A 40-Year Review

Presentation before the Advisory Council
January 9, 2015
Mark Stensager

Thank You for the Opportunity to Reflect

- My background
- The development of aging programs nationally
- History of the local Area Agency on Aging
- Unique developments in Washington State
- The challenges we face
- Key observations on the past, present and future
- Discussion

My Background

- Born and raised in Aberdeen
- Graduated from the University of Washington
- Began working for City of Seattle in 1973
- Directed the Seattle Youth Service Bureau System
- Became Director of Area Agency on Aging in 1976
- Ran for Seattle City Council in 1979
- Directed campaign to build 1,000 units of Senior Housing
- Seattle Housing Authority Commissioner 1981-1986

Background

- Group Health Cooperative 1984-1991
 - Director of the Senior Initiative
 - Regional Vice President
- Chief Administrative Officer, Henry Ford Medical Group 1991-1995
- National Group Vice President, PhyCor 1995-1998
- President and CEO, Guthrie Healthcare System 1998-2012
- Retired and Back Home
 - Chair of the Board of Senior Services
 - Member of the Board of the Washington Health Insurance Exchange

Development of Aging Programs

- Social Security 1935
- 1st White House Conference on Aging 1961
- Medicare and Medicaid 1965
- Passage of the Older Americans Act 1965

How the Local Area Agency on Aging was Formed

- United Way had the primary focus on Aging programs prior to 1970.
- Mort Schwabacher was a prominent businessman and active with another businessman Col. Joe Primeau in generating funds for United Way aging programs.
- Mr. Schwabaher was supportive of Wes Ulhman, who became Mayor in 1969.
- Mort encouraged Mayor Uhlman to establish a Division on Aging.

Recruitment of Ken Cameron

- Mort was a friend of Murray Meld, a professor at the U of W School of social work. Ken Cameron was one of Professor Meld's students.
- Ken became Mort's Assistant Director of the Division on Aging.
- Ken spent considerable time with Charley Reed, the director of the State Office on Aging.

Ken Cameron and Mayor Uhlman

- Mayor Uhlman became very active in Aging and chaired the Task Force on Aging for the US Conference of Mayors.
- Ken staffed Mayor Uhlman for the Task Force.
- Through this connection, Ken became National Vice Chair of the Urban Elderly Coalition. The Chair was the head of the Chicago Mayor's Office for Senior Citizens.
- Ken and his colleagues worked with Arthur Fleming, the dynamic chair of the AOA, to make sure local AAA funds could be secured by cities.

Formation of the Seattle King County AAA

- The City of Seattle made a major commitment to human service programs through the new Department of Human Resources(DHR).
- Ken worked with Ed Singler, the head of DHR, to sell the idea of a three-way sponsoring of the AAA including King County, United Way and Seattle with the City of Seattle as the administrator.
- Ken wrote the grant to start the AAA.
- The Seattle King County Area Agency on Aging was established in 1973.

My Involvement

- I became the third Director of the Division on Aging in 1976.
- I teamed up with Ken Cameron to lead aging program development.
- Key accomplishments during my tenure:
 - Further development of the I and A program
 - Development of Case Management
 - Assumption of Outreach program (case management by AAA)
 - Creation of the Mayor's Office for Senior Citizens (Carole Glickfeld)
 - Hiring of the first state ombudsman program (Hilke Faber)
 - Hiring of Denise Klein who went on to direct AAA and Senior Services

The Maturing of the AAA

- Ken had hired a team of very talented staff
- I was able to add to this group and together with the leadership of Mayor Uhlman, we were able to develop a range of excellent services in the community.
- Support for the elderly was the Mayor's top priority.
- We had an excellent Planning Council with excellent leaders guiding the development of aging programs.
 - Marthanna Veblen
 - Lou Michaelson
 - Col Joe Primeau

Key Elements of 1978 Plan

- Enhance planning for aging services between Seattle,
 King County and United Way
- Evaluate effectiveness of programs and the management of outreach program by AAA
- To assure a strong centralized I and A program
- To expand Chore Services to keep people in their homes
- Expand minority participation
- Expand transportation
- Expand housing options

Themes That Have Been Added in the Current Aging Plan

- Prevention
- Integration of care
- Self sufficiency
- Preventing abuse
- Advocacy

Success at the State Level

- The State of Washington's aging programs benefited greatly from two people: Charley Reed and Norm Schut
- Charley Reed became the Director of the Office on Aging in the early 1970's
- Norm Schut retired from being the head of the State Employees Union. Governor Ray appointed him to be the head of the State Council on Aging in 1977
- Norm wanted to improve advocacy for aging programs and formed the Senior Citizens lobby

Senior Citizens Services Act

- The Washington State Senior Citizens Services Act provided funds for aging programs at the state level.
 Funds came from OAA Model Project money at the national level. Norm Schut was able to work with Senator Magnuson to get about \$10 million of the approximately \$15 million available nationally.
- Mr. Reed worked with the state legislature to continue the funding for the Senior Citizens Services Act once the federal funds were gone.

Managing Long Term Care in Washington

- Mr. Reed was able to get control of all long term care services, including Medicaid in the Aging and Adult Services Administration.
- After control was established, efforts were made to shift the focus from nursing homes to community services.
- Key elements of this program were a central entry point for long term care, a timely way to determine financial eligibility and a statewide system to provide oversight.
- The nursing home industry had major concerns about this, but Charley and his staff were able to prevail with the legislature.

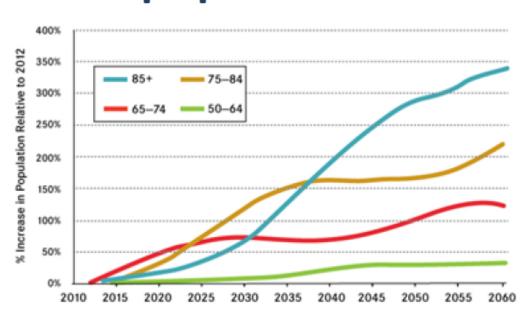
The Results of Effective Leadership

- AARP last year ranked Washington State as number 2 in the nation for access to community services and affordability
 - Access to Medicaid for low/moderate income people was much higher than most states
 - Support for Family caregivers was relatively high
- Today the Washington State long term care system is considered to be one of the "most balanced" in the United States.

What the Future Holds

- The success of the current long term care system may be difficult to maintain.
- Joint Committee on Aging and Disability has done an excellent job presenting the challenges of the "age wave."
- The growth of the older adult population is going have a dramatic impact on the cost of long term care services.

Projected growth of older population in WA state as percentage of 2012 population



Advocacy will be Critical in the Upcoming Legislative Session

- Support to continue the Joint Committee on Aging and Disabilities
- Support for Governor's proposals to increase support for long term care services
- Support for the funding of a long term care financial study

- Awareness of aging challenges are still avoided
 - People do not actively consider the consequences of disability
 - Aging issues are not a top priority politically
- Nursing home care is still a challenge
 - 50% turnover in nursing facilities
 - Quality ratings may be helping, but care is still a concern
 - Costs can be extraordinary
- Personal care continues to be a primary source of support
 - 78% of adults in community depend on family and friends for long term care.

- Long Term Care financing continues to be a major challenge
 - Long Term Care Insurance
 - My experience with Met Life
 - Continuing Care Retirement Communities
- The Washington State system needs to be monitored
 - Mr. Reed believes that recent changes within DSHS represent a fragmentation in policy.

- Health care costs and access continue to be a major issue for all
 - Medicare is an enormous benefit to the elderly
 - The cost of healthcare delivery is still a problem
 - High deductibles are a major challenge
- Health care and the Area Agencies on Aging
 - Planning integration for health can and long term care will continue to be a challenge
 - The dual eligible projects are an example of this challenge

Advocacy is critical

- Current awareness is insufficient
- The general interest in the elderly is much less than it was 40 years ago
- Advocacy must be increased
- The principles of access, availability and coordination need to be maintained and expanded in this state

Questions and Observations