

Lutheran Lay Fellowship of Metropolitan Washington DC



LUNCHEON MEETING Thursday, September 6, 2012 – 12:00 noon

Saint Luke Lutheran Church
9100 Colesville Road at Dale Drive
Silver Spring, MD 20910

Opening Announcements

President Bob “Sarge” opened the meeting of the Lutheran Lay Fellowship (LLF) by asking for announcements and for those who were celebrating birthdays and anniversaries during the month of September.

Lawrence's birthday (9/14) was announced and greeted with song.

We were reminded that we can now pay for our lunch via PayPal.

President Sargeant reported on a recent meeting he attended at ELCA headquarters in Chicago. He told of the ELCA Youth Gathering in New Orleans where youth raised twice their goal for digging wells in developing countries. They also built five houses. "God's will, our hands" is a current ELCA theme. Thrivent has also supported this volunteer effort. The next Youth Gathering will be held in Detroit.

A check for \$3300 was presented to Jana Broughton for Fellowship Square: \$300 for the Samaritan Fund and \$3000 for the Chaplaincy Fund.

Claudia Thorne, Executive Director of Community Family Life Services was introduced as a guest.

Ellie Wegner reported that Betty Fredericks had a bicycle accident and dislocated her shoulder. Ellie also reminded of the job circle meetings, and distributed flyers.

Devotions

LLF Chaplain Pr. Larry Schmidt led a table prayer and hymns he had prepared for the day. He noted that our tables are extensions of the Lord's table. He reminded us of Jesus calling us to have "right hearts." The Psalm for the week notes the admonishment to not lend money for interest (or a fee). If we read scripture without discernment, we might mis-interpret.

Introduction of Speaker

Before introducing the speaker, Vice President Berg shared news of his life transition. He is leading Pastoral Clinical Education in the Eastern Shore. He also serves on clinical trials review boards, and a number of chaplaincies, and teaches and consults on ethics. He also gave a "mid-day stock report" as the humor injection for the day.

Next month's speaker is Greg Roemer of Thrivent Financial for Lutherans.

He then introduced Mrs. Jana Broughton, Executive Director of Fellowship Square Foundation. Her address was titled "American's and Aging: A look at our history to present" She self-identified as a "converted Lutheran, social worker and sociologist."

Jana Broughton has 19 years of management and leadership experience in the extended health care and rehabilitation setting. Success in exceeding budgetary outcomes by focusing on business development, systems and process change utilizing a focus on culture change and leadership development. Currently I am serving as the executive director for a Lutheran based foundation that serves seniors and disabled adults in affordable independent living/housing and services. Focused on expansion of services, building financial reserves and increasing awareness of aging in place needs for the elders we serve.

In January 2012 she became the Executive Director of 5 independent senior and disabled affordable housing locations serving 800+ elders in the greater D.C. area. Jana works closely with the foundation's board of directors and Lutheran Lay Fellowship to provide services and support to all 5 locations. Fellowship Square is a Christian based/Lutheran founded organization with a mission based in providing home for elders/ disabled to age in place successfully and independently. Services include housing, food, medical, transportation and all aspects of psycho social support.

Presentation – Public Policy and Social Programs

Mrs. Broughton began by sharing Fellowship Square's recent experience with five days of power outage during the recent "derecho" storm. They learned that their "shelter in place" plan needed updating. Fairfax County and Reston responded overwhelmingly with supplies of food. Later, training was provided to the residents on how to manage future such emergencies. Residents will be asked to keep an emergency kit. She asked that congregations provide boxes and supplies for residents who cannot afford them. They have 860 residents and are hoping to receive 500 contributed box-kits.

Turning to her topic, she said that she has watched the national health care debate with awe and fascination. Our Founding Fathers declared that health care should be provided via an alms tax, rather than the informal barter systems. Alms Houses or "Poor Farms" took care of the poor and infirm. The last Virginia Alms House closed in 1920. The county nursing home is the remnant of that alms house. The federal government got involved early in this nation's life, with health care seen as a right not a privilege. Civil War benefits were the first form of social security. After the Great Depression of the 1930's, national programs were developed, e.g. Social Security - care not only to retirees, but also for dependent women and children, as well as health care support for states to deliver.

In 1944 there was a national inquiry on national insurance, which was blocked by the AMA. In 1965, Medicare and Medicaid was developed under Richard Nixon. Most of our federal health and welfare programs have been bi-partisan ones. Senator Kennedy blocked much of this initiative, because it was not as broad as he thought it should be. He later wrote that this was one of his biggest regrets, as it took more than 40 years to re-establish this precedent.

She provided an overview of the differences between Medicare and Medicaid, and eligibility requirements for each of them. Medicare is age-related. Medicaid is primarily income-related. Today's rehabilitation facilities are primarily funded through Medicare Part A funds. There are several levels of subsidized housing and care:

- Nursing Home and Skilled Care level is rehab focused, with complex care issues and also for persons who are mentally ill or under guardianship.
- Assisted Living is a lesser level of care which has better amenities, and are "hotel like" and have specialized care units, i.e. for Dementia.
- Continuing Care Retirement Communities (CCRC's) allow aging in place on a campus. Amenities match cost and often serve upper middle class or wealthy people. Continuity of care is very important as transitions are often detrimental to those who need to move to new housing or type of care.

- Group Homes/Adult Foster Care is another model in which residents reside together in a home-like environment. They are not well regulated or monitored. Independent Living requires affording housing, family support, and at minimum SSI or Social Security or level- income. Caregivers can be secured, but there are often long waiting list those available.
- Subsidized independent living housing in this area has a two-year waiting list. Rent is no more than 30% of income.
- A new model, imported from Europe, is known as communal living, or the village concept. Several have been developed in the D.C. metropolitan area. They are often faith-based, serve a middle-class population, are non-profit, and use volunteers in service-provision.
- Care at Home services include the provision of such services as hospice, "dying with dignity" and are fee-based in which professional service providers come to the person's home.

Mrs. Broughton advised developing a living will, prior to needing it, and securing long-term care insurance. It is important to discuss these wishes in families so they are prepared when the crisis happens.

In discussing the new Affordable Care Act (ACA), she stated that there are both good and controversial elements to this new legislation. Good = coverage for all, coverage for pre-existing conditions, and mandatory acceptance for coverage. The controversial = cost for businesses and consumers. A new organizational entity, the Accountable Care Organizations (ACOs), bundles services and payments. How small non-medically affiliated providers come into these required entities will require a lot of negotiations over the next years. Concerns regarding rationing of care are raised as reimbursements for care become more monitored by federal and state and private payers.

Mrs. Broughton thinks that there will be need for come caps on coverage, some limitations to Medicare, and the Social Security age increased. She believes that some tax increase will be needed (partly as a result of having of the costs of two wars in recent decade). Churches and charitable groups need to step up and be heard. We must involve young members, who prefer to be involved rather than just write a check. She suggests congregations build village concepts. She notes that charitable giving has been down in recent years, likely a result of the recession.

Attendees were invited to remain for Q&A and discussion with the speaker. Pr. Schmidt closed the meeting with prayer and benediction at 2:06.

Notes by Barbara E. Solt, PhD, LICSW