



MEETING THE CHALLENGE OF MN SOLOS

MN ELDER JUSTICE CENTER PARTNERS MEETING

PRESENTATION BY LINDA J. CAMP



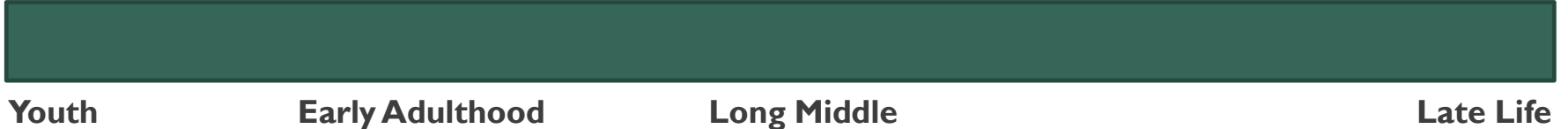
TODAY'S OBJECTIVES :

- Share information about solos and related issues
- Share findings from Solos Task Force
- Shift your paradigm
- Start a conversation and shared problem solving



CORE IDEAS/FRAMEWORK



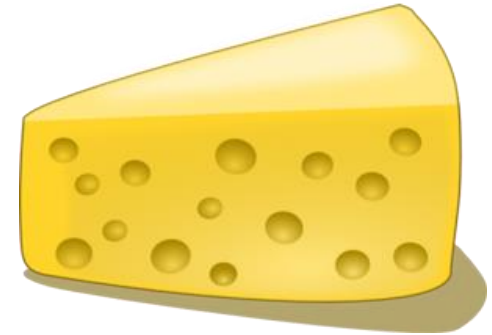


BASIC CONCEPT # 1

Long Middle = Average 20 additional years of life

BASIC CONCEPT # 2

- **Solos:** *“Individuals who, by choice or circumstance, function without the support system traditionally provided by family.”*
- **Solo-ness:** *“Availability and quality of support when needs arise.”*
- **“Functionally Solo”** *(May be temporary, intermittent)*
- **Continuum of Solo-ness** *(People are like Swiss Cheese)*



RISK FACTORS FOR SOLO-NESS (COMMON EXAMPLES)



- **No children or step children/disabled children**
- **Living alone**
- **Children/family members live at a distance**
- **Children/family unavailable, unable, and/or unwilling**
- **Dysfunctional family relationships**
- **Close friends/partner same age or older**
- **Extreme independence/lack of social skills/reclusiveness**
- **Lacking mental capacity (long-term, short-term, intermittent)**
- **Poverty and/or homelessness**

BASIC CONCEPT # 3

“Unbundle”

- Remove ageist language & stereotypes (e.g. “isolation,” “lonely”)
- Care = “hands-on component” (medical support & ADL support) + “decisional” component

Decisional roles - Examples

-Advocate

-Navigator

-Coordinator

-Researcher

-Evaluator

-Decision helper/coach

-Planner

-Decision maker (surrogate)

BASIC CONCEPT # 4

- Differing style, ability, and willingness to change behavior





WHAT THE NUMBERS SHOW US

THE DATA SO FAR.....



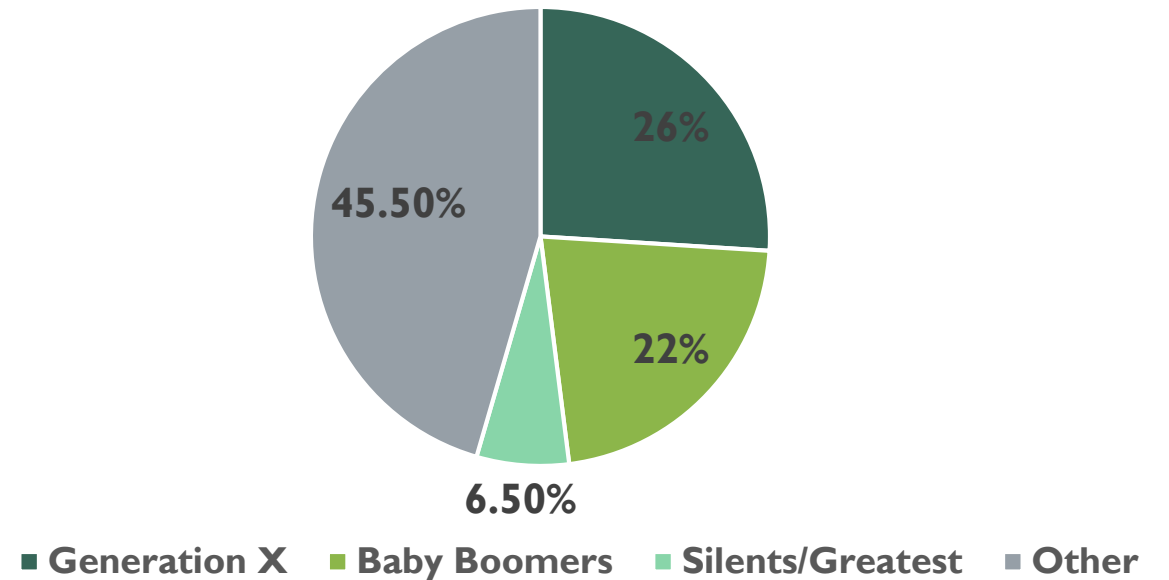
WILDER RESEARCH ON SOLOS: GEN X, BOOMERS, AND SILENT/GREATEST GEN

MN Population*

- Total = 5,519,952
- Gen X = 1,404,124
- Boomer = 1,211,559
- Silent/Greatest = 359,980

* US Census, 2016 Population Estimates

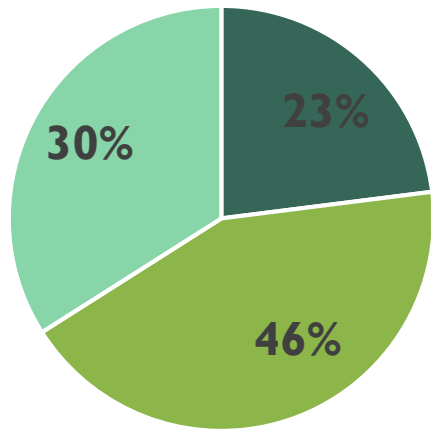
MN Total Population: Generational Cohorts



MN BOOMERS, GEN X & SILENT/GREATEST LIVING ALONE

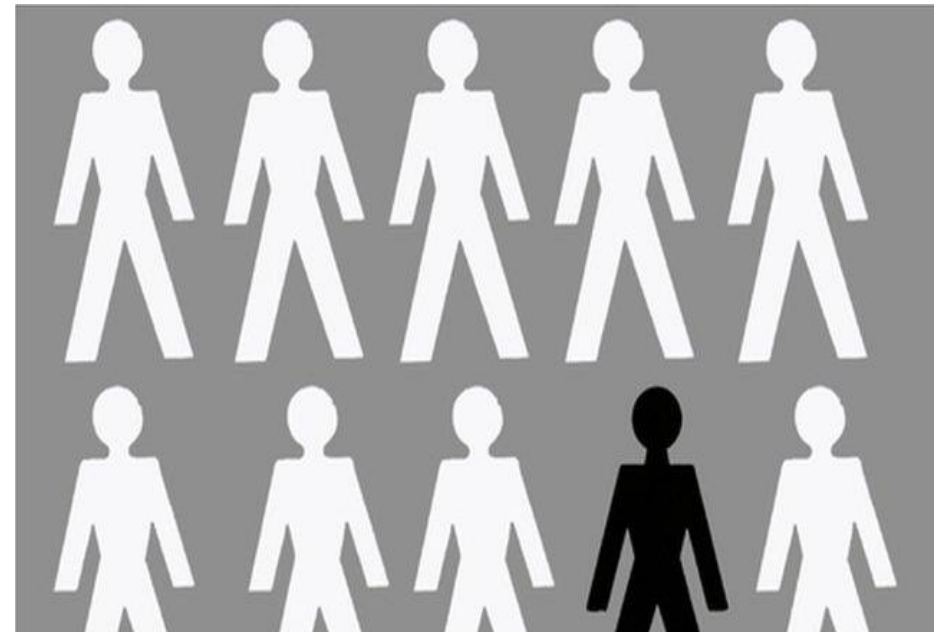
TOTAL: 522,526 (17% OF THE THREE COHORTS)

MN Solos:
Gen X/Boomers/Silents Living Alone



■ Generation X ■ Baby Boomers ■ Silents/Greatest

88% White 12% Non-White



NOT JUST A BLIP ON THE RADAR SCREEN

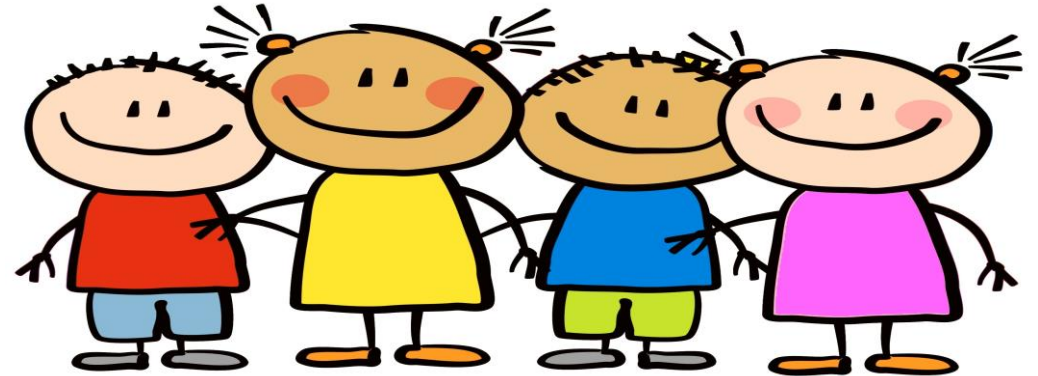
Boomers & Silent/Greatest Generation:

- **17% Living Alone**
- **Another 17% in 2-Person Households** (*partner or spouse may die or not be able to provide care*)

34% + of older adults likely at risk for solo-ness

Childless Adults Under Age 50:

-- **37%** Say Not likely to have children



US Annual Fertility Rate: An All Time Low

--60.3 births per 1,000

STRUCTURAL CHANGES

**2018 PEW Research on Childlessness –
a long term trend**

WHO IS PROVIDING CARE NOW?

Relatives = 85%

Non-Relatives = 15%

--Friends (10%)

--Neighbors (3%)

--Other (2%)



When non-relatives are involved, who is making the decisions?

Caregiver Comments re: Decisional Activities

- **13 hours per month on “decisional” tasks**
- **54% Manage Finances for Care Recipient**
- **31% Arrange Services**



IMPLICATIONS

WHAT THE EARLY FINDINGS SUGGEST.....



IMPLICATION #1: DEMAND FOR NON-FAMILY SUPPORT WILL INCREASE

Minnesota Solos

Youth

Early Adulthood

Long Middle

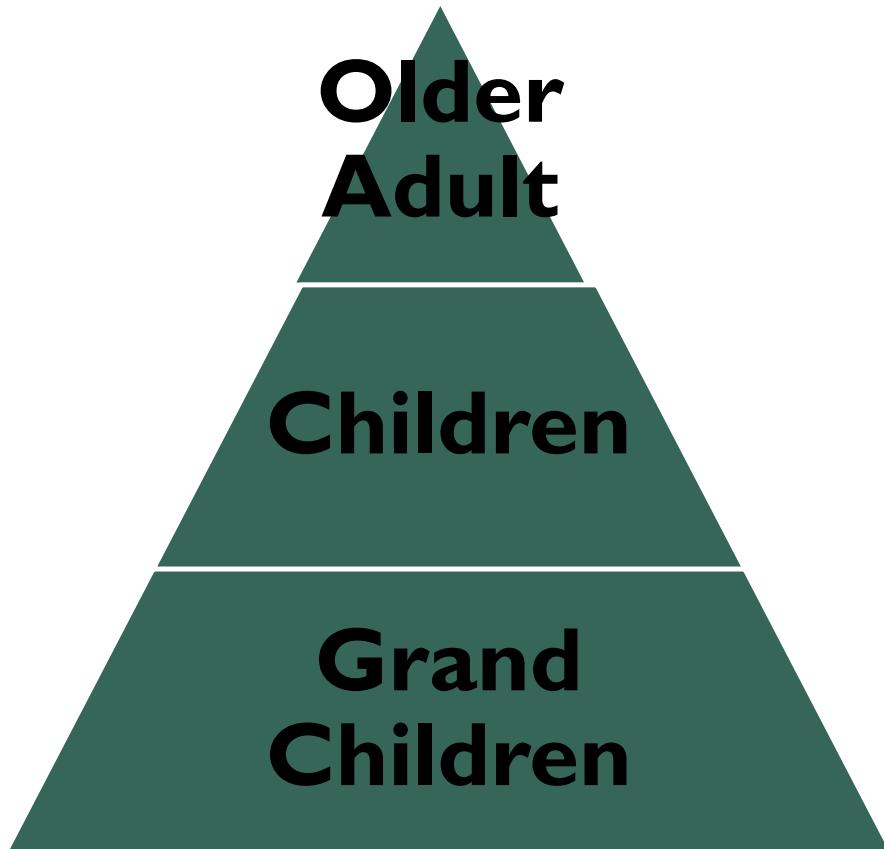
Late Life

23% Gen X

46% Boomers

30% Silent/Greatest

IMPLICATION # 2: NEW SUPPORT MODEL(S)



- **Traditional Pyramid Model of Decision Support Doesn't Work For Solos**
- **“Single person sitting on pyramid of responsibility”**

IMPLICATION # 3 – NEW SUPPORT PATHWAYS

Family/Close Friend Relationships	Constructed Relationships	Professional Relationships	Legally Authorized Relationships
	Volunteers, peers, colleagues, neighbors	Paid advocates, navigators, health care agents, etc. Medical Ethics Boards	Guardianships
Traditional	Emerging	Emerging	Traditional – Currently viewed

IMPLICATION # 4: DO SOLOS HAVE SUFFICIENT RESOURCES TO COVER PROFESSIONAL SUPPORT?

MN Solos:

- **96% have some health care coverage**
- **61% have public health care coverage (Medicare, Medicaid, VA)**

- **Boomer Median Income = \$35,463
(38% is Social Security Income)**
- **Silent/Greatest Median Income = \$23,291
(63% is Social Security Income)**



SOLOS ECONOMIC SITUATION, CONTINUED

MN Solos at 100% of Poverty:

Gen X = 13%

Boomers = 18%

Silent/Greatest = 16%

MN Low Income Solos (200% of Poverty):

25%

37%

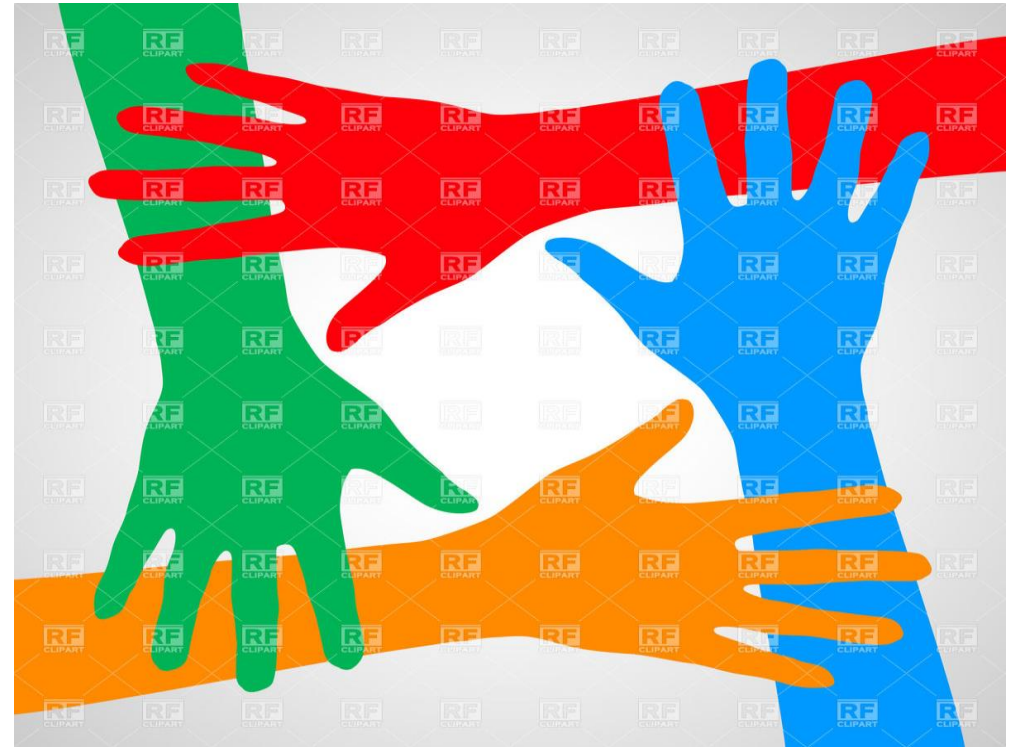
50%

- **30% of Boomers have \$0 in savings***
- **Another 30% have less than \$10,000 in savings***



OTHER IMPLICATIONS

- Decisional support needs of solos are not on the public agenda
- Existing ***decisional resources*** are scarce & often difficult to locate



SIGNIFICANT POTENTIAL FOR ELDER ABUSE/EXPLOITATION

National Association of Professional Geriatric Care Managers Survey:

- **76% of Care Managers Said Self Neglect was the most common non-financial form of elder abuse they see**

POTENTIAL CHANGES IN OTHER KINDS OF ABUSE?

Care Providers*

Relatives = 85%

Non-Relatives = 15%

--Friends (10%)

--Neighbors (3%)

--Other (2%)

* From 2015 AARP Caregiving Report

Financial Exploitation*

Family Members = 58%

Friends & Neighbors = 17%

Home Care Aides = 15%

* From the national Center on Elder Abuse, Research and Statistics

CUSTOM AND PRACTICE OF ORGANIZATIONS

- **Used to dealing with clients who lack capacity**
- **Practices/services based on assumptions about involvement of family**
- **Many Solos will arrange their own services**
- **Solos may need different services than “traditional” clients
(e.g. emergency contact)**
- **Existing standards may not align well with “proactive” strategies**



FUTURE DIRECTIONS

HOW DO WE FILL IN THE GAPS & ENHANCE WHAT IS WORKING WELL ?



FOUNDATIONAL STEPS

- **Understand and adopt a common framework: solos and solo-ness**
- **Health Decision Support as a distinct focus**
- **Emphasize proactive strategies – focus on “the middle” and not the end**
- **Match tools to skills, abilities, and willingness to change**

POSSIBLE STEPS FOR ORGANIZATIONS

- **Examine existing practices with solos in mind (look for barriers and best practices)**
- **Retrain/educate staff**
- **Adapt & market services to solos, not just those with family**
- **Collaborate with other agencies**
(workforce, demographic research, policies related to health care and ability to pay for services)
- **Gather and share your information**
- **New approaches/policies re: monitoring & prevention of abuse**



ADDITIONAL INFORMATION

Citizens League/MN Elder Justice Center Solos Task Force
(Minutes of Meetings, Copy of Phase I Report –)

www.citizensleague.org/solos

<https://elderjusticemn.org/health-care-decision-making-for-people-aging-alone/>

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(Follow up Questions, Share Information)

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