

Meeting Minutes
A Backup Plan for Solos Task Force
Orientation Session
Tuesday, October 10, 2017 – 7:30 to 9:30 AM
Wilder Center, 451 Lexington Parkway N, St Paul, MN

Task Force Members Present: Kathleen Dempsey, Joyce Edwards, Ellie Hands (co-chair), Susan Henry, Darla Kashian, Greg Owen, Karen Peterson, Mark Peterson (co-chair), Peter Rothe, Sabina Sten, Martin Wera

Members Not Present: Bright (Dorn) Dornblaser, James Falvey, Genevieve Gaboriault

Staff & Staff Support Present: Sean Kershaw, Linda Camp, Marit Peterson, Julie Roles

Overarching Goal

Stimulate the development of a supportive infrastructure to help solo older adults successfully navigate health related events and, therefore, be less likely to become vulnerable adults—with its accompanying loss of self-determination for the individual and high costs to society.

Expected Outcomes of the Project

- General profiles of solo older adults (situation, needs, perceived barriers)
- A description of the current Minnesota infrastructure to support solos health decision making
- Description of the core elements of a health decision “backup plan”
- A list of important resource gaps and potential solutions
- A list of recommended priorities for future action and preliminary work plan

Proposed Outcomes for October 10 meeting:

Understand existing laws, policies and practices that have an impact on solos. Start to develop a shared understanding of who solos are.

Welcome/Negotiate Agenda

Co-chair, Ellie Hands, called the meeting to order at 7:30 AM. Asked for additions, deletions, changes to the minutes of the 9/27/17 meeting. Martin moved that the minutes be approved as submitted. Passed unanimously. Ellie reviewed overarching goal of the project and expected outcomes with the task force.

Ellie reviewed the agenda for the day and asked for additions, deletions, changes. Task force agreed to agenda.

Introductions

Co-chair, Mark Peterson, invited new participants to introduce themselves, tell why they are participating and tell something of their own experience around solos.

(See bios in three-ring binder for basic information about each participant.)

Karen Peterson

Executive Director, Honoring Choices Minnesota. Background was nursing. Interested in end-of-life. Frequently get questions about this topic in our office but have not had a chance to dig into. Excited to work with this task force. It is both my professional life and my sense of humanity that makes me want to contribute to this topic.

Greg Owen

Consulting Scientist with Wilder Foundation. Last seven to eight years most research has been in the field of aging. Worked with Volunteers of America on a project called The Unbefriended Elderly. Purpose was to examine the extent to which connections could be made and that people could be cajoled into doing planning. The project worked to identify solos and then bring someone behind them to increase likelihood that their decisions would be the ones they would want for themselves. Have worked on studies about in-home sensing and monitoring technology and with the Senior LInkAge Line to help people make decisions in transitions. I served as a Power of Attorney for a man who died in 2014 at age 100. Member of my church. Couldn't tolerate his family. Son was stealing from him. Sold his house, sold his farm, transitioned from home to assisted living to nursing home. I believe there is a serious need to look at ways we can leverage resources to make a difference in the lives of people who really don't have anyone. Without that a lot of really bad decisions get made.

Updates and Check-in

Mark: Checked in with the group about whether the time of the meeting works for people. No one voiced concern.

Ellie: Noted the Citizens League style for meetings. Comfortable parliamentary style. We ask you to raise your hand when you want to speak and be acknowledged by the chair. That allows us to manage the conversation and be sure that everyone gets an opportunity to contribute. We will use motions and a vote when the task force needs to make a decision.

Member: Will the task force provide printed copies of the minutes?

Staff: As a practice we will not provide printed copies of the minutes. Please tell Julie if you would like copies and we will provide them.

Ellie: The question came up about how to talk about this task force with others. We want you to spread the word and want you to be able to direct them to the right place. Direct them to <http://citizensleague.org/solos>. People are also invited to attend task force meetings as observers.

Member: When I go to the doctor, there is a questionnaire about "Do you feel safe?" Seems like that may be an opportunity to ask solos seniors about preparedness for the next stage of their lives.

Member: I worked with a physician who did research about income and cancer. When corrected for by income everyone gets cancer at the same rate. Economic impact of solos is significant.

Sean: Citizens League is working with MinnPost for a potential partnership where they would do statewide conversations about topics around aging. Topics around solos might be included.

Member: Seems like there is a technical problem but also a deeper cultural or societal issue about why it is so hard to solve these problems.

The Current Situation for Solos with Marit Peterson

This is a start at looking at some of the technical pieces so we can get those on the table. Intended to be a review of the legal structures that support all of us, not just solos. I refer to them as substitute and supportive decision-making processes. The expertise around this table is astonishing and I recognize that so I welcome your contributions.

[See Marit's PowerPoint on website at <http://citizensleague.org/solos>.]

We need to start with the law but we need to be very aware that what happens in real life can be very different. The practical and legal can collide.

Member: Casey Kasem is a case in point. He had a directive and his three adult children were legal agents. He ended up in the hospital being kept alive on a respirator. His directive and his three children said he did not want to be kept alive that way. His wife, who was not the mother of the three children, said oh no, he told her that he had changed his mind. Went to court and his wife couldn't produce evidence. Eventually what was on the directive won out but it took months where he was kept alive.

Ellie: Would the committee members like to hear more from Marit at a later time? Consensus was yes.

Defining solos

Mark: Parking item about striking the term "older". That made us think that defining who the solos are is just so fundamental that the planning committee decided to change up what we had plan to do today. The exercise will help us examine "Who are we talking about?"

Linda and Julie led an exercise to help capture who we mean when we say "solos." Members were asked to answer the following three questions, one at a time. Members were given yellow sheet and asked to write one idea on each sheet. After all the ideas were posted, the group discussed the ideas they generated.

1. **Personal situation:** What personal circumstances and/or choices would cause an individual to qualify as a solo?
2. **Other Factors:** What else [other factors] might be relevant to how solos navigate health events and their ability to be in charge of their own health care decisions?
3. **Personal Perspective:** What desires and concerns might they [you] have related to managing their [your] own health and health care? What barriers might they [you] experience?

Discussion:

Member: There is very little difference between choice and circumstances.

Member: The "gold standard" is that if a person considers his or herself a solo then they are a solo.

Member: The only definition that matters is that a person considers him or herself a solo. Maybe the more important questions are operational. What are the conditions that may lead to someone being a solo? Whether or not a person has someone who can help he or she with the functional aspects of their lives.

Member: A lot of this is self-defining. People have choices. I choose to live alone.

Member: Racist isn't up there as a factor and it should be.

Member: Maybe we should look at factors that are external and internal.

Member: Maybe we need to create a number of categories that might make someone a solo rather than trying to make a simple solution.

Member: If you can't find anyone to be your health care agent, then you are a solo.

Member: I think there are really only two things. Self-defined and those that are solos but don't know that they are (unrecognized). Then you need a checklist to help them know if they are a solo.

Member: Maslow hierarchy of needs. If basic needs aren't being met and then you go up the scale. Hierarchy of soloness. At what point does soloness become a problem for society?

[See notes from exercise on <http://citizensleague.org/solos>]

Evaluation

Mark: Let's rate the meeting on scale of 1 to 5. Did we meet the purpose of the meeting and why? Members rated the meeting: 5, 5, 4, 5, 5, 5, 5, 5, 4, 5, 4

- Felt we made great progress today.
- Great presentation. Good to have the activity to give people ownership in the process.
- Useful. Good to meet everyone. Good to try to start to define solos.
- Gave 4 last time, 5 this time. Really liked the interactive aspect of the meeting and the presentation was a great intro to the activity.
- The activity stimulated a lot of good thought. Marit's presentation was exceptional.
- Time well spent.
- Rushed somewhat through Marit's presentation. Glad we put on the agenda next time. Started to develop a shared understanding of who the solos are.
- Presentation was very good. Activity was good for participation.
- A little rushed. Liked the activity. Maybe not put as much in the agenda.

Mark: Any updates on the Advisory Committee? Need more racial/cultural and geographic diversity. No updates at this time. Continuing to work on it.

Mark: Next meeting is Oct 24 at Mount Zion Temple, 1300 Summit Ave, St Paul, MN 55105, 7:30 to 9:30 AM. A meeting notice will be sent out. Thank you all.