Approved: March 15, 2001

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on March 13, 2001 in Room 526-S of the State Capitol.

All members were present except: Representative Karen DiVita - excused
Representative Laura McClure - excused
Representative Mike O'Neal - excused
Representative Tom Sloan - excused
Representative Dixie Toelkes - excused
Representative Valdenia Winn - excused

Committee staff present: April Holman, Legislative Research Department
Lynne Holt, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Linda Redford, R.N., Ph.D., Director, Geriatric Education Center and Rural Interdisciplinary Training Program, Center on Aging, University of Kansas Medical Center, Kansas City

Others attending: See attached list

Kansas Geriatric Education Center (KS-GEC)

Dr. Redford provided a summary of the mission and program activities of KS-GEC in which she described geriatric education, information dissemination through web-based education modules for practicing health professionals and materials for geriatric educators. The Center also provides mentoring opportunities as options for healthcare providers and health professional educators. Information about the Center is available at its web site: htpp://coa.kumc.edu/gee

She then spoke about the changing health trends and disabilities in Kansas. Utilizing a series of graphs, she described the predicted demographic changes in those 65 and over, the baby boomers (those born between 1946 and 1964), and the disability rates.

Kansans are healthier than the national average; i.e., from 1988 to 1991, the average life span was 76.8 years in Kansas compared with the national average of 75.4. Kansans are predominantly Caucasian (91.4%) with relatively high educational levels and socioeconomic status. Dr. Redford, relating to disabilities data, stated that a decrease in mortality from a condition does not always indicate a decrease in the incidence or prevalence of the condition. Her example was heart disease, where better diagnosis and effective treatment is allowing longer life. From 1979 to 1997, persons discharged from hospitals with a primary diagnosis of heart disease increased by 25%. Other examples were the increases in the most common chronic conditions causing disabilities for older and middle-aged people; noting particularly the disease rates among those 45-74 years of age.

Over 400,000 Kansans have a disability. Though disabilities vary in type and severity, all have personal, monetary, and societal costs. She noted that the increasing disability rates are due to: (1) improved early identification and treatment/management of some diseases; (2) the number of people being kept alive with severe disabilities, and (3) those with serious disabilities are living to "old age". On the other hand, disability rates are declining among the current elderly; but are increasing among middle-aged and young adults. She noted Kansas City is the second fattest population for a city in the nation.

Dr. Redford listed the following as factors that could change the current course of chronic illness and disability:

- Improve medical treatments and interventions
- Earlier identification of risk factors/conditions and effective interventions

- Changes in behaviors that predispose persons to disabling disease/injuries
- Advances in assistive technology
- Enabling environments

Several mediating factors affect the rates:

- Living arrangements: living alone and attitudes
- Housing: options and choices
- Enabling environment
- Informal care: changes in family structure and availability

Dr. Redford noted that most long-term-care is given by families at an estimated value of $196 million. Nursing facilities currently provide most formal care; but the demand for in-home community-based care is increasing, as is the need for housing.

Some of the factors that will require decision include:

- Does Kansas want to be an aging friendly state: housing, employment and recreational opportunities, and tax incentives
- Reshaping the infrastructure: balancing institutional and community care; supporting a broader scope to change the role for nursing facilities; promoting statewide availability of services (especially because of the challenges of rural areas); increasing the labor supply; creating accessible living environments, public areas, and transportation systems; and find ways to use new communication and assistive technologies
- Finding resources to help individuals prepare financially; bolster the tax base; provide employment opportunities for older persons, rethink the role of taxes
- Estimating the scope of state obligations: Medicaid, Senior Care Act, etc.
- Developing self-help and mutual support networks
- Projecting demand: types and rates of disability, estimates of service needs, consumer preferences
- Projecting costs of care: rising costs of health care; effects of labor/provider shortages; cost-shifting from private sector and federal government; forecasting effects of managed care; and to consider new paradigms

Dr. Redford indicated there is a need for accurate data and representative of the population; such as age, ethnic and income groups, that are cross-sectional, longitudinal, and comparable. The need is there for better health care expenditure, behaviors data, and information on health promotion strategies that work. The Kansas data regarding incidence and prevalence of disease and disability are minimal and problematic, with major inconsistencies in how data are captured and reported. There is a need for a readily, indentifiable, central point for health/disability data.

The next meeting is scheduled for March 14, 2001.

KANSAS FUTURES COMMITTEE
GUEST LIST
MARCH 13, 2001

PLEASE PRINT - NAME	REPRESENTING
SAM Alvey	Ks Dept on Aging
LINDA REDFORD	KU Med Ctr.
Jon JOSSERAND	KU
DARWIN, HIRSCHI	KDOA
Bill Henry	Ks Gov Consulting
Phil Anderson	SRS
Cheri L. Kern	KANSA