Prepared Statement for the Record

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Hearing Regarding
Caring for our seniors: How can we support those on the frontlines?

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Good afternoon, Ranking Member Smith and members of the committee, my name is Sally Bowman and I appreciate this opportunity to serve as a witness. My remarks today will focus first on the links among housing, health, and caregiving; and second on educational strategies for the workforce of professionals, paraprofessionals, and informal (typically family) caregivers.

In late life, the individual preference to *age in place* means that housing, health-related services, and personal caregiving services are intertwined. Consumers and health care providers have positively responded to the philosophy that older individuals should be able to receive services in the least restrictive physical environment possible. The challenge and the opportunity is to link services to individual needs, rather than to the type of residential setting in which the individual happens to live. The advantage of this approach is that declining health status does not require multiple relocations for an individual. Moving from place to place is difficult for aging persons and their family members, and also problematic for health care coordination.

How will the desire to age in place affect baby boomers? Baby boomers will reside in a wide variety of home, community, and institutional settings, receiving services from a combined workforce of professionals, paraprofessionals, and informal (typically family) caregivers. Projections indicate that the greatest growth in long-term care settings will be in assisted living, residential care, and home and community-based services.

Oregon was the first state to apply for and receive a Medicaid waiver to provide home and community-based services in 1981. Over the course of 25 years, Oregon financing, reimbursement, and licensing policies favored the growth of adult foster care, assisted living, and residential care facilities, while reducing nursing home use. These policies resulted in estimated savings in public resources and at the same time provided living arrangements that valued independence and privacy.

And indeed, many frail older adults, with both physical and/or cognitive disabilities, are living in all these diverse long-term care settings and in the community, rather than nursing homes. Because Medicaid daily reimbursement rates for adult foster homes, assisted living, and residential care facilities in Oregon are less than

half the daily rates for nursing facilities, the decrease in Medicaid cases in nursing facilities from 69% to 37% (1990-2004) resulted in considerable savings of tax dollars. For example, in 2004, reimbursement of Medicaid long-term care cases who resided in adult foster care, assisted living, and residential care facilities rather than nursing homes saved Oregon taxpayers appropriately $700,000 per day.

Although maintaining a wide variety of residential care choices will depend on both market trends and policy conditions, maximizing choice in long-term care options will be important for baby boomers and their family members. The goal of combining individualized care with a normal life is a challenge regardless of the physical setting, and highlights the need for a well trained network of formal and informal caregivers.

The projected shortfall in formal and informal workers needed to care for aging baby boomers requires increased efforts in education and training at all levels. Geriatric Education Centers are and will continue to be a key player in this effort. These Centers focus on the training of professional workers in long-term care, including physicians, licensed nurses, social workers, and allied health workers such as physical and

occupational therapists. Geriatric Education Centers have helped to provide aging-related education to these health care workers and have been essential to incorporating geriatric curricula into the training of new professionals.

The Oregon Geriatric Education Center focuses on outreach to rural areas, where, in comparison to urban areas, a larger percentage of the population is older, disabled, and suffers from chronic diseases. Yet most rural health care providers have not received geriatric education. As part of our participation in the Oregon Geriatric Education Center and part of the land-grant mission, Oregon State University has offered a regional 2-day gerontology conference for 300-400 direct care practitioners annually for the past 32 years. This conference reaches front-line workers, such as nurses and care managers, in addition to individuals in a wide range of occupations, such as administrators of residential care facilities, pharmacists, clinical psychologists, ombudsmen, and community service providers who serve an aging population.

Collaborative partnerships involving higher education institutions, community colleges, private foundations, state and local government units on aging, nonprofits, and employers can expand opportunities so

as to meet the educational needs of informal family caregivers to older adults. Educational and training strategies may include web-based checklists and publications for late life decision making; board games; community education workshops, both series and single events; and one-on-one consultations.

As an example, the Oregon State University Extension Service and College of Health and Human Sciences developed many consumer publications on aging-related decisions, such as selecting a nursing home and hiring in-home care workers. A national example of a partnership of four land-grant institutions, the United States Department of Agriculture Cooperative State Research, Education, and Extension Service and the AARP Foundation, is Prepare to Care, scheduled for completion for National Caregiver Month in November, 2008. This project will include a toolkit of educational resources for community educators targeted to local employers and employees. The goal is to reach two audiences: employers, whose bottom line can be enhanced by recognizing and supporting employees who provide elder care; and the vast numbers of aging baby boomers who must balance their jobs with caregiving to older family members.

The nationally disseminated caregiver training program, "Powerful Tools for Caregiving," was produced by an Oregon partnership between Oregon State University faculty and a community-based hospital. Evaluations of Powerful Tools have shown that family caregivers become empowered to practice self-care strategies and develop tools that enhance their caregiving efforts. This training, and other evidence-based community education programs, such as "Chronic Disease Self Management," are based on the application of self-efficacy theory: In order to take care of ourselves as caregivers or as older adults with chronic conditions, we must learn skills that increase our sense of personal control over our situations.

Another type of training strategy for both health care workers and family caregivers is the use of games in the classroom and beyond as a learner-centered strategy. Oregon State University faculty developed "The Families and Aging Board Game." The game has been used successfully in university gerontology and geriatrics courses, with long-term care staff, and also by family members as a tool to discuss those difficult family decisions that are inevitable in later life.

Because the vast proportion of long-term care to older adults is provided by family members and by paraprofessional workers,

attention should focus on supporting these frontline caregivers. Because long-term care requires one-on-one assistance, labor is the major cost and determinant of quality of care. Recruitment and retention of direct care workers in all types of long-term care organizations continues to be a significant challenge. The *Better Jobs Better Care* national demonstration projects, funded by the Robert Wood Johnson Foundation and the Atlantic Philanthropies, have shown that key dimensions of job satisfaction, such as adequate training, rewards and incentives, career ladders, and reducing workloads affect intentions to leave the workplace. Changes in public policies at the state and local levels and related funding will be required to institutionalize the management practices that lower the turnover rates of frontline workers.

I thank you again for the opportunity to show the connections among housing, health, and caregiving as well as the need for educational strategies to train a sustained and capable workforce of professionals, paraprofessionals, and informal or family caregivers. These educational efforts will depend in large part on your policy actions.

Note: In Oregon, there are four types of licensed long-term care settings. These include:

Assisted living facility – serves six or more residents, provides a range of personal care and health-related services, offers private apartments with full bathrooms and kitchenettes, and emphasizes aging in place.

Residential care facility – serves six or more residents, provides a range of personal care and health-related services, but lacks the physical design requirements of assisted living facilities. Residential care facilities have tended to be smaller than assisted living facilities, but have also added Alzheimer's care units in recent years.

Adult foster home – a private home or dwelling built for the purpose of providing care to up to five residents.

Nursing facility – provides nursing care on a 24-hour basis, and meets Medicare and Medicaid nursing home requirements.