



A Backup Plan For Solos:

Health Care Decision Making For People Aging Alone

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Turning Point Consulting



Who?

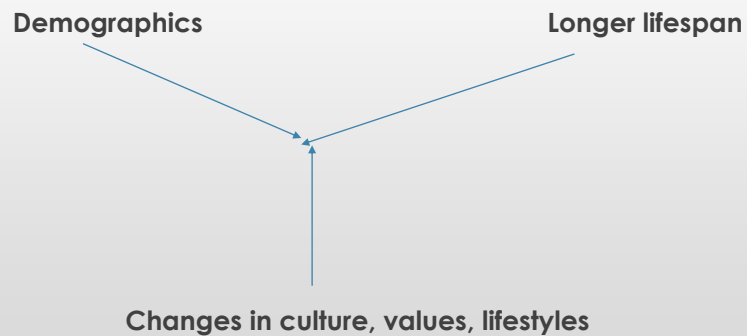
Solos: Working definition:

“Older adults who, because of choice or circumstance, are without the traditional family support structure...”

Project Origins

- This initiative grew out of my own need to plan
- 9 months of research
- Initial question: **who will serve as health care surrogates for people without family?**
- Result = White Paper & collaboration with others
- Recent grant funding to support a project
(identify needs, gaps, best practices, potential solutions)

Why this issue?



Those Aging Alone: What to call them?

- “unbefriended elderly”
- “elder orphans”
- “solo seniors”
- “vulnerable elderly
- **“solos”**

[“solo-ness” is a result –defined by circumstances and/or choice, and not a fixed set of variables]

Solos: How many are there? Difficult to Quantify



25% of Baby Boomers have no children



30% of men 65+ are widowed, divorced, separated or never married

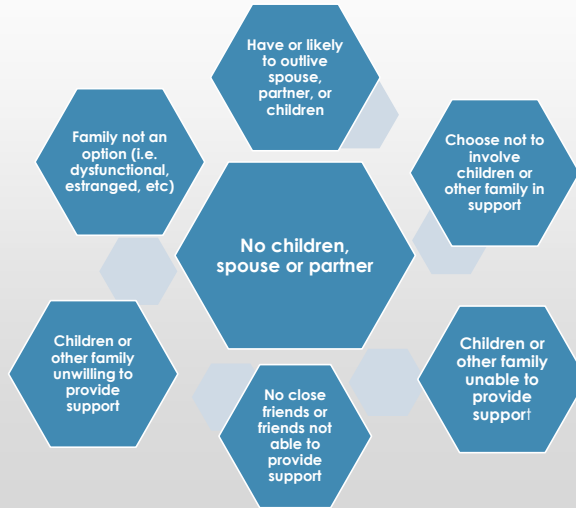


56.5% of women 65+ are widowed, divorced, separated or never married



Dr. Maria T. Carney: 22.6% are “at risk”

Composition of Solo Population

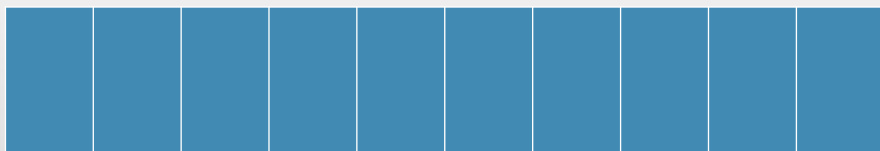


A Typical Life Continuum

(...but increases and decreases in physical and mental capacity can occur at any point during the lifespan...)

Increasing Capacity & Resources

Declining Capacity & Resources



Existing Late Life Planning Models.....

- ▶ Embedded assumptions about availability of family and/or friends (statutes, organizational policies)
- ▶ Solos “with capacity” are mostly invisible
- ▶ Emphasis on “end-of-life”
[1990 Patient Self Determination Act, state laws authorizing Advance Care Directives, “Honoring Choices, etc.)
- ▶ Ignore increased longevity & need for health care decision support
- ▶ For Solos --Planning for the “middle” may be more critical than planning for “the end”

“ ... relatives provide an estimated 85% of unpaid caregiving for older adults.....” (AARP, 2015)

- ▶ Caregiving = “direct service” component + “decision” component
- ▶ “decision component” has received less attention
- ▶ 70% of older adults require assistance with health care decisions



“Decision” component includes many different roles.....

- Researcher
- Evaluator
- Decision supporter/counselor
- Decision maker
- Decision enforcer
- Advocate



Pathways

How to find a health care proxy

| Personal Relationships | Constructed Relationships | Professional Relationships | Legally Directed Relationships |
|---|--|---------------------------------------|---|
| Family members and close personal friends | Relationships created through "affinity" organizations | Relationships with paid professionals | Guardians and conservators acquired through a legal process |
| Traditional pathway | Emerging pathway | Emerging pathway | Traditional pathway for "vulnerable adults" |

Basic Pathways to a health care agent/proxy

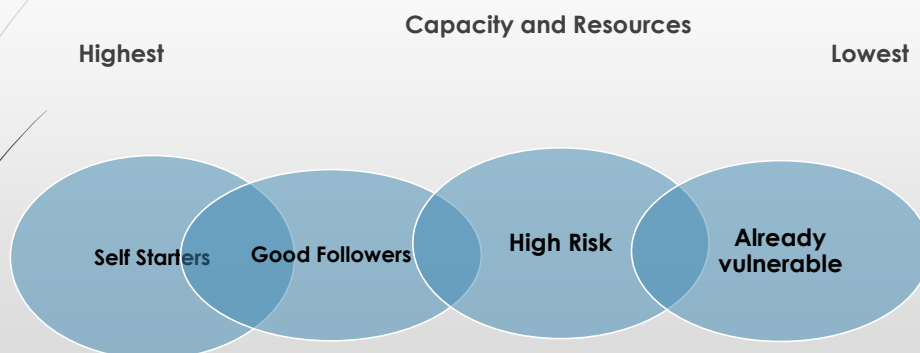
Constructed Relationships

- Emerging option, with high potential
- Relationships are created through "affinity" groups
- Expand to include health care proxy role
- Examples: Faith based organizations, Collaborative living groups ["village" model, housing cooperatives], Meetup groups
- Volunteer organizations

Professional Relationships

- ▶ Emerging option with high potential
- ▶ Create a professional “**health care fiduciary**” role
- ▶ *Health Care Fiduciary* businesses in market place
- ▶ Professional Guardians may serve as surrogates outside court process
- ▶ Non-profit organizations may be able to offer this service if state laws permit

Solo population—A preliminary assessment





A Few of the Special Issues for Solos

- ▶ Transportation to medical appointments
- ▶ Escorts, assistance after treatment/procedure
- ▶ Emergency contacts
- ▶ How do others access important medical records?
- ▶ Monitoring of personal well being
- ▶ Knowledge of whereabouts
- ▶ Care coordination/management



The Backup Plan Project

- ▶ Will focus on Solos "with capacity" (people who are still able to plan for themselves)
- ▶ Solution oriented
- ▶ Address common biases in traditional approaches to older adults:
 - bias toward family
 - generational bias
 - ageism
- ▶ One year, foundational work



Project Activities/Outcomes

- Gather factual information about solos
- Assessment – how well equipped is Minnesota
- Identification of gaps, best practices
- Common vocabulary about solos across disciplines
- Greater collaboration/cross pollination across disciplines
- Better planning model for late life and end of life
- Expand options for Solos –models and options
- Implementation plan



Ways to contribute to this project

Seeking input from:

- MN Organizations who serve older adults [experience with Solos who have capacity]
- Individuals who qualify as Solos (with capacity)

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