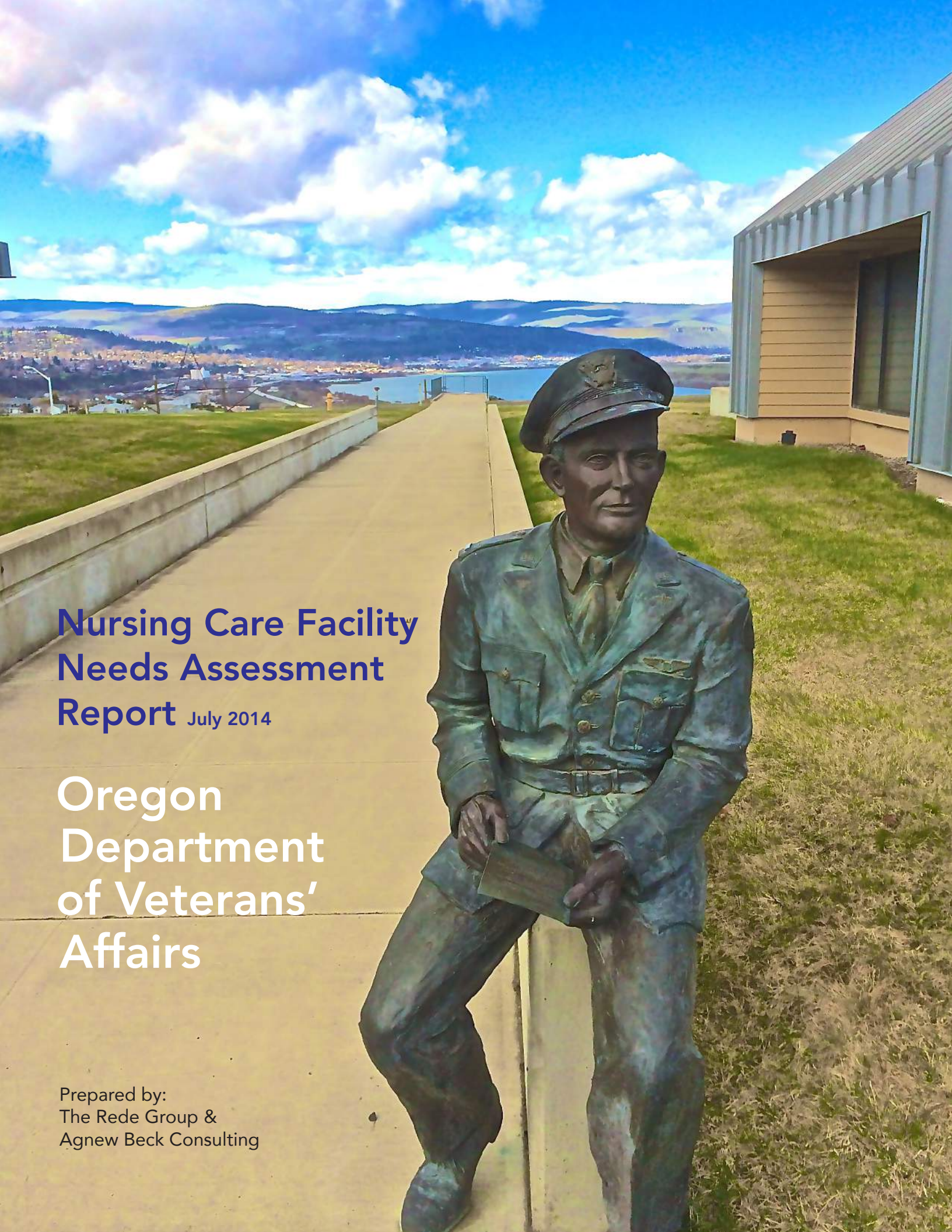


Nursing Care Facility Needs Assessment Report July 2014

Oregon Department of Veterans' Affairs

Prepared by:
The Rede Group &
Agnew Beck Consulting

: : CONTENTS

EXECUTIVE SUMMARY

The Oregon Department of Veterans' Affairs in accordance with Chapter 296, Oregon Laws 2011, Section 2, commissioned this study to understand the needs of Oregon's aging veterans and to help make informed decisions about the need for any additional Oregon Veterans' Homes. Consistent with current and historical use of state veterans homes, analyses conducted by the consultant team are focused on veterans 65 and older. This report does not address nursing care needs of younger disabled veterans, their spouses or Gold Star Families.

This report explores the following questions:

1. What is the projected number of veterans who may need nursing care in the next 20 years (including veterans with Alzheimer's disease or other forms of dementia)?
2. What are the regional catchment areas for service delivery to veterans who may need nursing care in the next 20 years and what is the projected number of veterans within each catchment area?
3. What is the overall viability of any additional ODVA Veteran Homes including:
    - Impact of new facilities on existing homes
    - Workforce availability
    - Availability of alternative care options
    - Assessment of continued funding, timelines and care trends of the United States Department of Veterans Affairs (USDVA)
    - Financial viability and sustainability of projected operations
4. What are the projected number of veterans who may need nursing care in the next 20 years that may best be served through community care.

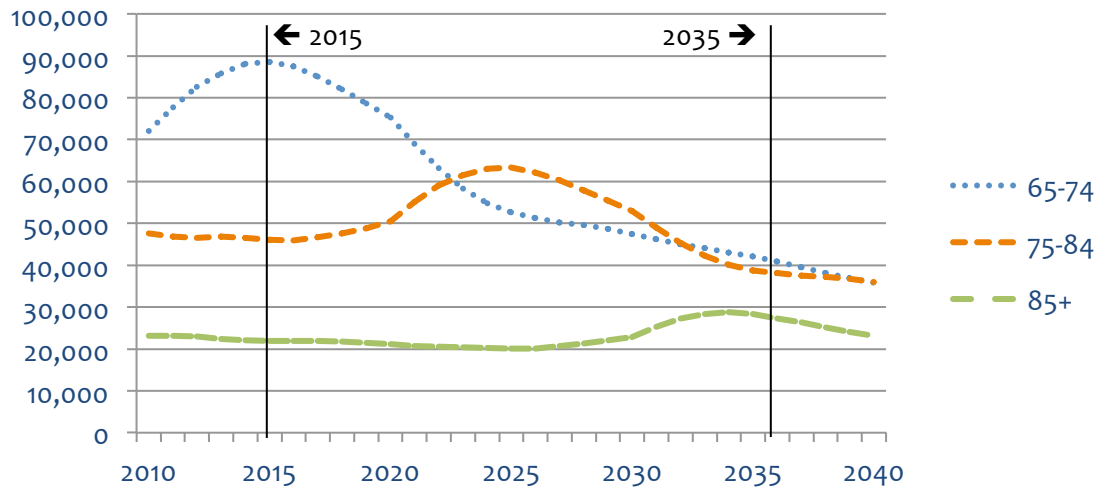
Projected Number of Veterans Who Need Nursing Care

Using a projection model and data obtained from the USDVA's Vet Pop forecasting model, the consultant team estimates the number of veterans in Oregon that will need nursing care to be as shown below:

Table 1. 2015 Projections for Oregon

Veteran population			Estimated veterans needing nursing care	Estimated veterans in nursing facilities
65-84	85+	Total 65+		
134,717	21,897	156,615	25,500	1,800

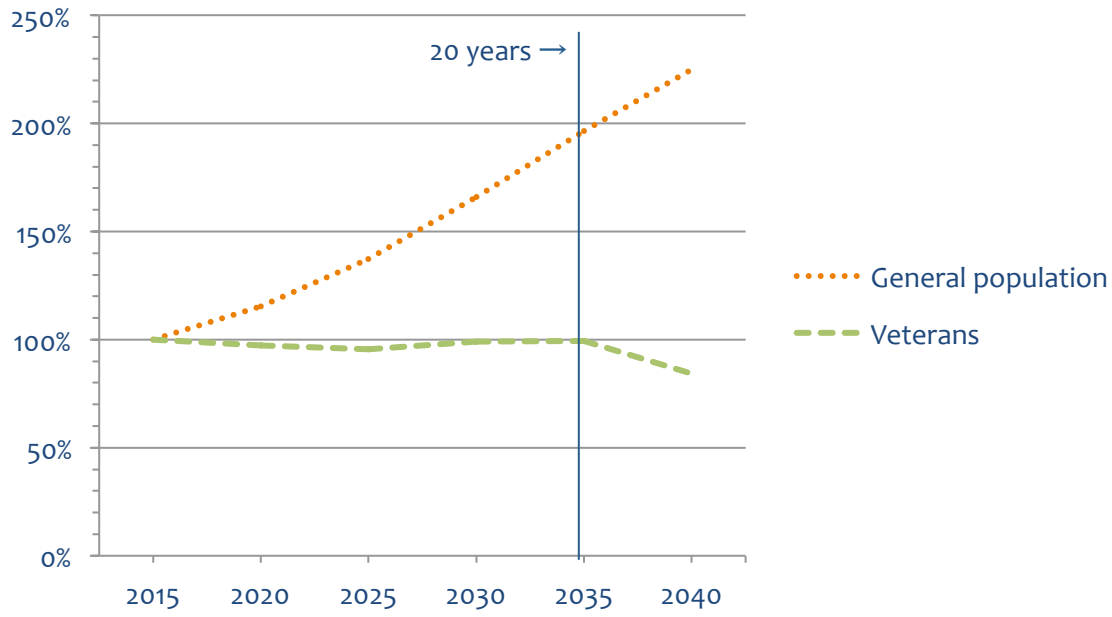
Figure 1. Number of Elderly Oregon Veterans by Age Group: 2015-2035



Due to the current number of World War II veterans needing nursing care and the upcoming number of Vietnam Veterans needing care in the near future, the estimated number of veterans needing nursing care in the next 20 years (2015 – 2035) is projected to be stable at approximately 25,000. At the same time, nursing care needs for the general population will increase significantly.

After 2035, the projected need for nursing care for Veterans will begin a steady decline.

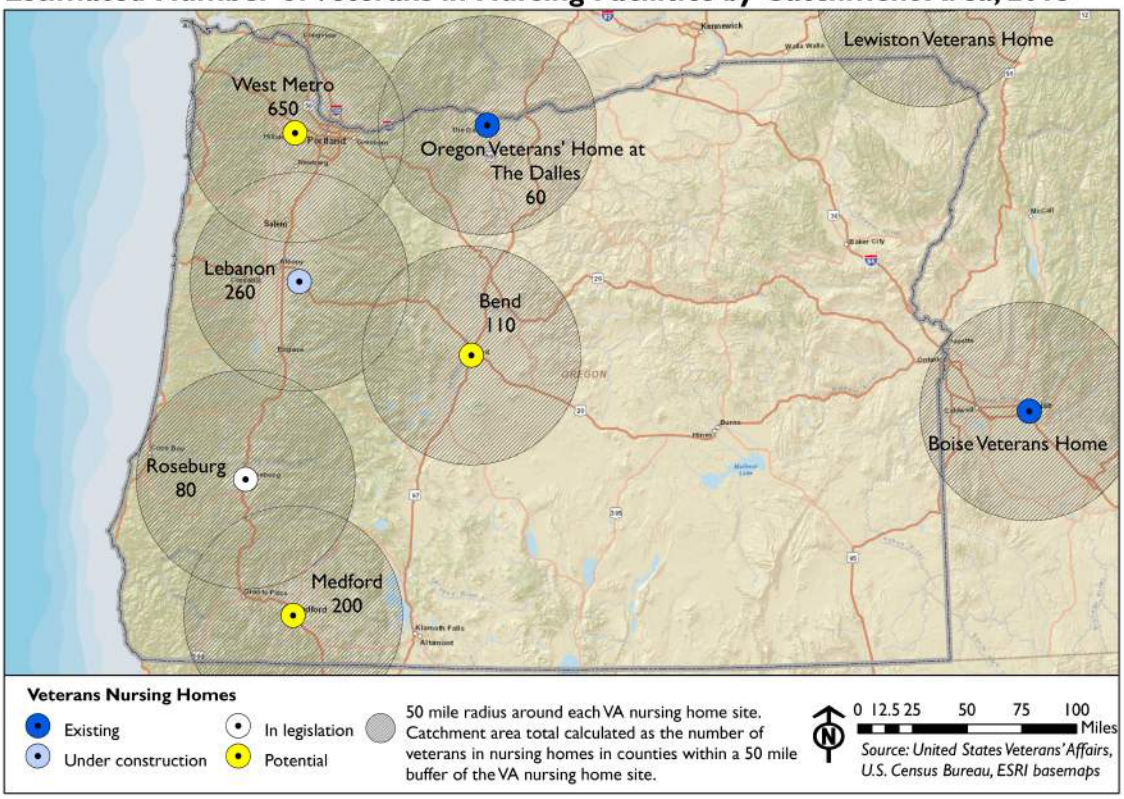
Figure 2. Change in the Need for Nursing Care in Oregon: General Population and Veterans, 2015-2040



Regional Catchment Areas

Analysis of historical data from The Dalles Veterans' Home indicates that most veterans who receive nursing care at The Dalles home generally come from an area within 50 miles of The Dalles. Using 50 miles as a standard for a veterans' home catchment area and combining that information with information about the projected number of veterans in nursing facilities in each county illuminates areas where veterans' nursing care needs are most dense. Based strictly on population needs, if any future homes are built, siting them in the West Metro area near Portland or in the Medford area would be most optimal; with a third choice potentially being in the Bend area. Of the sites examined for any potential new Veterans' Home to be built, Roseburg does not appear to be the optimal choice due to its smaller population base and veteran catchment area numbers, its relative proximity to the Lebanon Veterans' Home; and the presence of existing Veterans' Community Living Center nursing care beds already available in Roseburg.

Estimated Number of Veterans in Nursing Facilities by Catchment Area, 2015



Overall Viability of Additional Veterans' Homes

Several factors must be considered to predict the overall viability of building any additional Veterans' Homes.

1. Statewide Trends and Veterans Homes in the context of all nursing care in Oregon

    - There are strong statewide and national trends away from providing nursing care in traditional "nursing home" facilities. In some cases, helping veteran's stay in their homes and using community-based care and supports for as long as possible is optimal. Also, usage rates for non-veteran home facilities in Oregon is quite low (at 60% average occupancy) meaning that there are likely ample nursing care beds available to provide nursing care to veterans without building new homes.

    - While there are likely ample non-veteran nursing home beds available to provide nursing care to Oregon's veterans, the current funding and benefit structure offered by the USDVA results in state Veteran's Homes being less costly to the individual veterans. These same incentives do not uniformly exist for in-home care options.

2. Workforce capacity

    - Population-to-practitioner ratios are stronger in less-rural counties.

    - Rural areas have a greater challenge hiring and retaining licensed and non-licensed staffing

3. Impact of new sites on current homes

    - There is some risk that individual veterans, who would otherwise choose The Dalles Veterans' Home, may now choose to admit to the Lebanon Veterans' Home. Approximately 10% of veterans who have received care in The Dalles home actually live closer to Lebanon. Twelve percent of The Dalles Veteran Home residents have come from the Portland Metro area which is equidistant to Lebanon. Additionally, the Lebanon Home will have private rooms. Some veterans have indicated a preference for that option.

    - Alternately, the Lebanon Veterans' Home will draw from a larger population base within the 50 mile catchment area than The Dalles Veterans' Home.

    - The cost to individual veterans for each home will also play a role; the Lebanon Veterans' Home will cost more than The Dalles Veterans' Home.

4. Continued funding from the US Department of Veteran's Affairs

    - Currently, there are no solid indications that the USDVA will discontinue funding for State Veteran's homes.

    - The Dalles home is a well-managed, fiscally solvent operation, however veterans' home expansion will have an impact

    - However successful a venture the first veterans' home has been, which can serve as a model of care, it is still important to consider the potential impact additional Oregon Veterans' Homes will have on the Dalles home itself

Meeting the Nursing Care Needs of Veterans

Veterans most likely make decisions about nursing care based on geographic proximity to care, quality of care, and cost. The last two factors have contributed to the financial viability of The Dalles Veteran's Home. While there are ample non-veterans nursing care facilities in Oregon (including some facilities that have contracted with the USDVA so that a veteran's benefit may be used), the lower veteran private pay cost at a State Veteran's Home, coupled with the overall high quality of care provided and the Home's veteran centric focus and overall reputation also play a key role in admissions decisions.

Most veterans needing nursing care are receiving that care in non-USDVA supported sites and significant shifts in these proportions are not likely to change. Table 2 below displays the projected number of Oregon veterans in nursing facilities and the number receiving care from USDVA supported nursing facilities, including the Oregon Veteran's Home, Community Living Centers, and Community Nursing Homes. Among veterans in nursing facilities, the majority (79%) are not receiving nursing care benefits through the USDVA.

Table 2. Oregon Veterans in Nursing Facilities

	Number	Percent of veterans in nursing facilities
Veterans in USDVA-assisted nursing facilities	**385**	**21%**
Veterans in Oregon Veterans' Home[a]	112	6%
Veterans in USDVA Community Living Centers[b]	109	6%
Veterans in USDVA Community Nursing Homes[b]	164	9%
Veterans in nursing facilities	**1,415**	**79%**
Estimated veterans in nursing facilities[c]	**1,800**	**100%**

[a]Number of veterans in the Oregon Veterans' Home on 6/1/2014 (does not include spouses)
[b]FY 2012 average daily census from Lewin Group report
[c]Data for 2015 from forecast of nursing care needs among Oregon veterans

Table 3 below shows the projected number of Oregon veterans receiving nursing care in any setting, including nursing facilities and home and community based care. Among veterans receiving any form of nursing care, 93% are receiving this care without USDVA financial assistance.

Table 3. Oregon Veterans Needing Nursing Care

	Number	Percent of veterans needing nursing care
Veterans in USDVA-assisted nursing facilities or Home & Community Based Care Services	**1,701**	**7%**
Veterans in USDVA-assisted nursing facilities	385	2%
Veterans receiving USDVA Home & Community Based Care Services[a]	1,316	5%
Veterans receiving nursing care without USDVA assistance	**23,799**	**93%**
Estimated veterans needing nursing care[b]	**25,500**	**100%**

[a]FY 2012 average daily census from Lewin Group report
[b]Data for 2015 from forecast of nursing care needs among Oregon veterans

The continuum of care for Veterans is only slightly altered from that of the general population and is influenced by funding from the USDVA. While Oregon is strongly committed to redirecting resources away from nursing care facilities and toward home and community-based care, in best meeting the needs of Oregon's veterans, Veterans' Homes do meet the need for quality, affordable care for a number of Veterans in Oregon. Oregon has existing capacity to provide nursing care for veterans outside of Veterans Homes, but it is more cost-effective for certain veterans to receive care in Veterans Homes.

Recommendations

1. If a third Oregon Veterans' Home is built careful reconsideration should be given to siting the home in Roseburg. Based on the veterans' population, workforce capacity, and other services available to Veterans, Roseburg may not be the best location. Based on the estimated number of veterans needing care within a 50-mile catchment area, Jackson County (Medford) presents as a more viable option.
2. Occupancy at The Dalles home in the two to three years after the opening of the Lebanon home will be an important indicator of the overall financial viability of future homes. A second review of both The Dalles home and the Lebanon home should be conducted prior to beginning construction on a third home.
3. ODVA should continue to monitor the population-level health of Veterans in Oregon through public health survey data available from the Oregon Health Authority, such as the Behavioral Risk Factor Surveillance System.
4. ODVA and the Oregon Department of Human Services should continue to work together to share resources and information about the needs of aging veterans. Current efforts to identify and track Oregon veterans and share information should aid increased utilization of USDVA benefits.

Understanding and Meeting the Nursing Care Needs of Oregon's Veterans

INTRODUCTION

This study, commissioned by the Oregon Department of Veterans' Affairs (ODVA), examines the long term and nursing care needs of aging veterans in Oregon for the next 20 years. Four key questions guided the research and findings shared in this report:

1. What is the projected number of veterans who may need nursing care in the next 20 years (including veterans with Alzheimer 's disease or other forms of dementia)?
2. What are the regional catchment areas for service delivery to veterans who may need nursing care in the next 20 years and what is the projected number of veterans within each catchment area?
3. What is the overall viability of any additional ODVA Veteran Homes including:
    - Impact of new facilities on existing homes
    - Workforce availability
    - Availability of alternative care options
    - Assessment of continuing funding, timelines and care trends of the United States Department of Veterans Affairs
    - Financial viability and sustainability of projected operations
4. What are the projected number of veterans who may need nursing care in the next 20 years that may best be served through community care

In examining nursing care needs in the context of state operated nursing care facilities, it is important to note that historically and currently, the Oregon Veteran Home (OVH) in operation serves mostly aging veterans and their spouses. Therefore, analyses conducted by the consultant team are focused on veterans 65 and older. This report does not address nursing care needs of younger disabled veterans, veterans' spouses, or Gold Star Families.

BACKGROUND

The care of aging and disabled veterans is of great importance to Oregonians. Ensuring that Oregon has a sustainable system to meet the needs of aging and disabled veterans is critical. As the state agency focused on helping Oregon veterans and their families improve their quality of life, the ODVA is supported by the Oregon State Legislature and other partners to meet the healthcare needs of aging veterans.

Currently, Oregon has one state-operated veterans' home in The Dalles and a second, slated for completion in summer 2014, will be located in Lebanon. The combined capacity of these two facilities is approximately 305 beds. In 2011, amidst discussions about building a third state-operated veterans' home, the Oregon State Legislature passed a law (ORS --HB 3208) directing ODVA to examine issues around providing care to veterans through state veterans' homes. This legislation speaks to the need to ensure that the method of providing care to veterans in state-run facilities is consistent with models that best meet the care needs of veterans and to be sure any building of additional facilities is undertaken with a clear vision of their long-term fiscal viability.

The Rede Group and Agnew::Beck Consulting were hired by ODVA to study these issues and develop a report detailing our findings.

PROCESS OVERVIEW

Gathering Data

The consultant team gathered data from a variety of sources to analyze the current and future use of nursing care in the Oregon veteran population as well as nursing care in the general population. The quantitative data analyzed for this project are described below.

Veteran Population Projection Model and Oregon Population Forecast

The U.S Department of Veterans Affairs (USDVA) official veteran population projection comes from the Veteran Population Projection Model 2011 (VetPop). The USDVA's Office of the Actuary periodically updates VetPop, which produces veteran population projections by age, gender, and race/ethnicity. Population projections are available at the national, state, and county levels.

The major components of the VetPop model are military separations (new veterans), migration of current veterans, and veteran mortality. VetPop uses data from the USDVA, Department of Defense, U.S. Census Bureau's American Community Survey, Department of Treasury's Internal Revenue Service, and the Social Security Administration. Additional information about VetPop can be found on the USDVA website[1]. The USDVA's Office of the Actuary is planning to release a more detailed description of the VetPop methodology later in 2014.

Oregon's general population forecasting is prepared by the Office of Economic Analysis at the Oregon Department of Administrative Services[2]. These forecasts produce population estimates for every five years, starting in 2015. Thus, for this project the consultant team is using 2015 as the baseline year for the forecasting model of nursing care needs of veterans.

Data on Residents of The Dalles Home

Current and historical information on residents were obtained from two data systems.

- Veterans Care Center of Oregon (VCCO)
  VCCO tracks information on residents using a database designed by Point Click Care, a national company that provides software to senior care centers to assist with care management, marketing, and financial management. The ODVA contracts with Veterans Care Center of Oregon (VCCO) to manage the Oregon Veterans' Home in The Dalles.

- Access database
  Additional information about residents is entered into an Access database maintained by the ODVA. The demographics of residents were analyzed, including county of residence, age, and veteran status (i.e., veteran or spouse of veteran).

To ascertain patient experience and satisfaction information, a source called the Pinnacle Report was used.

- Pinnacle reports
  Pinnacle reports contain interviews conducted by Pinnacle Quality Insights, a consulting firm specializing in surveys in health care facilities. Each month, 12 current residents of The Dalles home or their families are interviewed, mostly about the experience and satisfaction of the care and services they receive. These interviews include an open-ended question about why the respondent chose the OVH. For this study, data from January 2006 through February 2014 (1005 interviews) were coded and analyzed by the consultant team (see page 38). Two people, independently categorized the open-ended responses, compared results, and discussed any differences until agreement on categorization was reached.

Oregon Behavioral Risk Facts Surveillance System

Focusing on older populations, 65 years an older, in order to compare the health of veterans to non-veterans, the consultant team analyzed the most recent data available for analysis from the Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS is an annual survey about health issues, conducted in each of the 50 states. survey in Oregon is conducted by the Oregon Health Authority's Public Health Division. A brief overview of BRFSS includes:

- Methodology designed by the federal Centers for Disease Control and Prevention, and the
- Survey questions about a variety of health issues, for example, smoking status, history of heart disease, and physical and mental disabilities. The survey also asks about the respondent's demographics, such as age, sex, income, education, and veteran's status.

- 10,000 Oregonians 18 years and older surveyed each year. People who live in an institutional setting, such as a prison/jail or nursing home, are not included in the survey sample. In addition, the survey is not administered to someone who cannot communicate effectively on the telephone due to physical, mental, or emotional limitations.
- Data are weighted to account for the sampling methodology and to adjust for differing response rates.

Additional information about the Oregon BRFSS, including survey results for the general population, can be found on at the OHA website[3].

Designing Forecasting Model

The data described above were analyzed to inform the design of the forecasting model for Oregon veterans' need for nursing care over the next 20 years. Reasoning behind the forecasting model is as follows:

- The forecasting model begins with the number of veterans by age group and the population trends for the next 20 years. The rate of need for nursing care is applied to each age group of veterans.
- The consultant team analyzed nursing care rates for the general population and made modifications to more accurately reflect the needs of veterans. Reliable and comprehensive data are not available for the nursing care needs of the veteran population. A more detailed discussion of the forecasting model can be found in Section 6.
- To compare trends between veterans and the general population and for ease of understanding, 2015 is used as the baseline year for this project. Estimates of the Oregon population of veterans are available from VetPop for every year from 2010-2040. Population projections for the general population in Oregon are only available for every five years (2015, 2020, etc.)

Developing Catchment Areas and Maps

Using a combination of data from VetPop, The Dalles home, our forecasting model, US Census Data, and extant GIS maps, catchment areas were estimated regions within Oregon. The catchment areas were plotted on maps included on page 24 of this report.

Conducting Key Informant Interviews

To identify trends and themes in long-term and nursing care in Oregon the consultant team conducted interviews with select informants including: four state legislators, industry experts, staff at The Dalles home, and staff from the Oregon Department of Human Services, Aging and People with Disabilities office and the Oregon Department of Veterans Affairs. These interviews also solicited opinions on how to best meet the needs of Oregon's veterans for long term and nursing care. In addition, the consultant team asked interviewees to describe issues related to the market for long term and nursing care, payment sources for services and any other issues with the current service delivery structure for the general population. Notes from interviews can be found in Appendix A.

Conducting Interviews with Veterans / A Veteran's Family

To learn about veterans decision making process in regards to nursing care, the consultant team developed an interview guide to learn from older veterans not associated with the OVH about which factors they would consider if they needed nursing care in the future. The interview guide included questions regarding the qualities veterans look for in a nursing care facility, which services or supports are important to them in a facility, and their top preference for where they would choose to live, if given a choice. See Appendix B for a copy of the interview guide.

The consultant team recruited interviewees through veterans' service organizations throughout Oregon, including the Oregon American Legion, Oregon Veterans of Foreign Wars (VFW) Department Office as well as various VFW posts throughout Oregon, Veterans of Oregon, and Vietnam Veterans of America. Referrals for individual veterans were also received. Out of these organizations and contacts, seven interviews were completed. Findings from these interviews are summarized beginning on page 39 and notes from the interviews can be found in Appendix C.

The consultant team also spoke to a daughter of a resident who resides at The Dalles home. A summary of this interview can be found beginning on page 40.

Process Barriers

The consultant team experienced several barriers in obtaining information for this study. Some access barriers include:

- Access to the Portland VA Medical Center, Home & Community Based Services where the Veterans Directed Home and Community Based Services Pilot is housed was very limited. Ideally, the consultant team would have been able to gain more information about this pilot program and seek insight from the Portland VA about best meeting the needs of aging veterans. However, the lack of access to this resource did not seriously impede the consultant teams' research.
- The Department of Human Services, Aging and People with Disabilities Program (APD) was not available to answer follow-up questions related to service delivery/system data. The consultant team did meet with representatives from APD and that interview provided sufficient insight into APDs perspectives.

Synthesizing and Developing Recommendations

After accumulating information using sources detailed above, the consultant team carefully reviewed evidence collected to identify themes, key issues, and to articulate recommendations specific to the study questions.

EIGHT KEY FINDINGS

1. The need for nursing care among Oregon's veterans is relatively stable for the next 20 years (2015 – 2035). After 2035, the number of veterans needing nursing care will begin a steady decline.
2. There is a strong national trend and an even stronger trend in Oregon away from providing care for aging peoples in facilities i.e. "nursing homes" and toward in-home and community-based care. The Oregon Department of Human Services (DHS) is highly committed to realizing the goal of reducing the amount of services that are delivered in institutional settings. The Lebanon home is being designed using a "small home" model in order to decrease the institutional feel of the facility.
3. Current subsidies/payment systems for nursing care for veterans do not align with Oregon DHS goals to redistribute care delivery to more in- home and community-based care. For the most part, or except in rare circumstances, subsidies available through the USDVA to aging veterans are for care provided in facilities. Therefore, there are financial incentives for an individual veteran to select an Oregon Veterans' Home or a nursing care facility that is contracted with USDVA.
4. Oregon is not reliant on state veterans' homes to meet the nursing care needs of aging veterans. The vast majority of Oregon veterans receive nursing care in settings that are not specifically designated for veterans and without subsidies from USDVA.

5. Oregon nursing care facilities for the general population averaged 60% occupancy rates in 2013. While it is possible that barriers to accessing nursing care facilities account for these low rates, it is likely that low occupancy rates are a result of the cultural and policy trends away from facilities-based care and toward in-home and community-based care.
6. For the past five years, The Dalles home has maintained a higher level of occupancy than the state average (90% as compared to 60%) for nursing care facilities. Historically and currently, most of the residents of The Dalles home have come from within 50 miles of the facility. The future Lebanon home will draw from a veterans population needing nursing care that is four times the size of The Dalles home. Therefore, based strictly on population and catchment the Lebanon home should have an ample client base.
7. Factors that inform a veteran's decision making about his or her long term care may include a desire to be with other veterans, but decisions are more likely influenced by factors around location, quality of care and cost.
8. There are indications, such as the PACE[4] program, Veterans Directed Home and Community Based Services pilot, and recent proposed changes in federal regulation,[5] that the USDVA is examining current models of benefits for nursing care. Current USDVA policies greatly favor nursing facilities but if a policy shift toward community-based, in-home care were to transpire it would have a significant effect on state veterans' homes. It is not possible to predict whether or not USDVA will change policy direction and if so the timing of change.

GLOSSARY OF TERMS

Alternative nursing care options: For the purpose of this report, meaning any nursing care provided outside of a nursing care facility, this includes community care (see definition).

Care setting: As described by Department of Human Services Aging and People with Disabilities (DHS APD) Code, Division 15, meaning a Medicaid contracted facility at which a Medicaid eligible individual resides and receives services. Care settings are adult foster homes, residential care facilities, assisted living facilities, specialized living contracted residences, and nursing facilities.

Community care or Community Based Care (CBC): OAR 411-027-0020 1(b) defines community-based care services to include, but not limited to:

(A) In-home services (Client-Employed Providers and Contracted In-Home Care Agencies);
(B) Residential Care Facility services;
(C) Assisted Living Facility services;
(D) Adult Foster Home services;
(E) Specialized living services;
(F) Adult day services; and
(G) Home-delivered meals.

**It should be noted that this definition is for the purposes of payment (by Centers for Medicaid Services or CMS)

Medicaid: Medicaid pays the long-term care costs for eligible, low-income individuals. There are three different areas for eligibility determinations:

(A) Income (300% of SSI for an individual - $2022.00 per month)
(B) Resources ($2,000 in assets)
(C) Limitations in Activities of Daily Living

Individuals who are found eligible in these three areas will be assisted by a case manager in an Area Agency on Aging (AAA) or Department of Human Services (DHS) local office.

Medicare: Medicare generally does not pay for long-term care or for assistance with activities of daily living. Some examples of activities of daily living include eating, bathing, dressing, and using the bathroom. Medicare will help pay for skilled nursing or home health care in specific circumstances. Visit www.medicare.gov for more information.

Memory care: As described by DHS APD, means specialized care provided to persons with Alzheimer's Disease or other forms of dementia. A facility that specializes in the care for people with memory impairment must receive an endorsement and is governed by additional regulations that are specifically intended to support individuals with dementia (including structural requirements to ensure a secure environment for residents).

Long-term care (LTC) or Long term care services (LTCS): As described by DHS APD Code, Division 15, meaning a nursing facility, assisted living facility, residential care facility or an adult foster home that is licensed by DHS.

Nursing care: There is no standard definition for nursing care. Nursing care for the purpose of this report is simply care provided, in any number of settings, by a skilled nurse, including but not limited to therapeutic activities in addition to intermittent services.

Nursing facility (NF): DHS APD describes a nursing facility as "hospital-like" facility that provides the most comprehensive care of all facility types, including: 24-hour nursing care by licensed staff, post-hospital care and, rehabilitation and restorative treatments by licensed physical therapists, speech therapists and occupational therapists.

Skilled nursing facility (SNF) and Nursing facility (NF): SNF meaning an institutionalized facility that provides skilled nursing and is certified by Medicare, mainly utilized to provide rehabilitation services. A NF (non-skilled) serves persons with on-going disabilities.

The Older Americans Act (OAA) of 1965: States as one of its 10 objectives that "Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to … freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation." (Title I, Section 101, objective 10)

Regional catchment areas: Geographical units that reflect geographical factors, such as transport links and physical barriers, as well as cultural, historical and economic factors that influence social and market behaviors and movement in the defined area. (The traditional catchment for hospitals and nursing facilities is 3 to 5 miles.)

Veteran: As described by United States Code, Title 38, section 101, as currently adopted, meaning a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

FORECASTING THE NUMBER OF OREGON VETERANS WHO WILL REQUIRE NURSING CARE IN THE NEXT 20 YEARS

Need for nursing care in the general population

There is no standard definition of the need for nursing care across facilities and payment methods.

For the purpose of this report *nursing care* refers to:

- Care provided, in any number of settings, by a skilled nurse, including but not limited to therapeutic activities in addition to intermittent services
- Care services that can be delivered in a nursing facility, other residential facilities, and in the home

Most nursing care payers and facilities require that a person meet nursing home level of care to be eligible for services. Determining nursing home level of care often refers to a person's need for assistance with the activities of daily living (ADLs), the personal functional activities required for continued well-being, such as eating/nutrition, personal hygiene, and mobility.

Utilization Rates

In Oregon, the nursing facility utilization rate is less than half the rate for the nation. In Oregon and nationally the need for nursing care varies greatly by age, with a sharp increase in need for those 85 years and older. Table 1 below shows the percentage of the elderly population residing in a nursing facility by age group for the United States.

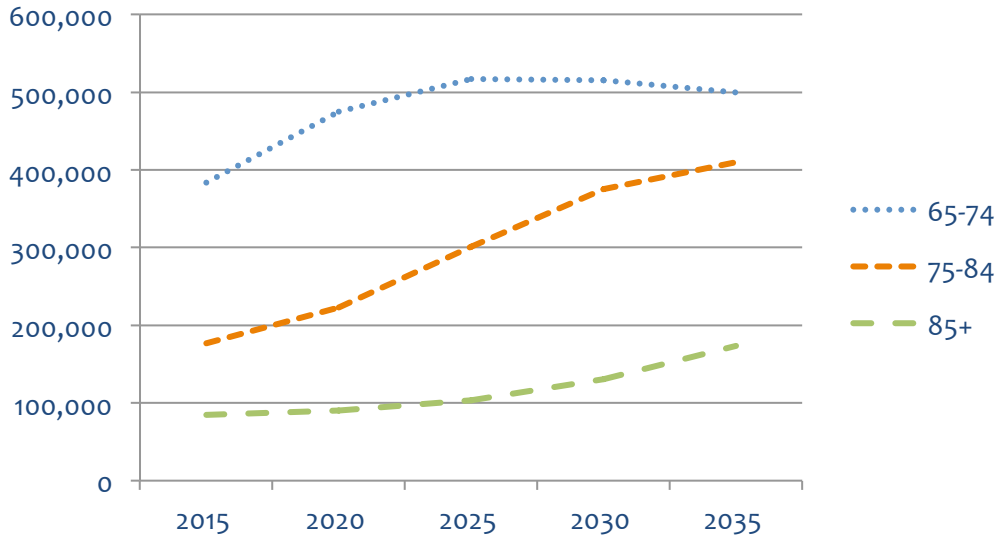
Table 1. Nursing Facility Utilization Rates Among the Elderly by Age Group, United States

Age group	Percentage of the population in a nursing facility
65-74 years old	1.0%
75-84 years old	2.4%
85 years and older	9.3%
TOTAL: 65 years and older	2.7%

Source: Congressional Budget Office, from Medicare Current Beneficiary Survey, Access to Care files, 2010

Among the general population, the increasing need for nursing care in the next 20 years will be driven by large population increases in the older age groups. Figure 1 below shows the steady population growth among the elderly in Oregon. Because of these population changes, the need for nursing care among the elderly will likely double in the next 20 years.

Figure 1. Oregon Elderly Population 2015-2035

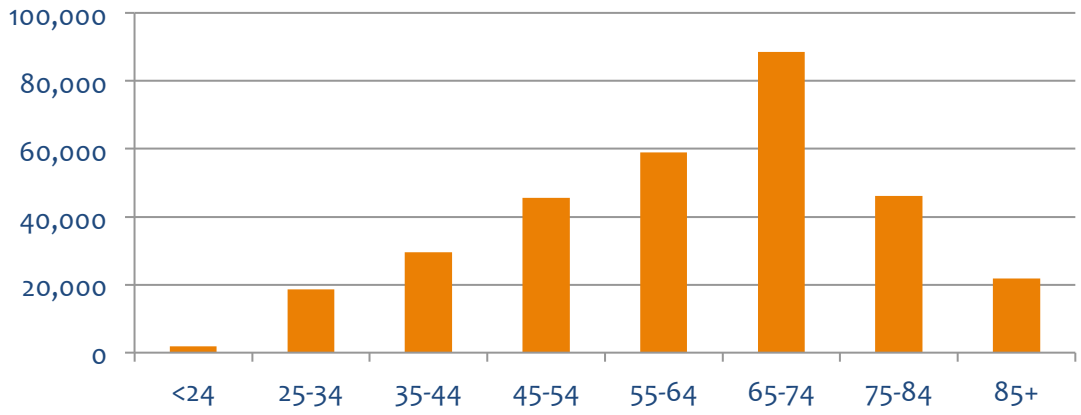


Population forecasts for veterans

The official USDVA forecast of the veteran population is produced by VetPop, which includes population projections by state and county. Larger percentages of the population, especially of the young adult population, are in the military during times of war. This leads to larger numbers of veterans in certain age cohorts. For example, a living veteran of the Vietnam War who was 25 in 1975 is now 64 years old. In 20 years this large age cohort of Vietnam veterans will be 85 to 95 years old.

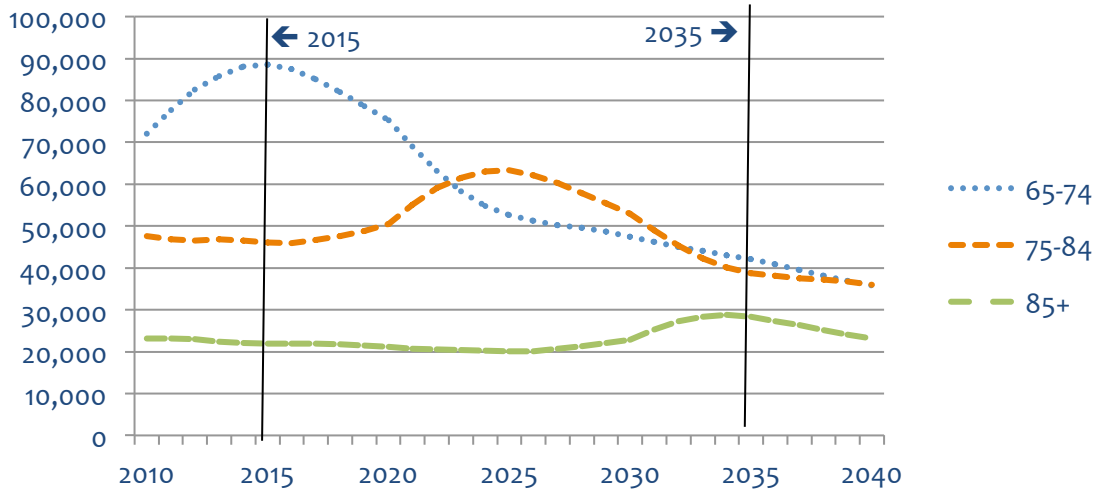
The figure below shows the number of Oregon veterans by age group in 2015. The age group with the greatest number of Oregon veterans is 65-74 year olds. This age group is comprised mostly of Vietnam War veterans.

Figure 2. Number of Oregon Veterans by Age Group (2015)



Because of the large number of Vietnam War veterans, the number of veterans 65-74 years old peaks in 2015. The number of veterans 75-84 years old will peak in 2025, and the number 85 years and older group will peak around 2035.

Figure 3. Number of Elderly Oregon Veterans by Age Group: 2015-2035



In contrast, the total number of Oregon veterans (all ages) will steadily decrease in the next 20 years, from approximately 311,000 to 206,000, a 34% decrease. And, all veterans 65 years and older will steadily decrease in this same time period from approximately 157,000 to 109,000, a 30% decrease.

Table 2. Population of Oregon Veterans

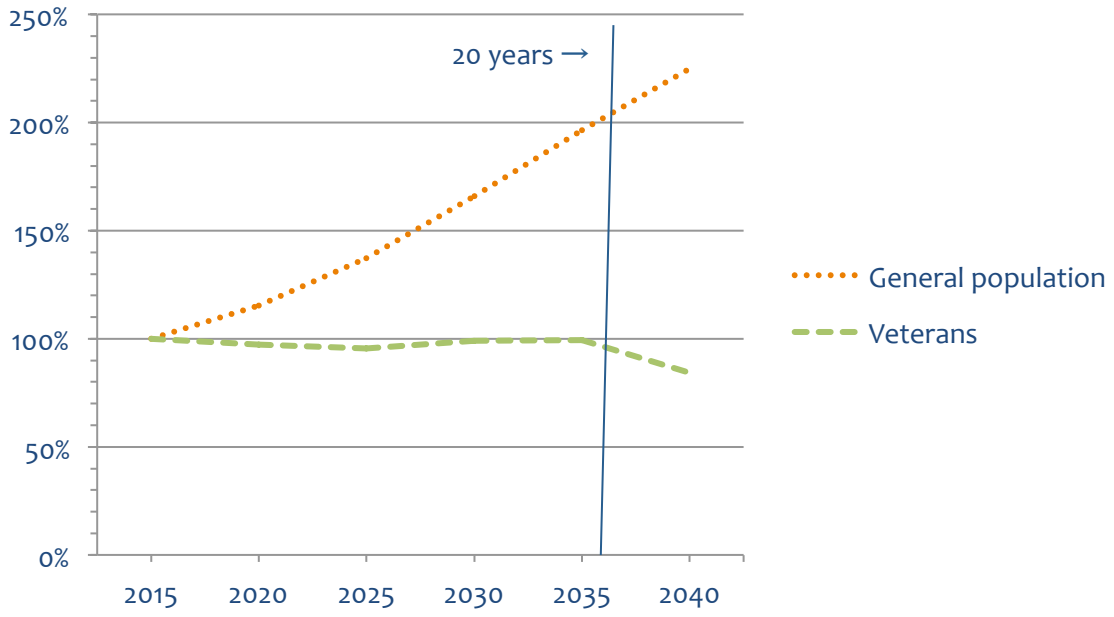
Age group	2015	2025	2035	Percent change 2015-2035
65-74 years old	88,625	52,568	42,110	-52%
75-84 years old	46,092	63,268	38,794	-16%
85 years+	21,897	20,019	28,329	29%
Total: 65 yrs+	15,6615	135,855	109,232	-30%
Total: All ages	311,111	256,280	205,954	-34%

Population trends and the need for nursing care

The need for nursing care increases with age. In the general population, the number of Oregonians 75-84 years old and 85 years and older will steadily increase and more than double from 2015-2035 (see Figure 1 above). In contrast, the number of Oregon veterans in these age groups will be driven by the aging of Vietnam War veterans and will not continue to grow (see Table 2 above).

Figure 4 (below) shows the change in the need for nursing care in Oregon for veterans and the general population. This analysis assumes that the rate of need of nursing care by age group does not change in the next 20 years.

Figure 4. Change in Need for Nursing Care in OR: General Population and Veterans, 2015-2040



In this model, the number of veterans needing nursing care is fairly steady from 2015 to 2035. There is a slight decrease around 2025, when the number of veterans needing nursing care will be 5% lower than it is today. In 2035, the number of veterans needing nursing care is very close to what it is today. As shown in Figure 3, the number of veterans 85 years and older will start to decline around 2035, while the number of veterans 65-74 years old and 75-84 years old will continue declining as well. Thus, starting in 2035 the need for nursing care among veterans will start a steady decline. From 2035-2040 the number of veterans needing nursing care will decline 15%.

Changing rates in the need for nursing care

Historically, generation to generation, the lifespan of people in the U.S. has increased and the health of the elderly population has improved. However, some studies show that these trends might change.

A 2013 study, "Trends in Late-Life Activity Limitations in the United States: An Update From Five National Surveys[6]," looked at these long-term trends. The review of the literature found dozens of studies showing substantial declines in activity limitations among the elderly from the mid-1980s through the late 1990s. However, analyses of the most recent available data revealed:

Findings across studies suggest that personal care and domestic activity limitations may have continued to decline for those ages 85 and older from 2000 to 2008, but generally were flat since 2000 for those ages 65–84. Modest increases were observed for the 55- to 64-year-old group approaching late life, although prevalence remained low for this age group.

In the short term, these trends in "activity limitations" are not likely to have much impact on the overall need for nursing care. However, the age of the elderly population needing nursing care may increase near the end of the 20-year forecasting period. These studies have shown increasing rates of activity limitations in people currently 55-64 years old. This group will be 75-84 years old in twenty years, approaching the ages when people are most likely to obtain nursing care.

Health of Veterans versus non-Veterans

Poorer health status increases the need for nursing care. Therefore, the consultant team researched the health status of veterans versus nonveterans. Several studies of specific health indicators (e.g., smoking, diabetes) showing that veterans have poorer health status than nonveterans. However, there are few studies that look at a broad range of health indicators, and most of these studies were produced many years ago.

One recent study, "Health and Health Behavior Differences – U.S. Military, Veteran, and Civilian Men[7]," summarized the current research: "Little is known about health and health behavior differences among military service veterans… and civilians." This study then compared these populations on a number of health indicators using BRFSS data[8]. Using multivariate analyses that adjusted for demographic factors, including age, the study found that veterans were more likely than civilians to smoke, use alcohol, be obese, have cardiovascular disease, and be limited in activities.

The National Center for Health Statistics recently released a Data Brief on "The Health of Male Veterans and Nonveterans Aged 25–64: United States, 2007–2010[9]." Using data from the National Health Interview Survey, the study found that veterans aged 45–64 were significantly more likely than nonveterans to report experiencing two or more chronic conditions (e.g., diabetes, cancer, heart disease). Veterans aged 45–54 reported a higher percentage of serious psychological distress and were more likely to report limitations in their ability to work compared to nonveterans.

For this project, the consultant team obtained Oregon BRFSS data for 2012 and compared the health status for veterans and nonveterans among males in the older age groups. The BRFSS survey includes the following question on the respondent's status as a veteran: Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

The analyses assessed the health status of men 50-65 years old and men 65 years and older, comparing veterans to non-veterans. The analyses include only men because 96% of Oregon veterans 65 years and older are men. Data tables are presented in Appendix D, and the findings are summarized as follows:

- Among men 65 years and older, Oregon veterans generally reported worse health than non-veterans. The differences between veterans and non-veterans were even greater for men 50-64 years old.
- Veterans are more likely to have been diagnosed with many diseases and to have activity limitations. Among men 65 years and older, veterans were slightly more likely to have been diagnosed with:
    - Diabetes (22% vs. 19%) and pre- or borderline diabetes (3% vs. 1%)

- Cancer other than skin cancer (22% vs. 16%)
- Stroke (11% vs. 7%)
- Depression (15% vs. 12%)
- Activity limitations due to physical, mental, or emotional problems (41% vs. 33%)

- Smoking and obesity rates did not vary by veteran's status for men 65 years and older, but rates are higher for veterans 50-64 years old.
    - Among men 50-64 years old, 24% of veterans smoked compared to 17% of non-veterans.
    - About ¼ of men 65 years or older were obese, which did not vary by veteran's status.
    - Among men 50-64 years old 38% of veterans were obese compared to 29% of non-veterans.
- Veterans had lower incomes than non-veterans, and education differences were mixed. Among men 65 years and older:
    - 16% of veterans had incomes of $75,000 or more compared to 21% of non-veterans
    - Veterans were more likely to have graduated from high school (90% vs. 85%)
    - Veterans were less likely to be college graduates (27% vs. 39%)

Estimating the number of veterans needing nursing care

The consultant team identified two important factors to consider when designing a forecasting model to identify the number of veterans needing nursing care. Although the factors - sex and health disparity- are relevant, our forecasting model does not adjust for these two factors because it is assumed that the trends cancel each other out. The consultant team was not able to find studies that quantified how these two factors impact the need for nursing care. However, using the following reasoning it is assumed these two factors would work in opposite directions:

- Elderly veterans are predominantly men. Men are less likely than women to have activity limitations and therefore may need less nursing care[10].
- Elderly male veterans have poorer health status than the general elderly male population. Therefore, elderly male veterans may need more nursing than the general male population.

As a result, the national rate of nursing care usage was assumed for this forecast. Using these assumptions outlined in this section, the consultant team estimates the following statewide assumptions:

- 25,500 veterans need nursing care in 2015
- 1,800 of these veterans are receiving care in nursing facilities

Rational and Process

As stated previously, there is no standard definition of nursing care. And, many people needing nursing care are being taken care of by family members or informal contracts with caregivers. To estimate the number of veterans needing nursing care through facilities the general population statistic (that only 7% of people needing nursing care are likely to be served in nursing facilities) was applied.

Table 3 below shows statewide estimates for the number of elderly veterans, the number of veterans needing nursing care by county, and the number of veterans in nursing facilities using the same assumptions described above.

Table 3. Elderly Veteran Populations and Need for Nursing Care by County (2015)

	Veteran population (2015)			Estimated veterans needing nursing care	Estimated veterans in nursing facilities
	65-84	85+	Total 65+		
Oregon	134,717	21,897	156,615	25,500	1,800
Baker	994	123	1,117	166	12
Benton	2,464	370	2,834	449	32
Clackamas	14,567	2,100	16,667	2,602	184
Clatsop	1,719	231	1,950	297	21
Columbia	2,467	247	2,714	377	27
Coos	3,709	674	4,383	743	52
Crook	1,252	125	1,377	191	14
Curry	1,549	296	1,844	319	22
Deschutes	6,862	975	7,837	1,217	86
Douglas	5,868	999	6,867	1,137	80
Gilliam	107	23	130	23	2
Grant	369	60	428	70	5
Harney	428	76	504	85	6
Hood River	721	110	831	132	9
Jackson	8,403	1,838	10,241	1,865	132
Jefferson	976	99	1,075	150	11
Josephine	4,390	873	5,263	923	65
Klamath	2,864	531	3,395	580	41
Lake	460	62	522	80	6
Lane	12,951	2,322	15,273	2,577	182
Lincoln	2,534	378	2,912	460	32
Linn	4,747	657	5,404	832	59
Malheur	990	177	1,167	197	14
Marion	9,359	1,541	10,900	1,783	126
Morrow	444	56	499	74	5
Multnomah	17,050	2,730	19,780	3,203	226
Polk	3,094	459	3,554	560	40
Sherman	149	21	170	26	2
Tillamook	1,251	235	1,486	255	18
Umatilla	2,188	446	2,634	466	33
Union	1,027	181	1,208	202	14
Wallowa	443	70	513	83	6
Wasco	1,453	389	1,842	364	26
Washington	12,702	1,782	14,484	2,240	158
Wheeler	130	18	148	23	2
Yamhill	4,038	623	4,661	745	53

To estimate the number of veterans needing nursing care, the consultant team used national data on the use of nursing facilities[11] as shown in Table 1. In 2013 it was estimated that approximately 16% of people needing nursing care nationally are residing in nursing facilities. This 16% estimate does not include people who are being taken care of solely by family members and informal contracts with caregivers.

The average lifespan in the U.S. is shorter for men than for women. However, in the elderly ages, women are more likely to have disabilities and activity limitations than men. One study concluded that, "Greater prevalence of nonfatal disabling conditions contributes substantially to greater disability and diminished quality of life among aging women compared with men[12.]" Since elderly veterans are predominantly men, this would imply a lesser rate of nursing care need for veterans. However, as described above, there are indications that elderly male veterans are in poorer health than the general male elderly population. For example, from the Oregon BRFSS analysis - among men 65 years and older, veterans were 24% more likely to report activity limitations due to physical, mental, or emotional problems than nonveterans (41% vs. 33%).

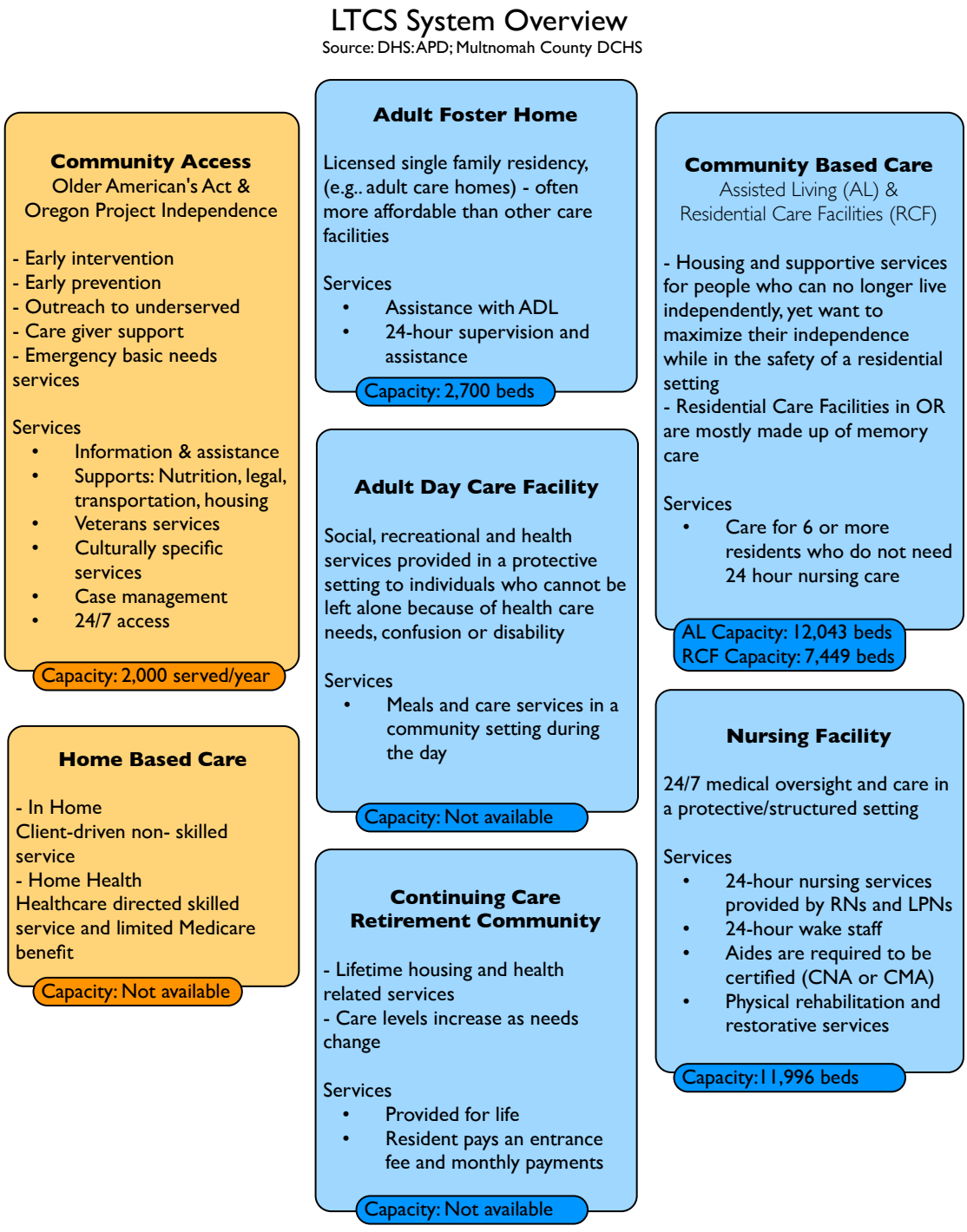
A BRIEF OVERVIEW OF MODELS OF CARE AND SERVICE FOR AGING OREGONIANS

In order to understand how to best meet the need for nursing care of aging veterans, an understanding of available services, across the continuum of care, is necessary.

This section starts with the simple fact that aging, especially for those in advanced stages, causes infirmity. The levels and types of infirmity vastly differ among individuals and often between population groups. In Oregon, services to increase quality of life and decrease negative effects of aging related infirmity are provided through a network of services.

Figure 5 depicts a high-level overview of long-term services and supports in Oregon.

Figure 5. Long Term Care Services System Overview

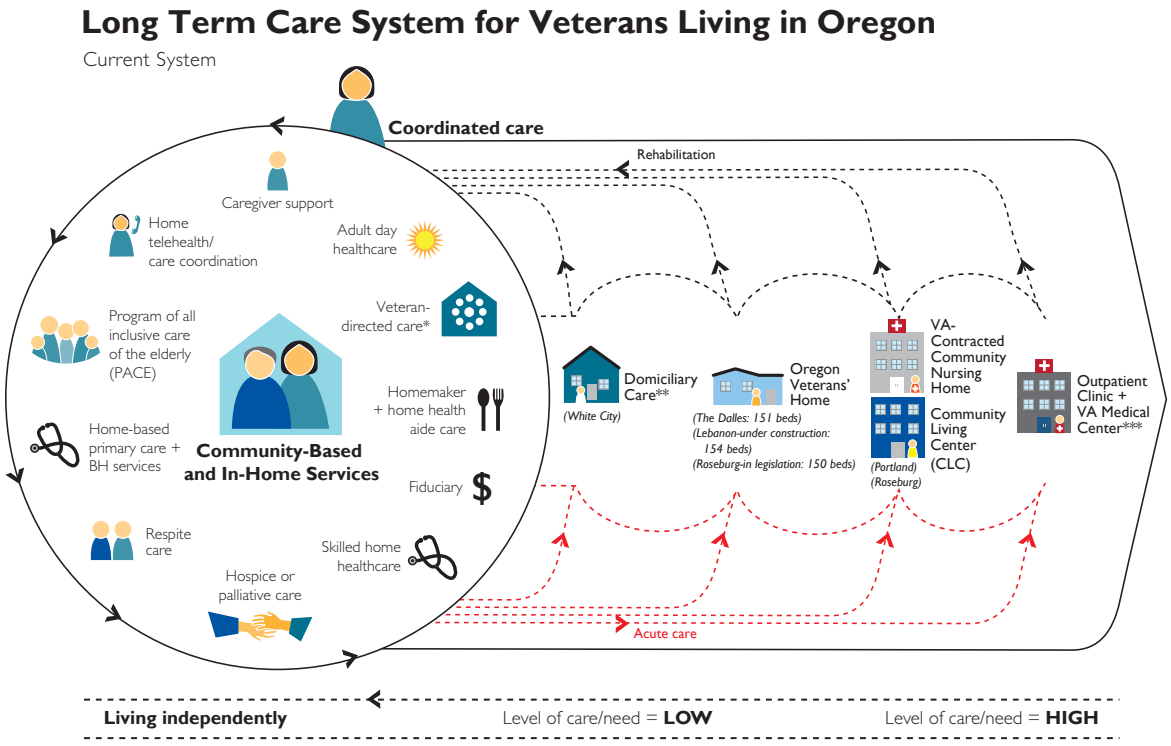


Oregon veterans have access to this full continuum of services.

Veterans Model Continuum

The consultant team specifically examined the current long term care system for veterans in Oregon. The information in this continuum is based on the USDVA Geriatrics and Extended Care website and from conversations with the ODVA. There are a number of home and community-based services offered to veterans to help them remain independent and in their homes for as long as possible. These include: caregiver support, adult day healthcare, veteran-directed care (limited to a pilot program in Multnomah and Washington Counties that currently serves 15 veterans), homemaker and home health aide care, fiduciary services, skilled home healthcare, hospice or palliative care, respite, home-based primary care and behavioral health services, Program of All inclusive Care of the Elderly (PACE), and home telehealth/care coordination. There are also various residential and nursing home options if a veteran needs a higher level of care, including domiciliary care and adult family home, medical foster home, OVH, Community Contracted Nursing Home, Community Living Center (CLC) and VA Medical Center.

Figure 6. Long Term Care System for Veterans Living in Oregon



*There is one (1) pilot program operating in Multnomah and Washington counties only and is called Veterans Directed Home and Community Based Services (VDHCBS).
**Assisted Living Facilities are not provided or paid for by the VA, although the VA may pay for some extra services (not including rent or basic services) a veteran may need. Most veterans access Assisted Living outside of the VA system.
***There are three (3) VA Medical Centers and they are in Roseburg, Portland, and White City. There are four (4) outpatient clinics and they are in Burns, Newport, The Dalles and West Linn. There are 15 Community Based Outpatient Clinics (CBOC) and they are in Bend, Boardman, Brookings, Enterprise, Eugene, Grants Pass, Hillsboro, Klamath Falls, La Grande, North Bend, three (3) in Portland, Salem, and Warrenton.

2.24.2014 SOURCE: Geriatrics and Extended Care Guide to Long-Term Care. http://www.va.gov/geriatrics/Guide/LongTermCare/Nursing_Home_and_Residential_Services.asp

There are important distinctions in these two systems specifically in the areas of cost and benefits to veterans.

Payment Systems

There are four payment options for skilled nursing care for veterans and they include Medicaid, Medicare, USDVA, and private pay. The table below shows the distribution of payors for the Oregon Veterans' Home.

Table 4. The Dalles Home Payees by Funding Type

Funding Type	Number of Payees	Percent of Total
Medicaid	68	49%
Medicare	5	4%
USDVA	22	16%
Private Pay	44	32%
Total	139	100%

Source: Approximate Average Daily Census Information 2013

Medicaid

Medicaid will pay for a veterans care if level of care and income thresholds are met. To be eligible for long-term care, individuals must meet all of the following determinations: income, resources, and limitations in activities of daily living. The daily Medicaid rate for nursing facilities is $257 per day.

Medicare

Medicare does not generally pay for long-term care, though it will pay for a rehabilitative or short stay for a veteran in a skilled nursing facility or a veteran receiving home healthcare for a limited time.

USDVA

If a veteran has a service connection disability of 70% or greater, USDVA will generally pay 100% of a veteran's care in a State Veterans' Home. The USDVA also pays 100%of the veteran's care at Community Contracted Nursing Home or CLC if the disability qualifies for this type of care. Veterans with less than a 70% service connected disability generally do not receive a benefit of 100% of the veteran's cost of care.

USDVA + Private Pay

For a veteran with less than a 70% service connected disability, the cost of care is generally paid for by USDVA and the individual veteran. The USDA pays $100.37 per day on behalf of Veterans who have a service connected disability that is less than 70%. In addition, veterans must pay the resident portion, which is presently $158 per day for general care and $165 per day for memory care at The Dalles home. If a spouse is living in The Dalles home, their rate is $210 per day for general care and $217 per day for memory care. Veterans are eligible to receive VA pension and compensation funds in return for their service and income needs. These resources, as well as any other resources available to veterans are used to help pay for the resident portion of the cost of care at an Oregon Veterans' Home. A similar structure of payment applies to veterans with a service-connected disability of less than 70% living at the Community Contracted Nursing Homes and CLCs.

Table 5. Veteran Payment Options at Oregon Veterans' Homes

Payment Sources	Disability is 70% Service Connected	Disability is Less than 70% Service Connected
USDVA	Pays 100% of veteran's care in a State Veterans' Home	USDVA provides a grant to The Dalles home at a rate of $100.37per veteran per day (2013/14 rates). This amount offsets costs to run the home making a more affordable option.
Private Pay	N/A	Individual veterans must pay the resident portion of the cost of care. For The Dalles home the rates are: Veteran rate: $158/day for general care and $165/day for memory care Spouse rate: $210/day for general care and $217/day for memory care VA pension (income based) and compensation funds (including Aid and Attendance) can be used to help pay the resident portion.
Medicaid	Available if level of care and income thresholds are met	Available if level of care and income thresholds are met
Medicare	Rehabilitative and shorter stay	Rehabilitative and shorter stay

Source: Oregon Veterans' Home website; www.listateveteranshome.org/docs/Veterans%20Benefits%202013.pdf

Table 6 below displays the projected number of Oregon veterans in nursing facilities and the number receiving care from USDVA supported nursing facilities, including the Oregon Veteran's Home, Community Living Centers, and Community Nursing Homes. Among veterans in nursing facilities, the majority (79%) are not receiving nursing care benefits through the USDVA.

Table 6. Oregon Veterans in Nursing Facilities

	Number	Percent of veterans in nursing facilities
Veterans in USDVA-assisted nursing facilities	**385**	**21%**
Veterans in Oregon Veterans' Home[b]	112	6%
Veterans in USDVA Community Living Centers[c]	109	6%
Veterans in USDVA Community Nursing Homes[c]	164	9%
Veterans in nursing facilities	**1,415**	**79%**
Estimated veterans in nursing facilities[a]	**1,800**	**100%**

[a]Data for 2015 from forecast of nursing care needs among Oregon veterans
[b]Number of veterans in the Oregon Veterans' Home on 6/1/2014 (does not include spouses)
[c]FY 2012 average daily census from Lewin Group report

Table 7 below shows the projected number of Oregon veterans receiving nursing care in any setting, including nursing facilities and home and community based care. Among veterans receiving any form of nursing care, 93% are receiving this care without USDVA financial assistance.

Table 7. Oregon Veterans Needing Nursing Care

	Number	Percent of veterans needing nursing care
Veterans in USDVA-assisted nursing facilities or Home & Community Based Care Services	1,701	7%
Veterans in USDVA-assisted nursing facilities	385	2%
Veterans receiving USDVA Home & Community Based Care Services[b]	1,316	5%
Veterans receiving nursing care without USDVA assistance	23,799	93%
Estimated veterans needing nursing care[a]	25,500	100%

[a]Data for 2015 from forecast of nursing care needs among Oregon veterans
[b]FY 2012 average daily census from Lewin Group report

CATCHMENT

To identify regional catchment areas, the consultant team used historical data from The Dalles home combined with estimated number of veterans needing care and number of veterans in nursing facilities to abstract catchment areas for siting of potential OVHs.

Catchment Area of The Dalles Home

The table below shows the estimated number of veterans needing nursing care, the estimated number of veterans in nursing facilities, and the number of veterans who are residents of The Dalles home from each county. All counties that are within approximately 50 miles of The Dalles are highlighted in yellow, including the Oregon counties of Gilliam, Hood River, Sherman, and Wasco. Near the bottom of the table are the totals for the two counties in Washington State that are within approximately 50 miles of The Dalles, Klickitat and Skamania counties.

The utilization rate of The Dalles home is much higher for the six counties within 50 miles of The Dalles compared to other Oregon counties. For the 32 Oregon counties not close to The Dalles, about one in forty veterans in nursing facilities are residents of The Dalles home. It is estimated that almost all the veterans in nursing facilities in the six counties close to The Dalles are residents of The Dalles home. For some counties, the actual number of veterans in The Dalles home is greater than the number of veterans in nursing facilities because the number in nursing facilities is an estimate.

Table 8. Nursing Care and Veterans by County

County	Estimated Veterans Needing Nursing Care	Estimated Veterans in Nursing Facilities	Current Veterans in The Dalles Home*
Baker	166	12	1
Benton	449	32	1
Clackamas	2,602	184	3
Clatsop	297	21	6
Columbia	377	27	1
Coos	743	52	2
Crook	191	14	0
Curry	319	22	0
Deschutes	1,217	86	2
Douglas	1,137	80	2
Gilliam	23	2	1
Grant	70	5	0
Harney	85	6	0
Hood River	132	9	7
Jackson	1,865	132	1
Jefferson	150	11	0
Josephine	923	65	0
Klamath	580	41	0
Lake	80	6	0
Lane	2,577	182	3
Lincoln	460	32	3
Linn	832	59	1
Malheur	197	14	0
Marion	1,783	126	2
Morrow	74	5	0
Multnomah	3,203	226	10
Polk	560	40	1
Sherman	26	2	3
Tillamook	255	18	0
Umatilla	466	33	1
Union	202	14	1
Wallowa	83	6	0
Wasco	364	26	29
Washington	2,240	158	3
Wheeler	23	2	0
Yamhill	745	53	1
Oregon TOTAL	25,500	1,800	85
Klickitat & Skamania (WA)	236	17	15
Other WA counties and states			12
TOTAL			112

**Current residents in The Dalles home as of June 1, 2014 (does not include veterans' spouses)*
Highlighted cells (green) are counties within approximately 50 miles of The Dalles home.

Other Catchment Areas

For this analysis, the catchment area for a State Veterans' Home was defined as the counties that generally are within 50 miles of the facility's location. The catchment areas shown in Table 9 include the current home in The Dalles, the facility being built in Lebanon, and the Roseburg location that is in statute. The three other locations for catchment areas are the largest population centers that are more than 75 miles from both Lebanon and The Dalles. Federal statute does not allow two State Veterans' Homes to be within 75 miles of each other, so a Veterans' Home could not be built in Eugene or Salem.

Table 9. Nursing Care and Veterans by Catchment Area

Location	Veterans Needing Nursing Care	Veterans in Nursing Facilities	Percent of state
The Dalles – Wasco, Gilliam, Hood River, Sherman, Klickitat, Skamania	782	56	2.2%*
Lebanon – Linn, Benton, Polk, Marion	3,624	256	14.3%
Roseburg – Douglas	1,137	80	4.4%
West Metro – Washington, Clackamas,	9,168	647	36.2%
Medford – Jackson, Josephine	2,789	197	10.8%
Bend – Deschutes, Crook, Jefferson	1,559	110	6.2%

**This percentage calculation does not include the veterans in the Washington State counties of Klickitat and Skamania. Catchment area defined as counties within approximately 50 miles.*

The catchment area for Lebanon includes more than four times as many veterans in nursing facilities than The Dalles (256 vs. 56). The Dalles home has been operating mostly at over 90% capacity. The number of veterans needing nursing care in Linn County alone (where Lebanon is located) is about the same as in the entire catchment area for The Dalles home. Therefore, it is very likely that the Lebanon home should be able to ramp up to capacity.

Roseburg is located in the middle of Douglas County, which covers a large geographic area. The catchment area for Roseburg includes only Douglas County. The closest large cities are Eugene to the north and Grants Pass to the south, which are each about 70 miles away. The Roseburg catchment area, that is, Douglas County, has about 1.5 times as many veterans in nursing facilities as The Dalles catchment area.

As discussed above, the utilization rate of nursing facilities in Oregon is projected to decrease 18% in the next five years. In addition, the number of veterans needing nursing care in Oregon is forecasted to decrease 5% in the next 10 years. In addition, there is a VA CLC in Roseburg; VA CLCs offer some of the same services, including skilled nursing that are available at Veterans' Homes. These factors make it questionable that there would be enough veterans in Douglas County using nursing facilities to fill a 150-bed OVH in Roseburg. The largest population center in Oregon is the Portland Metro areas, comprised of Clackamas, Columbia, Multnomah, Washington, and Yamhill counties. In addition, Clark County is directly across the Columbia River in Washington State. The catchment area of the five Oregon counties comprises more than 10 times as many veterans in nursing facilities as The

Dalles catchment area. An OVH would not be able to be located in the parts of the Portland Metro area that are within 75 miles of The Dalles or Lebanon.

The three largest counties in Oregon are in the Portland area – Clackamas, Multnomah, and Washington. The next two largest counties are within 75 miles of Lebanon – Lane and Marion. The next two largest counties are Jackson (largest city is Medford) and Deschutes (largest city is Bend).

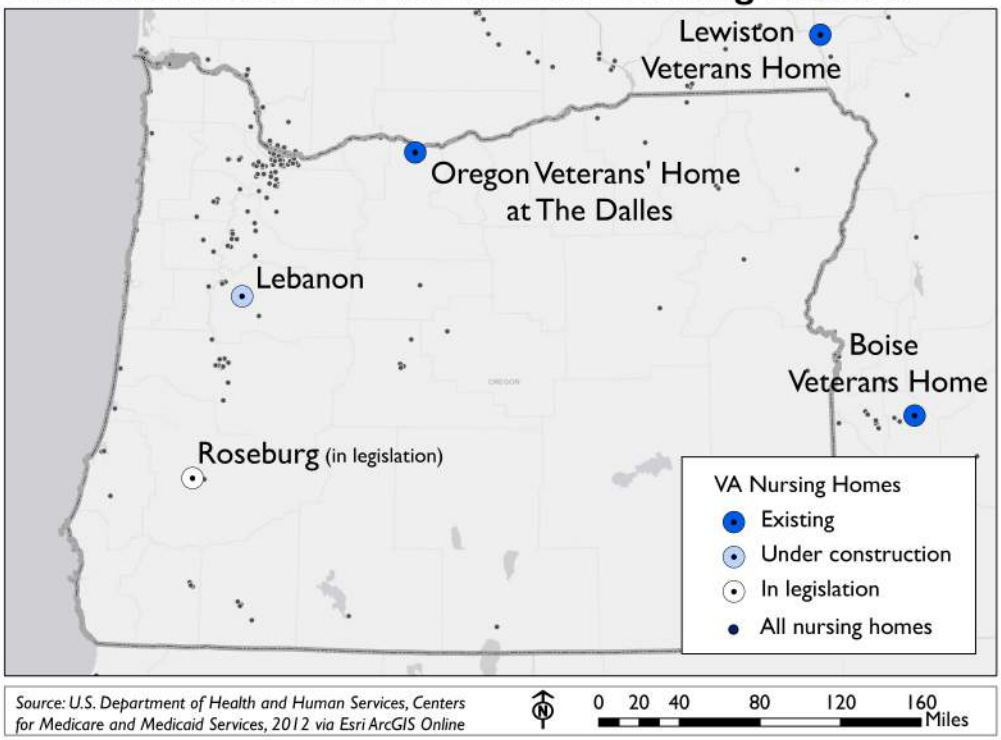
The catchment area of a Medford location for a Veterans' Home includes Jackson and Josephine counties, comprising 3.5 times as many veterans in nursing facilities as The Dalles catchment area. The population and nursing facility utilization trends discussed above would apply to the Medford location as well. However, it is likely that the Medford catchment area would be large enough to fill a 150-bed Veterans' Home.

A Veterans' Home location in Bend would have a catchment area comprised of Deschutes, Crook, and Jefferson counties. This catchment area has twice as many veterans needing nursing care as The Dalles. However, the Bend catchment area is smaller than the catchment areas for Medford or the Portland area, and Bend is far from the other population centers on the I-5 corridor as well.

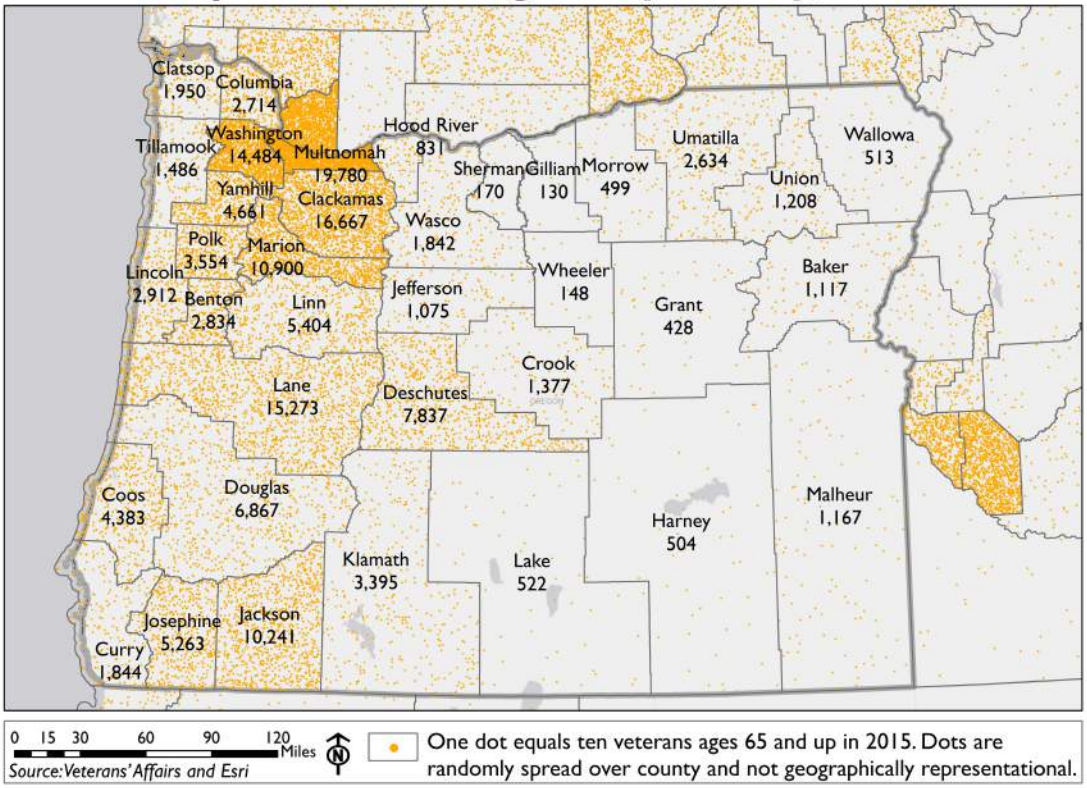
Catchment Area Maps

The following map series depicts current veterans' nursing facilities, population density by county of veterans over 65, estimates of veterans needing care within 70 mile radiuses, and numbers of veterans currently receiving care in a facility within various catchment areas.

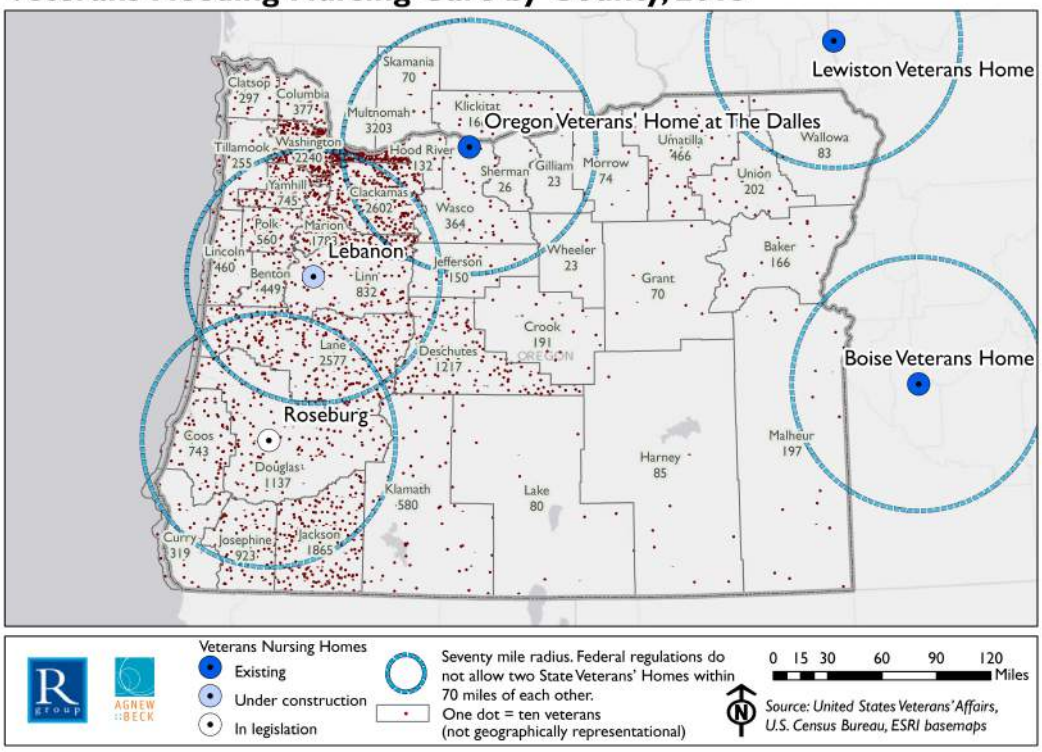
Veterans Homes and Non Veterans Nursing Facilities



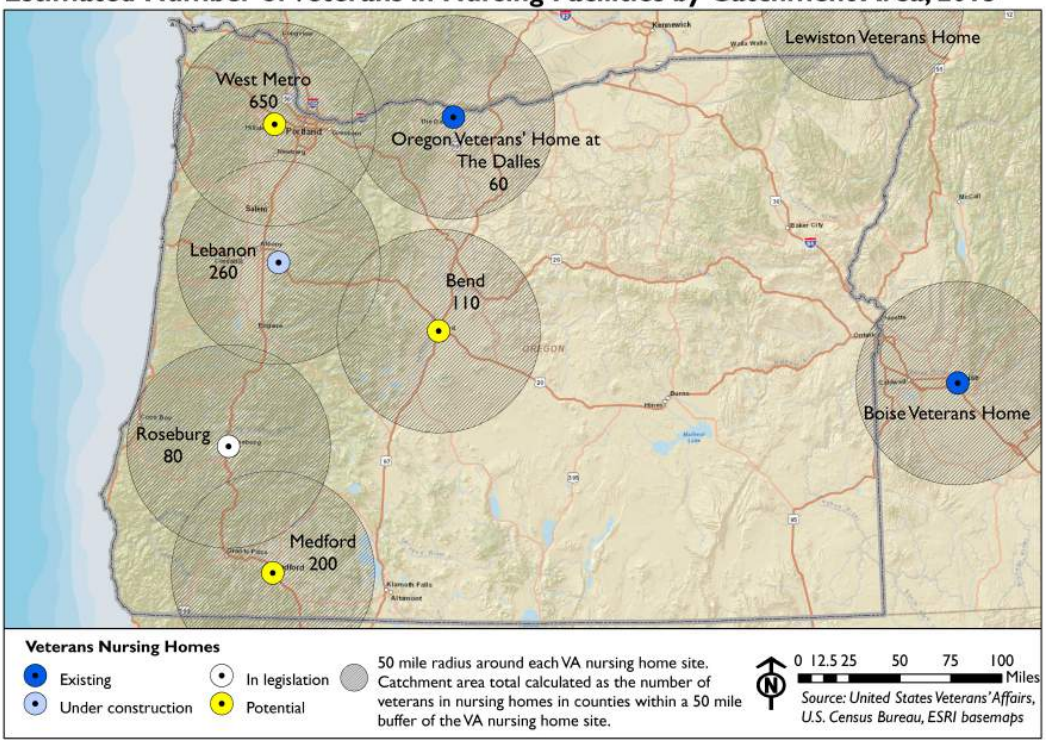
Veteran Population Over Age 65 by County, 2015



Veterans Needing Nursing Care by County, 2015



Estimated Number of Veterans in Nursing Facilities by Catchment Area, 2015



EVALUATION OF THE NEED FOR ADDITIONAL OREGON VETERANS' HOMES

Perspectives from Key Informants

Key informant interviews were conducted with select leaders in nursing care and aging and disability services to help understand perspectives on how the state's veteran-specific continuum of care compares to that of the general population. Rede Group staff, in consultation with the ODVA consultant team and other long-term care experts, created a list of individuals to be interviewed. See Appendix A for interview notes.

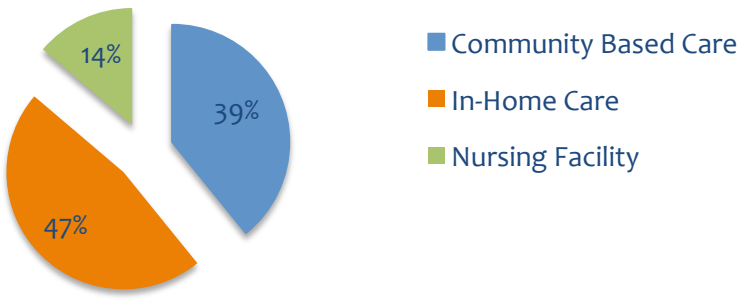
Long Term Care and Senior Housing

To gather marketplace background and context of the long term care services (LTCS), the consultant team spoke with informants from the Oregon Health Care Association (OHCA), whose slogan reads "Oregon's Voice for Long Term Care & Senior Housing." They note Oregon's system is "quite a bit different from what you will find in most states" The most notable difference being the emphasis the state places on home and community based services. According to OCHA, Oregon has a utilization rate of nursing facilities 40% less than the national average, and boasts the shortest nursing stays in the country. Oregon benefits from a high Medicare advantage, with an enrollment rate of 45%, which is one of the highest in the country. These patients are followed by managed care, which ensures shorter stays.

Oregon's low use of nursing facilities mimics the general market trends nation-wide for shorter and shorter nursing stays of nursing in the general population. In contrast, The Dalles home is unique to the opposite degree. The average length of stay in The Dalles is four times as long as the State; Oregon nursing facility average length of stay for Medicaid clients was 124.47 in 2013[13]. Average length of stay for Medicaid clients at The Dalles was 504.26 covering the federal fiscal year between 10/1/2012 and 9/30/2013[14]. The Dalles also differs in its modest Medicare census (4 to 5 a day), where Medicare Veteran residents are more likely to be hospitalized than stay as long as Medicaid clients at The Dalles. OHCA noted that only 5% of Oregon nursing facilities that serve the general population have a length of stay 100 days or longer. The average in Oregon is about 65 days.

In the general market place the construction of new nursing facilities are built to replace outdated sites, which again highlights the uniqueness of the OVH model. According to OHCA, the new non-veteran specific facilities in Oregon will only have about 42 beds. Figure 7 below, the Total Medicaid LTC Clients by Care Setting, displays how Medicaid clients are currently being served throughout each care setting in Oregon. A total of 29,293 Medicaid LTC clients make up the pie, as presented below, and are displayed as follows: 4,039 Nursing Facility 11,471 Community Based Care, and 13,783, In-Home Care. When the two categories are combined, home and community based services (which includes assisted living and residential care facilities) account for 86% of care provided to people on Medicaid in Oregon (Oregon DHS).

Figure 7.Total Medicaid LTC Clients by Care Setting



Looking at market trends, one of our informants noted that in the next 20 years more people will need nursing care/to be in a nursing facility, but for shorter periods of time as more emphasis will be continued to be placed on prevention and post-acute care needs. OHCA predicts that federal VA initiatives and pilot programs such as the Veterans Direct Home and Community Based Services program (which will be described in more detail later in this report) will continue to open up additional service options to aging and disabled veterans, which could possibly undercut the need for Veteran run homes.

Aging & Disability Services

From our key informant interviews of non-veteran specific LTC experts, the prevailing consensus is "to give lots of options" and "offer choice." One informant stated, "non- facility is the preference for individuals." Among all of the non-veteran specific LTCS system key informant interviews the consultant team conducted, this sentiment is presented to be an undeniable fact. Additionally, certain programs at the Multnomah County Area Agency on Aging are planned with the sole mission of avoiding the placement of individuals in care facilities for long term care.

The motto at DHS APD is to support individuals in living independently for as long as possible. In current programming, this is done through person-directed care and service plans including meals on wheels, transport, family care giver supports, client education about Medicare benefits. Such programs are designed to "support individuals to stay in their own home, own community." In support of this mission for low-income or otherwise marginalized individuals, the Multnomah Area Aging on Agency promotes the following programs, each with case managers to follow high need/complex cases: Housing with Support, Center Assisted Living (where resources are brought to residents, in a setting where they can be as independent as is needed), and Contract RN/Nurse delegation (care takers trained by nurses to give daily, medically-appropriate care).

In summary, our interviews with LTCS key informants serving the general population present an "old vs. new" dichotomy where the delivery of services through nursing care facilities, otherwise referred to as "institutions," is considered an old, outdated model. This sentiment is echoed in the following, "The VA needs to move toward community. At the federal level [the veteran system] is clung to bricks, sticks and mortars; now we're in the care management system, meeting the needs of people where they are at." The new or managed care model emphasizes options and choice, and coordination of services.

Some informants view the old/new dichotomy in terms of delivery of services and payment systems as "frustrating" and in direct conflict with national and statewide progress away from institutions. One informant commented, "They [the ODVA] sees nursing homes as a way to access federal funds while we have a legislative mandate to reduce the number of nursing homes."

Again emphasizing Oregon's long history of alternatives to nursing care, Oregon is seen as a pioneer, one with an existing structure and capacity (although not withstanding cost). An informant states that this system isn't only for the general population, "Oregon veterans are being served through Medicaid, in our community." In planning for LTCS and support needs for veterans, a key informant recommends the following, "ODVA should align their goals and strategies with the Oregon DHS, APD. APD is doing ongoing analysis and planning for this population and it's vitally important that the goals of the 2 organizations be aligned."

The ODVA is aware of national and statewide trends and has undertaken steps to ensure that programs are in keeping with the best practices for serving aging individuals. The USDVA also now requires any additional Veteran Home's built nationwide to be based on a "small home" model. The Lebanon Home has been built using the "small home" model thereby offering a less institutional environment for veterans and spouses.

Perspectives from Oregon Legislators

To understand Legislative perspectives regarding the Veterans' Home Expansion project, the consultant team interviewed the following legislators:

- The Honorable Brian Boquist, Senator District 12, 2014 Chair of Senate Veterans' & Military Affairs Committee,
- The Honorable Laurie Monnes Anderson, Senator, District 25, 2014 Senate Co-Chair Veterans' & Military Affairs
- The Honorable Sal Esquivel, Representative, 2014 House Veterans' Services & Emergency Preparedness Committee member and 2011 House Co-Chair Veterans' Services & Emergency Preparedness – Republican, District 6
- The Honorable Brad Witt, Representative, District 31, 2014 House Veterans' Services & Emergency Preparedness Committee member and 2011 House Co-chair Veterans' Services & Emergency Preparedness – Democrat, District 31

Overall all legislators interviewed support veterans and want to help all members of this population have access to the services and support they need. There is an acknowledgement that regardless of political affiliation, all committee members share this common goal.

In regards to nursing care and OVHs, there seems to be an agreement that The Dalles home is solvent and is delivering quality and reputable care. It seems to be acknowledged that siting an OVH in regions outside of the Portland Metro Area would be crucial to the economic viability of future veterans' homes in the state. In terms of Roseburg as a potential siting, all members acknowledged that the location was not chosen based on assessment of resources or need in the area, but rather for less structured reasons. One member of the legislator noted the decision to the 2010 proposal to build a third OVH was supported by strong political will, and it was thought that if the decision wasn't made then to support veterans, there may not be support at a later date to pass such legislation.

When presented with the statistic that there exists a 40% vacancy in nursing facilities across the state, one informant wondered if others in the legislature new this fact; "If that's truly the case, of course we should use what exists. That's economically smart." At the same time the lack of resources for individuals in the rural parts of the state was noted as obstacle to equalizing care and accessibility.

Other perspectives encouraged that the ODVA look to trends in the rest of the state, being that overall Oregon has a record for the fewest per capita in nursing homes. Most informants supported the advent of providing aging veterans with services in their homes and communities for as along as is possible. However some informants also acknowledged that twenty-four hour care "may be a different story." This situation is further complicated by Oregon having to work within a federal reimbursement system that majorly subsidizes only one type of care (e.g. nursing facilities). Along these same lines, there appears a voice among the legislature that would encourage momentum and advocacy around opening up federal funds to enable the state to provide such services. One member, in favor of this idea, noted that "Unfortunately do to this, I'd have no idea where to start."

One perspective noted that within Oregon there should be a greater effort to get veterans connected to federal benefits. It was suggested that DHS should create their own veterans service officers to ensure that federal benefits are being utilized and thereby reduce strain on state benefits (especially state Medicaid). Each of the informants noted that in their eyes there will always be a demand for services from veterans, perhaps even "larger than anticipated." One informant suggested the following list of locations for future veterans' homes: Klamath, Bend, Ontario, Medford and Pendleton; while another noted "There's no way we could build enough Veterans' Homes to serve all the veterans in the state, so why build along those lines?"

Several informants mentioned veteran populations outside of the elderly, and what Oregon and the USDVA is/or is not doing to support individuals from these communities. Several members biggest concerns were for behavioral health/mental health/PTSD-focused care for returned vets (especially for young and newly returned veterans of war), and another member noted women (especially victims of trauma) as another priority group that Oregon should be serving, and serving well. One informant mentioned that with such a "rigid" focus on building OVH(s) to serve one demographic of veterans, "we always have to ask ourselves - who does that mean we leaving out?"

Although some of their perspectives on how and where to care for veterans may differ, of utmost concern to the legislators interviewed seemed to be providing for veterans in a way that ensures quality, accessibility and contained cost to the state and to the veterans themselves.

SITING OF POTENTIAL THIRD VETERANS' HOME

The USDVA is required to determine the maximum number of nursing home care and domiciliary care beds for veterans for each state (38 U.S. Code § 8134). The maximum number of beds is determined using a 10-year projection of demand for nursing home and domiciliary care by veterans who are 65 years of age or older and reside in that state. Currently, the maximum number of beds for Oregon is set at 907. After the opening of the Lebanon home, this maximum allows for approximately 600 more state veterans' home beds to be built in Oregon.

In 2011, legislation directing ODVA to site a third Veterans' Home in Roseburg was passed. The consultant team specifically examined issues around the siting of a home in Roseburg looking at issues around workforce capacity and geographic considerations.

Workforce Capacity

Our analysis of workforce capacity in relation to nursing facilities and the future siting of OVHs (including the proposed home in Roseburg) is informed by a key informant interview and data collected from experts in the field of nursing and nursing care workforce demand and supply; See Appendix A for interview notes.

Context

Our research indicates that ideal staffing for a 150 bed nursing facility could be comprised as follows: Administrator, Director of Nursing, Resident Care Manager/MDS coordinator (RN), Direct Care Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Medical Assistants (CMA), Certified Nursing Assistants (CNA) in addition to therapy staff (Physical Therapy, Occupational Therapy, Speech Therapy), which may be on staff or contracted out, dietary staff: dietary manager, dietary aides, cooks, (a registered dietitian could also be contracted out), activity coordinator, activity assistants, medical records, social services, staffing coordinator, housekeeping staff, and maintenance.

In terms of identifying an ideal break down of the number of each of the positions listed above to provide nursing care for 150 beds a key informant responded, "The ideal answer is the level of staffing that meets the needs of the residents, doesn't burn out the staff, meets budgetary considerations and meets state regulations." We were informed that state regulation requirements are set to meet minimums in staffing, and therefore should not necessarily be used as the ideal. An example of staffing ratios at the Marylhurst CCRC, demonstrate the many variables to be considered when staffing such a facility. Mary's Woods staffs CNAs 6:1 on days and evenings, and 9 or 10:1 on nights. Number of licensed nurses at any given facility depends on whether the facility supports them with CMAs for medication administration, the number of residents needing skilled vs. intermediate nursing care, and other factors.

Ultimately, ratios of CNAs/LPNs need to be considered in light of the acuity of the residents admitted. According to a key informant, all levels of nursing facility staffing can be difficult to find in rural areas. Staff at The Dalles home noted that CNAs have been particularly challenging to find. This is most likely due to location. In addition, our sources inform us that CNA positions typically turnover the most, and that licensed nurse staffing on evenings and nights could be problematic for any rural siting of a nursing facility.

Capacity

According to the Oregon Health Professions: Occupation and Country Profiles:

- Since 2010, the majority of health professions profiled in this report experienced an increase in the number of licensees with a practice address or seeking employment in Oregon; however, certified nursing assistants (-0.7%) were one of the three professions that experienced a decrease in the number of licensees practicing in the state.
- Registered nurses continue to be a large portion of the health care workforce. In 2012, 37,719 registered nurses worked in Oregon, an increase of 5.2% from 2010. The age of registered nurses over the age of 55 decreased from 37% in 2010 to 36% in 2012.
- As it was in 2010, aging of the health care workforce is a concern. Nine percent of licensed practical nurses and 8% of pharmacists are 65 years of age or older.

In terms of Geographic distribution,

- Ten of Oregon's 36 counties have health professionals representing all 21 occupations profiled in this report: Clackamas, Coos, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, Washington and Yamhill counties.
- Multnomah County, with the state's largest population, health care infrastructure and concentration of health profession education programs, has the highest number of licensees from each of the 21 professions profiled in the report. This includes 57% of the state's clinical nurse specialists, 35% of nurse practitioners, and 32% of registered nurses.
- Washington County, with 14% of the state's population, has the second highest concentration of professions profiled in the report. This includes 15% of occupational therapists and15% of physical therapists.
- Lane County, with 9% of the state's population, has the second highest number of licensed practical nurses (12%) practicing in the state. Lane has the third largest number of certified nursing assistants (11%), physical therapists (11%), and registered nurses (9%).
- Clackamas County, with 10% of the state's population, has the third largest number of occupational therapy assistants (11%), dietitians (10%), occupational therapists (9%), and clinical nurse specialists (6%).
- In addition to Multnomah County, five other counties (including Jackson county) have population-to-physician ratios smaller than the statewide ratio. Counties with smaller population-to-physician ratios also tend to have hospitals with service areas that extend beyond county borders.

Multnomah, Jackson and Lane counties are 3 of 10 counties with the smallest population-to-Registered Nurse Ratios.

For the purpose of comparison, Table 10 below places Douglas county's occupational profile alongside Jackson, Lane, Clackamas, Washington, Multnomah counties'. Occupations displayed are as follows: RN, Registered Dietician (RD), LPN, CNA, Occupational Therapist (OT) and Physical Therapist (PT). These particular counties, apart from Douglas County (the proposed site of a third OVH), were chosen for their population size, proximity to resources and geographic commute routes. Following a display of the data statewide, the six counties are organized in ascending order by population size, from least to most populous. To inform workforce capacity for nursing facilities, it is especially important to note that the most common practice setting for LPNs and CNAs is a skilled nursing facility or other long-term care facility.

Table 10. Estimated Counts of Health Professionals by County

County	RN	RD	LPN	CNA	OT	PT
Statewide	37,71	536	3,546	16,558	1,15	2,662
Douglas	938	10	94	390	22	45
Jackson	2,128	20	188	873	61	172
Lane	3,386	27	413	1,886	95	294
Clackamas	2,783	54	284	1,296	108	234
Washington	4,291	89	356	1,290	171	395
Multnomah	11,93	164	863	3,790	312	570

Data extracted from Oregon Health Professions: Occupational Profile

Roseburg Capacity

Occupational profiling for nursing facilities is a not an exact science and is influenced by many dynamic factors. To match a site to the most supportive workforce capacity, the siting for future OVH expansion must consider this complexity. Looking more closely at the proposed site in Roseburg, the healthcare infrastructure in Douglas County currently supports 2 acute care hospitals* with 157 beds and 3 skilled nursing facilities with 347 beds. (*A key informant shared that Roseburg currently closed their home health hospital due to lack of licensed workers. Although it is unclear whether this closure occurred before or after the Occupational and County Profile of 2013, this is an important fact to consider when assessing Roseburg for future OVH development).

Although the population-to-practitioner ratio for RNs in Douglas County is comparable to that of the six other counties featured in this section of the report, when comparing population-to-practitioner ratio for occupational therapists, Douglas county's population to practitioner ratio for OTs is the highest at 4,001-6,000 compared to under 4,000 in Jackson, Lane, Clackamas, Washington and Multnomah county. For physical therapists, Douglas ranks the highest for population to practitioner ratio (2,001-3,000) when compared to Clackamas (1,501-2,000) and Jackson, Lane, Washington and Multnomah counties (under 1,500). Considering the brief context and workforce capacity information summarized in this report, compared to other locations around the State, the occupational profile for Douglas County appears to be a challenging location to sustainably support the staffing of a new nursing facility/OVH.

Summary

- The number and type of professionals needed to staff a 150 bed nursing facility is not strictly formulaic but rather a complex configuration based on multiple variables. State standards are minimum requirements and should not be viewed as model.
- The number of Certified Nursing Assistants and Licenses Nurse Practitioners needed to staff a nursing care facility is dependent on patient acuity.
- Among the categories of professionals needed to staff a 150 bed nursing facility, Certified Nursing Assistants are the most difficult to recruit and retain. Certified Nursing Assistants were one of only 3 health care professional profiled in this report to see a reduction in the number of licensees since 2010.
- Douglas County is not among the counties with practitioners representing all the professional categories outlined as potentially necessary for a nursing facility and there have been indicators of insufficient workforce supply in the past; while these factors are potentially surmountable, other counties will likely present fewer workforce capacity challenges.

Geographic Consideration

Combining feedback from several key informant interviews, it is suggested that the placing of OVHs in rural areas is a financial benefit to the ODVA. With lower cost of living in rural areas, OVHs have a greater chance of sustainable operation outside city centers. However, rural locations present the added challenge of isolated service areas geographically, which limits workforce, admissions, etc., as is the case in Douglas County. In contrast, counties in Southern Oregon, just South of Roseburg, benefit from both workforce availability and equity. The general catchment for an OVH in a place like Jackson County, for example, would also be much more diverse, considering retirees from Southern California and Northern California (including Redding) would combine with residents from Southern Oregon and its surroundings (including Roseburg, South Coast and Klamath). Additionally, the siting of a 3rd OVH in a less isolated geographic area would confront less market competition than Multnomah County and the surrounding urban/suburban areas.

USDVA Trends

In the last 10-15 years, the VA federal model for aging and disability services has begun to align itself more with the national trend towards community and home-based services (and away from nursing facility care). The 1999 US Supreme Court case Olmstead (Olmstead v. L.C., (1999). 527 U.S. 581.) decided that placing individuals in institutions whom could be cared for in a less restrictive setting is a violation of the Americans With Disabilities Act. As a result, States are now required to provide residents with better access to alternative options for long term care, placing less emphasis on the construction of new nursing facilities. Although nursing care provided in OVHs is still a focal point of ODVA's current system for serving their aging and disabled veterans, the pilot program Veterans Directed Home and Community Based Services (VDHCBS) offers an alternative method of serving veterans in need.

The Veterans Directed Home and Community Base Services (VDHCBS) pilot program in the State of Oregon, currently operating in Multnomah and Washington counties, is managed by Portland VA Medical Center and each counties' Aging & Disability Services Divisions. The overview of VDHCBS provided below is compiled from a handout copied from the VDHCBS Participant Manual (handed to us by DHS:APD staff) and a webinar called "VDHCBS in Oregon" procured from the Oregon.gov website. VDHCBS is a consumer-directed program with a veteran represented advisory council. Program participants are provided financial management by Public Partnerships, LLC, which provides direct client services via contract with Multnomah County. According to the webinar titled VDHCBS in Oregon, "the program serves Veterans of any age who are determined by the Veterans Administration to be at risk of institutional placement." According to Multnomah County Aging and Disability Service Division (ADSD), Multnomah County Aging and Disability Resource Connection (ADRC) and Washington County Department of Health and Human Services (DHHS), "The core feature of Veteran-direction is the choice and control that Veterans have in regard to the paid personnel who provide personal assistance services." In short, VDHCBS is designed to assist Veterans in directing their own services and supports. With the help of a VA Primary care team and a Veterans Services Coordinator from Multnomah County ADSD, the program aims to empower veterans to decide what goods, services and supports they need.

As highlighted by the ADSD, ADRC and Washington County DHHS, service principals of the program include: individual self-determination, services provided as part of a comprehensive and individualized plan developed in collaboration with the Veteran, and services provided efficiently (preventing service duplication and maximizing benefits). Key informants from Multnomah County AAA inform us that the local VDHCBS maintains a waiting list for home health and home care which they estimated to range from about 200-250 individuals. Our informants at the AAA also report that the majority of the waiting list is comprised of individuals with the highest needs (those who receive the greatest reimbursement on a 4 tiered scale). Other States, including Minnesota, operate veterans' specific adult foster homes to provide varying levels of care to residents in a less restrictive, home-like environment. Although our key informants outside of the veteran system believe this to be a much-preferred option to OVH expansion, DHS Licensing regulations to date prevent this possibility within the State of Oregon.

Financial viability and sustainability of current operations

By all accounts The Dalles home is a well-managed and fiscally solvent operation. In addition, to being continuously recognized for their quality of care, the home operates at 90% capacity, which is 30% higher than the state average.

According to the ODVA Veterans' Home Program Annual Financial Report [15]during Fiscal Year 2013, the financial performance of the program was strong with increases in operating revenues, capital assets and net position. Operating expenses also increased in FY13 but were less than operating revenue.

In September of 2013 the USDVA awarded the ODVA a grant in the amount of $26,203,125.00 for construction of the Lebanon home. The ODVA began working on the site in 2012.

While The Dalles home itself is a successful venture, it is important to critically examine the potential impact of OVH expansion on The Dalles.

Impact of additional OVHs on The Dalles Veterans' Home

There are a number of trends in the next five years that could result in lower occupancy at The Dalles home.

Currently, The Dalles home is the only State Veterans' Home in Oregon. However, the second State Veterans' Home in Oregon is scheduled to open in the Fall of 2014 in Lebanon. There are a number of counties in Oregon where the driving distance to Lebanon is significantly shorter than the distance to The Dalles. These counties include Benton, Coos, Curry, Douglas, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Polk, and Yamhill. Among the current residents of The Dalles, 11% are from these counties. Research shows that distance to a facility is an important consideration as families make decisions on a nursing facility. Perceived quality of care and availability will be other important factors influencing decisions on whether to enroll at Lebanon or The Dalles homes. If the Lebanon home reaches capacity quickly and has a waiting list, some people on the Lebanon waiting list may choose to enroll at The Dalles home if there is availability.

From Portland, it is the same distance to The Dalles and to Lebanon, approximately 85 miles. Among the current residents of The Dalles, 12% were from the Portland metro area counties – Clackamas, Multnomah, and Washington. After the Lebanon home opens, some people who previously may have chosen to enroll in The Dalles home may choose to enroll in the Lebanon home. Some Portland residents might prefer the more familiar drive down I-5 to Lebanon, versus the drive on I-84 to The Dalles. In addition, winter weather is more likely to interfere with driving on I-84 than I-5.

In the general population, the number of people in nursing facilities per 1,000 population 65 years and older has been decreasing nationally for about 20 years. In Oregon, nursing facilities are currently operating at about 60% of capacity. Nursing facility utilization rates are continuing to decrease, and one report estimates that the rate will decrease 18% between 2015-2020 in Oregon[16]. If this reduction in the use of nursing facilities happens similarly among veterans, then The Dalles home will have increasing difficulties in continuing to operate at over 90% of capacity in the near future.

Trends in the need for nursing care among Oregon veterans are relatively stable over the next 20 years, as shown in Figure 4. However, the forecast is for a 5% reduction in the number of veterans needing nursing care in the next 10 years. In the following 10 years, the forecast shows an increase in the need for nursing care to close to the current level.

Future changes in USDVA nursing care programs that create more in-home or community-based care benefits options for veterans could reduce the number of veterans in state-funded homes.

Summary of Factors that could Decrease Occupancy at The Dalles Home

- The utilization rate of nursing facilities in Oregon is projected to decrease 18% in the next five years.
- 11% of current residents at The Dalles home came from counties that are significantly closer to the new facility being built in Lebanon.
- An additional 12% of The Dalles home residents are from the Portland Metro area. Portland is the same distance to Lebanon as it is to The Dalles.

- The number of veterans needing nursing care in Oregon is forecasted to decrease 5% in the next 10 years.
- Future changes in USDVA nursing care benefits that increase the use of in-home or community-based care options.

BEST MEETING THE NURSING CARE NEEDS OF OREGON'S AGING VETERANS

Services for Oregon's elders are adequate to meet the nursing care needs of the population. Indeed, the vast majority of Veterans do not receive care at OVHs. For some, however, an OVH seems to be a good option. For many veterans a state veterans' home may represent a more affordable option.

Pinnacle Survey Data

The following drawn from the Pinnacle survey outlines the satisfaction of residents in The Dalles home.

Data from Figure 8 displays Oregon Veterans Home high satisfaction ratings as compared to the national average. Figure 9 shows a lengthy history of consistently high ratings for the Dalles home.

Figure 8. 2013 Pinnacle Satisfaction Ratings, Dalles Home vs. National Average

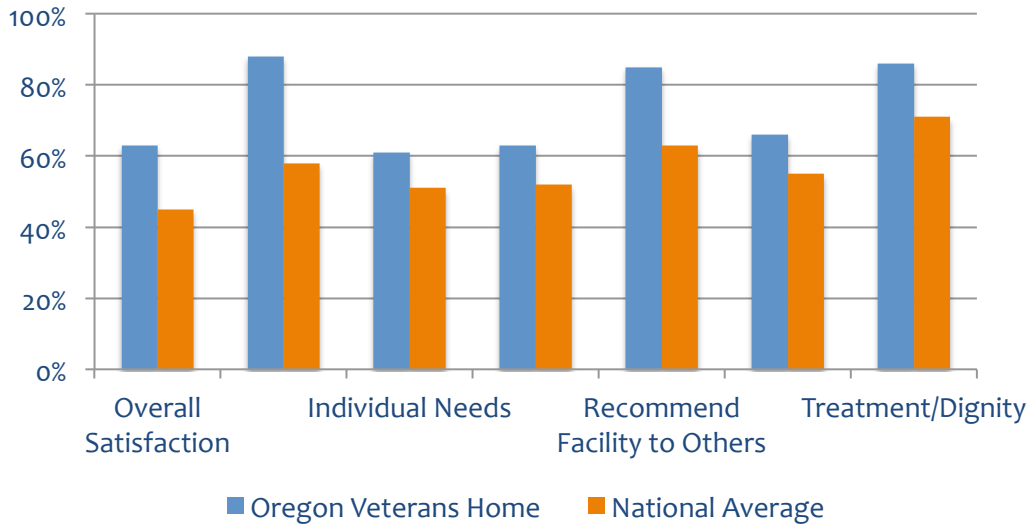


Figure 9. Year by Year Satisfaction Scores at the Dalles Home

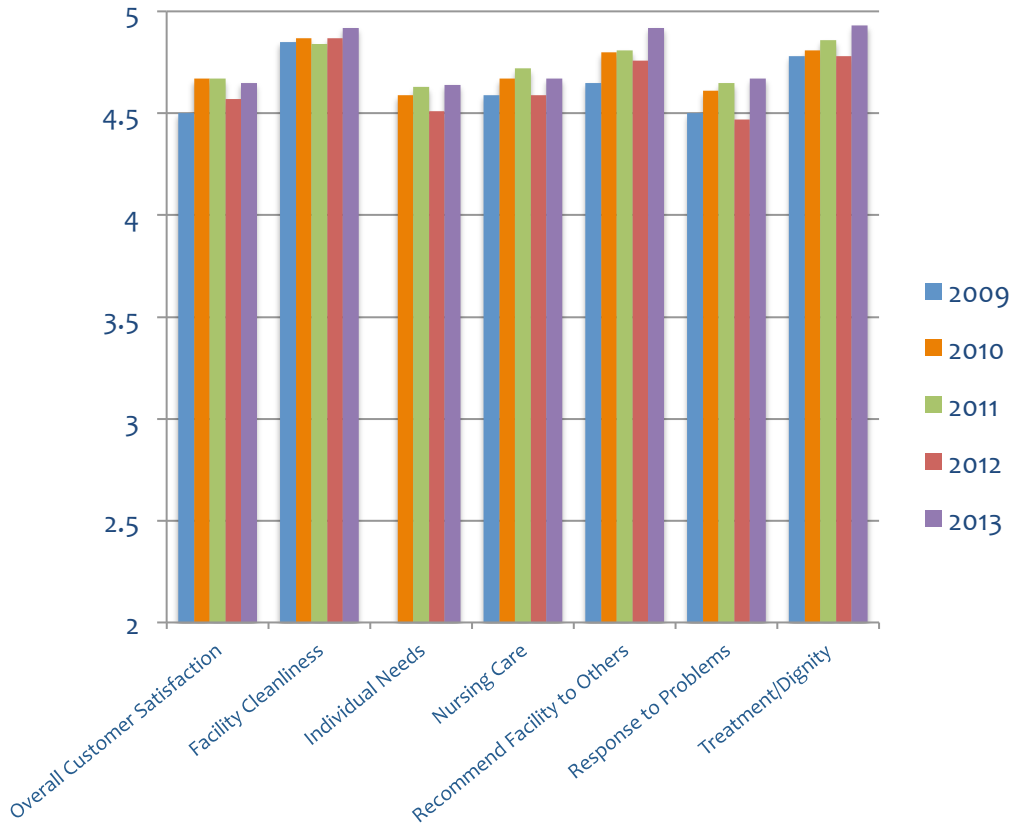


Table 11 below displays resident and family responses, from an eight year time span, about their decision making process regarding the Dalles home. A more detailed analysis of the 1005 survey responses can be found in Appendix E.

Table 11. Pinnacle Survey Response (2006–2014) - Reason for Choosing the Dalles Home

Reason for Choosing the Dalles Home	Number	Percentage
Good facility/care/staff	434	43%
Veteran status	324	32%
Needed more care	198	20%
Location (including close proximity to residents' or families' home)	157	16%
Recommended or referred	109	11%
Previous experience with the Dalles home	75	7%
Lower cost	68	7%
Other	170	17%
TOTAL Survey Responses	1005	

Veteran Interviews

The intent of the interviews with veterans was to understand how people make decisions about where they would go if they ever needed nursing care and which factors would play into their decision. Due to the small sample size the consultant team cannot generalize these findings, though these interviews closely mirror the Pinnacle survey results. The information gathered from these interviews presented a few notable items to consider.

What is the most important factor when choosing a nursing care facility?

Cleanliness and quality of care were both ranked as very important by interviewees. Location was also ranked fairly high though few veterans stated this would depend on if their spouse was living. Structure (having daily meals and activities planned out) and independence or choice (having a say in what they want to do) were also ranked as somewhat important to very important.

Cost was an important factor to some veterans, while others stated it wasn't as important. Interviewees stated that cost is not as important if the veteran is 70% service connected or greater, due in part to the ability to receive free care at OVHs and VA contracted nursing care facilities. Another veteran stated that cost would not be as important if their spouse were no longer living.

All but one interviewee stated that living with other veterans was somewhat important to very important, while all interviewees stated that being able to live in the same facility as their spouse or partner was somewhat important to very important.

What is the most important service or support that a nursing facility would have?

Private space and meal services were ranked as very important by interviewees, while care coordination and personal care assistance closely followed in importance. As one veteran stated, "care coordination and personal care assistance [are most important] because of my personal knowledge as to what is important… if you have no one taking care of you it becomes a problem."

What would be your top two preferences for where you would choose to live?

Interviewees stated that if they needed nursing care, their top choice would be in-home services provided to them at their residence followed by living in a veteran-specific facility.

Interview with a Veterans' Family

There were some similarities and a few notable differences between the interviews the consultant team conducted with the veterans, themselves, and the interview conducted with the daughter of a current veteran living at The Dalles home. These differences are noted below:

What is the most important factor when choosing a nursing care facility?

According to the daughter, the most important factors to her were location, cleanliness, quality of care, structure and proximity to family and friends. Cost was not important to her because her father is service connected to the point where his cost of care is covered.

The daughter ranked proximity to family and friends as most important as she wanted her father to be close to her so they could take him out when they are able. The daughter stated, "We wanted a place where he would be forced to come out of his room. Here, he goes out for meals and they have places where we can come, enjoy pizza, and have a family gathering around the fire... I can walk in anytime and visit."

What is the most important service or support that a nursing facility would have?

According to the daughter, the most important services or supports that they looked for in a facility were access to nature and its surrounding, private space, meal services, care coordination and personal care assistance.

What would be your top two preferences for where you would choose to live?

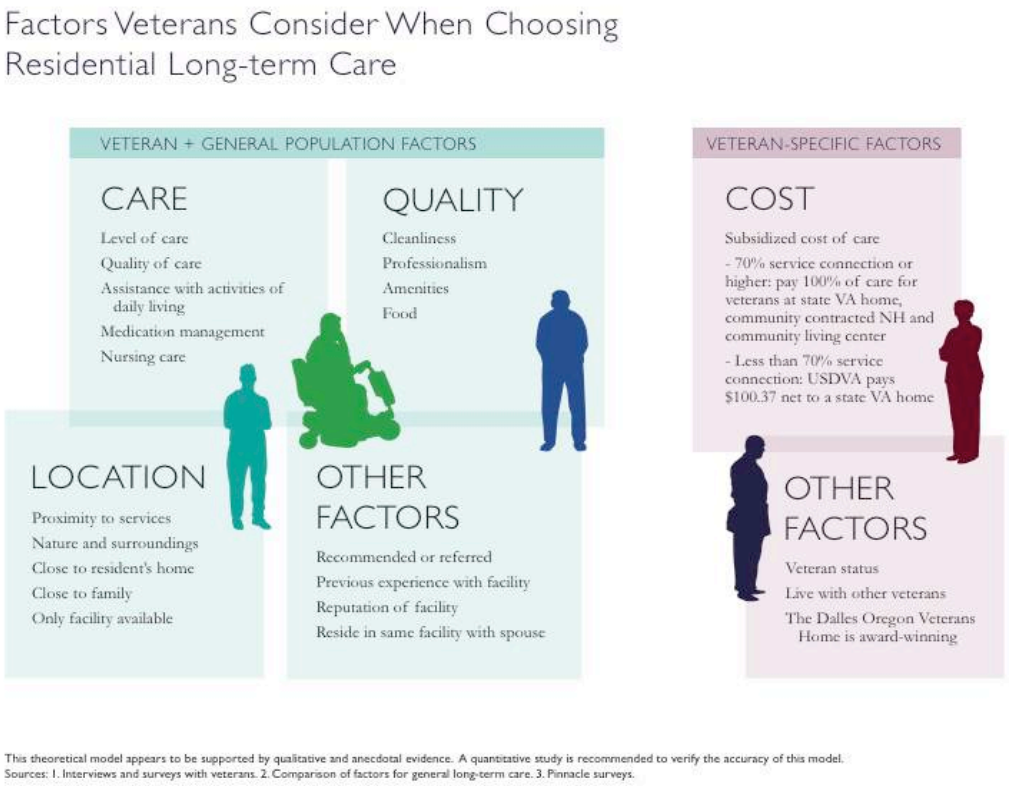
The daughter stated that a veteran-specific facility was her top choice. She mentioned how caring the staff are at The Dalles home and how they are always willing to help, which was a shift from her experience dealing with the nursing care facility her father previously lived in, in Pennsylvania.

Veterans Decision Making Model

Figure 10 identifies the factors veterans consider when choosing nursing care. This model is based on qualitative and anecdotal evidence from veteran interviews (stated above). The qualitative data was taken from Pinnacle survey results. This survey is administered every month to residents at The Dalles home and/or their families.

According to the Pinnacle survey results and veteran interviews, veterans and their families prioritize the quality of the facility. Quality of the facility takes into consideration the cleanliness, professionalism of staff, the amenities offered and the quality of food. Veterans and their families also take into account the care offered at the facility, such as the level of care provided, quality of care, ability to provide assistance with activities of daily living, care coordination and nursing care. The location of the facility is also an important factor when choosing a nursing care facility. This includes proximity to services, nature and surroundings, closeness to the resident's home and family, and if the facility is the only nursing care option available. Other factors that veterans and their families take into consideration are if the facility was recommended or referred to the resident or family, previous experience with the facility, and the reputation of the facility. The last factor that veterans and their families take into consideration is the cost of the facility, which includes whether or not the facility is a lower cost than other facilities in the area and the veteran or their families ability to pay for the care at that particular facility.

Figure 10. Factors Veterans Consider When Choosing Residential Long-Term Care



RECOMMENDATIONS

1. If a third OVH is built in Oregon, careful reconsideration should be given to siting the home in Roseburg. Based on the veterans' population, workforce capacity, and other services available to Veterans, Roseburg may not be the best location. Based on the estimated number of veterans needing care within a 50-mile catchment area, Jackson County (Medford) presents as a more viable option.
2. Occupancy at The Dalles home in the two to three years after the opening of the Lebanon home will be an important indicator of the overall financial viability of future homes. A second review of both The Dalles home and the Lebanon home should be conducted prior to beginning construction on a third home.
3. ODVA should continue to monitor the population-level health of Veterans in Oregon through public health survey data available from the Oregon Health Authority, such as the Behavioral Risk Factor Surveillance System.
4. ODVA and the Oregon Department of Human Services should continue to work together to share resources and information about the needs of aging veterans. Current efforts to identify and track Oregon veterans and share information should aid increased utilization of USDVA benefits.

[1] U.S. Department of Veterans Affairs, Office of the Actuary. Veteran Population Projection Model 2011 – Executive Summary. http://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/VetPop2011_ExSum_Final_1231

[2] Oregon Department of Administrative Services, Office of Economic Analysis. Long-term Oregon State's County Population Forecast, 2010-2050. 2013 Release. http://www.oregon.gov/DAS/oea/Pages/demographic.aspx#Short_Term_State_Forecast

[3] Oregon Health Authority, Public Health Division. Oregon Behavioral Risk Factor Surveillance System (BRFSS). http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/SURVEYS/ADULTBEHAVIORRISK/Pages/index.aspx

[4] PACE or the Program of All-Inclusive Care for the Elderly is an optional benefit under *both* Medicare and Medicaid. PACE focuses only on seniors, including Veterans, who are frail enough to meet their State's standards for nursing home care.

PACE features medical and social services that can be provided at an Adult Day Health Center, a home, or inpatient facilities. For most people, the service package allows them to continue living at home while receiving services

[5] Add overview of proposed rules change here

[6] Freedman VA, Spillman BC, Andreski PM, et al. Trends in late-life activity limitations in the United States: an update from five national surveys. Demography. 2013 Apr;50(2):661-71.

[7] Hoerster KD, Lehavot K, Simpson T, et al. Health and health behavior differences: U.S. Military, veteran, and civilian men. Am J Prev Med. 2012 Nov;43(5):483-9.

[8] Oregon Health Authority, Public Health Division. Oregon Behavioral Risk Factor Surveillance System (BRFSS). http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/SURVEYS/ADULTBEHAVIORRISK/Pages/index.aspx

[9] U.S. Department Of Health And Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. The Health of Male Veterans and Nonveterans Aged 25–64: United States, 2007–2010. August 2012. http://www.cdc.gov/nchs/data/databriefs/db101.htm

[10] Murtagh KN, Hubert HB. Gender Differences in Physical Disability Among an Elderly Cohort. Am J Public Health. 2004 August; 94(8): 1406–1411.

[11] Harris-Kojetin L, Sengupta M, Park-Lee E, Valverde R. Long-term care services in the United States: 2013 overview. Hyattsville, MD: National Center for Health Statistics. 2013. http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf

[12] Murtagh KN, Hubert HB. Gender Differences in Physical Disability Among an Elderly Cohort. Am J Public Health. 2004 August; 94(8): 1406–1411.

[13] Oregon DHS. Office of Business Intelligence. 1/31/2014)

[14] Data provided by ODVA: Historical Average Length of Stay)

[15] http://www.oregon.gov/odva/INFO/docs/Veterans%20Home_Annual%20Report_Final.pdf

[16] Cowles Research Group's Statistical Yearbook 2009; Office of Economic Analysis, Department of Administrative Services, State of Oregon; Population Division, U.S. Census Bureau.

Appendix A | List of Key Informants

Name	Title, Organization	Interivew Date, Time, & Location	Interview Topic
James A. Carlson	President and CEO Oregon Health Care Association	4/1/14 @1pm 11740 SW 68th Parkway Suite 250 Portland	LTCS System Overview, nursing care trends
Walt Dawson	Director of Research and Analytics Oregon Health Care Association		
Nathan Singer	Operations Manager State Unit on Aging Department of Human Services	4/2/14 @10 am 500 Summer St Salem	LTCS System Overview, State directives on aging
Elaine Young	Manager State Unit on Aging Department of Human Services		
Brian Boquist	Senator Chair of Veterans Committe	4/10/14 @9 am Salem	Legislative perspectives
Peggy J. Brey	Director Department of County Human Services Aging & Disability Services	4/25/14 @2pm 421 SW Oak St. Portland	LTCS System Overview, aging resource and service connection
Lee Girard	Community Services Manager Department of County Human Services Aging & Disability Services Division		
Lynn Szender	Director of Healthcare Services, RN, NHA Mary's Woods at Marylhurst Continuing Care Retirement Community	5/13-5/21/14 Email communications	Nursing care workforce
Sal Equivel	Representative	5/29/14 @1pm Salem	
Laurie Monnes Anderson	Senator	5/29/14 @ 12pm Salem	
Brad Witt	Representaive	6/9/14 @ 12pm Lake Oswego	Legislative perspective

Nursing Care Needs of Oregon Veterans

Agnew::Beck Consulting is currently working with the Oregon Department of Veterans Affairs on a study of nursing care needs for Oregon Veterans and we are trying to find out, given choices, what factors you would take into consideration if you ever needed nursing care.

Nursing care is for seniors and others who are unable to care for themselves independently or whose condition requires medical care or assistance from qualified staff whose primary focus is to help preserve an individual's quality of life, dignity and physical care.

This survey should take about five (5) minutes of your time and responses are anonymous. The information you provide will impact decisions about nursing care options for veterans in Oregon.

Nursing Care Needs of Oregon Veterans

1. What is your age range?

- ◯ Under 44
- ◯ 45-54
- ◯ 55-64
- ◯ 65-74
- ◯ 75-84
- ◯ Over 85

2. What was/is your branch of service?

- ☐ Army
- ☐ Navy
- ☐ Air Force
- ☐ Marines
- ☐ Coast Guard
- ☐ Other

Other (please specify)

3. If you ever needed nursing care, how important would each of the following be to you when choosing a nursing care facility:

	Not at all important	Not very important	Somewhat important	Very Important
Cost	◯	◯	◯	◯
Location	◯	◯	◯	◯
Cleanliness	◯	◯	◯	◯
Quality of care	◯	◯	◯	◯
Structure (daily meals and activities)	◯	◯	◯	◯
Independence/choice	◯	◯	◯	◯
Proximity to family or friends	◯	◯	◯	◯
Desire to live with other veterans	◯	◯	◯	◯
Desire to be in the same facility as your spouse/partner	◯	◯	◯	◯

4. Out of the above list, which one factor would you consider most important and why?

5. Are there any other factors you would consider when looking for nursing care?

6. If you ever needed nursing care, how important would each service or support be to you:

	Not at all important	Not very important	Somewhat important	Very Important
Access/transportation to community activities	◯	◯	◯	◯
Access to the natural environment	◯	◯	◯	◯
Common (community) areas and social activities	◯	◯	◯	◯
Private space	◯	◯	◯	◯
Meal services	◯	◯	◯	◯
Care coordination (medication management, scheduling appointments, etc.)	◯	◯	◯	◯
Personal care assistance (assistance getting dressed, eating, bathing, etc.)	◯	◯	◯	◯
Other services (describe below)	◯	◯	◯	◯

Other services

7. Out of the above list, which one or two factor(s) would you consider most important and why?

8. If you ever needed nursing care, what would be your top two preferences for where you would choose to live?

- ☐ Veteran-specific facility
- ☐ Public or private nursing facility
- ☐ In-home services
- ☐ Any of these options would be fine with me/no preference
- ☐ None of these options are preferable

Comments

9. Are there any additional comments you would like to share on this topic?

Thank you

Thank you for your time. It is much appreciated and your feedback will help inform our recommendations to the Oregon Department of Veterans Affairs as they make decisions about the type and location of veteran services. If you have follow-up questions or would like access to the report once it is finalized, feel free to call Heidi Heimerl at 907-222-5424 or e-mail at hheimerl@agnewbeck.com.

Nursing Care Needs of Oregon Veterans

SurveyMonkey

What is your age range?

		Response Percent	Response Count
Under 44		0.0%	0
45-54		0.0%	0
55-64		0.0%	0
65-74		**83.3%**	**5**
75-84		16.7%	1
Over 85		0.0%	0
		answered question	**6**
		skipped question	**0**

Nursing Care Needs of Oregon Veterans

What was/is your branch of service?

		Response Percent	Response Count
Army		**83.3%**	**5**
Navy		16.7%	1
Air Force		16.7%	1
Marines		0.0%	0
Coast Guard		0.0%	0
Other		0.0%	0
		Other (please specify)	0
		answered question	**6**
		skipped question	**0**

If you ever needed nursing care, how important would each of the following be to you when choosing a nursing care facility:

	Not at all important	Not very important	Somewhat important	Very Important	Rating Count
Cost	16.7% (1)	16.7% (1)	16.7% (1)	**50.0% (3)**	6
Location	0.0% (0)	0.0% (0)	16.7% (1)	**83.3% (5)**	6
Cleanliness	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (6)**	6
Quality of care	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (6)**	6
Structure (daily meals and activities)	0.0% (0)	20.0% (1)	**40.0% (2)**	**40.0% (2)**	5
Independence/choice	0.0% (0)	0.0% (0)	33.3% (2)	**66.7% (4)**	6
Proximity to family or friends	0.0% (0)	16.7% (1)	16.7% (1)	**66.7% (4)**	6
Desire to live with other veterans	16.7% (1)	0.0% (0)	**50.0% (3)**	33.3% (2)	6
Desire to be in the same facility as your spouse/partner	0.0% (0)	0.0% (0)	20.0% (1)	**80.0% (4)**	5
				answered question	**6**
				skipped question	**0**

Out of the above list, which one factor would you consider most important and why?

	Response Count
	6
answered question	6
skipped question	0

Page 3, Q1. Out of the above list, which one factor would you consider most important and why?		
1	Cost. It is self-explanatory. I've known people who have lost everything because someone had to go into nursing care.	May 16, 2014 11:08 AM
2	Independence/choice; enjoy staying by myself	May 16, 2014 11:07 AM
3	"All of these factors are important to most vets."	May 7, 2014 2:36 PM
4	Cost, as it regulates the rest of the factors.	May 6, 2014 4:13 PM
5	Living with my spouse, because I have invested over 40 years with her and why change now.	May 6, 2014 4:11 PM
6	Desire to live with spouse as she is my "sweetheart" and I want to live with her. My wife may say something differently, but I would be sneaking out to see her if she didn't live with me.	May 6, 2014 4:07 PM

Are there any other factors you would consider when looking for nursing care?

	Response Count
	6
answered question	6
skipped question	0

Page 3, Q1. Are there any other factors you would consider when looking for nursing care?		
1	Competency of staff	May 16, 2014 11:08 AM
2	Private space	May 16, 2014 11:07 AM
3	"Whatever the doctor recommends."	May 7, 2014 2:36 PM
4	No.	May 6, 2014 4:13 PM
5	No.	May 6, 2014 4:11 PM
6	Cost, location and proximity to family or friends would be very important if my wife were alive. If my wife is not alive, these factors would not be very important.	May 6, 2014 4:07 PM

If you ever needed nursing care, how important would each service or support be to you:

	Not at all important	Not very important	Somewhat important	Very Important	Rating Count
Access/transportation to community activities	16.7% (1)	16.7% (1)	**50.0% (3)**	16.7% (1)	6
Access to the natural environment	0.0% (0)	0.0% (0)	**66.7% (4)**	33.3% (2)	6
Common (community) areas and social activities	16.7% (1)	16.7% (1)	16.7% (1)	**50.0% (3)**	6
Private space	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (6)**	6
Meal services	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (6)**	6
Care coordination (medication management, scheduling appointments, etc.)	0.0% (0)	0.0% (0)	16.7% (1)	**83.3% (5)**	6
Personal care assistance (assistance getting dressed, eating, bathing, etc.)	0.0% (0)	0.0% (0)	16.7% (1)	**83.3% (5)**	6
Other services (describe below)	0.0% (0)	0.0% (0)	0.0% (0)	**100.0% (1)**	1
				Other services	0
				answered question	**6**
				skipped question	**0**

Out of the above list, which one or two factor(s) would you consider most important and why?

	Response Count
	6
answered question	6
skipped question	0

Page 4, Q1. Out of the above list, which one or two factor(s) would you consider most important and why?		
1	Care coordination and personal care assistance because of personal knowledge as to what is important. If you have no one taking care of you it becomes a problem.	May 16, 2014 11:08 AM
2	Private space; I like time to myself	May 16, 2014 11:07 AM
3	All are important	May 7, 2014 2:37 PM
4	Private space, because a person likes to have their own space and you wouldn't have someone looking over your shoulder. I need my own personal space.	May 6, 2014 4:14 PM
5	Meal services, because I like to eat!	May 6, 2014 4:12 PM
6	Personal Care Assistance and Care Coordination; If I wasn't capable of doing things myself everything else would be wonderful if I was taken care of. If not, I would be dirty.	May 6, 2014 4:09 PM

Nursing Care Needs of Oregon Veterans

SurveyMonkey

If you ever needed nursing care, what would be your top two preferences for where you would choose to live?

		Response Percent	Response Count
Veteran-specific facility		**66.7%**	**4**
Public or private nursing facility		0.0%	0
In-home services		50.0%	3
Any of these options would be fine with me/no preference		33.3%	2
None of these options are preferable		0.0%	0
		Comments	3
		answered question	**6**
		skipped question	**0**

Page 4, Q1. If you ever needed nursing care, what would be your top two preferences for where you would choose to live?		
1	In-home as first choice and then veteran-specific facility	May 16, 2014 11:08 AM
2	I would choose in-home as my first choice and then veteran-specific facility	May 16, 2014 11:07 AM
3	In-home is at the top of my list then, all of the above.	May 6, 2014 4:14 PM

Are there any additional comments you would like to share on this topic?

	Response Count
	6
answered question	6
skipped question	0

Page 4, Q1. Are there any additional comments you would like to share on this topic?		
1	No	May 16, 2014 11:08 AM
2	No	May 16, 2014 11:07 AM
3	The care I've received at the VA has been very good care. They have the no how on what they are doing.	May 7, 2014 2:37 PM
4	I have been satisfied with the VA care I have received.	May 6, 2014 4:14 PM
5	The current VA facilities are underfunded and overcrowded and it's not getting better. I have hope!	May 6, 2014 4:12 PM
6	No, just hope that when/if the time comes that there are options available to me.	May 6, 2014 4:09 PM

These tables present data from the 2012 Oregon BRFSS, comparing veterans to nonveterans. The analysis is limited to two groups: men 50-64 years old and men 65 years and older.

Number of surveys conducted among elderly men
(Unweighted Data)

	50-64 years old	65 years and older
Veterans	393	829
Non-Veterans	1,075	612
Don't know/Refused	3	4
Total	1,471	1,445

The number of actual (unweighted) respondents in the different groups are shown in the table above. The tables below use weighted data.

Smoking Status by Veteran's Status
Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Smoke	24%	17%	9%	8%
Does not smoke	76%	83%	91%	92%
Total	100%	100%	100%	100%

Overweight/Obese by Veteran's Status
Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Not overweight	18%	25%	26%	27%
Overweight	44%	46%	47%	47%
Obese	38%	29%	27%	26%
Total	100%	100%	100%	100%

Ever Been Diagnosed with Diabetes by Veteran's Status
Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Yes – diabetes	17%	12%	22%	19%
Yes – pre-diabetes or borderline diabetes	80%	87%	3%	1%
No diabetes diagnosis	3%	1%	76%	79%
Total	100%	100%	100%	100%

Ever Been Diagnosed with Cancer (other than skin cancer) by Veteran's Status
Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Yes – diagnosed with cancer	6%	5%	22%	16%
No	94%	95%	78%	84%
Total	100%	100%	100%	100%

Ever Been Diagnosed with Stroke by Veteran's Status
Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Yes – diagnosed with stroke	5%	3%	11%	7%
No	95%	97%	89%	93%
Total	100%	100%	100%	100%

Ever Been Diagnosed with Depression by Veteran's Status
- Men, 65 Years and Older -

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Yes – diagnosed with depression	28%	19%	15%	12%
No	72%	81%	85%	88%
Total	100%	100%	100%	100%

Activity Limitations due to Physical, Mental, or Emotional Problems by Veteran's Status Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Yes – activity limitations	35%	27%	41%	33%
No	65%	73%	59%	67%
Total	100%	100%	100%	100%

Household Income by Veteran's Status Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Less than $25,000	29%	28%	29%	30%
$25,000-$49,999	29%	21%	40%	33%
$50,000-$74,999	17%	16%	15%	16%
$75,000 or more	24%	35%	16%	21%
Total	100%	100%	100%	100%

Educational Attainment by Veteran's Status Among Oregon Men

	50-64 years old		65 years and older	
	Veterans	Non-Veterans	Veterans	Non-Veterans
Less than high school graduate	10%	12%	10%	15%
High school graduate or GED	24%	26%	28%	22%
Some college	46%	33%	35%	25%
College graduate	20%	29%	27%	38%
Total	100%	100%	100%	100%

	Number	Percentage
TOTAL - Good facility/care/staff	**434**	**43%**
Better care at OVH (best facility in the area)	166	17%
Good/nice facility	124	12%
OVH has good reputation (heard good things)	107	11%
Was impressed with OVH (e.g., during visit)	63	6%
Clean facility/cleanliness	58	6%
Good/nice staff	28	3%
TOTAL - Veteran status	**324**	**32%**
Resident is a veteran	275	27%
Resident is a veteran's spouse	30	3%
Resident wanted to be with veterans	16	2%
Only Veterans Home in Oregon	7	1%
Accepted resident and spouse	6	1%
TOTAL - Needed more care	**198**	**20%**
Needed more (medical) care (e.g., disabled)	128	13%
Needed physical therapy/rehab	31	3%
Needed memory care, had dementia/Alzheimer's	17	2%
Needed other specific kind of medial care	26	3%
TOTAL - Close location	**157**	**16%**
Close to resident's home	70	7%
Moved to OVH to be close to family	39	4%
Location, unspecified	34	3%
Only facility available in the area	15	1%
TOTAL - Recommended or referred	**109**	**11%**
Recommended or referred by doctor/hospital/other facility	81	8%
Recommended by friend	11	1%
Recommended by VA, veterans group	8	1%
Recommended by other, unspecified	9	1%
TOTAL - Previous Experience with OVH	**75**	**7%**
Previous resident of OVH	22	2%
Spouse is a resident or had been a resident	13	1%
Other family member had been a resident	15	1%
Knew someone who was a resident	16	2%
Family member or friend worked there	12	1%
Lower cost than other facilities	**68**	**7%**
Other responses	170	17%
TOTAL SURVEYS	1005	

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