

To: Committee on State Government and Elections

Fr: Dr. Jane Pederson, geriatrician from Woodbury MN and member of the MN Board on Aging.

Re: In support of HF 4036 – to establish a legislative task force to examine the necessity for a department on aging.

Everyone, including people with dementia and cognitive decline wake up each morning wanting to engage with the world, have new or positive experiences and interact with people they view as friends and loved ones. However, I do not see evidence of an infrastructure or planning for services that will be needed to accomplish successful aging in community and outside of institutional settings. Aging in place has become a marketing term and settings such as assisted Living communities are not going to save the day – we cannot build or staff enough of them to meet the need and even if we could, the residents still risk aging in isolation rather than in community. This bill is asking for an evidence-informed recommendation regarding the best structure to identify and plan how to meet the challenges facing older adults in the not-so-distant future.

A recent example of how structure can impact function for state agencies on aging comes from my clinical colleagues and members of the Minnesota Association of Geriatrics Inspired Clinicians, or MAGIC. The membership of MAGIC encompasses most of the clinical aging expertise in the state. While many of the people served by MAGIC members live in communal settings, MAGIC strongly supports “aging in community” and avoiding institutionalization. As MAGIC members have met with similar organizations in other states to reflect on the past two years, they noted states where geriatricians had direct access to the governor through a ‘department’ on aging (Colorado, Washington, and California) had more efficient and comprehensive responses to long-term care COVID needs. This may be labeled as hindsight “2020”, however having a more direct line to the Governor could have allowed for input on visiting policies, transitions to home, and PPE accessibility for home care providers. Having a direct conduit for geriatrician expertise to inform decision making on topics such as appropriate sites for COVID positive patients, may have allowed more people to transition to home rather than LTC settings. Thus, resulting in more of our mom’s, dad’s, grandparents, sisters, and brothers being with us today.

Finally, about 8 years ago I cared for a patient whose wife was a retired executive, well-traveled, technology capable woman would often dye her hair bright pink each spring. One day I asked her why she chose bright pink and she said, “it helps me not be invisible.” She went on to explain how as an older adult, she is invisible in our society and her pink hair will at least trigger people to notice her or maybe even strike up a conversation. When it comes down to it, this bill is asking for us to determine the best way for older adults to be seen and heard in our state. I personally believe no older adult should find it necessary to dye her hair pink to have a front seat at the table. The Legislative Task Force as proposed in HF 4036 is a step in the right direction.

Sincerely,

Jane C. Pederson, MD, MS