

State of the Union Address on Aging and Caregiving

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www.avenidac.org; 5 sites, open to the public

Resources

Kaiser Family Foundation Studies, Jason Rau, 2023

"Dying Broker Cost of Senior Care" in the US" Reed Ableson, Jason Rau, NYT series, 11/2023

Behavioral Risk Studies on Family Caregivers, CDC, 2016, survey results

2016 Testimony Before US Senate Select Co. on Aging by Dr. Mehrdad Ayati, Director of the Geriatric Center, Located in Los Altos.

SCC The Geri Team Network, 2024, 65 plus elder care professionals, case presentations for resolving complex client problems.

How Americans and Congress react to the challenges of longevity



SOTU Agenda

Predictions: 5 years into the future.

Key Challenges requiring systemic change

Coregiving is both a job opportunity and risky business for some

What one we do better; strategies for comprehensive ours planning

Various solutions based on a geographic "population perspective"

Affordable long -term ours and health insurance

Enhance access to care, coverage for eyeglosses, hearing and mobility devices.

Message from our favorite MD...Dr. Seuss

Resources

Key challenges

Most Americans will need LTSS in old age, averaging 2 yrs each.

Average cost of oustodial care - >\$250,000 - not covered by Medicare

Average assets at retirement - \$50,000 + Soc. Security

Annual costs of caregiving>\$300,000 (average)

Half of women >85y.o. have no potential caregivers, solo agers, widowed.

Assisted and memory care private pay, costly; prices going up

LTC insurance is costly, limited, and most US citizens do not have it

Numbers of elders needing care will double in the next dozen years

Most Americans spend majority of care dollars last two years of life for intensive medical interventions, may not provide quality of life.

Often frailty or dementia, with other diagnoses Now, most Americans have this course. The numbers will double in ~15 years. Death Onset could be deficits in ADL, speech, ambulation Often frailty or dementia, with other diagnoses Now, most Americans have this course. The numbers will double in ~15 years. Quite variable, often 6-8 years Might seem "sudden"

Left to drift...current costs of elder care, (housing, health & LTC insurance) result in...

Homelessness

Hunger

Isolation

Medical Aid in Dying, & suicides & "deaths of despair"

Bankrupting families, burdening caregivers (women)

Coercing Medicaid into severe restrictions

Major need: continuity of care, access

- An Entity to monitor, manage set priorities evaluate
 respond to needs with authority and funding
- Data to enable monitoring and managing
- Leadership
- Renewed political will, new stakeholders, intergenerational teams: to enhance care.
- Flexibility in regulations and financing in view of different levels of care and need

Why prioritize --LTC Financing?

Without that, all other gains will backslide when we double the numbers of elders needing care

Most of the current shortcomings have their roots in the currently inadequate funding

Americans are becoming aware of the threat of LTC costs to their families – a ripening political moment

Why a geographic population perspective for eldercare?

- Because elders needing care are profoundly dependent upon their geographic community – local resources.
- >Housing
- >Food
- >Direct care workforce
- >Family/friend caregiving
- >Transportation
- >Medical care
- >None can be fixed for just one provider's patients, or one insurer
- >- at least not efficiently

Comprehensive Care Planning

- Shaped by the client's medical and social situation
- Also shaped by client & family values & preferences
- Constrained by what's available (including "volunteer")
- Rarely done
- Even more rarely documented
- And almost never transferred across providers

Caregiving: job opportunity.

It's hard work - intensive labor; emotionally and interpersonally, for the family, support teams, and professional caregivers.

Professional caregiver worker shortage- worse with slowing immigration.

Covid informed us of the need for enhanced care systems and consideration of the care recipient and the family care provider as a unit of care by their medical teams.

What can we do better?

Enhanced care managers and navigators available in all systems. (Inpatient, outpatient, community, end of life care.)

Comprehensive care planning - with an interdisciplinary team

Managing quality and cost for a geographic community

Supportive care option in Medicare: for custodial caregiving.

Catastrophic affordable long-term care insurance

Review Compassion and Choice; medical aid in dying criteria

Educate our youth regarding aging and caregiver of grandparents: Perhaps Los Altos Rotary might pioneer an intergenerational program?