

# **MINNESOTA RIVER AREA AGENCY ON AGING**

## **2005 LONG TERM CARE GAPS ANALYSIS REGIONAL SUMMARY**

The Minnesota River Area Agency on Aging serves the 27 counties in the Southwest Planning and Service Area (SW PSA). Included are Economic Development Area (EDA) 6W (Big Stone, Chippewa, Lac qui Parle, Swift, Yellow Medicine), EDA 6E (Kandiyohi, McLeod, Meeker, Renville), EDA 8 (Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock), and EDA 9 (Blue Earth, Brown, Fairbault, Le Sueur, Martin, Nicollet, Sibley, Waseca, Watonwan).

### **DEMOGRAPHICS**

The SW PSA continues to have a declining and aging population. Of the EDAs within the SW PSA, only 6E experienced growth in the 60+ population between 1990 and 2000. Overall, the 60+ population decreased by 3,706 persons. The percentage of the population age 60+ within the SW PSA ranges from 30% in Lincoln County to 14.3% in Nicollet County. In one-third of the counties, 25%+ of the total population are age 60+.

Each of the EDAs experienced an increase in the number of persons age 85+ between 1990 and 2000, for an overall increase of 2,079 persons. The percentage of the population age 85+ within the SW PSA ranges from 4.5% in Lac qui Parle and Lincoln Counties to 1.5% in Nicollet County.

The SW PSA is 57.3% rural and 42.7% urban, compared to the state average of 29.1% rural & 70.9% urban. Six counties are 100% rural, including Big Stone, Lac qui Parle, Lincoln, Murray, Renville and Sibley. Nicollet County has the highest percentage of urban (72%) compared to rural (28%).

The average poverty rate for persons age 65+ in the SW PSA is 9.8%, compared to the state average of 8.2%. The percentage of persons age 65+ who are below the poverty rate in the SW PSA ranges from 13.4% in Lincoln County to 5.1% in Waseca County.

The SW PSA continues to be a homogeneous area. According to the 2000 Census, there are 1,109 minorities in the SW PSA (1% of the 60+ population). Nearly one-half (46.5%) are Hispanic.

### **LABOR SUPPLY**

The unemployment rate in the SW PSA is fairly consistent throughout the 4 EDAs, ranging from 4.9% in EDA 6E to 4.0% in EDA 8. However, the labor force participation rate varies greatly across the SE PSA. EDA 6W has the lowest rate at 61.6% (the lowest in the state), followed by EDA 8 at 67%. These rates are contrasted by increasing rates in every age group in EDA 6E and 9. Wage comparisons between the state average and each EDA show that wages in the SW PSA are lower in almost all industries of jobs that pay less than \$15/hour. The state's average percentage of jobs that pay less than \$15/hour is 60% compared to EDA 6E at 78%, EDA 6W at 76%, EDA 8 at 73% and EDA 9 at 68%.

## **INFORMAL AND QUASI-FORMAL CARE**

Informal and quasi-formal care are integral parts of the long-term-care system. Some counties are reluctant to access the informal system because they are concerned about liability and quality of care issues. In addition, these issues make some counties reluctant to embrace consumer-directed care. Whether perceived or real, it will take time to overcome these concerns. Also recognized is the need to integrate informal and quasi-formal care into the health plans.

Other challenges the informal/quasi-formal system face are sustainability and a volunteer base that is stretched and may decrease as baby boomers continue in the workforce, burn-out and/or become too old to volunteer.

## **SERVICE AND HOUSING ISSUES**

### *Home and Community-Based Services*

The Gaps Analyses indicated that new services were developed/expanded in at least one county in all service categories. The greatest area of expansion was Assisted Living which occurred in 25 of 27 counties. Other service categories ranking high included In-Home Respite and Caregiver Support (11 counties/5 in Region 9); Fiscal Intermediary (9 counties); Personal Care (7 counties/5 in Region 9); Skilled Nursing (7 counties) and Companion Services (7 counties). Eight counties indicated Community Service/Services Development (CS/SD) grants were instrumental in developing these services. Eighteen counties indicated that services decreased or were eliminated, including Assisted Living (3 counties), Adult Day Services (2 counties) and Chore Services (2 counties). Overall, 23 counties rated their general capacity of home and community-based services as adequate and 4 as inadequate.

Twenty-three counties indicated that there are services that are currently inadequate/unavailable. Services identified as inadequate/unavailable were Adult Day Services (10 counties), Evening and Weekend Care (10 counties), Chore Services (7 counties), Transportation (6 counties), Guardianship/Conservatorship (5 counties) and Companion Services (5 counties). Twenty-three counties responded that they have no surplus or underutilized services.

Twenty-two counties rated the program flexibility in their county as adequate to meet changing consumer expectations for more choice and personal direction. Twenty counties indicated adequate capacity for quality assurance and consumer protection in private homes and apartments. Cultural competence in health and support service systems to adequately meet needs of minority elderly and disabled was rated as adequate in 18 counties while 8 (4 in EDA 9) rated it as inadequate.

Twenty-two counties gave adequate ratings to access to information and assistance for all persons (regardless of income) to make informed choices about long-term care as well as adequate communication patterns and referral protocols between health care and long-term care providers to maximize care coordination.

A workforce necessary to meet local health/LTC industry and market demands was rated as inadequate in 19 counties (4 in EDA 6W, 2 in EDA 6E, 5 in EDA 8, 8 in EDA 9). Correspondingly, 9 counties identified workforce issues i.e. insufficient pool, insufficiently trained pool, poor quality pool, inadequate pool, as critical issues/barriers to ensuring that the elderly and persons with disabilities have home and community-based support options.

A variety of responses, with no over-arching themes were given as priorities for HCBS service development in 2005-2010. Four counties identified the integration and implementation of MSHO as their priority.

### *Housing Options*

New Senior Housing and/or new Housing/Service Arrangements were developed in the past two years in 21 counties. There were 37 buildings (8 in EDA 6W, 7 in EDA 6E, 13 in EDA 8, 9 in EDA 9) and 930 units (116 in EDA 6W, 165 in EDA 6E, 269 in EDA 8, 380 in EDA 9). Community Service/Services Development (CS/SD) grants were instrumental in developing new/expanded housing in 14 counties.

Nineteen counties rated their county's overall supply of housing for the elderly and/or persons with disabilities as adequate. Fifteen counties identified housing options that are inadequate or unavailable including Adult Foster Care (10 counties/6 in EDA 9); Subsidized Rental Apartments For Seniors (no services) (9 counties/5 in EDA 8); Subsidized Rental Apartments For Seniors (with services) (8 counties/4 in EDA 8); and Board and Lodging (with services) (7 counties). Twenty counties indicated they have surplus or underutilized housing options.

Ten counties identified affordability and/or funding as the main issue/barrier to ensure an appropriate supply of housing options for the elderly and persons with disabilities. Seven counties identified Adequate, Affordable Housing; 6 counties identifying Adult Foster Care; and 3 counties identifying Assisted Living as their highest priority for housing development in 2005-2010.

### **NURSING HOME ISSUES**

Twenty-two counties rated their overall supply of LTC nursing home beds for elderly and persons with disabilities as adequate. Nine counties indicated Nursing Home Services/Specialty Beds as inadequate/unavailable, including Dementia Care in 6 counties. Twenty-four counties said they have no Nursing Home Services or Specialty Beds that are surplus/underutilized. Few specific issues/barriers were given as critical to ensuring an appropriate supply of nursing home beds for the elderly and/or persons with disabilities. Many indicated the supply of nursing home beds adequate at the present time.

### **INFLUENCE OF FUNDERS AND OTHER ACTORS**

It appears that if counties were aware that CS/SD grants were a funder then they recognized their helpfulness. An additional funding influence has resulted from the decrease in Title III funding in the SW PSA. This will have a substantial negative impact on the LTC system. Also, non-profits are experiencing decreasing donations due to individuals redirecting their support to the natural disaster relief efforts of 2005.

Other influences counties identified were low reimbursement rates, affordable services and access to services.