

Embracing Mid-Century Change, Lyngblomsten Partners with the Lutheran Church to Keep Serving Older Adults

By Sam Patet

Change. The founding women of Lyngblomsten and their successors faced changes all the time. One of the biggest changes they navigated occurred in the late 1950s to very early 60s, when they ultimately gifted Lyngblomsten's property, finances, and beloved home to the St. Paul Circuit of the Evangelical Lutheran Church (ELC, which soon after became the American Lutheran Church and later the Evangelical Lutheran Church in America). What caused them to make this decision?

As we learned in the last edition of *Backstories*, costs for operating the home were skyrocketing. The decision was precipitated by three other influences as well.

1. Participation in the Lyngblomsten branches was decreasing. Mrs. Henry Dahl noted this during her president's speech at Lyngblomsten's 1960 annual meeting. There are many tasks "we as Board members cannot do because of our aging membership, and the limited time that a housewife can give to this all important work," she said.

Mrs. Dahl's assessment was confirmed by long-time Lyngblomsten supporter and life member Karina Allen, 91, of St. Paul. As a young girl, Allen accompanied her mother, Maria Vassbotn, a member of Branch #13 of Minneapolis, on visits to Lyngblomsten. As an adult, she helped found the Lyngblomsten Auxiliary, worked for a few years in Lyngblomsten's social services department, and served on the Lyngblomsten Board of

Directors for 18 years. "The numbers were going down; women were getting older," Allen said in a 2012 interview about the Lyngblomsten branches in the late 1950s. "So many of the daughters were not joining." This was due in large part to women entering the workforce, leaving them with less time for volunteering.

Since its inception in 1906, Lyngblomsten had relied upon the volunteer efforts of throngs of women to keep the organization operating. How would it be able to proceed with fewer women to assist? They could see the model would need to change.

2. State regulations for nursing homes were increasing. In 1941, the Minnesota Legislature passed the first comprehensive health facility licensing law in the nation.¹ "Amended in 1943 and 1945, this law required the Health Department to license hospitals and other institutions."² Under the 1941 law, however, the board did not have the authority to establish enforceable regulations, only the ability to grant licenses to homes.³

This changed in 1951, when the Legislature passed an amendment to the 1941 law that allowed the Board of Health to establish enforceable regulations for hospitals, nursing homes, and board care homes.⁴ The board did just that, with the regulations becoming effective in February 1952.⁵ The new regulations covered a host of items, from construction specifications and spacing of beds to food storage and the number of

required nursing personnel.⁶ Lyngblomsten has been a licensed nursing home since 1942. While the regulations were probably good for the industry overall, the complexities made it difficult for a volunteer-run organization to manage them.

3. The Lutheran church was looking to build a nursing home in the St. Paul area. As recorded in the transcript of Mrs. Dahl's speech from January 1960, "The ELC has a large amount of money to be spent on an Old Folks Home and are looking for a location in this territory."

The ELC had extensive experience operating homes for the elderly. A press release from the ELC Office of Public Relations dated July 3, 1960, states that the ELC was operating more than 30 of them [across the country].⁹ It would be able to put this experience to use for Lyngblomsten.

Change: Women vote to join ELC

The solution the women chose—forming a partnership with the ELC in 1960—allowed them to continue to support the home without having to rely on volunteers to manage its recruitment efforts, finances, and compliance with state regulations.

The minutes from Branch #10 of St. Paul indicate that the women were considering forming a

partnership as early as September 27, 1957. "A discussion about joining the E.L.C. was brought up and each one asked to be thinking about it."⁷ Five months later, this "discussion" had some definite contours: "There having been some tentative plans between Lyngblomsten and the Evangelic[al] Lutheran Church to join in building an Infirmary on the Lyngblomsten grounds, there will be a meeting of the L.[yngblomsten] members and a Representative of the E.L.C. to discuss this matter further on March 18, 1958, at 1:30 at the L.[yngblomsten] home."⁸

What did the women of Lyngblomsten offer the ELC? Allen revealed that the women provided money and, of even greater value, land in the heart of St. Paul. "At the time they [the women of Lyngblomsten] joined with the church, they had \$300,000 saved in the bank [most likely in an endowment] that they could add on to it if they needed it," Allen said. The ELC was "very interested because it was hard to get land in town, and here [the Lyngblomsten campus] was a lot of land."

So at their annual meeting on January 12, 1960, the women of Lyngblomsten voted 81 to 22 to form a new corporation with the ELC. "Resolved that we as the Board of Trustees of the

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The 1960–1961 Lyngblomsten Board of Directors included six representatives from the Lyngblomsten Branches and six from the St. Paul Churches. This is the first time the Board included men.

Pictured are: (back, left to right) Rev. Alvin Lewis, Rev. G. P. Reiff, Herb Saxerud, Stan Uggen, E. Howard Anker, John Niles, (front) Ella Thorp, Ann Rolph, Agnes Miller, Louise Aude, Olga Carlsen, and Jean Mason.

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Lyngblomsten Home of St. Paul do hereby ask the Evangelical Lutheran Churches of St. Paul to merge with the Lyngblomsten Corporation for the purpose of maintaining and expanding the Lyngblomsten Home of St. Paul.”

At that meeting, the women also requested that the new corporation build an addition on the property. “We further ask them to build an addition consisting of additional rooms or units and an infirmary. This building program to be financed by the Churches and the Corporation. We further ask that the new corporation employ an administrator to manage the new home as well as the present home.” Plans began immediately to build a 144-bed infirmary.

By early 1961, the new corporation had been formed and an administrator chaplain—Pastor Alvin Lewis—had been appointed. With representatives from the Lyngblomsten branches and the newly partnered member congregations, the Lyngblomsten Board of Directors included men for the first time. Today, more than 50 years later, Lyngblomsten remains a social ministry with the ELCA and has 28 member congregations.

Change: Medicare and Medicaid dollars provide more opportunities and more regulations

A significant change Lyngblomsten encountered was how it got paid for resident care. On July 30, 1965, President Lyndon Johnson signed into law H.R. 6675, which established Medicare and Medicaid. While the law brought new revenue sources for Lyngblomsten, it also brought regulations from the federal government that had to be followed for a facility to receive funds.

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—Reverend Gerhardt P. Reiff, Lyngblomsten's second administrator

we could only dream about,” wrote the Reverend Gerhardt P. Reiff (Lyngblomsten’s second administrator) in the 1966 Lyngblomsten annual report. “Money, more and more, is available. I am wondering if in the process of getting this money we are not in danger of losing the spirit that brought homes for aging into existence.”¹⁰

Was Lyngblomsten truly in danger of losing its altruistic, Christian-centered spirit? With all of the extra regulations and paperwork that came with accepting Medicare and Medicaid dollars, Reiff thought so.

“In honing our staff to a fine professional edge, we need to guard against the loss of individualization,” Reiff wrote. “For example, the Medicare regulations require that there should be fourteen hours between the evening meal and breakfast. This idea is good but shouldn’t the aging themselves have the privilege of decision? Some of them might like to sleep a little longer in the morning and go to bed a little earlier at night, thus more than fourteen hours might elapse.”¹¹

And later, he wrote: “I am concerned for more time will be taken from bedside nursing and from personal attention to the patient, and more time devoted to writing, reading and keeping charts.”¹²

Would Reiff’s predictions come true? Be sure to read our final installment of *Backstories*, where we’ll examine how Lyngblomsten was able to provide person-centered care and community outreach both on and off campus in the final decade of the 20th century and beyond. **L**

¹Emerson, Elisabeth. *Public Health is People: A History of the Minnesota Department of Health from 1949 to 1999*. St. Paul: Minnesota Department of Health, 2002. Print. Pg. 159.

²Emerson. Pg. 159.

³Emerson. Pg. 160.

⁴Emerson. Pg. 160.

⁵Emerson. Pg. 160.

⁶*Minnesota Statutes and Regulations of the Minnesota State Board of Health for the Construction, Equipment, Maintenance, Operation, and*

Licensing of Nursing Homes and Boarding Care Homes. February 1952.

⁷Branch #10 of St. Paul Minutes, September 27, 1957. Pg. 48.

⁸Branch #10 of St. Paul Minutes, February 28, 1958. Pg. 54.

⁹Evangelical Lutheran Church Office of Public Relations. “New Retirement Concept to Be Used in Million-Dollar Twin Cities Center.” Press release. July 3, 1960. Pg. 2.

¹⁰Lyngblomsten 1966 annual report. Pg. 2.

¹¹Lyngblomsten 1966 annual report. Pg. 2.

¹²Lyngblomsten 1966 annual report. Pg. 3.