunteer programs efficient and cost-effective.** Increased mandatory requirements on volunteer hours, mileage reimbursements, and meal reimbursement have been detrimental to the success of these programs and have made volunteer recruitment much more difficult. For example, current federal regulations require seniors to volunteer at least 15 hours per week to qualify for a stipend, mileage reimbursement, and meal reimbursement.

- There are issues with mileage reimbursement. Many seniors expressed the need to encourage more community members to volunteer with these vital programs. Flexibility is needed to ensure local programs have the ability to customize their services to their specific region. There are also concerns regarding lack of reimbursement for the miles driven by a volunteer in order to pick up a senior, also known as “no load” miles, especially in rural areas.

5. **More funding is needed**

- The Older Americans Act funds crucial services across the state. These programs provide a social safety net for Minnesota seniors that enable them to be vital and independent in their later years. With the increasing numbers of seniors in our state, there is a strong need for continued and increased funding to programs under the Older Americans Act.

6. **Senior counseling programs are valuable and often essential for family purposes.**

- Seniors were disheartened that end-of-life issues were excluded from health reform, and many are at a loss about where to seek services for counseling on these issues.

7. **Health reform implementation**

- Seniors need more information about our nation’s new health reform law. A recent poll conducted by the Kaiser Family Foundation found that half of seniors incorrectly believe the nation’s new health reform law cuts Medicare benefits, and that seniors lack access to accurate information about many other parts of the law. In fact, the law extends the solvency of the

Medicare Trust Fund by an additional 10 years, compared to if the law hadn't been passed. A number of questions about health reform came up at the sessions, and Senator Franken is committed to helping seniors get accurate information so they can understand how the new law affects them.

For example:

- Medicare beneficiaries will get a free checkup every year and will be able to access preventive services like mammograms and colonoscopies without copayments or cost sharing.
- Many seniors and retirees who have private insurance will also have access to annual wellness exams and preventive screenings without copayments and cost sharing.
- This year, seniors who fall into the gap in Medicare Part D prescription drug coverage, also known as the donut hole, will receive a \$250 rebate check.
- Starting next year, seniors will receive a 50 percent discount on brand-name drugs and biologics purchased in the donut hole until it is closed completely in 2020.
- A new, voluntary long-term care insurance plan called the CLASS program will help seniors pay for services and supports that will help them maintain their independence should they become disabled down the road.
- The excise tax on high-cost health plans will only apply to health insurance plans above \$10,200 for individual coverage and \$27,500 for family coverage.
- Employers who offer health coverage to early retirees can receive premium assistance to help ensure they can continue to provide coverage to their retired workers.
- The new Medicare Innovation Center will work to find ways to improve quality of care and help contain costs in our health care system, like expanding telehealth to better serve seniors in rural areas.

Additional information on seniors and health reform is available at www.healthcare.gov

CONCLUSION

The feedback that participants provided during the listening sessions will enable Senator Franken to bring the voice of Minnesota seniors to Washington. The information from the sessions and contained in this report will guide his legislative efforts in the coming months, throughout the reauthorization of the Older Americans Act, and as other legislation affecting seniors comes before the Senate.

Throughout the listening sessions, it was clear that the Older Americans Act provides Minnesota seniors with many services they need, but it's equally evident that the need for these programs exceeds their current availability. Minnesota seniors want to be able to stay in their homes and living among family for as long as possible. In order to make this happen, seniors and their families need in-home services and transportation. Throughout the sessions, seniors in our rural communities discussed unique challenges in all issue areas—from access to Meals on Wheels to transportation for medical appointments. It is critical that special attention be given to rural issues throughout the reauthorization process.

ACKNOWLEDGEMENTS

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Roseau - Four Seasons Senior Center
Warroad - Warroad Senior Living Center
Bemidji - Bemidji Senior Center
St. Cloud - Whitney Senior Center
Willmar - Willmar Community Center
Alexandria - Nelson Gables
Brainerd - Lakes Area Senior Center
Winona - Winona City Hall
Austin - Mower County Senior Center
Worthington - Nobles County Government Center
Marshall - Marshall City Hall
Duluth - St. Ann's Senior Living
Grand Rapids - Grand Rapids Area Library
Two Harbors - City Hall
North Branch - Chisago County Senior Center

¹ Administration on Aging. "FY 2008 Profile of State OAA Programs: Minnesota." Available at http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx#state.

¹ Administration on Aging. "FY 2008 Profile of State OAA Programs: Minnesota." Available at http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx#state.

³ Administration on Aging. "FY 2008 Profile of State OAA Programs: Minnesota." Available at http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx#state.

⁴ Administration on Aging. "FY 2008 Profile of State OAA Programs: Minnesota." Available at http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx#state.

⁵ American Association of Retired Persons. "Across the States: Profiles of Long-Term Care and Independent Living," Pg. 175, Eighth Edition, 2009. Available at http://assets.aarp.org/rgcenter/il/d19105_2008_at.pdf.

⁶ Administration on Aging. "FY 2008 Profile of State OAA Programs: Minnesota." Available at http://www.aoa.gov/AoARoot/Program_Results/SPR/2008/Index.aspx#state.

⁷ O'Shaughnessy, V. Carol. Public Policy & Aging Report, Volume 18: Number 3, "The Aging Services Network: Broad Mandate and Increasing Responsibilities." Available at http://www.aoa.gov/AoAroot/Press_Room/News/2008/Policy_Report_on_the_Aging_Network_2008.pdf

⁸ American Association for Geriatric Psychiatry, Available at <http://www.aagponline.org/advocacy/testimony.asp?viewfull=49>