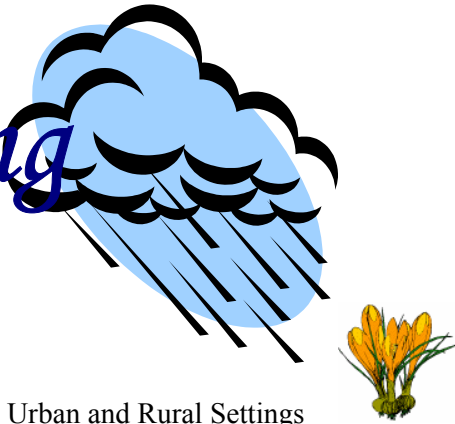


# California Aging Issues



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## **Diane Gilmer - editor**

*This month we highlight long-term caregiving to older people who are frail and in poor health. Most of us would rather not think that we, or a loved one, would need extensive personal care. However, some of us will need help during our lifetimes. What do skilled nursing homes provide? What is assisted living? Or, will someone care for us at home?*

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## **LONG-TERM CARE**

*“Caretaker: one who gives physical or emotional care and support” ...Webster’s*

## **Skilled Nursing Homes (SNFs)**

Most of us are not comfortable thinking that we, or anyone we know, will be a patient in a nursing home at some time. However, many of us will have chronic diseases in late life and will need extra help with personal care. What are the odds that we will spend time in a nursing home and how long will we be there? How do we pick a good nursing home if it is needed?

## **What are the odds.....?**

I decided to calculate my risk of spending time in a SNF, using this web site:

<http://www.medicare.gov/LongTermCare/Static/LTCCounselor.asp> . Look for the Long-term Care Counselor questionnaire.

I calculated the odds that I would spend time needing long-term care.

In the lifetime of my cohort (female, 65 years of age, and few health problems), 38% of us will need long-term care (SNF, in-home care or assisted living) and at least 8% will spend a year or more in a nursing home. I intend to be among the 62% that will not need any outside help.

My cohort can expect to live 23 more years.

On the other hand, only 22% of those in my husband's cohort (66, excellent health), will need long-term care. This is because men have fewer chronic illnesses, are more likely to have a spouse to provide them care, and do not live as long as women (age is the biggest risk factor for residency in a SNF).

Some mistakenly believe that admission to a SNF is permanent, but that is not necessarily the case. Only 3% of elders reside in SNFs at any given time, but 25% can expect to use them at some point. Many people need only short-term stays for rehabilitation, for example after a hip fracture, surgery, or stroke. Most of these people return home to lead fully functional lives after their rehabilitation. The average stay in a SNF is 75 days.



However, others need lengthy stays, usually as a result of declining mental abilities, incontinence, or loss of the primary caregiver. For example, individuals who are in the late stages of dementia need 24 hour nursing care.

## Choosing a nursing home.....

Unfortunately, not all SNFs provide excellent care. Recently, a U. S. Senate hearing on the condition of California's nursing homes reported, among other things, that 10% of facilities placed their patients at significant health risk, including physical abuse.



All SNFs are inspected and by law are required to provide information to potential clients. Visit the nursing home - you can go in unannounced. Warning signs of poor care include indications of physical abuse, bedsores, the use of restraints, and low staff-to-patient ratios. Walk around the facility: it should be odor-free. Talk to the residents: Do they seem relatively happy? Are there recreation activities? Watch staff-patient interactions. Staff should address the patients respectfully and should know their names. Scolding, ignoring, and verbal abuse are warning signs of poor treatment. How is the food? Also, look for hidden costs. Some facilities charge a flat fee, depending upon level of service. Others may appear to be less expensive, but charge for any "extra" service, of which there may be many. The extras can add up quickly.

In general, smaller, nonprofit nursing homes (the minority in California) provide better care than those that are for-profit. Ones that are locally owned and managed, or have a religious or ethnic base, have better reputations. The educational level of the director and the turnover rate of nursing assistance are good indicators of SNF quality.

You can access information about quality of care in nursing homes at: <http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp?version=default&browser=Netscape%7C7%2E01%7CWinXP&language=English&defaultstatus=0&pagelist=Home>

## **Alternatives to Nursing Homes**

### **Assisted Living**

Assisted living or board and care facilities are important alternatives to SNF care. Those who need some assistance with activities of daily living but not 24-hour help, benefit from this type of care. Care can include medication assistance and personal care, meals, transportation, and light housekeeping chores. Many believe that assisted living provides a link between home care and SNFs. Assisted living is often one stage in “continuum of care” facilities. These allow elders to “age in place”, and include independent apartments (with meal and maid service), assisted living quarters, and SNFs, but may require hefty “buy-in” fees which are often too expensive for most elders. In contrast, some board and care facilities are more modest, and can range in size from just a few residents to many. These may be more reasonably priced, but are less regulated.



Payment for assisted living is usually out-of-pocket, although Medicare or Medi-Cal may pay for some costs. I could not find a web site that evaluates the quality of assisted living facilities. In general, there are fewer state regulations for Assisted Living Facilities than for

SNFs, and the quality may vary from excellent to very poor.

Many elders prefer in-home care. The following describes an in-home care program for frail elderly.

### **In-Home-Supportive-Services**

.....By Betty Perry

*(In this article, Betty Perry, OWL, reports on an in-home care program for low-income people. Betty keeps us up-dated on legislative issues)*

For over 30 years, In Home Supportive Services (IHSS) has improved the lives of low-income elderly and disabled Californians. Under this program, IHSS caregivers provide meal preparation, housecleaning, laundry, grocery shopping, and personal care services. In 1992, California County Public Authorities became the employer of record for IHSS, responsible for registries of available workers and providing training.

The cost of the program has been very low. In 2003, 321,000 individuals received assistance at a cost of 2.8 billion dollars in that year, or \$8,820 per person. This is about a fifth the cost of a nursing home. At this time, the state legislature is targeting one part of IHSS for cost reduction, family members who care for an ill relative. If this funding were to end, many of the care-receivers would go to nursing homes.



The state actions in the last twelve years have made significant improvements in basic care of low-income disabled and elderly and the present fiscal threats to the program are truly alarming.

(Information for this report comes from Janet Heinritz-Canterbury; Stakeholders Perspectives on Implementing California's Public Authorities; and Charlene Harrington, PhD and Robert Newcomer, PhD)

### **IHHS continued.....**

**Gloria Barrett**, Sacramento County Cooperative Extension, will present her IHSS "Caregiver Training Program" to the Priester National Extension Health Conference Planning Committee. (Note May Issue of California Aging 2003: [http://ucce.ucdavis.edu/freeform/elderly/documents/Aging\\_Issues3226.pdf](http://ucce.ucdavis.edu/freeform/elderly/documents/Aging_Issues3226.pdf))

**Congratulations, Gloria, and keep up the good work!**

### **Teaching Caregivers**

.....**Barbara Gillogly, PhD**

One of the most stressful roles most of us assume is that of caregiver for a disabled or frail adult - often a parent, grandparent, or spouse. The assumption is that "families can take care of their own." Unpaid family members provide 80% of caregiving in the U. S. - what would happen if they all quit? Society provides very little support for those who consistently struggle to provide caregiving.

For the past 30 years, American River College has taught courses to caregivers. In addition, Dr. Gillogly facilitates three support groups and makes community presentations. For more information, contact Dr. Gillogly, at 916-484-8512.

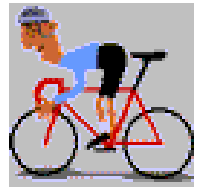
*Note from the editor: Dr. Gillogly and American River College have won a national AGHE (Association for Gerontology in Higher Education) award for providing education on aging issues.*

## **The Good News on Disability**

According to a study by Kenneth G. Manton and XiLiang Gu, we are living longer and healthier than ever before (*Proceedings of the National Academy of Sciences*, May 8, 2001).

From 1997 to 1982, the percent of older people with disabilities has fallen from 26.2 percent to 19.7.

There has also been a drop in percent of older people residing in nursing homes, from 5 to 3%.



Marciel Klenk sent word about a new publication, "Preventing Chronic Disease," which can be accessed online: <http://www.cdc.gov/pcd/>. Articles address the prevention and control of chronic disease in late life. The lead articles are excellent, and those of you interested in advocating for good health will find them informative.

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## **Scam of the Day**

**Adult Protective Services of California estimate that one in every 20 seniors will be a victim of physical, emotional, or financial abuse in their lifetime. One common form of financial abuse is for an older person to change retirement funding or move amounts of money to different accounts - to the benefit of a friend or family member.**



**Another form of abuse is occurring more frequently as warm weather arrives. People posing as repair people visit an older person in their home and convince them that home repairs are necessary. They insist on a down payment for the unneeded work. Of course, the repair people are not seen again.**

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## Mark your calendars:

### **“Coming of Age Lecture Series, 2004” at UCDavis**

(1) March 16<sup>th</sup>, 2004: “Filling Your Tank... Fluid Balance and Dehydration” by Dr. Cheryl Phillips, Geriatrician

(2) April 6<sup>th</sup>, 2004: “California’s Long-Range Strategic Plan on Aging: What Will it Mean to Me” by Raymond Mastalish, California Commission on Aging

(3) April 20<sup>th</sup>, 2004: “Letting Go and Moving On” by Richard Lui, MS, MFT, Couple and family therapist

Lectures will be from 6:30 to 8PM, at the Cancer Center Auditorium, UCDMC, 4501 X Street, Sacramento.

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### **“Monday Noontime Lectures at Sierra Health Foundation”**

(1) March 8, 2004: “Health, Illness, and Optimal Aging”, by Carolyn Aldwin, PhD, and Diane Gilmer, PhD

(2) April 12<sup>th</sup>, 2004: “Take Your Home to the Next Phase as You Age” by Carl Hammer, Certified Older Adult Trainer

Lectures will be from noon to 1:30 at the Sierra Health Foundation, 1321 Garden Highway, Sacramento.

For further information on any of these programs call 916-734-4768 or access at: [http://healthyaging.ucdavis.edu/community/lecture/on\\_aging/schedule/COASp2003.pdf](http://healthyaging.ucdavis.edu/community/lecture/on_aging/schedule/COASp2003.pdf)

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## Resources on Aging *Where to get help?*



■ For ongoing State Legislation information, contact Sarah Sutro-Steenhausen, Consultant, Senate Subcommittee on Aging and Long Term Care:  
[Sarah.Sutro@SEN.CA.GOV](mailto:Sarah.Sutro@SEN.CA.GOV)

■ A national all-around source of excellent information:  
<http://www.aoa.dhhs.gov/elderpage.html>

■ National Institute of Aging:  
<http://www.nia.nih.gov>

■ California Department of Aging:  
<http://www.aging.state.ca.us/>

■ DANR Aging Workgroup site:  
<http://groups.ucanr.org/elderly/>

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Kelly Patterson – Consultant to Senator Ortiz  
George Xakellis, MD, Professor, UCDavis  
Mark Robinson, Family and Community Med., UCD  
Linda Jackson, Senior Benefits Advisor,  
Department of Labor

# **Choosing a Good Nursing Home**



**The home should be close to friends and family  
..so they can visit**

**Talk to others about nursing homes  
..friends who have had family in nursing homes  
..professionals who work with elderly**

**Visit the nursing home - during the lunch hour is good.  
..are people up and eating at a table?  
..is the food reasonable?  
..is the atmosphere calm and pleasant?**

**Talk with the staff. They should be glad to see you.**

**Listen to the staff. They should treat residents with respect.**

**Talk to the residents. Are they well groomed?  
Do they appear content?**

**Check out the status of the nursing home at:**

**<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp?version=default&language=English&defaultstatus=0&pagelist=Home>**



