

Meeting Minutes

A Backup Plan for Solos Task Force

Tuesday, May 15, 2018 – 7:30 to 9:30 AM
Wilder Center, St Paul, MN

Task Force Members Present: Joyce Edwards, James Falvey, Ellie Hands (co-chair), Susan Henry, Darla Kashian, Greg Owen, Karen Peterson, Mark Peterson (co-chair), Martin Wera

Members Not Present: Kathleen Dempsey, Genevieve Gaboriault, Peter Rothe, Sabina Sten

Staff & Staff Support Present: Matt Bryne, Linda Camp, Julie Roles

Overarching Goal

Stimulate the development of a supportive infrastructure to help solo adults, particularly older solo 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 This Meeting:

Generate content to be included in a snapshot (description) of solos to guide analysis of issues and to inform stakeholders and others Welcome/Negotiate Agenda

Co-chair, Mark Peterson, called the meeting to order. Asked for additions, deletions, changes to the minutes of the 4/10/18 meeting. Minutes were approved as submitted.

Check-in and Updates

- Member brought attention to the Minnesota Star Program (<https://mn.gov/admin/star/>). Loans assistive technology to people who need them. They have automatic stove turn off devices, they loan out laptops, voice amplifiers, picture amplifiers, etc.
- Ad hoc group meeting on May 22 with leaders of diverse communities. Purpose of the meeting is to bring people up to speed on what the task force has been doing. Plan to bring the group back together on September 6 to share preliminary finding with the group and get feedback and insights from them.
- Member took a senior living tour with the St. Paul Jewish Community Center. Eunice Neubauer organizes the tour (Local Certified Senior Advisors - <http://www.choiceconnectionsmn.com>). Most on the tour grappling with considerations for making housing choices. Interesting to understand the range of options and to hear what kind of questions people ask. Struggles with caring for partners with dementia. Financial implications. Consultant’s services are paid for by the care/housing facility. A good amount of Eunice’s clients are solos. One person was a little jealous of the solos because they didn’t need to negotiate with anyone. Consultant’s job is helping people figure out what kind of cultural they want to live in and then presenting them with a limited number of choices. I think a she offers a valuable service. There is a national certification for this role.

- Member brought attention to documentary call “Gen Silent” about LGBT older people going back into the closet to survive. <https://www.theclowdergroup.com/gensilent>).
- Linda reported on a meeting with Bush Foundation. Very interested in the process we are going through. Contact interested in the personal interviews that task force members have done. Talked about the ad hoc reactor panel. Was very intrigued. Happy with where are going and how we are doing it.

Developing a Snapshot of Solos

Shifting from discovery to analysis phase. Goal in this session is come up with what we want to say about solos. What do we know about them?

Linda provided an overview of creative problem solving tools based on the work of Edward DeBono. (see handout). DeBono says that underlying assumptions impact solutions so it is important to identify and challenge assumptions. We are creating our frame around solos. Introduced lateral thinking as opposed to vertical thinking. Vertical thinking is like getting on the elevator and going floor to floor to the top. It is logical thinking. Lateral thinking is like getting off at the third floor and looking around.

Linda used a problem to illustrate the power of assumptions: how to get an egg to stand up by itself without any props. A vertical thinker would try to simply set it on the table and likely come to the conclusion that it can't be done. The lateral thinker would tap the bottom of the egg on the table creating a flat base so the egg could stand up. The vertical thinking assumed the egg had to remain intact. The lateral thinker assumed that the shell could be broken. We want to incorporate lateral thinking in our work over the next five weeks.

Linda gave participants a chance to jot down their thoughts on a worksheet. What assumptions did you have when you came in? What's changed?

Initial assumptions when we started the project:

- Initial assumptions were very basic. Alone. Didn't have family, friends or community to support them. Didn't think about particular needs.
- Choice or circumstances they were alone. Had an implicit bias that it is a bad thing. For the individual and for society as a whole.
- Experience of being solo was unchangeable. Doomed to be solo.
- Looked at solos experiencing problems in time of need. Framed as solos in time of need if needed have social capital they created problems for themselves and for others and for institutions. When solos haven't planned, they need to scramble to find solutions in time of need.
- Has something to do with money. Social economic status matters.
- If you are a solo and you are rich you can buy support.
- I thought that if we brought our minds together we can find solutions for delivering services. I now realize that if you worked in poverty, you are even worse off as you retire. I work with wealthy solos. People can access services. They don't necessarily have any skills to do so. Worry that they will run out of money. Don't know what to do. Taking care of self is a different skill set. Hard for people to grapple with the idea that

they are not going to live forever. I think they should just spend the money and get the care they need.

- Assumption was that solos are independent by nature. Because of that they are reluctant to ask for help.
- That we were dealing with older solos. Along the way we found out that there are much younger solos. People who are disabled.
- Non-solo people plan and solos don't. We found out that nobody plans.
- Thought that partnered people aren't solos. Friend's wife is kind of a solo because she needs to figure out everything (because of spouse disability).
- Thought that institutions and that the state had plans in place to help solos.
- With proper planning solos needs could be met. People just need better plans.

What do we understand now?

- There are few people for whom there isn't someone who they can turn to. But big chasms to overcome to connect. Social connections can be remade or created but can be a hard task. Theme of trust. Why plan if everything in my life has shown me that I can't trust?
- Came to realize how large the solo population is and how diverse it is. Also how complex and varied the needs.
- Resources don't seem to be directed toward solos. Matching resources to people might be a challenge.
- Not many want to identify as solos, too generic a term. Focus on the issues the needs we might be more successful. We might get solos to understand that they are in trouble if they don't access these resources.
- There is a continuum of being solo. Some have no one; some have a few people. Some have great need; some have little need.
- Many kinds of solos. Linda drew attention to background information in the handbook with all the clusters.
- When comes to a point in a person's life when can't do everything for oneself, do you become a solo in your mind? We don't sit around and ask, Who needs help today? How can people ask for help without shame?
- Doesn't help people to categorize as solo without understanding the specific situation of the individual.
- Like the idea of the continuum of solo-dom. Sometimes it is situational. Being solo is a moving target.
- Is the concept of solo a useful concept? All kinds of people need different kind of support. What is meaningful about what we can say about solos?

- I think we are afraid to define the nexus of the problem we are trying to solve. Nexus of problem is an individual because of absence of social connection come into situations where their self-determination is limited so other people need to be engaged. Another part of problem is when a person like this needs to interact with an institution and are unable to articulate interests and needs. Institutions need to solve problems for solos. To be these are the areas of the task force's work. Not worry about trying to solve all aspects of being a solo or have a restricted definition of a solo.
- Solo is someone who says they are a solo. It is self-definition. As they see themselves.
- Some people do incredible planning and still reach a point where someone else needs to make a decision.
- Personal situation. Having knee replacement surgery. Need a personal coach. Need someone to be with you. Need escorted transportation. If I didn't have someone, what would I do?
- How we define might depend upon what we are trying to achieve and whom we are trying to influence. Narrowing definition of solos might work against us. How do we not alienate people in the process of trying to engage them?
- Issues impact everyone not just solos. Implications and affects on everyone.
- People find themselves in need. Two paths to look at. One is the institutional reaction to that state. Secondly, looking up stream. Preventative.
- Advance directive and planning. Where are we trying to end up? More about institutions or individuals?
- Descriptions of solos are out there. What do we want to happen?
- Lots of messages about planning for the future. Not messages out there that you should build social capital. We want to encourage planning and we want to encourage people to build social capital because then you will have some one to drive you home, stay with you. Harder to build social capital. I don't think the Citizens League is intending to be a social club.
- You are a person planning for knee surgery. You don't strike me as passive, not done planning. Do everything you are suppose to do and still don't have the resources.
- Comes back to not wanting to be a burden.
- Culture standard: Independence. I can do it myself. Don't want to ask anyone.
- Need to get to a sense of autonomy through interdependence. More options for people when they are no longer independent.
- People want personal autonomy to highest degree. Interdependence is part of autonomy not separate from it.
- In an ER setting and we are unconscious, we are all solos until we are not. Until someone can be reached. Planning is crucial for institutions. We seem to be edging toward the social capital piece.

- Example of a babysitting coop. There were requirements. Can we create a bank for support? Village organizations offer that kind of thing. Mill City Commons.
- Can we look at solos as an asset?
- Need to find the infrastructure that will support.
- Is there a way to graph this? Four quadrants – aware and not aware; able and not able. Could use to define who solos are. Could be a tool. Where do you fall? Different levels of preparation, capability, etc.
- That thinking is in alignment with mine. “For which solos does being solo create a problem for them or for our institutions.” We shouldn’t try to take on all problems for all solos of all time. I think this is a more specific problem that we are trying to solve. This is my 39th year at Wilder. In my very first year I worked on a project about advance directives. I have come to the conclusion that no matter what, it is going to be hard to get people who have no interest in planning to do it.
- Gunderson system. What is the path to get people to focus on doing advance directives? They have been very successful. We are the world. How do we make this part of people’s consciousness? What’s the path to get people to focus on this? Maybe using the quadrant. Every doctor asks where do you fall on this? How to make this part of the public discourse? My kids are asked at every doctor’s appointment, do you have guns in the home?
- Healthcare setting is a key element in making a change in health. Having the question alone isn’t enough. Then you need to have a set of resources. Not sure medical professional are the best to do something about this. Faith community, services in the community might be better.
- What is the role of healthcare? Gunderson worked because they changed the culture. Any door was a good door to go in around healthcare directives. Did a small study. Could someone in a clinic identify when a caregiver needed help? Primary health care setting might be the right place but may need to change the culture of those settings. Maybe the clinic is the place where there is the best chance of the conversation taking place.
- Needs to be simple and there needs to be next steps.

Next time we are moving into issues and solutions. There appears to be some consensus on social capital piece. Would like to do a sticky note exercise to see how we have gone beyond that. Do people feel they have progressed in their thinking?

Report of Results Focus Groups Evaluation

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Really good discussion. Got a lot out of it.

Next meeting June 12.