

News Currents

In Brief

Senators Probe SNF Quality, Data Transparency Greater Collaboration Recommended

Shining a light on an entity's flaws is often the only way to ensure its improvement, Sen. Herb Kohl (D-Wis.) said as he set the tone for a recent Capitol Hill hearing that examined ways to boost compliance

"I honestly believe that more nursing homes will come back into compliance for good if they have the court of public opinion and the power of the market forces as encouragement."

Testifying on behalf of the American



Steve Biondi (center, with mike) testifies for AHCA before Senate committee.

and quality among troubled nursing facilities.

Kohl and members of the Senate Special Committee on Aging heard from an array of witnesses who made recommendations ranging from stronger enforcement of nursing facility regulations and higher staffing levels to greater data transparency and additional collaboration between regulators and providers.

"It's in everybody's best interest to let consumers know which nursing homes repeatedly demonstrate deficiencies and violate government standards," Kohl said at the recent hearing.

Health Care Association, Steve Biondi, RN, vice president of clinical services for Extencicare, Milwaukee, cited data that show positive trends in quality measures for pain management, restraint use, and pressure ulcers.

Biondi also pushed for improved cooperation between the industry and federal regulators. "We believe that working together and creating a 'culture of cooperation' is imperative—and it is how we can continue to improve the quality of care and quality of life for the millions of patients and families who rely upon us every day for the long term care and services they need."

Massachusetts Home Care Workers Join Union

Some 22,000 Massachusetts home care workers recently voted to join the Service Employees International Union (SEIU) 1199, according to union officials.

Personal care attendants from across the state voted in the election, said to be the largest of its kind in the history of New England, through a special mail-in ballot that began Oct. 16.

In response to the vote, U.S. Sen. Ted Kennedy (D-Mass.) congratulated the new union members and commented that home care workers "perform some of the most difficult and most important jobs in our society."

Boston Mayor Thomas Menino said of the event, "I am proud to stand here with 1199 SEIU to support the dedicated health care workers who offer care and compassion to us all. Home is where people want to live, and [personal care attendants] make it possible for seniors and people with disabilities to live at home with independence and dignity."

According to an SEIU statement, home care workers currently have no health insurance benefits, sick days, or vacation time.

"The vote gives personal care attendants a voice for better wages and benefits by uniting them with the largest local health care union in the country. It also organizes personal care attendants in a way that senior and disability advocates say will make them more accessible to those who require their essential services."

—Meg LaPorte

Kohl, who is chairman of the committee, utilized the forum to highlight his forthcoming legislation that he said will enable regulators to intervene ➤

more quickly to correct troubled facilities, strengthen enforcement measures for facilities that “yo-yo” in and out of compliance, disclose publicly the “worst of the worse” nursing facilities, and provide assistance to “failing” facilities that would otherwise be forced to close.

The legislation, the Nursing Home Transparency and Improvement Act of 2007, is co-sponsored by Sens. Kohl and Charles Grassley (R-Iowa) and, at press time, was expected to be introduced in the next few weeks.

Acting as a witness to the hearing, Grassley, who is ranking member of the Senate Finance Committee, outlined his four concerns regarding the nursing facility industry: repeat offender facilities, fire safety, greater transparency of data, and private-equity ownership of facilities.

While he acknowledged that the

“vast majority of homes provide quality care on a consistent basis,” Grassley noted that “a few bad apples spoil the barrel” and often give the industry a bad name.

“The current system provides incentives to correct problems only temporarily and allows homes to avoid regulatory sanctions while continuing to deliver substandard care to residents,” Grassley said.

Giving the Centers for Medicare & Medicaid Services (CMS) the ability to collect civil monetary penalties sooner is a step in the right direction toward fixing the problem, Grassley said, adding that penalties should also be meaningful. “They should be more than the cost of merely doing business...and should not be rescinded so easily.”

Kerry Weems, acting CMS administrator, detailed the agency’s efforts to

improve quality and compliance and pointed to milestones achieved by the agency, including the final analysis of a three-year pilot program on background checks and the impending release, in July 2008, of new surveyor guidance aimed at improving the consistency of the survey process.

CMS’ consumer call-in line, 1-800-MEDICARE, came under fire from Sen. Gordon Smith (R-Ore.), who informed Weems that multiple calls from his staff members to the call center resulted in “very divergent kinds of answers” in response to easy questions. “The answers were all over the board and often inaccurate,” Smith said, adding “I think you need some quality control at 1-800-MEDICARE.”

Other witnesses expressed similar concerns regarding Nursing Home Compare, CMS’ consumer Web site. They cited difficult-to-understand industry language and lack of information regarding person-centered care as some of the site’s flaws.

Weems’ testimony touched on the issue of private-equity ownership of nursing facilities as he updated the committee on CMS’ Provider Enrollment, Chain and Ownership System, an initiative that collects information regarding ownership and fractional ownership of nursing facilities. The resulting data will be analyzed “to see how it affects quality of care,” he said.

Biondi recommended expanding the concept of transparency beyond just facilities to include the survey and enforcement process itself. “I submit that part of the challenge before us is to work together, collaboratively, to promote transparency across the board,” he said. “As we can all agree, we can best achieve the results we seek by building bridges and forging better, strong working relationships—collaborative, open-minded relationships that look ahead to meeting the demographic challenges that await us in the near future.”

—Meg LaPorte

—Meg LaPorte

Age Of LTC Insurance Buyers Dips Below 60

Long term care insurance has become increasingly popular among women in their late 50s, according to a study released by the American Association for Long-Term Care Insurance (AALTCI).

Among the 8 million Americans who now own long term care insurance, the study found that the average age is 58, while women account for two-thirds (66.3 percent) of individuals currently receiving benefits under such a policy.

“That’s a significant change from as recently as 2000 when the average age was 67,” says Jesse Slome, AALTCI executive director. This drop is even more noteworthy when compared to the average age of 69 in 1995.

A significant finding of the study, which was compiled using data from “leading long term care insurers,” was that 68.7 percent of total benefit dollars paid in 2006 went to women.

“Long term care planning is espe-

cially important for women because they are far more likely to need long term care [than men] and, as the study now reveals, far more likely to benefit from their insurance protection,” said Slome.

AALTCI credits increased public understanding of the importance of planning prior to retirement and lower costs available at younger ages as factors affecting the trend.

Additional findings of the study:

- The total amount of yearly long term care insurance benefit payments for 2006 was \$3.3 billion;

- The average daily benefit amount of long term care insurance protection purchased was \$154; and

- 51.2 percent of those who purchased long term care insurance purchased over \$150 per day, while 39.4 percent purchased between \$100 per day and \$150 per day.

—Meg LaPorte

Hearing Dissects SNF Ownership

Reports Give Conflicting Conclusions

The link between nursing facility ownership and quality of care was put under a microscope recently during a hearing on Capitol Hill where lawmakers heard claims that deficiencies rise and staffing levels drop in facilities owned by private-equity firms.

Witnesses included two researchers, a union representative, and a state assistant attorney general, each of whom suggested that facilities owned by private-equity firms deserve more intense scrutiny concerning how profits are allocated inside the facilities.

During the recent hearing, which was convened by the House Ways and Means Health subcommittee, Rep. Pete Stark (D-Calif.) described a “disturbing trend” in which “several nursing home chains have changed their corporate structure in ways that obscure the real ownership and management of individual facilities.” Stark, who is chairman of the subcommittee, said that these structures enable such chains to shield assets and limit liability.

While he stressed that he does not intend to criticize the business practices of nursing facility chains, Stark noted that the industry is publicly supported “and must be held accountable to the public for the care it provides.” Nursing facilities should be striving to improve care, not increasing profits by cutting corners at the expense of seniors and people with disabilities, he said.

The lawmakers heard testimony from the Service Employees International Union regarding its own report that claims the impending buy-out of Toledo, Ohio-based HCR Manor Care by the Carlyle Group, Washington, D.C., “could have significant, quantifiable effects on nursing

home residents’ dignity and day-to-day well-being.” The report contends that both the Mariner (now SavaSenior-Care, Atlanta) and Beverly Enterprises or BEI (now Golden Living, Fort Smith, Ark.) buyouts resulted in an “increased number of resident care deficiencies along with a trend toward restructuring that, in effect, limits liability, minimizes tax responsibilities, and makes it difficult for the public to determine how effectively Medicare and Medicaid dollars are spent.”

A contradictory conclusion was found in a study from Florida’s nursing facility oversight agency. The report, which claims to have found no evidence that quality of care suffers when a nursing facility is owned by a private-equity firm, concludes that the quality of a nursing facility depends on the adequacy of funding, regulatory oversight and enforcement, and “the willingness and ability of the service provider to attend to the details of staff and patient care management.” ➤

Students Learn Life Lessons From Elders



South Cove Manor resident Wing Low (80 years old) teaches the fine art of creating delicious Chinese dumplings to Judy Wong, a freshman from Boston Latin Academy. Low and Wong are participating in Boston-based South Cove Manor’s Adopt-a-Grandparent Program, whose goal is to promote intergenerational activity, foster education on caring for the elderly, and help young Chinese adults develop an appreciation of the values and traditions of their elders. What came out of the W.W. Kellogg Foundation-funded program, in the form of program completion essays, was the students’ heartfelt appreciation for the experience of sharing.

The Florida report also argues that other factors, such as the percentage of Medicaid patients and the age and location of the facility, were more likely to have an impact on quality.

Charlene Harrington, professor of sociology and nursing, University of California, San Francisco, testified that her own research shows a link between staffing levels, deficiencies, and private-equity ownership of facilities.

She said that nursing facilities with profit levels of 9 percent or more had significantly more total deficiencies and more serious deficiencies. "Excess profit-taking has a dangerous negative effect on nursing home quality," she said.

"Profit taking at 19 to 25 percent-levels raises serious concerns about the dangers to residents and shows the need to monitor or limit profit levels for certified nursing homes."

Signaling his disapproval with the suggestion that facility profits be limited, Rep. Philip English (R-Pa.) said, "I hope we don't get so far afield that Congress, in its infinite wisdom,

decides what profit margins should be."

Rep. Dave Camp (R-Mich.) offered a rhetorical question in response to the witness' assertions: "Don't all nursing homes have to go by the same federal regulations and face financial penalties?"

In written testimony to the subcommittee, the American Health Care Association (AHCA) pointed to research findings from LTCQ, a long term care consulting company, that "ownership by a [private-equity] firm and operation by a different organization is compatible with the highest quality of care."

The report further asserts that any issues concerning care quality at private-equity-owned facilities are related to "operations of the specific facility and not to ownership arrangements as such."

Although AHCA was not formally invited to testify at the hearing, Rep. Stark indicated that he would convene additional hearings on the matter, at which the industry could speak.

—Meg LaPorte

Businesses Expand Portfolios

NHC merges with NHR.

Murfreesboro, Tenn.-based National HealthCare Corp. (NHC) announced recently the completion of its merger with National Health Realty, also in Murfreesboro, and the attainment of a \$75 million line of credit for further growth strategies.

"This merger, combined with our new credit facility, will provide a larger asset and equity base that enables us to move forward with future growth opportunities," Robert Adams, NHC president and chief executive officer, said in a company statement.

ALC to buy 541 units. Assisted Living Concepts (ALC), Milwaukee, will pay \$14.4 million to acquire the operations of eight assisted living residences consisting of 541 leased units, according to a company statement.

The units, which are located in the Southeastern United States, are currently 92 percent occupied with all private-pay residents.

—Meg LaPorte

Stock Check

PROVIDERS	Symbol	Where Traded	% Current Price 11/30/07	Adjusted P/E Ratio	Change From 1/1/07	52-Week Range High Low	
Skilled Nursing							
Advocat	AVCA	NASDAQ	\$11.21	7.0	-30%	\$17.89	\$9.25
Ensign Group	ENSG	NASDAQ	\$16.50	N/A	3	\$16.65	\$15.02
Kindred Healthcare	KND	NYSE	\$24.57	11.1	-3%	\$28.27	\$17.35
Manor Care	HCR	NYSE	\$64.62	12.2	38%	\$68.86	\$46.07
National HealthCare	NHC	AMEX	\$49.10	6.7	-11%	\$58.00	\$46.75
Skilled Healthcare Group	SKH	NASDAQ	\$15.15	10.0	-2%	\$16.81	\$13.02
Sun Healthcare Group	SUNH	NASDAQ	\$16.59	10.2	31%	\$17.25	\$10.16
Assisted/Independent Living							
Assisted Living Concepts	ALC	NYSE	\$6.88	10.7	-30%	\$13.18	\$6.49
Brookdale Senior Living	BKD	NYSE	\$33.10	14.5	-31%	\$49.94	\$27.55
Capital Senior Living	CSU	NYSE	\$8.21	11.6	-23%	\$12.22	\$7.61
Emeritus Assisted Living	ESC	AMEX	\$25.20	17.5	1%	\$39.40	\$19.99
Five Star Quality Care	FVE	AMEX	\$9.43	9.7	-15%	\$12.46	\$6.07
Sunrise Senior Living	SRZ	NYSE	\$31.39	N/A	2%	\$42.97	\$29.63
REITs							
Care Investment Trust	CRE	NYSE	\$9.95	\$6.8	-34%	\$14.80	\$9.40
Health Care Property Investors	HCP	NYSE	\$33.45	5.3%	-9%	\$42.11	\$25.11
Health Care REIT	HCN	NYSE	\$44.81	5.9%	4%	\$48.55	\$35.08
Healthcare Realty Trust	HR	NYSE	\$25.43	6.1%	-36%	\$44.19	\$18.00
LTC Properties	LTC	NYSE	\$23.54	6.4%	-14%	\$29.25	\$19.02
National Health Investors	NHI	NYSE	\$28.42	7.0%	-14%	\$35.54	\$27.00
Nationwide Health Properties	NHP	NYSE	\$31.28	5.2%	4%	\$35.01	\$22.63
Omega Healthcare	OHI	NYSE	\$16.17	6.9%	-9%	\$19.17	\$12.00
Senior Housing Properties Trust	SNH	NYSE	\$22.09	6.3%	-10%	\$26.83	\$16.22
Universal Health Realty	UHT	NYSE	\$32.90	7.1%	-16%	\$42.05	\$28.23
Ventas	VTR	NYSE	\$43.60	4.4%	3%	\$47.97	\$26.50

Quotes courtesy of www.seniorcareinvestor.com, Norwalk, CT (203) 846-6800

(1) Adjusted P/E=(market cap + total debt + capitalized leases = cash)/annualized EBITDAR based on the most recent quarter.

The rate used to capitalize the leases has been changed from 12.5% to 10.0% effective 1/31/06 to better reflect market conditions

Medicaid Reports HCBS Expansion

States' Efforts Focus On Tightening Eligibility

A new survey of state Medicaid directors reveals that states' efforts to advance long term care reforms have largely centered on tightening eligibility requirements, care coordination and disease management, and the Long Term Care Partnership Program.

The survey, conducted last June and July in an effort to determine how states have responded to the Deficit Reduction Act of 2005 (DRA), found that they continue to move forward with programs that shift Medicaid dollars away from institutional settings toward home- and community-based services (HCBS).

"The survey report underscores the difficult work that the states have undertaken to increase the availability of community-based services and supports for the elderly and disabled," said

Douglas Porter, assistant secretary of the Medical Assistance Administration for the state of Washington Department of Social and Health Services.

Also significant among the findings is the continued push by states to move beneficiaries out of institutional settings to community settings.

According to the survey, 33 states have made the necessary changes to comply with one of the DRA's more notable provisions: lengthening the look-back period for all asset transfers.

Among the states that have not yet complied with the provision, two expect to make changes in 2010, two are waiting for approval of a proposed rule, one state will be phasing in the look-back period, and one does not need to make changes to comply at this time, the survey found.

Medicaid applicants in 31 states are

now required to disclose their interests or their spouses' interests in an annuity and name the state as remainder beneficiary, as required by the DRA.

Thirty-four states have changed the date of the penalty period to begin in the month during which assets were transferred, while six states adjusted the penalty period to begin in the month after which assets were transferred. In 15 states, the penalty period will begin on the first day of the month following advance notice.

Twenty-eight states plan to recalculate the penalty period when a portion of the transferred resources are returned to the long term care recipient, while five states will require all of the transferred resources to be returned or for the divestment penalty period to be eliminated.

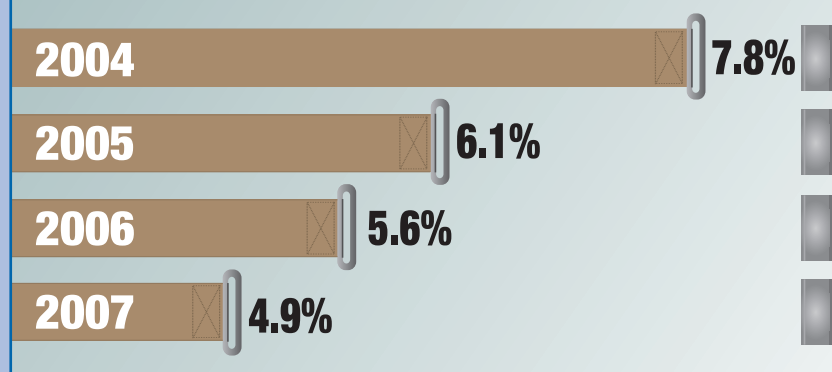
Thirty-three states and Puerto Rico do not plan to set their home equity limit higher than \$500,000, while seven states plan to set their home equity limit at \$750,000.

Also popular among the states is the use of disease management programs to help manage chronic conditions among beneficiaries. Twelve states already have such programs that apply to long term care settings, and numerous others states indicated that they are developing programs.

The use of care coordination to improve and integrate care has become more popular, with at least 21 states having created some form of a care coordination model. Minnesota, for example, has developed a new comprehensive care coordination model for seniors and people with disabilities that applies to enrollees in all settings (nursing facilities, waiver, and other community settings). All enrollees are screened within 30 days of enrollment and are assigned a care coordinator ➤

By The Numbers

Percent of residents with acquired restraints decreases each year



Based on the average percent of residents without acquired restraints.

Source: My InnerView Skilled Nursing Quality Profile data collected from the same facilities from September 2004 through August 2007.

or health services coordinator. Staff assist in coordinating all aspects of care, including access to primary and specialty care; chronic care conditions; and long term care, social, and community supportive services.

Seventeen states are currently making efforts to implement a program under the Long Term Care Partnership Program, of which 12 states already have approved state plan amendments.

Despite the push for wider use of HCBS, few states have opted to utilize a new rule that allows HCBS to be provided under the Medicaid state plan.

To that end, only two states plan to submit state plan amendments to provide HCBS to their residents, while 16 states and Guam are still unsure about whether they will submit an amendment for these services. As of the release of the survey, only Iowa had

received approval for its new state plan amendment for HCBS.

Another provision of the DRA getting little response is the state plan amendment option for self-directed personal care services (also known as cash and counseling) programs. Only five states are planning to submit state plan amendments, while two states are moving toward the self-directed personal care option.

—Meg LaPorte

Long Term Care Crisis Looming, Commission Finds

Congress should hold hearings in 2008 to “investigate and recommend workable strategies to design and implement a new and better long term care system that will help older people and people with disabilities remain independent for as long as possible,” the National Commission for Quality Long-Term Care said upon the release of its final report last month. The commission, which is overseen by The New School and supported by the American Health Care Association (AHCA), the Alliance for Quality Nursing Home Care, and the American Association of Homes and Services for the Aging, also called on the 2008 presidential candidates to take heed of a looming crisis in long term care by addressing the issues in their policy platforms.

“We believe the issue of long term care is one of the great unreported, undebated issues of the campaign,” said commission Co-chair and former U.S. Sen. Bob Kerrey during a briefing. “Our hope is that during the 2008 debate candidates will begin to understand that long term care is at least as big an issue as health care.”

“From Isolation to Integration: Recommendations to Improve Quality in Long Term Care” is a culmination of three years of work by the commission and includes analyses and next

steps pertaining to quality, workforce, and technology, as well as guiding financing principles, that the “nation should take to build a sustainable and high-quality long term care system.”

Commission Co-chair and former Speaker of the House Newt Gingrich called on lawmakers at both the state and national levels to “keep in mind that this [report] is the beginning of a process, not the end,” he said.

Included in the report are recommendations for addressing the long term care workforce problems, such as offering tangible support in the form of improved compensation, better working conditions, training, and opportunities for advancement.

The report emphasizes the use of technology to achieve quality in long term care and advises strengthening federal and industry efforts to develop health information technology and conduct innovative research that enhances consumer independence while safeguarding privacy.

Less concrete were the commission’s recommendations regarding how to

finance the nation’s long term care system. Proposed financing strategies adopted from the Georgetown University Long Term Care Financing Project include: promoting private long term care insurance while retain-

ing public financing as a safety net, expanding the safety net for people with low to modest incomes while expecting those who are able to rely on private financing, and establishing universal public long term care insurance.

In conjunction with the release of the report, AHCA, the National Center for Assisted Living, and the alliance issued a statement announcing the impending release of their own comprehensive reform proposal in early 2008.

“We believe the policy road map put on the table today, as well as the plan we will offer in January, will engender a detailed, thoughtful, much-needed discussion of these key issues as the 2008 presidential race unfolds,” said Bruce Yarwood, AHCA president and chief executive officer.

—Meg LaPorte



Gingrich

CMS Unveils 'Focus' Facilities

A list of 52 nursing facilities described by the Centers for Medicare & Medicaid Services (CMS) as “consistently providing poor quality of care” was recently made public as part of the agency’s Special Focus Facilities (SFF) program, an initiative that identifies facilities that have “demonstrated failure to maintain compliance and a history of facility practices that have resulted in harm to residents.”

The list, which was posted Nov. 29 via a hyperlink on CMS’ Nursing Home Compare Web site, consists of facilities that had failed to “significantly improve care” after undergoing one survey as part of the initiative.

“Every one of the nation’s nursing home residents deserves the highest quality of care, and we applaud the effort by CMS to specifically list those facilities requiring improvements,” American Health Care Association (AHCA) President and Chief Executive Officer Bruce Yarwood said in response to the release of the list.

Prior to publicizing the list, AHCA worked with CMS to remove four facilities that had shown nothing higher than an E level deficiency on their more recent surveys, a requirement under the SFF program for removal from the list.

“AHCA continues to press CMS for transparency around this initiative, including providing the formula used to identify potential special focus facilities, as well as the exact criteria necessary for a facility to be removed from both the posted list and the SFF program,” AHCA said in a memo to its state affiliates.

In its statement, AHCA emphasized its support of CMS’ effort to provide more information about long term care facilities.

Memories Preserved

Oral History Project Gift To LTC Residents

“She refused to sell me a ticket!” Sam Harmon says as he recounts a painful memory from his past—an incident that took place many years ago when he was still in the Navy. However, on the day that he told the story, he seemed to recall the details like it was yesterday.

Harmon had spent the day sightseeing in Washington, D.C., after driving up with his shipmates from their station in Norfolk, Va. Feeling exhausted, he thought a movie would give him some respite before the drive back. As he laid his money down at the ticket booth outside the movie theater, Harmon says he recalls seeing the Capitol dome reflected on the glass window. “I thought, what a great way to end the day, drinking in all this democracy.”

But when the cashier reached out to hand him the ticket, she quickly snatched it back. “She saw my black hand and said, ‘you can’t come in here!’” he recalls. “The Capitol dome was superimposed on her angry face—anger that I had the temerity to buy a ticket.”

A New Bonding Method

This story is just one of a fast-growing collection of audio recordings produced by an oral history project known as StoryCorps. With a mission “to honor and celebrate one another’s lives through listening,” StoryCorps has recorded thousands of interviews between “everyday” citizens since its inception in 2003.

Starting from the premise that “listening is an act of love,” the nonprofit initiative began in New York City’s Grand Central Station, in a sound booth constructed specifically for StoryCorps.

Since then, three additional booths

have been established in other cities, and two mobile sound booths have traveled the country in response to requests from civic groups, institutions, retirement residences, and long term care facilities.

“It is absolutely the neatest experience,” says Susan Fraser, corporate director of marketing for Brooke Grove Retirement Village, a continuing care retirement community in Sandy Spring, Md. “We had such an overwhelming response the first time around I asked them to come back again, and they did.”

StoryCorps made two visits to Brooke Grove between July and September to record resident interviews. Each day was sponsored by StoryCorps’ Memory Loss Initiative, a grant-funded project that records the memories of individuals with cognitive loss. To date, the initiative has trekked to more than 20 long term care communities and related organizations to record individuals’ stories using the same interview process, as well as the added assistance of a trained facilitator.

Residents Tell Their Stories

Among the residents recorded that day at Brooke Grove was 96-year-old Anna Wise, who has mild to moderate memory loss. On this day, however, her memory is almost crystal clear as she explains to her interviewer—her daughter, Mary—how “Pop” ended up serving in World War II as a Navy shipman.

“We had been to the movies, and when we came home, my husband was listening to the radio. He said, ‘Pearl Harbor was bombed, and I’m going to war,’” she says. “So, with that announcement he immediately set out to get himself into this war.” Since the Army rejected him, he went right into

the Navy, she explains, where he directed young soldiers on a merchant ship.

“Tell me about your first date,” Mary asks. Anna’s voice crackles slightly with excitement as she recounts the story: “I remember that very well,” she says. “Not to be boring, but he took me to a baseball game, and of course I was very willing to go.”

Mary Wise says she wanted to do the interview because she didn’t want to lose the memories of her mother’s amazing long life.

“It was a really wonderful experience,” she says, adding that the taping was very professionally organized and well done. More importantly, her mother enjoyed the experience.

Mary has since uploaded the interview to a podcast site and put it on her blog to share with her family and friends.

While StoryCorps is open to adults of all ages, the project’s ability to bring its recording equipment to a retirement community or nursing facility has numerous benefits for the residents and their families.

After learning of StoryCorps at a local community meeting, Fraser was sold on the idea because she knew her residents could benefit from it. “I hoped it would get the residents talking, rekindle those memories, maybe give them a sense of accomplishment, meaning, and dignity,” she says.

Sharing A Parent’s Reality

In addition to being a great gift for a son or daughter, Fraser also believes that StoryCorps’ recordings allow adult children to see their parents in a different light. “Residents have such individual and unique lives, and some-

times even adult children forget that,” she says. “They think, ‘It’s just Mom,’ and they get frustrated with their memory loss. And so part of my reason for wanting to do it was for them—to realize, wow, my Mom’s a pretty unique person—she’s really seen a lot, experienced a lot.”



StoryCorps participants are given a CD of their interviews.



The StoryCorps collection is at the Library of Congress.

Kayvon Bahramian, StoryCorps’ facilities manager, says he receives numerous queries from health care organizations for the Door-to-Door service.

Traveling to long term care communities has a number of advantages, says Bahramian, one of which is that “we can set up in one area and have access to a wide range of people, and there is an added advantage of having them in familiar surroundings.”

While Bahramian envisions

StoryCorps’ Door-to-Door service as an added benefit for long term care residents, there is a cost involved. Organizations must pay a “reasonable fee” that covers per diem and travel expenditures for StoryCorps staff. He has also worked with the Memory Loss Initiative, which is free to eligible communities, to schedule back-to-back visits where one day is devoted to all residents and the other is set up only for residents with memory loss.

Asking The Right Questions

Ann Basting, a StoryCorps Memory Loss Initiative advisory board member and director of the University of Wisconsin, Milwaukee, Center on Age and Community, assisted in the development of materials for the initiative. Interviewing a loved one with memory loss takes patience and time, says Basting. “Essentially, be forgiving. Plan

ahead, think of different ways to rephrase a question; maybe cue somebody a little bit, instead of saying, ‘When did you marry Dad?’ say, ‘I know you and Dad got married in such and such year, tell me about what that felt like?’ It opens up opportunities for answering where other ones create opportunities for failure.”

Basting, who is in the process of writing a book about memory loss, hopes the initiative will lead to wider recognition that individuals with memory loss are also alive in the present. “[StoryCorps] is not simply a way to figure out who they were, but to engage them as who they are right now.”

StoryCorps’ Memory Loss Initiative will travel to eligible sites upon request at no charge.

For more information, go to www.storycorps.net.