



Massachusetts PATRIOT

Massachusetts Life Care Residents Association (MLCRA) Spring 2015

The Residents's Advocate---Management's Friend

President's Message: Report on the LeadingAge Senior Living Symposium



Will Holton

LeadingAge Massachusetts is the nonprofit provider's organization for senior housing and health services. Two MLCRA members, including Treasurer Jeanne Stolbach, attended the March

symposium with me in Natick. The day of presentations was cosponsored with Ziegler, an investment firm that works with nonprofits around the country.

I found it very interesting to learn about the providers' perspectives on issues that affect Continuing Care Retirement Communities (CCRCs) and other organizations. As you would expect, those perspectives were very different from those of CCRC residents who belong to MLCRA. There was little to no mention of disclosing financial information to residents or of involving residents in decisions about matters that affect their quality of life.

The first presentation focused on demographics and it is no surprise that trends call for increasing proportions of elders in the American population. In Massachusetts, 15 percent are now over 65 and that figure will be over 20 percent in 2030. At the same time, the younger group will decline, affecting the ability to attract a qualified workforce for CCRCs. The "baby boomers" will continue to become elders, but they are not healthier, with higher rates of obesity and cholesterol, and

other health conditions. Baby boomers are expected to work longer, meaning CCRC designs will need to change. Needs will increase for all age groups.

Trends in CCRCs are showing that residents enter independent living at older ages, into the eighties in most communities now. Turnover in CCRCs is increasing now at about 12 percent per year, putting more pressure on marketing. Beyond independent living, CCRCs are seeing more demand for subacute care, short-stay rehabilitation, long-term nursing care, and memory care.

Nonprofit CCRCs are experiencing growth, especially through the expansion and repositioning of existing campuses. Fewer nonprofits are developing new community locations. There are more sponsorship transitions and changing affiliations are occurring among nonprofit CCRCs; these are no longer called mergers and acquisitions. Larger nonprofit systems of senior housing have emerged since 2000, except in the nursing home field. Branding efforts are increasing, attempting to make CCRCs stand out in the crowded field.

(cont'd on next page)

MLCRA Annual Meeting

Monday, May 18, 2015
Newbridge on the Charles
Dedham, MA
10:00 a.m. - 2:00 p.m.

Association presidents and
MLCRA representatives are eligible to vote.
Encourage them to attend
and participate.

President' Message (cont'd from p. 1)

Home care options and services in CCRCs for surrounding community members are much more common now. Reasons for this include the lower risks for investments because the costs are low. These services expand the use of CCRC facilities during the day and for meals, while possibly attracting more future residents. An Area 1 member community that I visited last year had experienced some problems with a reasonably-priced community membership program. Local residents paid a small monthly fee and came in for card games, other events, and meals at a moderate cost. Some CCRC residents there reported difficulty having dinner at their preferred times.

Other trends in nonprofit CCRCs show that their growth has slowed and smaller organizations often merge when they are in financial distress. Nationally there is a move to change the "CCRC" label to make it more attractive to potential consumers because they found "emotional barriers" with the term. "Continuing care" is seen to imply that care is needed and younger seniors think they aren't ready for it. Can you think of a substitute name for "CCRC" that "will influence action and create a positive and strong link" with potential residents? Health care reform is seen as a "game changer"

In This Issue

CommunityDecisions	3
Retaining Memory	4
MLCRA Boosters	5
Legislation Report	6
Friendships	7
Membership Expiration	7
Doctors' Decisions	8
Dialogue	9
Board of Directors	10
Goals and Achievements	12
What is MLCRA?	12

for the field. This issue applies more to health care services covered by Medicare and Medicaid. Senate Majority Leader Harriette Chandler was asked if the people of Massachusetts are prepared for the high cost of long-term care. She answered that they are not aware of this and that denial is the common attitude. She added that long-term-care insurance is too expensive and there is no oversight of it here, especially for group policies. She wants to increase Medicaid payments for nursing home care to 2011 cost levels.

Senator Chandler also noted that managing the care for more frail patients is a problem that will affect us all. Managed plans are now only optional. Nursing home beds are empty in our state because their services do not fit the emerging needs. Specialization is an option, with high quality care for dementia as the fastest growing need. Integration with local communities is required and hospice care should be used more at the end of life.●

THE PRESIDENT SAYS:



"KEEP MY TELEPHONE RINGING!"

Will Holton: (617) 971-1614

Call me *now* about people who may help MLCRA realize its potential to serve its growing membership. Start with telling me about your interests and skills. Also alert me to neighbors in your community who might contribute because they are committed to the CCRC model of living and want to help make it stronger for all CCRC residents in Massachusetts. If a good percentage of MLCRA members will give me information along these lines, we can go into the 2015 Annual Meeting on May 18 with a larger leadership group!

Call early and often.
