

# Needs Assessment of Long Term Care, North Dakota: 2002

Initial Report and Policy Recommendations

Issued November 2002



North Dakota State Data Center at North Dakota State University, Fargo, ND

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**A collaboration between the:**

**North Dakota State Data Center**

Dept. of Agribusiness & Applied Economics  
North Dakota State University  
424 IACC Building, P.O. Box 5636  
Fargo, ND 58105  
Phone: (701) 231-7980  
Fax: (701) 231-9730  
URL: <http://www.ndsu.edu/sdc>

AND

**Center for Rural Health**

University of North Dakota  
P.O. Box 9037  
Grand Forks, ND 58202-2389  
Phone: (701) 777-3848  
Fax: (701) 777-2389  
URL: <http://www.medicine.nodak.edu/crh>

## Forward

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This report is part of the 2002 North Dakota Needs Assessment of Long Term Care. The Long Term Care project was funded by a grant through the North Dakota Department of Human Services. The purpose of the project was to assess the current and future long term care needs of residents in North Dakota. This particular report is a summary of the activities contributed by North Dakota State University and the University of North Dakota.

### Acknowledgments

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This project was a joint effort based on the sharing of various databases, expertise, and staff time/resources. In particular, we would like to recognize three individuals who graciously devoted their time, energies, and resources to advance this project. The first is Shelly Peterson, President of the North Dakota Long Term Care Association, who provided her assistance and financial support to ensure the completion of the Long Term Care surveys. Her efforts demonstrate that, through partnerships, the state can accomplish much despite tight budgets. Another example of the value and success of partnerships is the support and leadership provided by James Hirsch, Director of the North Dakota Department of Commerce, and Nelse Grundvig of North Dakota Job Services. These two individuals were key in allowing us to utilize a labor market survey conducted as a joint effort by the North Dakota Department of Commerce and various county economic development entities. We were able to dovetail our survey efforts with theirs in order to complete the statewide labor survey while leveraging tight budgets. We express our deep gratitude to these two individuals and to the various counties who jointly sponsored the labor survey. We appreciate their willingness to allow us to use the data, exhibiting their trust in us not to abuse that privilege. We are convinced that partnerships like these are the future of North Dakota.

### Contributors

#### North Dakota State University

##### *North Dakota State Data Center*

Dr. Richard Rathge, Professor  
Ramona Danielson  
Mandy Clemenson  
Jordyn Nikle  
Steph Noehl  
Lindsey Bergeron  
Tammy Karlgaard

#### University of North Dakota

##### *Center for Rural Health*

Dr. Richard L. Ludtke, Professor  
Lene Vallestad  
Kathy Williams

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### Project Summary

A collaborative effort was initiated between researchers at North Dakota State University and the University of North Dakota to conduct a needs assessment of long term care in North Dakota. This project was requested by the North Dakota Department of Human Services, acting through its Medical Services Division. The objective of the needs assessment was fourfold. First, it was designed to document the current and future distribution of elderly residents (i.e., those 65 years of age and over) in the state. This component of the project provided a backdrop for determining current and future demand for long term care.

The second objective was to profile the physical capabilities of seniors in the state and highlight their functional limitations. By doing this, one can objectively estimate the amount of assistance seniors will need for daily functioning and in turn determine the demand that will be placed on the state to provide formal, informal, and institutionalized caregiving. This was accomplished through a generalizable survey of residents 50 years of age and older using standardized survey instruments that assess their daily functioning. The two main instruments used in the survey were the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) along with other indicators of chronic diseases and direct expressions of need.

The third objective was to explore what current institutional services are available for elderly in North Dakota and to determine if there are critical shortages or specific areas of need. This was accomplished in several steps. First, the location of major facilities and caregiving services were delineated by county. This provided a quick assessment of the distribution of facilities within North Dakota. Since much of the state is sparsely populated, it was important to determine where people actually obtain their services. Thus, a generalizable survey of residents was conducted to document their commuting patterns and the distance they typically traveled to obtain services. In addition, the demand on long term care facilities was explored via two surveys. The first focused on administrators and dealt with various issues including recruitment and retention of staff. The second survey was given to long term care staff and gathered information regarding their level of satisfaction in working in long term care facilities, issues related to work environment, and factors associated with their decision to stay in the long term care industry.

The last objective was to profile the current and future labor force. The purpose of this effort was to explore what challenges the state might face with regard to staffing facilities. This was accomplished by examining census information and through a generalizable survey of residents. Data from the 2000 Census provided detailed information regarding the current labor force while the survey data offered insight into residents' desire for additional work and their willingness to commute or change jobs. This information is useful in determining how tight the labor market might be in various areas of the state and the challenges employers may face in finding qualified employees.

## I. Current and Future Elderly Population

### A. Distribution of Elderly

- ❑ The state's population is aging rapidly. In 2000, there were 94,478 residents at least 65 years of age comprising 14.7% of the state's total population. That number is expected to increase by an additional 16,000 persons by the year 2010 expanding the state's proportion to 17%. By the year 2020, the elderly population 65 years of age and over will have grown by 55,000 and will constitute 23% of the state's population, an increase of more than 8% since the 2000 Census.
- ❑ Approximately two-thirds of the state's elderly (i.e., 65 years of age and over) live in the 14 urban counties of the state. These 14 counties account for 75% of the state's total population.
- ❑ Nearly two-thirds of the state's 39 rural counties have 20% or more of their population base 65 years of age and over. By 2020, that proportion will jump to more than 30%. In contrast, only one of the 14 urban counties has an elderly concentration that high.
- ❑ North Dakota had the highest proportion in the nation of residents 85 years of age and over in 2000 at 2.3%. This proportion is projected to increase to 3.7% by the year 2020, nearly doubling the state's residents who are at least 85 years of age (from 14,726 to 24,258).

- ❑ The leading edge of the baby boom (born between 1946 and 1962) is now entering the pre-retirement stage of life. In 2000, there were 53,433 residents between the ages of 55 and 64. This age group will grow to 85,683 by 2020, an increase from 8.3% of the state's population to 13.2%.

### **B. Where Elderly Live and Their Disability Status**

- ❑ In 2000, nearly one in three seniors (i.e., 65 years of age and over) lived alone. This proportion did not differ significantly between urban and rural counties.
- ❑ More than one in three non-institutionalized seniors (i.e., 65 years of age and over) had a disability.

## **II. Elderly Needs Profile**

- ❑ North Dakota's general population over age 55 report being healthier and having fewer chronic diseases than national averages. The major exception are those on the reservations.
- ❑ The number of seniors in North Dakota with functional limitations, a measure of the level of assistance required for basic activities of living (e.g., bathing, dressing, eating, walking, and using the toilet), is higher than the national norm and indicates a greater demand for caregiving.
- ❑ The highest rates of functional limitations among seniors are in the state's reservation areas while those living in the rural frontier counties have the lowest rates.
- ❑ Nearly 6% of residents age 50 and over are either giving or receiving family care that involves help with activities of daily living (ADLs) such as bathing, dressing, eating, walking, and using the toilet. If one expands caregiving to include help with instrumental activities of daily living (IADLs) such as cooking and transportation then the rate exceeds 10%.
- ❑ The number of services residents report as available declines as one moves from urban to rural areas of the state. In general, availability of services is a major issue that needs to be addressed.

## **III. Availability and Demand for Elderly Services**

- ❑ The number of senior housing facilities in North Dakota varies greatly by county. More than half of the 53 counties lack an assisted living facility, a basic care facility, and a senior residential facility.
- ❑ The number of senior service facilities is very limited and absent in a significant number of counties in North Dakota. Sixteen of the state's 53 counties lack a hospital or clinic, four counties lack a senior center, and 35 of the counties lack a home health agency.

## **IV. Survey of Long Term Care (LTC) Administrators**

A survey of long term care administrators was made possible through a collaboration with the North Dakota Long Term Care Association, the Department of Human Services and the UND Center for Rural Health. The North Dakota Long Term Care Association sponsored the survey, collecting responses from the administrators in their network of members. The Center for Rural Health and the Department of Human Services provided technical support for design and analysis.

- ❑ LTC administrators did not appear alarmed over difficulties with recruitment or retention of staff at this time. In order of increasing education requirements, staff include Certified Nurse Assistants (CNAs), Licensed Practitioner Nurses (LPNs), and Registered Nurses (RNs).
- ❑ Administrators were slightly more confident in their ability to retain workers than in their ability to recruit new replacement workers.
- ❑ The most successful tool for retaining workers appears to be flexible scheduling.

- ❑ Barriers to recruitment included perceptions of job related stress (both physical and psychological), competition for workers and local employment opportunities for spouses. It also appears that the perception of job related stress is worse than the reality and greater recognition of this may assist in future recruitment.
- ❑ Rural and urban differences do exist, particularly in the vacancy rates for RNs and LPNs. Openings for RNs are highest in urban facilities, while openings for LPNs are highest in rural facilities. CNA openings were quite similar in rural and urban facilities.
- ❑ Barriers are significantly greater for rural facilities. Barriers such as work conditions include undesirable hours, shift work, training requirements, pay and benefits, psychological stress, physical demands and overwork. Rural administrators also reported higher community barriers including size, isolation and a lack of employment opportunities for spouses.

## **V. Survey of Long Term Care (LTC) Staff**

A companion survey of long term care was also made possible through collaboration with the North Dakota Long Term Care Association, the Department of Human Services and the UND Center for Rural Health. The North Dakota Long Term Care Association again sponsored the survey, collecting responses from the staff in facilities belonging to their network of members. This represents nearly all facilities in the state. The Center for Rural Health and the Department of Human Services again provided technical support for design and analysis.

- ❑ Overall, long term care staff in North Dakota are quite stable. The average length of current employment is 8 years. CNAs report the shortest average length of employment at 6.7 years. LPNs report the longest at 9.9 years.
- ❑ LTC workers' decisions to work in long term care are motivated by intrinsic rewards as well as financial concerns.
- ❑ More than two-thirds of LTC staff projected staying long term (5 years or more), while 3.7% reported plans to leave within one year. CNAs reported the highest rate for projected early departure.
- ❑ Push factors (negative pressures) did not appear to be strong factors among those planning early departures.
- ❑ Retention is encouraged by the same factors that lead to the decision to work in LTC – economic considerations as well as intrinsic rewards from providing care.
- ❑ Job satisfaction among North Dakota LTC workers is generally high.
- ❑ Wages for North Dakota LTC workers are slightly lower than the national averages, with the exception of wages for CNAs which are at the national average. The others as a proportion of the national average are - RNs 94.1%, LPNs 94.7%.
- ❑ Benefits are less frequently provided to lower wage employees.
- ❑ Satisfaction with hours is different for RNs, LPNs and other workers. RNs and LPNs report excessive hours while others report a need for more work time.

### **A. Urban/Rural/Frontier Comparisons**

- ❑ Frontier (frontier areas refer to rural counties with fewer than six persons per square mile) and other rural employees had been employed longer on average than urban employees, but did not differ on plans for remaining in their jobs in the future.
- ❑ Economic factors are more likely to drive the decision to work in LTC in rural communities. This is strongest in frontier communities.

- ❑ Frontier community staff reported a higher sense of obligation to remain in their jobs. This may indicate that social pressures are more likely to be felt in smaller communities.
- ❑ Frontier communities, despite what appears to be a more challenging environment, report higher level of job satisfaction on all indicators.

**B. Implications For Future Recruitment and Retention Efforts in Long Term Care**

- ❑ The mean age of recent hires (those with one year or less in their current LTC job) is 36.5 years. This compares with a mean age of 46.2 years for those employed for more than one year. The LTC industry tends to employ mature workers.
- ❑ The CNA group has the lowest mean age for recent recruits with an average age of 32.3 years.
- ❑ The highest mean age for recent recruits is in the most sparsely populated rural frontier counties where the mean age of recent recruits is 38.5.
- ❑ When one combines these observations with the demographic projections, as the size of the geriatric population grows, there will be fewer working age adults to provide care – both in terms of family caregiving and formal long term care services. Recruitment will increase in importance.

**C. What Predicts Retention of Long Term Care Staff?**

Based on a regression model that produced moderate predictive ability, the following factors emerge as predictors of retention.

- ❑ Benefits are the strongest predictor of retention, with higher benefits promoting greater retention.
- ❑ Age of employees ranked second as a predictor. As the population ages, a shortfall will occur in the pool of potential replacement workers and methods of retaining older workers may become more important. In this context, flexible scheduling, job sharing and other creative responses may be needed.
- ❑ Intrinsic rewards were related to retention. People stay in part because they feel good about the work they do. This can be incorporated into public recognition events in order to capitalize on such positive feelings.
- ❑ Married employees are less likely to leave employment than single, widowed or divorced employees.
- ❑ Feelings about hours may be interpreted as the influence of receiving too many hours for some and not receiving enough hours for others. Creative responses such as the use of flextime, job sharing, cross training and other possible adaptations may be needed to address concerns about hours.
- ❑ The larger the number of direct-care tasks, the less likely one can anticipate long term retention of that employee. This may be regarded as an indicator of “burden” and while the tasks are a constant, the manner in which staff work as teams may help reduce this perception.
- ❑ Greater household income related in a positive way to retention, perhaps because of the influence of professional staff. They had expectations of longer employment as discussed in the comparisons of different staff types. According to the degree to which economic concerns emerged in the earlier analysis, one can also anticipate that increases in economic rewards would enhance retention.
- ❑ The length of time in one’s current job is a factor in retention, with longer histories indicating greater commitment.



- ❑ Attitude toward work as a measure of perceived characteristics of quitters also has a relationship to retention. That employees see those who leave as having negative qualities, including lack of interest in LTC and personality conflicts with peers, does not serve to lead employees but does serve as a negative reference point. This perception of quitters leads to better retention.
- ❑ The only job satisfaction item present in the resulting regression model was satisfaction with supervision. Positive attitudes about supervision simply lead to better retention.

## **VI. Labor Force Issues**

### **A. Current Workforce**

- ❑ North Dakota's workforce is concentrated largely in the state's urban counties. More than 77% of employed residents (244,134 in 2000) live in the state's 14 urban counties. In 2000, the rural workforce, representing 39 of the state's 53 counties dropped below 73,000 workers. In 31 of these counties, fewer than 2,500 residents were employed.
- ❑ In 2000, 12,956 seniors (i.e., age 65 years and over), or 96% of the North Dakota senior labor force, were employed with the highest concentrations in the west.
- ❑ There is near full employment across most of North Dakota's counties. Annual unemployment is less than 4% in nearly half of the state's 53 counties and it exceeded 5% in only 15 counties in 2000.
- ❑ The total number of unemployed in 2000 was fewer than 15,000 residents ages 16 to 64. Of those 65 years of age and over in the labor force (i.e., actively working or seeking employment), only 576 were not employed.

### **B. Labor Availability**

- ❑ Out-migration has severely reduced the availability of labor in North Dakota. The number of persons in the entry labor force (i.e., ages 20 to 34) represents less than 20% of the state's population and is projected to decline by 10% over the next two decades.
- ❑ The availability of labor in the rural counties of the state is more severe. Currently, less than 13% of the residents in the state's 39 rural counties are between the ages of 20 and 34 (i.e., entry labor force); in 8 rural counties the proportion is less than 10%. The number is expected to decline by 11% over the next two decades.
- ❑ The vast majority of workers in the state currently have full-time jobs. Nearly 84% of employed residents 18 to 65 years of age worked at least 31 hours per week in 2002.
- ❑ Senior workers (i.e., 66 years of age and older) had very mixed work hours. Statewide, slightly more than 41% worked at most 20 hours per week. Roughly 23% worked between 21 and 30 hours per week while more than 36% worked at least 31 hours per week.

#### **1. Residents' Desire for Additional Work**

- ❑ The general perception of workers in North Dakota is that they would prefer to work fewer hours per week rather than more. Statewide, more than one-third (37.1%) of employees are working more than 40 hours per week.
- ❑ The number of hours seniors preferred to work, in general, matched their actual work hours. The exception was that those working more than 40 hours per week preferred to work fewer hours.
- ❑ On average, fewer than one in five workers 18 to 65 years of age are interested in taking on an additional job. Less than 5% of seniors, with the exception of those in Region 3, are interested in adding an additional job.

- ❑ In general, approximately 69% of the workforce 18 to 65 years of age preferred to work full-time (i.e., at least 30 hours per week) and 19% of the seniors wanted full-time work. However, the preference for full-time worked varied markedly by region.

## **2. Residents' Desire for Changing Work and Factors That Will Influence Their Choice**

- ❑ Statewide, more than 42% of workers 18 to 65 years of age reported interest in changing jobs and slightly more than 10% of employed seniors stated such an interest.
- ❑ There is little difference between the urban and rural workforce with regard to those who are “very likely” to apply for a new job. Roughly 17% of urban workers said they were “very likely” to apply for a new job for which they were trained compared to 22% in rural areas.
- ❑ The major factor that will influence workers 18 to 65 years of age to change their current job, regardless of region, is a pay increase. Workers were three times as likely to mention pay increase as the reason they would change jobs relative to any other reason.
- ❑ The main factor that will influence senior (i.e., over 65 years of age) workers to switch jobs varies by region and includes pay increase, better working conditions, and better benefits.
- ❑ The vast majority of residents who are not currently working for a wage or salary are not interested in seeking paid work, now or in the near future. The proportion who are interested in seeking paid work is less than 18% for those 18 to 65 years of age and less than 5% of seniors, regardless of region.

### **C. Labor Force Commuting**

- ❑ Long distance commuting by workers in North Dakota is relatively scarce in all regions. At most, 5% of residents commute more than 50 miles (one-way) to their job.
- ❑ A significant proportion of workers, especially those 18 to 65 years of age, are willing to commute longer distances for the right incentives. Approximately 9% of workers statewide are willing to commute more than 50 miles (one-way) to their job, though the proportions vary by region.
- ❑ Only 2% of seniors statewide are willing to commute more than 50 miles (one-way) to their job, though the proportions vary by region.

### **D. Mobility**

- ❑ Mobility among North Dakota residents is relatively the same between urban and rural residents. Roughly one in four households have had a member of their household move within the past five years.
- ❑ The destination of movers from urban and rural counties differs greatly. Nearly half of the movers in rural counties over the past five years have remained in the county compared to only one-third in urban counties. Similarly, only 14% of the rural movers who left the county left North Dakota compared to one-third from the urban counties.
- ❑ There is very little difference among residents living in urban and rural counties with regard to their future intention to move. Slightly more than 12% of rural residents indicated they have considered moving within the next year compared to roughly 15% in urban counties.
- ❑ The destination of future movers is very similar to the pattern of past movers. Slightly more than half of the rural county residents who are considering moving in the next year say they will stay within the county (55%) while the remaining potential movers are split between leaving the state (23%) or moving to another county in the state (22%). In contrast, potential movers in urban counties are roughly split between moving to another state (39%), moving to another county within the state (31%), or remaining in their existing county (30%).

## Recommendations

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Findings from the 2002 North Dakota Needs Assessment of Long-Term Care indicate there are four key areas for targeted legislation. First, priority needs to be given to legislative efforts in the form of program initiatives and tax incentives for home and community-based services. Elderly who are in greatest need for services reside in the state's rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state.

Second, the state has a very tight labor market with very limited labor available to serve the health and caregiving needs of communities. This is especially true in the rural areas of the state. In addition, statewide wages are low compared to regional averages. Therefore, legislative action needs to be taken to elevate economic development and employee training. Specific attention should be given to youth retention programs, public-private partnerships that advance apprenticeship training, and innovative skills training for those switching careers especially in rural areas. In addition, priority should be given to support and advancement of tele-medicine and distance-service delivery systems.

Third, research indicates that significant cost savings in elderly care can be gained through enhanced support of family caregiving. In 1998, the amount of Long Term Care (LTC) provided by informal caregivers in the U.S. was estimated to have a market value of \$196 billion. In contrast, cost for home health was estimated at \$32 billion and the cost for nursing home care was approximately \$83 billion. The savings to the state for having an effective informal care system are obvious and compelling. Therefore, the legislature should sponsor a statewide informal caregivers system. Currently, an active informal caregiving program is being facilitated through the Aging Services Division of the Department of Human Services. Legislative support of this effort along with a challenge to create an integrated system will greatly advance informal caregiving in North Dakota.

Finally, elderly care costs can be reduced through increased health promotion and wellness. Therefore, the state should direct its energies and resources into enhancing such programs through education and prevention efforts.

The following chart offers an overview of specific recommendations for policy initiatives by these four target areas. This chart is followed by a more detailed discussion of these initiatives.

## I. Chart of Policy Recommendations

Target Areas for Legislation	Policy Initiative	Objectives of Policy Initiatives	Targeted North Dakota Agencies for Administration of Policy Initiatives
<b>A. Home and Community-Based Services</b>	Design housing credits for elderly, remodeling stipends for businesses, reverse mortgages for elderly and/or caregivers, tax incentives for businesses that provide services/products to the elderly	<ul style="list-style-type: none"> <li>Alleviate the financial burden for elderly and promote businesses that support the needs of elderly in North Dakota</li> </ul>	<ul style="list-style-type: none"> <li>Office of Intergovernmental Assistance</li> <li>Tax Department</li> <li>Various Housing Authorities</li> </ul>
	Create comprehensive programs that coordinate volunteers with the professional workforce	<ul style="list-style-type: none"> <li>Provide a more desirable and comprehensive service module for a better quality of life for elderly at lower costs</li> </ul>	<ul style="list-style-type: none"> <li>Administration on Aging</li> <li>Statewide integrated task force</li> <li>Department of Human Services</li> </ul>
	Provide equipment stipends for in-home use by elderly or caregivers	<ul style="list-style-type: none"> <li>Facilitating independence for a longer period of time to reduce institutional costs</li> </ul>	<ul style="list-style-type: none"> <li>Administration on Aging</li> <li>Department of Human Services</li> </ul>
	Promote alternative housing for rural elderly such as assisted living and foster families	<ul style="list-style-type: none"> <li>Promote conversion of long term care facilities from Skilled Nursing Facility (SNF) to assisted living and encourage new options</li> <li>Develop a point-of-entry to information and support for service development</li> </ul>	<ul style="list-style-type: none"> <li>Department of Human Services</li> </ul>
	Develop targeted programs for service delivery to Native American elders living on reservations	<ul style="list-style-type: none"> <li>Improve elderly care service delivery and coordination</li> </ul>	<ul style="list-style-type: none"> <li>Create a defined task force with state and tribal members</li> <li>Department of Human Services</li> <li>Department of Health Bureau of Indian Affairs</li> </ul>
<b>B. Economic Development and Employee training</b>	Tele-medicine exploration and funding	<ul style="list-style-type: none"> <li>Lessen costs to train informal caregivers and improve care and resources for elderly</li> </ul>	<ul style="list-style-type: none"> <li>Department of Human Services</li> <li>Department of Health</li> <li>Administration on Aging</li> </ul>
	Distance education programs including funding for caregivers to enroll participants in and equipment to implement programs	<ul style="list-style-type: none"> <li>Reduce training costs for caregivers and increase skill levels and/or available specialty sources</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health</li> <li>Department of Human Services</li> </ul>
	Create new employee pools by implementing youth apprenticeship programs and educating respite and volunteer workers	<ul style="list-style-type: none"> <li>Retention of caregivers to expand the current pool</li> <li>Develop new worker pools for the future within high schools</li> </ul>	<ul style="list-style-type: none"> <li>Administration on Aging</li> <li>Department of Education</li> </ul>

Target Areas for Legislation	Policy Initiative	Objectives of Policy Initiatives	Targeted North Dakota Agencies for Administration of Policy Initiatives
<b>C. Family Caregiving Support</b>	Health insurance and caregiver grants	<ul style="list-style-type: none"> <li>• Improve recruitment and retention of staff across the continuum</li> <li>• Retain caregivers to enhance the pool to aid in the elimination of current and future shortages</li> </ul>	<ul style="list-style-type: none"> <li>• Administration on Aging</li> <li>• Department of Human Services</li> <li>• Statewide Grants</li> </ul>
	Provide pay increases for each year of service plus sign-on bonus	<ul style="list-style-type: none"> <li>• Retention incentives to enhance the caregiver pool to eliminate current shortages</li> </ul>	<ul style="list-style-type: none"> <li>• Administration on Aging</li> <li>• Department of Human Services</li> </ul>
<b>D. Health Promotion and Wellness</b>	Create educational programs that assist elderly or caregivers in understanding health issues, insurance, and caregiving	<ul style="list-style-type: none"> <li>• Increase awareness for elderly and caregivers</li> <li>• Decrease end-of-life costs for families and hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Human Services</li> </ul>
	Improve support systems such as community Senior Companion Programs	<ul style="list-style-type: none"> <li>• Improve senior involvement with community as well as socialization</li> <li>• Enhance well-being of elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Administration on Aging</li> <li>• Home and community-based services developed via statewide proposals</li> </ul>
	Insurance coverage improvements to increase the knowledge of types of insurance available and what is covered under policies	<ul style="list-style-type: none"> <li>• Reduce cost to families, caregivers, and the state</li> <li>• Have all elderly covered by long term insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Administration of Aging</li> <li>• Department of Public Health</li> <li>• Insurance Commissioner</li> </ul>
	Develop a statewide network of health promotion and wellness opportunities	<ul style="list-style-type: none"> <li>• Reduce the age-specific extent of functional limitations by improving the health of the public</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Health</li> </ul>

## II. Research Support of Policy Initiatives

### A. Home and Community-Based Services

#### 1. Credits, Stipends, and Incentives

Legislators should explore housing credits, building or remodeling stipends, and reverse mortgages as ways to reduce the premature movement of elderly from their existing residence to formal institutional facilities. A survey by the American Association for Retired Persons (AARP) in 1992 indicated that 84% of Americans 55 and older prefer to stay in their own home. However, only 6% live in housing that is designed for older adults. Incentives such as housing tax credits, low interest loans, or remodeling stipends offer seniors the option of extending the amount of time they can live within their own home. This type of incentive program may counteract the elderly's need to relocate to other parts of the state or leave the state in order to find housing that meets their needs. Similarly, tax credits or subsidies should be explored as ways to increase the availability of needed elderly services or facilities, especially in rural areas. For example, subsidies or tax credits could be used to encourage rental property owners in rural areas with limited elderly care facilities to convert properties into assisted living facilities allowing elderly to stay in their communities.

#### 2. Volunteer Services

The legislature should promote community-based programs that tap professional and volunteer services of local residents to assist elderly caregiving. A model program using this approach is the Elderberry Institute's "Living at Home/Block Nurse Program" which is widely used in Minnesota and Oregon. Its philosophy is to utilize resources within the community that are not fully used to assist in elderly care. For example, the program facilitates the use of professional and volunteer services of local residents to provide nursing, companionship, and chore services to senior residents allowing them to remain outside a formal institution. The program identifies capabilities of individuals and their families and coordinates resources in the community to provide care and support for particular needs of seniors. This collaborative approach is based on the recognition that community residents realize the need for interdependence and are willing to act in ways that benefit others. Volunteer services include counseling, training for family caregivers, and in-home support programs such as elderly daycare.

##### *Program Advantages:*

- Care is more fulfilling because it builds on the "spirit of community" to meet families' needs.
- Maximizes self-reliance and minimizes the use of costly professional services.
- Focuses on early intervention and treatment; prevention and recovery; and coordination and integration of services.
- Fees may be charitable contributions.

##### *Program Implications:*

- Model successfully implemented in 30 communities in Minnesota, Texas, and Colorado.
- Estimated cost of program is 24% less than the minimum cost of a nursing home *before* nursing services.
- Increases and enhances family and community involvement in the care of elderly.
- 85% of Block Nurse Clients would be forced to enter nursing homes without home care.
- Strong data indicate that Medicare/Medicaid dollars are being saved as a result of these programs.
- In 1997, 15 programs reported a total of 379 people kept out of nursing homes for estimated savings of \$4,700,040. During this time, 35,307 volunteer hours were contributed.

#### 3. Equipment Stipends

The legislature should fund equipment stipends which allow elderly or caregivers to purchase equipment that facilitates independence. These stipends promote caregiving by easing its financial burden. Greater use of informal caregivers reduces long-term care cost to both the family and the state. In addition, subsidies such as equipment stipends will assist middle-income families who are the hardest hit financially. These families cannot afford nursing home care or home health care but cannot qualify for Medicaid or other public health programs because their incomes are too high.

## **B. Economic Development and Training**

### **1. Technology**

The state should invest resources and program staff in tele-medicine, especially for rural areas. The most innovative use of tele-medicine includes self-monitoring systems or physician-assisted distance surgery for elderly in remote locations. Additionally, telecommunications can effectively assist in distance education to improve skills of workers and informal caregivers. In Arizona, the tele-medicine program is providing store-and-forward technologies in 20 communities. This program provides state agencies a vehicle to provide various programs in disease prevention, public education, correction, and home health nursing to communities. The bridges built between state agencies and legislative bodies foster a high level of awareness within the state and allow them to meet the healthcare goals of their state. More information can be found at: [www.telemedicine.arizona.edu/program](http://www.telemedicine.arizona.edu/program).

*Other recent improvements in tele-medicine include:*

- video cameras in homes of the elderly
- improved self-monitoring systems
- assisted living communications

### **2. Distance Education**

North Dakota should focus resources on advancing distance education as a way to assist rural communities in providing support services to elderly caregivers. The Caregiver College is one example of a successful program. This program was formed by a multidisciplinary group of rehabilitation professionals to provide free community health education to informal caregivers of elderly. Classes can be conducted anywhere there are appropriate videoconferencing facilities. North Dakota is a leader in telecommunications and its videoconferencing capabilities are rapidly spreading, making this a viable policy option. Results from over 700 people receiving “certificates of completion” from Caregiver College found no significant difference in knowledge gained between students using videoconferencing technology and other methods (<http://tie2.telemed.org>).

### **3. Creating New Employee Pools**

The legislature should support an initiative that explores alternative sources of workers. For example, states have experimented with attracting high school students into the field of caregiving through programs established by the School to Work Opportunities Act of 1994.

- Educating communities on Alzheimer’s disease, respite and volunteer care availability, state aid availability, heating assistance, etc.
- To encourage the development of new worker pools, several Colorado public high schools created a Nurse Assistant (NA) training curriculum through its School-to-Career Pathway Program.
- Wisconsin received funds to create a Youth Apprenticeship Program for NAs in nursing homes and assisted living facilities.
- As part of its Nursing Home Quality Initiative in fiscal year (FY) 2001, the Massachusetts’ legislature appropriated \$1.1 million for training, including adult basic education and job supports, and another \$1 million for a scholarship program for NAs to get certification training. The state’s FY 2002 budget proposal increases the NA scholarship appropriation to \$2 million and allows cross training of workers in other settings such as home care and residential care.
- In 2000, California appropriated \$25 million for its Caregiver Training Initiative, designed to improve recruitment and retention of entry-level staff across the continuum. As of February 2001, regional partnerships of providers, public agencies, labor organizations and public education organizations had received 12 grants.

### **C. Family Caregiver Support**

The legislature should fund a comprehensive caregivers initiative. Examples from other states include:

- New York's Health Care Reform Act of 2000 authorizes the establishment of a state-funded health insurance initiative specifically targeted to uninsured home care workers. The New York Association of Homes and Services for the Aging, the state association for non-profit Long Term Care (LTC) providers, has recommended that all workers in home care, nursing homes and residential care settings across the state be covered.
- In 2000, California appropriated \$25 million for its Caregiver Training Initiative, designed to improve recruitment and retention of entry-level staff across the continuum.
- North Carolina is providing financial incentives to encourage LTC aides to complete their training and improve retention as part of a 10-site pilot project. In addition, North Carolina intends to develop a statewide mentoring program for NAs and home care workers including on-site Internet training in nursing homes through their community college system. These programs are aimed at increasing recruitment and retention.

### **D. Health Promotion and Wellness**

The legislature should advance wellness and health promotion through educational program initiatives and health insurance incentives. Examples of some initiatives include:

- Providing funding for community-based well-being programs that include daily monitoring of elderly through phone calls and/or visits from community volunteers. This improves senior involvement with the community as well as socialization. A model program is "Walk in My Shoes" (<http://www.urbanext.uiuc.edu>) aimed at orienting new staff at nursing homes, senior care groups, and agency personnel to the needs and limitations of older adults.
- Creating a state sponsored wellness program through the County Public Health offices that subsidizes wellness and preventative measures such as screenings and wellness checks.
- Creating incentives for long term care insurance. New York, Minnesota, and Washington have health insurance initiatives that assist small employers, including LTC providers across the continuum, in gaining access to coverage for themselves and their employees.