

Issues of Seniors Staying in their own Homes
September 2010

EXECUTIVE SUMMARY

Introduction

In the Spring of 2009, at the request of the Ulster County Office for the Aging, Family of Woodstock, Inc. applied for and received a grant from the NYS Office for the Aging to explore the needs and current supports in the northern half of Ulster County to maintain seniors in their homes, and, in particular, to focus on issues related to those who live in the rural areas of the county. While the initial proposal focused on the northern half of the county, the focus was expanded to the entire county at the request of the Ulster County Office for the Aging. The project utilized surveys, focus groups, interviews with key leaders of agencies that provide significant services to seniors, and research on best practices or innovative projects which have been implemented locally or in other parts of the country. Included in the study are findings from the surveys and focus groups, and observations on the changing demographics of the community, and on current economic and social conditions which impact significantly on seniors' ability to stay in their own homes.

This report is in large part a compilation and synthesis of existing planning documents created by the Partnership for Healthy Aging, NY Connects, Ulster County Office for the Aging, Ulster County Departments of Planning, Health, Mental Health and Social Services, and the research and analysis conducted by Toby Krawitz, the project's consultant, Michael Berg, Executive Director of Family of Woodstock, Inc., Danielle Semenchuk and Nikki Goldbeck. Many of the observations and recommendations below were generated from the input provided by Ulster County residents 55 years old and older who participated in focus groups or completed the Community Survey. In total, 23 focus groups were conducted across the northern part of the county including 276 seniors and 480 community surveys were completed by seniors across the county. In addition, the primary research was supplemented by input from the "What Midtown Seniors Think!" survey of 50 Midtown Kingston area residents 60 years old or older, conducted by Philliber Associates for Kingston Cares, a community collaborative sponsored by Family of Woodstock, Inc.

This report is not intended to be a comprehensive planning document for seniors; rather it attempts to define the areas that need to be addressed and suggests logical next steps. The Executive Summary presents observations and suggestions as to the structure for moving forward in an efficient and coordinated manner. It is followed by appendices which are broken down into the following categories: general programs; community; education and entertainment; financial and legal; health and mental health; housing; home maintenance; food and nutrition; safety; and transportation. In each area we have summarized the survey and focus group findings and included examples of innovative programming.

Observations

The needs of seniors appear to be consistent.

The top concerns of seniors according to the Community Survey in order of concern are: rising property and school taxes; having a doctor who is supportive of their desire to live independently; and that there is easy access to nurses, aides, physical therapy in the community. While the survey was limited in number, there were very few significant differences across location, age and income. These findings were amplified and confirmed by the input of those participating in the focus groups. Financial assistance, transportation issues and home maintenance were consistently rated as high priority issues throughout all age groups surveyed.

Seniors are a significant resource in our community.

As was very effectively stated in a report by The Area Agency on Aging for Northeastern Vermont, society often thinks about older adults as those who need help, rather than as significant resources in the community, who can, and often themselves provide help. In families, grandparents and older relatives have always played an important role in helping to contribute to the welfare of younger generations. Their practical assistance, patience, wisdom and love are an invaluable part of helping to raise the youth of our community, particularly so in recent years when more families are headed by single parents and traditional nuclear families often rely on the income of two wage earners in order to make ends meet.

Older adults play a vital role in many of our churches and community organizations, contributing their time and energy to insure that these groups fulfill their mission and operate smoothly. They volunteer their time at local hospitals and libraries, providing transportation, mentoring young people and in general, contributing to the richness of the community and insuring the welfare of others. They will be an even more critical and vital resource as the population ages and more and more seniors live into their 80s and above. While there are many older adults who genuinely need help, many others are able to give generously of themselves in later life for the betterment of all.

The demographics of our community is changing.

Ulster County's aging population is increasing and will become a larger percentage of the population. While the county's population is projected to only increase 6% from 2000 to 2035, the number of seniors over 60, 65 and 85 years old will increase 72%, 79%, and over 100%, respectively. In addition, there is concern that the number of young families in the county is declining, as is reflected in the fact that enrollment in nine out of the ten school districts is decreasing. This outward migration impacts upon the availability of the extended family and it is reasonable to question who will take care of seniors in their home if the outward migration of young people continues. Further, in planning needed services, it is important to note that nearly 50% of seniors over the age of 75 have a disability.

Ulster County is a rural community.

Ulster County is a large, rural county approximately the size of the state of Rhode Island, and has only one city, Kingston, which has a current population of approximately 21,000. Individuals in rural communities feel isolated, have less access to available services and are concerned about how they can receive the services they require because of the distances involved to available resources. While there has been much work done in the area of transportation, it is still the consensus of the population that public transportation in the rural communities will not adequately support access to services that are largely located in the city of Kingston. In the foreseeable future, it is unlikely that public resources will allow either the locating of additional services throughout the county or the expansion of public transportation to be an effective resource for seniors in the more rural parts of the county.

The decline in public resources will necessitate changing solutions for seniors as they age.

The cost of more formal care, such as nursing homes and assisted living facilities, is increasing at a rate that precludes utilizing it for the bulk of the aging population. Further, most seniors would prefer to remain in their own homes for as long as possible. Therefore, it must be the goal of service providers and community planners to develop effective in-home supports which facilitate seniors staying in place, and higher levels of care or more costly alternatives should not be accessed by default for lack of services that would allow seniors to stay at home.

There will have to be significant volunteer supports to augment the formal services available to seniors.

One of the implications of the decreasing resources available from all levels of government and the far-flung rural nature of Ulster County is that the formal network of services provided by governmental, non-profit and for-profit agencies will not by themselves be able to provide adequate supports to maintain seniors in the most rural parts of the county in a safe and healthy way. Their services will have to be augmented utilizing existing neighborhood or community resources, such as churches, business organizations, libraries, volunteer organizations and senior groups. Volunteers are a valuable potential resource in every community. With specialized training, they can provide critical basic needs and support services. The structure of these helping services will have to be tailored to the character and traditions of the community. No one structure or solution will fit every community and, in fact, there will undoubtedly have to be multiple initiatives to reach the varied populations that reside throughout the county.

Next Steps

Because of diminishing resources, the level of program planning and coordination will become increasingly critical to insure the most effective use of those resources in reaching the greatest number in need. As cited by Anne Anderson in her 2006 report, "Delivering Rural Health and Social Services: An Environment Scan", the following are critical issues when designing and implementing programs for rural elders:

- Accessibility- how will people get to and from the program?
- Affordability- are there adequate resources to fund the program, and if there is cost sharing, can potential service users afford to pay?
- Acceptability- does the program fit with local culture, attitudes, and existing systems of care?
- Appropriateness- does the program truly meet the need it is intended to meet?
- Awareness- how will information on and referral to the program be provided?
- Sustainability- is the program likely to have a long-term impact that can be supported over the long haul?

There must be a coordinating body which evaluates and directs the development of expanded and new services targeted to rural seniors.

While there are many governmental units and private non-profit and for-profit organizations currently providing services to seniors, there has not been one body or individual who has been designated the responsibility to develop a comprehensive service plan for seniors, with particular focus on those in outlying communities. This plan should integrate the many quality recommendations that have been made by individual segments of the helping community. As resources diminish, there will need to be greater collaboration, coordination and evaluation to ensure not only that the county gets the most service for the limited dollars available, but that available resources are not fully expended on the easier to serve population centers in the county at the expense of those in rural communities.

One of the principle recommendations that came out of the 2007 Ulster County Mental Health and Office for the Aging forum, is that coordination functions, should be supported. There currently is no coordinating function in the county. The concept of agencies partnering to provide training opportunities and to form a geriatric network of service providers should be encouraged. The e- mail list serve for agencies serving the geriatric population should be promoted and cross referenced. This list serve could support a more thorough tally of which service models are operating in Ulster County by which agencies. In addition, the number of persons being served and the numbers wait listed for services could be further understood via the linkage between provider agencies.

There must be an analysis of the penetration and capacity of existing formal services.

While the county service providers offer many services to seniors as well as the general population, a more detailed analysis of the number who received these service and the geographic area served, would be a significant first step in evaluating the effectiveness in the current level of services. Accurate measures should be identified to evaluate if the program is achieving its goals. This would be an appropriate first task of the coordinating body.

Informal services, provided largely by volunteers, have a critical role to play in providing a safety net and social connection particularly for rural seniors.

Successful programs must take advantage of and support community, social, cultural, and organizational systems, especially indigenous helping networks, such as churches, extended families, and neighbors. It is essential not to look at rural communities as only presenting obstacles, but to see them as providing resources and solutions. In order to more effectively expand and develop new volunteer networks, resources will have to be identified to provide community by community organizing. Local seniors themselves and other community volunteers will build on each community's traditions and links these volunteer resources to isolated seniors. These volunteer efforts will be critical in addressing such issues as shopping, household maintenance and repair, daily check-in phone calls, tax preparation, recreation, transportation and knowledge of community resources. Existing networks can be augmented utilizing both local resources and agencies like UlsterCorp, which is committed to identifying volunteer opportunities and connecting those available to those in need. Formal services, such as those provided by RUPCO (home repairs) and Community Action (weatherization), could be augmented by the development of a specialized portion of Habitat for Humanity focused on repairing homes of seniors staying in place or through the efforts of Youth Build. Individuals on public assistance can be organized to provide helping services to seniors through the CWEEN program. Existing youth organizations, such as 4-H, Eagle, Boy and Girl Scouts, can develop helping services focused on rural seniors. A critical resource is the seniors themselves. Their knowledge and experience will make them well received by many seniors and their efforts and activities will give them a sense of purpose and keep them active as they age.

A critical issue will be how to address the isolation that all seniors feel as their mobility becomes limited, an issue which is particularly significant in rural communities.

A first step is to keep seniors active and participating in their communities for the greatest amount of time possible. Certainly they can be a valuable resource in addressing the needs of older seniors, and in the process they should be encouraged to prepare for the time that they will not be as mobile. It is a very positive development that the baby boomers are much more technologically savvy and information dissemination to them can be built around web based and computer driven communication. One possible way to promote the use of the internet would be to encourage cable and other internet providers to give a discounted rate to older seniors.

There is certainly concern over the ability of service providers to inform the senior community of available resources. While the survey only focused on knowledge of the Office for the Aging services, with only fair results, it is reasonable to expect that there is even less knowledge of services offered by other county departments and private agencies. There have certainly been significant efforts to document available services. The Ulster County Office for the Aging created a resource directory which is on their website. There are also directories for Senior Services, Physicians who accept Medicare, and Subsidized Housing online developed by the Wellness Recovery collaborative. However, there is not broad knowledge among the senior community of these resources. One approach, which was very effective with adolescents, might be the development of an Yellow Pages, broad in its scope of services, but specifically targeted

to the needs of a particular population, in this case, seniors. Such a publication could be distributed to seniors and updated annually. While the paper copy might be expensive to produce and distribute, ultimately, most seniors will be able to access a web version.

While having listings of services that are available would be a significant step forward, there is an additional need for seniors to have access to individuals they can talk to about their problems and more clearly define their needs and align them to available services. To make available such resources, a comprehensive training should be developed which will teach providers, counselors, other community professionals and volunteers of the needs of the growing senior population, and the scope of available services and how to access them. This intensive training should be incorporated in the training programs of resources like the Family of Woodstock, Inc.'s Hotline and Walk-In Centers, 211, police, hospitals and other agencies that are regularly approached for information and referral about available services.

Informal caregivers, including family, friends and neighbors, will have to be supported to provide effective long-term care as seniors age.

A key element in the ability of informal caregivers to continue to provide primary caregivers for aging seniors is their ability to maintain some semblance of their own lives and their families while providing this intensive support. Often these arrangements become stressed and dissolve because they are continuous and without a break. Support groups enable a caregiver to share with others struggling with the same issues of stress and isolation. Respite programs that provide either volunteer or professional relief so that the caregiver and their families can have time off and go on vacations will be increasingly critical to our community's efforts to provide low cost care for seniors living in their own homes. (An interesting approach, suggested by Debra Glassey, Executive Director of Always There, is discussed in the appendix on page 32.)

A second significant support, particularly for caregivers of seniors in rural communities, will be the ability over time of the medical community to effectively monitor health conditions remotely utilizing web based technologies. The difficulty, particularly of working caregivers, to bring seniors to medical appointments and tests in Kingston or in urban centers that are even further away is both costly and very disruptive to their schedules. It is often the caregivers fear that they cannot adequate support the health needs of their charge that leads to the conclusion that the senior must be placed in a nursing home or assisted living facility.

The coming explosion in the senior population will require, and is an opportunity for, the development of new and innovative services targeted to seniors remaining in their homes.

A critical issue in the success of efforts to reduce the cost of maintaining seniors will be the lack of geriatric specialists to serve the growing population. Educational institutions will need to develop and promote programs that produce knowledgeable social work and medical geriatric specialists. Knowledge of geriatric issues will not only have to be available in hospitals and nursing homes, but also in local family medical practices and community based agencies. Currently, care giving is by and large seen as a basic low cost service. A key issue will be the

development of career paths in senior services which allow people to earn a living will providing these needed services.

Businesses should be informed about the significant changes in the demographics of the community and encouraged to design services focused on the needs of the elderly. Two services that are clearly going to be needed are shopping and delivery services for homebound seniors and services which install handicapped facilities in houses. Funding will need to be found to renovate homes when their conditions are the primary reason why the senior would be forced to be moved to a higher level of care.

There are many other important next steps that should be considered and implemented.

There are various existing coordinating bodies, such as the Ulster County Office for the Aging, Ulster County Mental Health Department, Ulster County Department of Health and the NY Connects Long Term Care Council, that have made significant recommendations as to next steps. For the sake of brevity, this summary does not include all of them. They are, however, described in detail in the appendix on page 55.

Conclusion

The survey and focus groups and the demographics of the county give the impression that while many seniors are struggling and the situation economically is getting worse, the seniors in our community are not yet in crisis. There is still time to develop and organize additional resources to help seniors achieve their goal of staying in place. Certainly given the economic conditions of the various governments, there will be many constituencies competing for limited dollars. It will be critical to convince decision makers that the large savings that can be achieved by supporting seniors to remain in their homes for as long a period as possible must in part be used to develop effective resources locally. This has not always been the case in such savings as the deinstitutionalization of mental health patients or the closing of state penitentiaries and other facilities and will be difficult to achieve at a time when governments have to save so much money just to be viable. Seniors themselves will need to be informed of the process of these decisions and encouraged to make their voices heard. Decision makers will also have to be better informed as to these critical issues and how much savings can be achieved if well designed and implemented local programs can be accomplished. Developing senior advisory boards in each local community will help to engage the senior community to participate in these important decisions and ensure that the programming developed will suit the character and traditions of each local community. (There are interesting examples of designated funding sources implemented by other states and private sources of funding on page 56.)

APPENDIX DEMOGRAPHICS

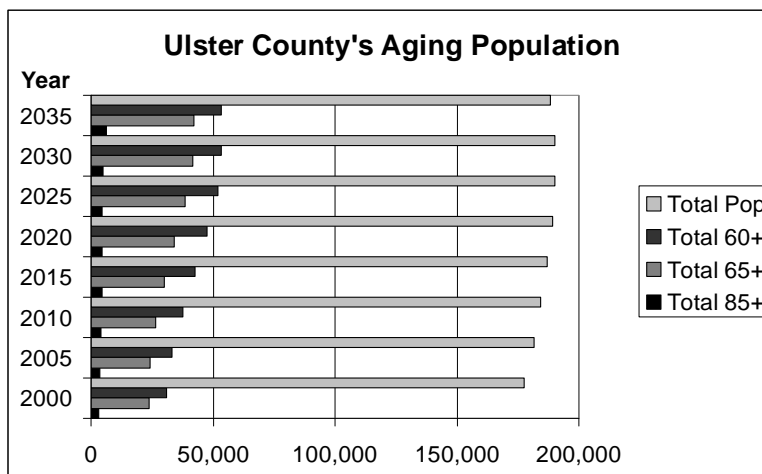
It should be noted that the demographics of this report are based on the Cornell University Program on Applied Demographics (PAD) 2008 Population Projections and American Community Survey, 3-yr Estimates, 2006-2008. The report will be updated when the 2010 Census data is available.

Ulster County's Aging Population Projections

Ulster County's total population is projected to increase 6% from 2000 to 2035, while the number of seniors over 60 will increase 72%, those over 65 will increase 79% and those over 85 will more than double.

Age	2000	2005	2010	2015	2020	2025	2030	2035
Total Population	177,749	181,423	184,479	187,097	189,107	190,123	189,913	188,559
Age 60+	30,944	33,266	37,635	42,397	47,568	51,856	53,454	53,195
Age 65+	23,711	24,357	26,425	30,162	34,215	38,449	41,655	42,361
Age 85+	2,985	3,381	3,966	4,335	4,443	4,581	5,137	6,149

Source: Cornell University Program on Applied Demographics (PAD) 2008 Population Projections

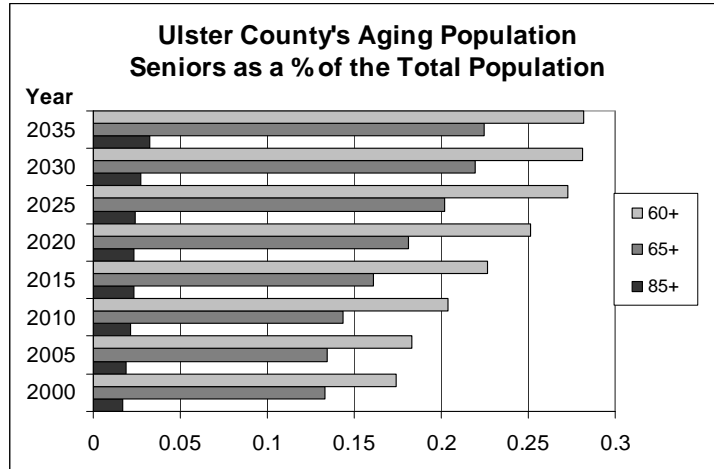


Ulster County's Aging Population Projections- Seniors as a Percent of Total Population

Seniors will comprise a larger percentage of the Ulster County population.

Age	2000	2005	2010	2015	2020	2025	2030	2035
Age 60+	17.4%	18.3%	20.4%	22.7%	25.2%	27.3%	28.1%	28.2%
Age 65+	13.3%	13.4%	14.3%	16.1%	18.1%	20.2%	21.9%	22.5%
Age 85+	1.7%	1.9%	2.1%	2.3%	2.3%	2.4%	2.7%	3.3%

Source: Cornell University Program on Applied Demographics (PAD) 2008 Population Projections



Ulster County Senior (65 and Older) Households

Most of the Ulster County seniors live in family households. Of those living in non-family households, 6,936 are living alone; most of these (5,083) are women.

	Number	Percent
Seniors 65 and Over	24,863	
In Households	23,547	94.7%
In Family Households	15,912	67.6%
In Non-Family Households	7,635	32.4%
In Group Residences	1,316	5.3%

American Community Survey, 3-yr Estimates, 2006-2008

Ulster County Households with Seniors

Currently, one out of every 3 households in Ulster County has at least one person over the age of 60. One in every four households has at least one person over the age of 65. One in every ten households (6,936) has a person over the age of 65 that lives alone.

	Number	Percent
Total Households	70,117	
Households with one or more people 60 years and over	23,758	34%
Households with one or more people 65 years and over	17,730	25%

American Community Survey, 3-yr Estimates, 2006-2008

Ulster County Seniors (65 and Older) with Disabilities

Nearly 50% of seniors over the age of 75 have a disability.

Age	Total	Number with Disability	Percent with Disability
65-74	12,374	2,875	23.2%
75 and Older	11,193	5,331	47.6%

American Community Survey, 3-yr Estimates, 2005-2007

Ulster County Seniors (65 and Older) who Speak English

91% (22,645) seniors speak only English. Of those who speak other languages, 3.7% (925) speak English less than “very well”. It should be noted that the Spanish community is the fastest growing population in the county and the issue of communicating with non-English speaking or limited English speaking seniors is likely to be more significant as time goes on.

American Community Survey, 3-yr Estimates, 2006-2008

General Programs for Seniors

Percent of respondents aware of the Office for Aging Programs

According to the Community Survey and focus groups, seniors are most aware of the Ulster County Office for the Aging's heat and energy assistance programs, nutrition programs and transportation to medical appointments services.

	Ulster County
Help with heat and energy	40%
Nutrition programs	38%
Transportation to medical appts	28%
Subsidized home/day care	14%
Taxes	20%
Disease prevention	10%

Ulster County Community Survey, 2010

Seniors identified the following as services and supports that they currently rely on or that would find helpful:

- **55-64 years old:** financial assistance with heat, taxes and prescriptions; transportation; information about available services; help with home maintenance and chores; LGBT services; meal deliveries; health care; volunteer opportunities; affordable housing; animal care; time bank; visiting nurses services; recycling pick up; NYS libraries with computers and programs; People's Place; Salvation Army; Queens Galley; the Arts Society of Kingston. There was a fear of the costs of home health care and home maintenance.
- **65-74 years old:** financial assistance with medical and personal care, heat and taxes; help with home maintenance and chores; transportation; social activities; assistance with grocery shopping; outreach workers; dental services; home care; help to stay in home; concerns about living in isolated areas; information about available services; affordable housing; meals for seniors; public health efforts, animal care; nutrition programs; better grocery store; garden produce; intentionally green community; create a housing community, that is not apartments, that has land, but is not too isolated; device to wear in case of accident to alert help; high speed internet and cell phone service.
- **75-84 years old:** financial assistance with taxes and health care; help with home maintenance and chores; transportation; help for caring for a spouse; defensive driving course; assistance with grocery shopping; someone to check in on them; companionship and social activities; affordable housing; home health care; legal assistance; isolation issues; health issues. Some respondents mentioned having family and friends who live close.
- **85 and older:** transportation; help with home maintenance and chores; information on available services; companionship and social activities; legal assistance; assistance with medical insurance premiums.

Interviews:

Anne Cardinale, Director of the Ulster County Office for the Aging, said the agency will continue its mandate of providing the following services: case management; financial counseling and tax preparation; health screening and Care A Van; home heating services and weatherization assistance; legal services; Medicare counseling; nutrition programs; and a medical van.

Ms. Cardinale is enthusiastic about the county's concern and decision to implement the findings in a Healthy Ulster: A Public Health Approach report published in June 2010 by the Ulster County Department of Health. Senior health was one of the four foci that were defined as needing to be improved in the coming year. Since preventable infections, such as pneumonia and influenza, are a major cause of illness and deaths among seniors, and almost 70% of adults over 65 in Ulster County received flu shots in the past year, the Office for the Aging will be emphasizing the need to vaccinate. The Office's goal is that 90% of residents over 65 will have been vaccinated by 2013.

Safe Sidewalks and pedestrian crossings are important to encourage and enable mature adults to walk, exercise and be safe. The Office for the Aging will be working with AARP to raise awareness in the City of Kingston, as well as other villages and townships, of the need for safe pedestrian traffic.

Among the other concerns is creating healthy, livable communities. Active, healthy seniors need easy access to transportation, health care services and better coordination of services. In this shrinking economy in Ulster County, the Office for the Aging will be working with other departments to create more efficient and effective services. Livable Communities foster independence, promote social engagement, and address basic needs of its older citizens.

The following resources for seniors are listed on the Ulster County Office for the Aging website: (please note that the list below is not meant to be comprehensive)

- **Case Management** for senior citizens with physical and financial need. Case managers meet with clients in their homes to discuss their desires, strengths and needs, and together, they set up a plan for action. This includes incorporation of Office for the Aging direct services including home delivered meals, subsidized day care, personal care, home care or Lifeline. The case manager assists the client to apply for entitlements if needed; assesses the client's housing; works with families and caregivers; assists clients either directly or through referral to obtain services from other agencies; assists the individual to obtain placement in an assisted living facility or nursing home if necessary. Jewish Family Services also offers home service in which professional social workers go into clients' homes to meet with the family on an on-going basis for a sliding fee schedule.
- **Financial Counseling and Tax Preparation.** Appointments are available for free tax counseling and tax preparation for Ulster County residents who are disabled or age 60 and over.
- **Health Screenings and Physical Well-being Care-A-Van.** The Office for the Aging provides a regular schedule of free health screening and education programs throughout the county.

- **Home Care.** For those seniors who are able to remain at home, but require help to do so, the Office for the Aging maintains a registry of Nursing and Homemaker Service Providers. Services are provided to those people with temporary or chronic needs who cannot perform day to day tasks, and range from assistance in shopping, meal preparation, laundry and other household tasks, as well as bathing and grooming.
- **Home Heating Services/Weatherization Assistance.** The Office for the Aging assists low-income eligible people through the Home Energy Assistance Program (HEAP) and Weatherization Referral and Packaging Program (WRAP).
- **Legal Services.** Legal counseling on civil matters is available to Ulster County residents aged 60 and over, provided by an attorney admitted to the practice of law in New York State.
- **Long-Term Care Ombudsman Program**
- **Medical Insurance and Medicare Counseling.** The Office for the Aging offers individualized information and guidance about plans available in the area through the Health Insurance Information, Counseling and Assistance Program (HIICAP).
- **911 Senior Safety Cell Phones.** Cell phones which have been donated by community members are programmed for 911 only service. These phones are distributed to any Ulster County resident aged 60 and over who request one.
- **Nutrition Programs.** *Senior Dining Sites:* Office for the Aging operates five Senior Dining Sites throughout the county, which offer hot meals every weekday from 11 a.m. until noon. *Home Delivered Meals:* The Office for the Aging can provide Home Delivered Meals to homebound residents of Ulster County aged 60 and over if they are unable to prepare their own meals or have meals prepared for them. Note, many seniors also utilize the 37 food pantries and feeding programs throughout the county to augment their available food.
- **Transportation Services.** Once per week subsidized transportation is available to Ulster County seniors aged 60 and over. Medical transportation is also available by appointment Monday through Friday.
- **Medical Services.** In addition to Medicare and Medicaid assistance, the Office for the Aging offers pharmaceutical assistance for income eligible residents through EPIC and Extra Help, referrals for assistance with vision and hearing needs, and a medical loan closet.
- **The Ulster County Consumer Fraud Bureau** advises seniors who are concerned that they may be targets of fraudulent and unfair business practices.
- **RSVP of Ulster County** provides adults age 55 and older unique opportunities to share their life skills and experience to help improve the lives of their neighbors. RSVP is a one-of-a-kind network that offers adults a wide variety of ways to volunteer, from tutoring and mentoring children, counseling small businesses, assisting at health clinics, to teaching others to use the internet. Other RSVP volunteers distribute food to their community's homeless or volunteer at a variety of one-time local events.
- **Senior Citizen Housing.** Within Ulster County, there are several rental housing units for senior citizens. Some are exclusively for seniors, while others also have a number of apartments for handicapped persons of any age. Much progress has been made recently in creating new affordable senior housing. These programs fill up even before construction is completed and all programs have long waiting lists.
- **Support Groups.** There are several support groups located within Ulster County which may be helpful to senior citizens and/or to their caregivers.

The **Ulster County Department of Social Services Adult Services Unit** incorporates Adult Protective, Personal Care, Long Term Home Health Care, Family-Type Homes, Adult Foster Care and SSI services into one generic unit. A Central Intake System combining Ulster County Office for the Aging and Social Services facilitates better community access to all services for adults.

Protective Services

- Identifies and assists individuals over the age of 18 who, because of physical or mental impairments, can no longer provide for their own needs or protect themselves from neglect or abuse. Additionally, they have no one willing and able to help in a responsible manner.
- Provides services designed to prevent or remedy neglect, exploitation or abuse and to strengthen clients' capacity to function and their ability to be self-directing. Services may include counseling, locating adequate shelter and clothing, arranging transportation, shopping for the homebound and assisting the client in obtaining other benefits like Medicaid, Social Security Disability/Retirement, SSI, Food Stamps and HEAP. The primary objective is to help clients to remain in the community.
- Provides guardianship under Article 81 of the Mental Health Hygiene Law for protective clients who do not have decision-making capacity.

Personal Care Program

- Clients are Medicaid eligible participants who have a verified medical diagnosis that prevents them from being able to remain in their own homes without assistance. The State goal is to prevent institutionalization. The Adult Unit Registered Nurse (RN) completes an initial assessment, with case management/coordination provided by Adult Services Personal Care caseworkers. Recertification/home assessment is completed every six months. Eight New York State Licensed Home Care Agencies are contracted to provide the plan of care designated by Adult Services.
- The Shared Aide Program allows several patients who do not require full-time care to share one Personal Care Aide demonstrating a cost effective alternative to more expensive nursing home care. Significant social benefits to the patients are realized.
- The Consumer Directed Care program client or client's designee is responsible for hiring, training and supervising his/her own aide(s) to perform the care plan authorized by the DSS RN. Two providers are contracted as "payroll agencies" for billing Medicaid. Under this program, the aide can perform duties that are at a higher level of care than allowed by the licensed agencies "scope of practice."
- Lifeline (PERS -Personal Emergency Response System) clients are assessed for eligibility under the same guidelines required for Personal Care, with an additional justification being a diagnosis or situation where client is prone to falls.

Long Term Home Health Care

- Clients with chronic care and nursing home Medicaid eligibility are assessed and monitored through the Adult Services Unite. These clients are case managed by RN's from the long-term provider agencies.

Central Intake

Adult Services worked collaboratively with Office for Aging to incorporate NY Connects into the Central Intake System. This is a collaboration which provides access to all DSS Adult Services and Office for the Aging (OFA) programs. The Central Intake worker takes referrals on a universal form. The referrals are reviewed and assigned by DSS Adult Unit Supervisor. The Central Intake sent 5 referrals to NY Connects in 2008. This increased to 32 in 2009.

Suggested Models:

Staying In Place is a not for profit membership organization seeking to serve a senior population within a widespread rural community. It was formed in the spring of 2009 and is based in Woodstock. Membership fees are currently \$250 a year which is lower than most fees for membership in other "Aging in Place" organizations around the country. The Executive Committee reported that membership projections are ahead of schedule. Currently, at the end of the first year, there are 38 members, of whom six are subsidized by scholarship. A subsidy committee will help members pay for the membership fee, if applicable, so income is not a barrier. Staying in Place has a coordinator who members may call for referrals to discounted paid services and volunteer help. Staying In Place has developed a list of reliable service providers for home repairs, home maintenance, information, health aides and referral services to local agencies, in addition to access to low cost transportation and socialization (a monthly luncheon, telephone calls, internet blog and events). Including seniors in a social network is a pleasant way to counteract isolation. Staying In Place has worked out an arrangement with Jewish Family Services of Ulster County to provide assessments, limited monitoring and care management services for those members who may need an additional level of care. Staying In Place is partnering with the Senior Recreation Committee, AAUW, UCAT and Ulster County Office for the Aging. Staying In Place is anticipating 50 members by the end of the second year and 80 new members by the third year. Looking to the future, the organization, driven by volunteers, is looking to create forums on educational issues important to seniors, advocate for senior issues with local and county governments and respond to questions from members by providing feedback. Interfacing with the local Time Bank continues to be an issue with vetting volunteers. The main concern of Staying In Place is providing a level of safety and confidentiality for Staying in Place members. Staying In Place is confident that the issues will be successfully resolved.

New Jersey Easy Access- NJ EASE (New Jersey). Seniors and their families get information about, and access to, senior services by calling a toll free phone. Issues discussed include: healthcare; insurance; home care services; long-term care options; transportation; social activities; nutrition; volunteer opportunities, etc.

The **Special Automobile Insurance Policy** (New Jersey) is an initiative to help make limited auto insurance coverage available to drivers who are eligible for Federal Medicaid with hospitalization.

The Niagara Adult Day Service (Canada). Adult Day Service provides a fun, club-like atmosphere where seniors can socialize with other seniors and take part in a variety of leisure,

educational, and physical activities, such as crafts, bingo, gardening, reminiscence activities, music programs, pet visiting, crossword and jigsaw puzzles, and travelogues.

Community Senior Services (California). The mission of Community Senior Services is connecting people, information, resources and communities. In addition to the Get About transportation program, ten more programs have been added with the mission of trying to promote self-sufficiency, independence and the pursuit of a higher quality of living for local seniors. Programs include: Senior Companions, the Senior Help Line, the Enrichment Center Adult Day Program and the Retired and Senior Volunteer Program (RSVP). Community Senior Services is investigating the possibility of beginning a new program called ReAL Connections (Resources for Ageless Living). It is designed as a neighborhood program involving a sort of one-stop-shopping spot for resources.

Certified Retirement Community programs. Of the best retirement states, seven have Certified Retirement Community programs. Senior communities become an important element in the business development of service providers in a certain geographical area. These states have passed certifications on senior communities as part of independent programs. Local governments aim at keeping the local residents pleased while also trying to attract new retirees.

Avenidas (California). This non-profit program offers low-cost and free services to senior citizens, including a senior day health center, which offers low-cost and free health care to members; Avenidas village, a membership program where members participate in social activities, volunteer programs and more; transportation to assist seniors with running errands, attending various appointments and other activities; and handyman services, which provides a reduced-fee home repair service to seniors. Avenidas offers classes to members focused on keeping the mind and the body healthy, including painting, computers, current events, writing, yoga, lip reading, life stories, needlework and more. Avenidas also offers counseling, games, workshops, support groups and trips to various locations.

Volunteer Center of Napa Valley (California). Volunteers visit seniors, transport seniors to medical appointments, install grab bars, build small wheelchair ramps, or complete minor home repairs which support senior citizens in maintaining an independent life style.

The Senior LinkAge Line® (Minnesota). The Senior LinkAge Line® service helps connect people to local services via a single toll-free number or in-person visit. The Senior LinkAge Line® has expertise in the areas of: Medicare; prescription drug expense assistance; health insurance counseling; forms assistance, including help applying for Medical Assistance and Medicare options; long-term care insurance; long-term care planning options; caregiver planning and support; and grandparents raising grandchildren. Senior LinkAge Line® can connect seniors with: financial assistance; home care; housekeeping and chore services; Indian elder program; legal assistance; long-term care ombudsman; meal delivery and nutrition; transitional consultation; and transportation.

The Age4Action Network (Washington DC). The Network engages, informs, connects and mobilizes organizations and networks to increase opportunities for people 50+ to work, serve, learn, and lead.

Naturally Occurring Retirement Community- NORC (various locations). The senior “village” movement began in 2001 with a group of residents in the Beacon Hill section of Boston. Like many neighborhoods, this particular one had begun with a mix of single family homes housing parents who worked and raised their children. As the neighborhood aged, so did its residents. They enjoyed their community and wanted to “age in place.” Some in Beacon Hill began to think about ways they could get services to come to them rather than their having to move to retirement or assisted living communities. Working with a nonprofit organization, they created their own NORC. Through dues and grants their neighborhood has a range of services similar to those found in most retirement communities—wellness programs, in-home care, transportation, home repair, housekeeping, grocery shopping, meal preparation, and social and cultural programs. They offer a range of services that would not be affordable for most people on an individual basis. And the village concept allows residents and their families to make choices, so that the entire burden of caring for an aging parent does not rest on the family alone. Today there are more than 50 villages in a community-neighbor system funded by grants, volunteers and membership dues.

Seniors First (Florida) runs a variety of programs using volunteers, many seniors themselves. Included are: Adult Day Center; companionship; care management; guardianship; home improvement; homemaker; in-home respite; Meals on Wheels; Neighborhood Lunch Program with transportation; personal care; Stepping Stone medical equipment bank; and senior companion.

Community

How long have you lived in the community?

38% of the Community Survey respondents have lived in their community 40 years or more; 13% for more than 60 years.

	Ulster County
Less than 9 years	12%
10-19 years	13%
20-29 years	13%
30-39 years	16%
40-49 years	13%
50-59 years	9%
More than 60 years	13%
All life/many years	3%
Other	2%
Didn't Respond	7%

Ulster County Community Survey, 2010

More than half (52%) of the respondents have family who live within 30 minutes, and 73% talk to them daily or at least twice a week.

Do you have family who live...?

	Ulster County
Within 30 minutes	52%
One hour travel time	14%
In another part of the state	19%
In another part of the country	24%

Ulster County Community Survey, 2010

How often do you talk or have contact with them?

	Ulster County
Daily	40%
Twice a week	33%
Once a month	14%
Rare	5%
Didn't Respond	9%

Ulster County Community Survey, 2010

Who do you turn to when you need help?

Seniors are most likely to turn to family members and friends when they need help.

	Ulster County
Family members	70.8%
Friends	39.0%
Neighbors	19.4%
Church, Synagogue, Mosque	6.5%

Ulster County Community Survey, 2010

Over half (53%) of the seniors said they would like to be a part of a community and/or formal organization such as Staying in Place which shares their concerns, interests and supports their decision to stay in their home. 31% were not interested.

Percent of seniors who said they have a computer and use email by age and income

59% of the respondents have a computer and 52% use email. Not surprisingly, more of the seniors under 75 years old and those who earn over \$25,000 have computers and use email.

	Computer	Email
55-64	82%	75%
65-74	99%	70%
75-84	42%	32%
85 and over	27%	20%
Total	59%	52%

Ulster County Community Survey, 2010

	Computer	Email
Under \$18,000	39%	28%
\$18,000-24,999	60%	35%
\$25,000-34,999	77%	51%
\$35,000-\$49,999	73%	53%
\$50,000-\$74,999	83%	72%
\$75,000 and above	95%	91%

Ulster County Community Survey, 2010

Focus Groups:

Seniors expressed the following during focus groups:

- There was a feeling that the community was fragmented and lacked awareness. It was suggested that the communities become more proactive and take care of themselves. For example, people need to make themselves available through sharing phone numbers and count on each other in case of need.
- Suggestions were made for an information booklet to be distributed to all areas of the county which identifies available services and how access them.
- Some seniors are proud of their autonomy. It is hard for others to ask for help and they don't want to be a burden.
- Mental health issues were discussed. Losses of family and friends have been hard, as well as unresolved issues with families. The need for friends and a social worker at an apartment complex was mentioned. It was suggested that a training program be offered on aging issues and depression.
- The need for sensitivity and a level of comfort around homosexuals was brought up, as well as a need for a satellite in other parts of the county.
- Some people move to warmer climates in the winter.
- Some seniors vote and are active in community affairs and politics.
- Others expressed the need for the county legislature and public-private partnerships to focus on the mature population.

Interviews:

Sharon Murray-Cohen, Executive Director of **Jewish Family Services of Ulster County (JFS)** said that the focus of the agency is to provide supportive services and increase the quality of life of the mature adults of Ulster County. It currently provides an In Home Support Service that sends Clinical Social Workers into the home to reduce stress and tensions between caregiver and care receiver, information and referral to other services in the county, counseling and psychotherapy. JFS offers a 10-hour training to volunteers who provide transportation to doctors, food shopping, and to be a home visitor. It runs support groups for caregivers in Kingston, Saugerties and New Paltz and grandparents raising grandchildren through a contract with Office for the Aging. They have run the Caregivers Conference for the last two years. Ms. Cohen shared the recommendations suggested by the NY Connects Long Term Care Council and also suggested using the present crisis with the county operated Nursing Home to develop more user friendly services through a combination of relocation of skilled beds and development of smaller congregate settings (Group Home Model).

The **NY Connects Long Term Care Council** recommended the following goals:

1. Provide leadership to the community for ongoing planning and development for the long term care service system that addresses both the community needs and choices of the elderly and disabled throughout the county.
2. Expand the availability of respite care to prevent unnecessary hospitalization or nursing home placement.

3. Provide leadership in advocating for public policy, funding and regulator needs that support consumer choice and the functioning of the long term care system that addresses and meets the needs of consumers within the county.
4. Provide the leadership necessary to promote county wide involvement of both the public and private sector of the community in addressing the needs and issues related to long term care for the elderly and disabled.

NY Connects Long Term Care, "Analysis and Identification of Gaps, Duplication and Accessibility Issues within the Long Term Care System in Ulster County, New York," September 2009.

Suggested Models:

Mather's -- More Than a Cafe (Illinois) is just that: three diner-inspired restaurants that double as community centers for aging Chicagoans, complete with computer and art classes, social events, and health and fitness programs. Mather LifeWays, the nonprofit organization that developed the concept, has helped other groups across the country create similar gathering spots. The Internet could serve a similar purpose. The baby boomers' comfort with technology may give e-mail, instant messaging and Skype a critical role in increasing social interaction, especially for the homebound.

River East Council for Seniors (Canada) uses volunteers for their daily hello program. Volunteers phone from their own homes on a daily/weekly basis to isolated seniors.

Buddy and Beyond (Kansas). Trinity In-Home Care is a nonprofit that promotes independent living and provides relief for caregivers. It provides private pay services based on a sliding scale, HCBS services, and is also affiliated with other agencies to provide supportive services. In addition, the agency matches Kansas University students with teens and adults in the community for friendship.

Intergenerational Programs. The following are some of the most successful ongoing intergenerational programs: **Neighbors Growing Together**-by combining its Adult Day Services program with the Child Development Center for Learning and Research, Virginia Tech has created a truly symbiotic relationship between generations. At Pennsylvania State University, the **Intergenerational Outdoor School Program** brings fourth graders and older adults together for four days to learn about nature and caring for the environment. The **Florida Intergenerational Orchestra of America** invites musicians aged 5 to 88 to participate in performances that bring generations together in a unique and rewarding way. **Sunshine Readers** (Maryland) is a community program that helps build reading ability in children and also build relationships as residents of a retirement community visit an elementary school each week.

Family Services' Project HEARTH- Helping Elderly Adults Remain in Their Homes (Pennsylvania) links elderly adults who are healthy enough to live in their own homes with special support services that help them to remain independent. Volunteers offer compassion and companionship, as well as handyman chore services for minor home repairs and transportation services.

You Are Not Alone (YANA) programs are gaining in popularity across the U.S., as more communities look to volunteers to help check on local seniors who live alone or are home bound.

Help with Pets (New York): **ALL4PetsWNY** provides a one-time grant of money to pay for medical care for pets whose caring, responsible owners are not able to pay for the care that will bring their pet back to health due to low income, personal crisis or disaster. **Humane Society of Lollypop Farms Senior Citizen Pet Assistance** provides financial assistance to seniors on fixed incomes who wish to continue living at home with a pet who is often their sole companion. The goal of **NY SAVE** is for any pet owner who is truly in need of financial assistance to be able to take their pet to any participating veterinary hospital for emergency veterinary care.

MATCH-UP Interfaith Volunteers (Massachusetts). **Friendly Visiting-** Volunteers of any age or background are matched with elderly or disabled adults throughout Boston who need companionship and assistance. **PetPals** is their pet visitation program which coordinates visits by dogs and cats and their owners to elderly residents of long-term care facilities. **Strong for Life** (SFL) trains volunteers to assist frail and disabled elders in their own homes with exercise designed to improve strength, balance, and overall health. **Walking Buddies** focuses on the importance of walking by enabling seniors to take walks comfortably and safely with a volunteer.

The **North Shore Senior Center's Friendly Visiting program** (Illinois) is a structured program that brings together an older homebound adult in need of friendship and a volunteer companion with whom they can share conversation on a regular basis.

Friendly Visiting (Connecticut) is an outreach program that carefully matches volunteer visitors with people wishing a friendly visit. Trained and caring volunteers visit any homebound or isolated Guilford resident once a week for a year or longer.

Foster Grandparent Program (Illinois) allows low-income seniors to work in the schools, day care centers and Head Start. They provide support, guidance and friendship to the children.

The **Old & Bold Coalition** (Massachusetts) is a joint program of North Shore Elder Services and the LGBT Aging Project. The LGBT Aging Project holds a weekly social luncheon called Café Emmanuel. Since many seniors aren't out of the closet, or don't feel comfortable being gay in public even if they do so in their private lives, organizers are trying to create a safe, reassuring environment for them. Organizers hope to: establish a directory of services and businesses; establish a series of educational workshops on issues relevant to gay seniors; and encourage students from high-school gay-straight alliances to volunteer with local seniors.

The **“Senior for Seniors”** (Florida) program at The Humane Society of the Treasure Coast will match anyone 60 years and older with a lovable shelter cat that is six years or older.

Seniors and School children (Washington). The Greater Maple Valley Community Center partners with a local middle school 6th grade classes to bring a little cheer to Meals on Wheels recipients and senior program participants. The students concentrate on monthly projects—from small baskets of goodies to winter necessities (warm socks, batteries, hot cocoa) to decorations for the senior program at the center.

“Whitney Without Walls” (Minnesota). The Whitney Center partnered with the St. Benedicts Senior Community Center to offer programs and services in a community room at the Benet Place Senior Apartments. The classes and programs are open to any senior residing in the St Cloud area. Some of the activities offered include Enhance Fitness, a low-cost, highly adaptable exercise program; Ask the Nurse; and bluegrass, country, and gospel music.

Senior Centers: Senior centers receive funding from various sources including the OAA, state and local governments, special events, public and private grants, businesses, bequests, cost-sharing, and participant contributions. The **National Institute of Senior Centers**, an interest group of the National Council on Aging, is the only national program dedicated solely to the growth, expansion and perpetuation of senior centers.

<http://seniors.lovetoknow.com> A website geared to seniors with a wide range of advice and resources --- from senior fashion and hair (tips on gray hairstyles, clothing for wheelchair users), to home exercise programs, activities ideas, financial planning, and links to just about everything a senior might want to know.

SeniorNet Learning Center provides computer access and education to older adults who may not have had the opportunity to learn computer skills in the workplace or who may not have the means to purchase a computer of their own. Senior volunteers manage and teach the classes at SeniorNet Learning Centers and help sustain the SeniorNet web site and its online community. There are centers throughout the country and the website offers advice on starting a learning center. Peer instruction provides a supportive learning environment.

Get Engaged in Learning (California) is a community action and service class at San Jose State University that is providing an opportunity for students to get the credits they need to graduate and simultaneously volunteer with local organizations and programs. The class provides community service opportunities that include tutoring, after-school programs, work with recent immigrants and children, and providing service to low-income and homeless families and seniors seeking jobs, food and educational opportunities.

Caregivers

According to the NYS Office for the Aging:

- There are over 2.2 million informal caregivers- friends, family, neighbors- in NYS (at any point in the year, 3.1 million New Yorkers are caregivers) who provide direct care to persons of all ages with disabilities.
- Over 80% of all long-term care is provided by family members, friends and neighbors, saving NYS billions in health care and long-term care costs each year. Consequently, caregivers will continue to be an integral part of health and long-term care in New York State. Without them, direct costs would incur to the state's Medicaid program.

Sustaining Informal Caregivers: New York State Caregiver Support Programs Participants Survey: Report of Findings on the Aging Services Network:

- 52% of family caregivers in New York report that without support services from local offices for the aging, they could not care for their loved ones at home.
- The typical caregiver in the New York aging network services system is a 64-year-old female, who has either high school or some college education, and spends more than 20 hours a week providing care to her mother.
- The average age of care recipients is 82.5. With advanced age, the care recipients are more likely to have health problems and be limited in daily activities of living. They also have a higher probability of entering into a nursing home.
- Caregivers spend an average of 5.7 years providing care to care recipients.
- The care that caregivers provide ranges from providing 24 hours a day assistance or supervision to assisting in tasks, such as personal care (49%), paying for services (44%), home repair (34%), housekeeping (28%), financial management (17%), arrange for care (20%), and transportation (11%).

Supporting and Strengthening Caregivers in NYS Report Recommendations:

- Strengthen services and programs that support caregivers and care recipients
- Increase information and outreach to informal caregivers across the lifespan
- Encourage civic engagement/community empowerment to support informal caregivers
- Continue the development of state and local infrastructure for caregiver services and supports
- Expand training and education for informal and professional caregiving
- Educate and involve business and workforce in caregiving issues
- Improve the rights of caregivers
- Enhance housing options and supports

New York State Caregiver Services Survey: NY Connects Local Long Term Care Councils' Assessment of Caregiver Support Services. The purpose was to assess caregiver services in NYS and identify ways to be more responsive to the needs of caregivers in counties across the state.

Among the key findings:

- The key informants identified NY Connects as a valuable resource to provide information and assistance on long term care services. An in-depth look at the responses identified a need to promote awareness in all regions of the state on information about transportation/escort programs, adult guardianship assistance, respite care for children of all ages, and general legal services.
- When asked about service performance and barriers to caregiver services, the issue of cultural sensitivity in service availability and delivery was identified. For example, availability of bilingual staff and materials, and interpreters across nearly all caregiver services and supports were identified as gaps in the survey. This is an area where more attention and research should be directed.
- Availability of services outside usual business hours was identified as a need for several services including caregiver counseling, adult day health programs, social adult day programs, case management, home delivered meals, home rehabilitation and repairs services, information and assistance, general legal services, and transportation.
- Identified barriers to caregiver services across all categories of services were transportation, availability of staff, and resource limitations.

Care for Caregivers. The data from two Canadian studies shows that one in six caregivers report suffering distress; that number increases depending on the patient's symptoms. Among those caring for a person with depression, for example, the rate is 34%, and it rises to 52% for those who endure abusive behavior. The numbers probably underestimate the real situation because the study does not include those not receiving formal home care; and many people, particularly female spouses, provide care stoically and are reluctant to admit being overwhelmed.

Since 1989, the **Brookdale National Group Respite Program** has awarded seed grants to well over 100 organizations throughout the country to develop and implement social model group respite programs. These day programs have served thousands of elders with Alzheimer's disease or related dementia and their family caregivers. In addition to providing respite care and enjoyable group activities that build on the strengths and abilities of participants, the programs offer family caregivers access to services such as counseling, support groups, information and referral, training and education.

Education & Entertainment

Ulster County seniors feel that the following are most important social activities: going to a movie, concert, lunch or dinner and friends; and, volunteering and helping others.

- Two-thirds feel that going to a movie, concert, lunch or dinner and friends is very or somewhat important. More seniors earning over \$75,000 (80%) feel that this is very or somewhat important than those earning \$18,000-24,999 (51%).
- 62% said volunteering and helping others is important.
- About half (49%) said learning new skills is important. Fewer seniors over 85 (27%) feel that this is very or somewhat important than those 65-74 (60%).
- 44% and 36% feel that hobbies and crafts, playing cards and other games are important, respectively.

Which of the following do you feel are important to you?	Very Important	Somewhat Important	Not Very Important	Least Important	Don't Know/ Didn't Respond
Going to a movie, concert, lunch or dinner and friends	37%	30%	15%	11%	8%
Volunteering and helping others is important	31%	31%	16%	11%	10%
Learning to create new skills	23%	26%	19%	20%	11%
Hobbies and crafts	20%	24%	20%	22%	14%
Playing cards and other games	15%	21%	17%	32%	16%

Ulster County Community Survey, 2010

Focus Groups:

Seniors expressed the following during focus groups:

- They discussed social activities. Some wanted more customizing programs to get people to enjoy each others company, such as Card Playing, Mahjong. Others enjoyed the Senior Club day trips and socializing opportunities. Others felt there was a good community to socialize with within their apartment house. It was stated that there used to be more to do socially but several agencies have shut down certain programs because of economics.
- Libraries were mentioned as a community hub where seniors could meet people and learn things like computer lessons and crafts, regularly see children, borrow DVDs, or take exercise classes.
- Seniors expressed the need to have a meeting place which is accessible, i.e., not a lot of stairs, and free.
- Seniors agreed that education is important to keep the mind active. Some have found Business Resource Center classes useful and are using the computer more to keep up with their grandchildren.

Suggested Models:

Free Education Many community colleges and some four-year colleges allow seniors to audit classes for free and significantly reduce tuition for those who take them for credit.

- Two relatively new opportunities offer even more help: **The Senior Scholarships program**, created as part of the Edward M. Kennedy Serve America Act, provides \$1,000 education awards for people 55 or older who volunteer 350 or more hours a year. The money may be used for the volunteer's own education or transferred to a child, foster child or grandchild. **The American Opportunity tax credit** can lower taxes for students of any age dollar-for-dollar for the first \$2,000 spent on tuition, fees and course materials. The credit also applies to 25% of the second \$2,000.
- By state law, all Ohio residents age 60 and older may attend classes at state-funded colleges and universities at no cost. The program allows seniors to take college courses for free, with certain limitations.

The New Jersey State Library Talking Book and Braille Center (New Jersey) operates an Assistive Listening Device Loan Program and provides resources and services for the visually and hearing impaired.

The Association of Bookmobile and Outreach Services supports and encourages government officials, library administrators, trustees, and staff in the provision of quality bookmobile and outreach services to meet diverse community information and programming needs.

The Utah State Library Bookmobile Program (Utah). Bookmobiles provide Library service to citizens living in rural communities. They carry a range of items including: picture books, easy readers, non-fiction, mysteries, classics, best sellers, general fiction, westerns, romance, large print, interlibrary loan, Internet, videos, CD's, DVD's, downloadable audio books, and PIONEER, Utah's Online Library.

High Tech Game Playing The best computer games for seniors are ones that require them to use their memory, calculation and decision making skills. Playing games not only helps prolong seniors' sharpness of mind and quality of life, it provides entertainment and companionship of sorts, as some games are interactive with other online players. A computer loan or donation program could greatly assist homebound seniors (and could be run by local schools or libraries).

Tech Senior offers seniors: in home support with any technical job, from programming the VCR to sending an email; set up live video chat sessions; computer assistance; and technology coaching.

The **Music Together of Jackson Hole** (Wyoming) program brings together kids from a preschool and residents of an assisted living facility once a month where they experiment with sound, rhythm and beats using tambourines, rhythm sticks, bells, maracas, triangles and other noisemakers. *Note: there are several Music Together franchises in Ulster County.*

New Horizons Music programs across the country provide entry points to music making for adults, including those with no musical experience at all and those who were active in school

music programs but have been inactive for a long period. Sponsoring organizations for New Horizons Music programs include music stores, schools, community music schools, college music departments, recreation centers and senior centers.

Lifespring (New York), a year-old volunteer-run adult learning community in Saugerties, offers a broad range of noncredit educational activities for retired, semi-retired and other adult participants. Lifespring's objective is to provide, at a modest cost, a broad range of learning experiences for all its members, regardless of previous educational background. Volunteers from around the area teach noncredit, non-competitive courses. Members are encouraged to actively participate in study, discussion and the operation of the learning community.

The Senior Circle (Arizona) is a Payson Regional Medical Center outreach program designed to enrich the lives of those 50 years and older. The Circle offers events, exercise classes, activities, educational and social learning programs.

Financial & Legal

According to the Community Survey, Ulster County seniors' top concern as they age is raising property and school taxes.

- 71% of the seniors are concerned about rising property and school taxes. More seniors aged 55-64 (79%) and 65-74 (77%) feel that this is very or somewhat important than those 85 and older (61%).
- 56% feel that having help with legal advice will be important as they age.
- 43% are concerned with getting help preparing their taxes.
- 38% are concerned with getting help paying bills and balancing the checkbook. More seniors aged 55-64 (54%) feel that this is very or somewhat important than those 65-74 (34%) and 75-84 (32%).

What concerns do you have about living in your home as you age?	Very Important	Somewhat Important	Not Very Important	Least Important	Don't Know/ Didn't Respond
Rising property and school taxes	60%	11%	8%	8%	14%
Help with legal advice	27%	29%	17%	17%	10%
Help with preparing your taxes	25%	18%	16%	29%	12%
Help paying bills and balancing the checkbook	17%	21%	19%	32%	12%

Ulster County Community Survey, 2010

Focus Groups:

Seniors expressed the following during focus groups:

- Seniors were concerned that their fixed income is no longer meeting expenses as they get older and property taxes rise.
- The need to act as their own advocate was discussed, as well as the importance of keeping legal papers in order.

Interviews:

United Way has a program for free tax preparation to anyone who will receive an income tax credit from the IRS. They head a coalition of agencies in the county to fill out tax returns each year. The agencies include IRS, AARP, Legal Services of Hudson Valley, Family Services and many others. United Way is responsible for recruiting and training volunteers who perform this service. This year they helped individuals and families fill out 598 tax returns.

Suggested Models:

Alameda County Legal Services for Seniors (California) provides free legal advice and information, representation in court and administrative hearings, referrals to other community

resources, and community education and training on legal issues. Legal Assistance for Seniors helps seniors with: Preventing Elder Abuse, Guardianship of Minors, Income Maintenance, Health Insurance Counseling and Advocacy Program, and Legal Services for Immigrants. Services are provided by volunteer attorneys, law clerks, medicare counselors and more.

ElderLawAnswers supports seniors, their families and their attorneys in achieving their goals by providing the following services: the best information on the Internet about crucial legal issues facing seniors; a network of highly qualified elder law attorneys nationwide; and online practice tools for elder law attorneys.

AARP Tax-Aide is the nation's largest free, volunteer-run tax preparation and assistance program.

Tax-Aid is a 501(c)3 nonprofit organization founded in 1988 in the Bay Area by a coalition of accountants and lawyers. Its mission is to provide free income tax preparation to low-income families.

H.E.L.P. education and counseling programs focus on elder care, law, finances and consumer protection. Program staff includes an elder-law attorney and gerontologist who guide individuals with objective, accurate and up-to-date assistance, information and referrals.

Mobile Self-Help Legal Access Center (California) was designed by the Ventura County Superior Court to reach people in outlying communities in the county who are unable to utilize the self-help centers located at the courthouse. Contained in a custom-built 35-foot motor home, the Center is modeled after public library "book mobiles." It is equipped with computers, video stations and shelves stocked with books, pamphlets and self-help instruction information. Lawyers from the self-help centers at the courthouse join volunteer attorneys from the local bar to staff the mobile center. The center serves low and moderate income individuals, particularly the elderly, disabled, victims of domestic violence, those with language barriers, and those who lack transportation.

The **Outreach for Central California Legal Services** (California) is strictly for senior citizens in Madera County who need legal advice. Thanks to a small grant, this service is free to all seniors regardless of income and it offers help with items such as wills, scams, elder abuse, elder law, housing rights and government benefits (SSI, Social Security, etc.). Otherwise, CCLS provides free civil legal services to only low income clients in six area counties.

Health & Mental Health

Ulster County seniors rated the following as their second and third highest concerns: having a doctor who is supportive of their desire to live independently; and that there is easy access to nurses, aides, physical therapy in the community.

- 69% of the seniors are concerned about having easy access to nurses, aides, physical therapy in the community.
- 65% feel that having a doctor who is supportive of their desire to live independently will be important as they age.
- 59% are concerned with participating in regular physical activity. More seniors earning above \$75,000 (77%) feel that this is very or somewhat important than those earning under \$18,000 (46%) and \$18,000-24,999 (48%).
- Over half (54%) are concerned with having help keeping track of their health insurance. More seniors earning under \$18,000 (56%) feel that this is very or somewhat important than those earning \$35,000-49,999 (41%).
- Over half (53%) are concerned about the availability of home health care. More seniors aged 55-64 (61%) and 65-74 (61%) feel that this is important than those aged 75-84 (45%).
- 28% are concerned with needing help with dressing, bathing, etc.

What concerns do you have about living in your home as you age?	Very Important	Somewhat Important	Not Very Important	Least Important	Don't Know/ Didn't Respond
There is easy access to nurses, aides, physical therapy in the community	48%	21%	8%	9%	14%
Your doctor is supportive of your desire to live independently	49%	16%	9%	10%	17%
Participating in regular physical activity	35%	24%	17%	15%	10%
Help keeping track of your health insurance	31%	23%	17%	19%	10%
Home health care is available	32%	21%	13%	17%	18%
Help with dressing, bathing, etc	12%	16%	18%	36%	19%

Ulster County Community Survey, 2010

57% of the seniors feel that knowing more about taking better care of themselves by getting information on health was very or somewhat important.

58% of the seniors see themselves as healthier or about the same as five years ago. 38% felt less healthy.

Focus Groups:

Seniors expressed the following during focus groups:

- Health care secondary insurance and new health care laws had several people admitting they were confused about how they would be affected.
- They were aware of the Office for Aging for help with daily living activities, but were confused about the ‘Medicaid Spend Down’ and wanted someone to clarify it for them.
- Several people used the Medical Van and were pleased with it, but most people prefer to drive themselves as long as they can.
- Most people believe they are in general good health and did things to maintain good health through exercise. One group exercised together, got together once a week, laughed a lot and felt they had solid bonds because they had known each other most of their lives.
- There were concerns about issues of alcoholism, loneliness, slowing down, dementia and physical accessibility.
- Seniors in rural areas felt it was hard to find help with dressing, cleaning and shopping because they are too far from Kingston. Family support or people willing to volunteer to do chores, shopping, driving was needed.
- A high school has a “help program” for community seniors.
- Group homes were suggested as an alternative to nursing homes
- It was suggested to rent a room to a nurse who could help with care. There were questions about the zoning issues related to this.

The Ulster County Department of Health held a focus group regarding healthy seniors and included representatives from the Ulster County Office for the Aging, Health Alliance, Rose Women’s Care Center, American Cancer Society, Advancing Wellness, Inc., Ulster County Legislature, Ulster County Golden Hill Care Center, Mental Health Association in Ulster, Emergency One, SUNY Ulster and the Ulster County Department of Health. The group identified the following:

- **Community gaps:** mental health, specialists, aging in place, pharmacy education, transportation
- **Barriers to appropriate care:** insurance, stigma, myth of aging, rural providers, home health aides
- **Best practices for meeting the needs of the community:** aging in place, skilled volunteers, senior run centers, retirement communities, senior clubs
- **Emerging trends:** practitioner shortage, technology use, Medicare cuts, shortage specialists, limited transportation
- **Recommendations:**
 1. Improve management of medications (poly pharmacological) and improve case management.
 2. Enhance in-home services (access to personal care aides, stay in place programs).
 3. Shift from medical to wellness model - Aging successfully, develop infrastructure.

Ulster County Department of Health, Ulster County: A Public Health Approach, June 2010

Interviews:

In 2007, the **Ulster County Mental Health Department and Ulster County Office for the Aging** worked together to organize a planning forum for the purpose of developing Ulster County's future system of behavioral health services for the geriatric population. A forum was held at Benedictine Hospital, with the support of Tom Dee, hospital CEO, where a broad spectrum of stake holders participated. Michael Friedman, Director of the Geriatric Mental Health Alliance in New York, informed the group's work with a presentation regarding population trends and elements of a comprehensive system of care.

- When looking toward the needs of behavioral health services for the elderly across the next two decades, trends are evident: the number of people with psychiatric disabilities will grow; the number of people with co-occurring disabilities will grow (dementia and chronic physical illness). The prevalence of dementia doubles every five (5) years after 60 years of age. It is estimated that thirty five to forty percent (35 to 40%) of those 85 years of age and older will have dementia
- One in five persons aged 65 and over has a diagnosable mental illness. These are late life mental disorders separate from dementia including severe anxiety, depressive and paranoid disorders. It should be noted that twenty five percent (25%) of older adults with chronic illness have clinically significant depression.
- Mental disorders are not only a major impediment to living well in old age but persons with mental health diagnoses die 25 to 30 years earlier than their non-diagnosed counterparts. Many have serious health conditions such as diabetes and heart condition which significantly disable them prior to death. Many smoke. Many do not pursue routine screenings that could prevent more debilitating and chronic illnesses.
- It is expected that the aging population will place increasing demands on the substance abuse system. Alcohol and prescription drug misuse affect seventeen percent (17%) of older adults. Twenty to twenty six percent (20 – 26%) of persons in treatment in 2005 were aged 55 to 69 years and thirty one percent (31%) were aged 70 and older. Less than ten percent (10%) of Substance Abuse treatment providers in New York State offer specialty services for seniors or older adults. One third of the elderly are estimated to have serious gambling addiction.
- Misdiagnosis of mental health and substance abuse issues is common in the geriatric population. The accurate diagnosis of dementia, Alzheimer's and identification of the mismanagement of prescribed medication can be difficult. A primary objective identified by stakeholders is that differential diagnosis of functional changes in older adults should be provided routinely.

Debra Glassey, Executive Director of **Always There**, a non-profit home care delivery service with two social model day care sites in the county, one in Kingston and one in Ellenville, said that it is very difficult to deliver day care services to rural areas. The agency is currently exploring the concept of a 'Rolling Day Program'. A van will be sent one day a week to villages far from Kingston and Ellenville who do not have organized day care for frail adults and their families. The purpose of this program is to provide respite for the caregiver. The entire program will consist of one paid staff worker and one trained volunteer with a trained backup when necessary. The program needs will be stored in the van and will travel to each site for one day a

week. The destination site will need a Health Department certified kitchen or it will be necessary to bring in prepackaged meals. Chair exercises, games, computer and internet instruction and arts will be part of the curricula. This idea is still in the planning stage. There is a hope it will be functioning within a year. Home health aides in rural communities are difficult to find and retain. Always There is constantly recruiting people and clients to be able to service this need.

Suggested Models:

Health care administrators in rural areas face many challenges in their efforts to provide quality care to community residents. Primary among these are shrinking Medicare reimbursements that threaten organizational survival and the difficulty of recruiting and retaining a professional workforce. The initiatives presented below are only a sample of the actions taken by health care administrators, as well as policymakers and academics, in response to these challenges. Maintaining financially viable health care organizations staffed with a high quality, professional workforce is essential for older people in rural communities. *Note:* In addition to direct services, help wading through Medicare and Medicare supplement policies is needed.

Mobile Screening (New York). The Ulster County Health Department, the AAA and three hospitals worked to get state funding for the purchase of a 28-foot mobile, health-screening “RV”, Care-A-Van. This vehicle is equipped to provide a variety of health checks (blood pressure, vision, hearing, glaucoma) in rural communities. The objective is to provide health screenings, identify “isolated” elders, and increase the visibility of health programs and outreach efforts.

Health Promotion & Screening (Iowa). The Health Ministries ICARE program utilizes local churches in a “parish nurse network.” Churches donate space for a program staffed by 12 volunteer R.N.s who regularly provide health and wellness information, education, referral as well as blood pressure screening, etc. The program has sites in hospitals as well as churches and provides blood pressure screenings, health and wellness information, and health education.

Home Care/Telemedicine. Telemonitoring devices are now available that allow health care providers in a central office to not only see patients in their homes, but also to monitor vital signs, listen to heart sounds, run EKGs, assess blood oxygen and blood sugar levels, and monitor the setup and administration of medications. It is also possible to instruct and monitor patients and family members in treatment procedures and therapies.

Pharmacist Coaches (North Carolina). Asheville established the Asheville Project in an attempt to control medical costs for current and retired city employees. The program pays pharmacists to counsel diabetes patients, and to offer advice on diet, exercise, stress reduction, and medication. Patients attend a health class and meet with a pharmacist once a month in return for receiving free medications and supplies associated with their disease.

Outreach Models.

- The Central Savannah River Area Rural Day Care Program offers mobile adult day services and respite services to low income elders in Georgia.

- In South Carolina, the COPE program provides respite care, information, and assistance to low income and minority families who are providing care for elders with dementia. The respite is provided in-home and the information and assistance is provided by telephone by ElderLink, Inc.
- In the Rural Health Outreach Program in Arrington, Virginia, nurses are trained to handle human service issues as well as conventional nursing services. Because nurses have historically been primary care providers in rural areas, many suggest that rural residents are generally accepting of outreach efforts of nurses.
- The **Veteran's Administration** has also experimented with outreach efforts to serve rural veterans. The CARE program was designed to provide case management services to rural veterans who were at risk due to fragmented services and a lack of coordinated efforts.
- The **Robert Wood Johnson Foundation's Faith in Action Organization** serves all types of communities including rural. This model is a faith-based community effort to provide home-based services to chronically ill residents, utilizing trained volunteers.
- **Family Friends** (Tennessee & New Hampshire). Although not exclusively directed to rural areas, the Older Caregiver Assistance Project provides outreach and services to rural families who are caring for a family member with a disability by providing help that enhances the informal support already in place. Currently, the project is one of the models developed to assist older families with developmentally disabled adult children who remain at home and have only limited ties to the formal disability network. A program in New Hampshire is also serving rural and non-rural families.

Consumer-Directed Models (Arkansas). The Independence Choices Program is currently offered in Arkansas and reaches rural residents. The program, also being tested in other states, provides the Medicaid recipient with cash and support in developing a care plan to meet their long-term care needs. The program is ideally suited to rural areas because it is not agency-dependent nor does it prescribe a certain family member as a caregiver; rather it allows the individual in need of assistance to determine his or her own care plan and strategy.

Equipment Distribution Programs (New Jersey). Since 1993, the NJ Division of the Deaf and Hard of Hearing has operated a program to ensure that New Jersey residents with hearing loss, regardless of their economic status, have access to telecommunications and visual alerting home safety equipment needed to live independently.

Free Medicine Program (<http://www.freemedicineprogram.org>): Most drug manufacturers sponsor what's called Patient Assistance Programs. These programs are intended to help those who can't afford their prescription drugs obtain them absolutely free. People can contact drug manufacturer(s) directly or the Free Medicine Program can help direct people through this process. In order to qualify you need to meet the following three basic requirements: you do not currently have insurance coverage for outpatient prescription medicines; your income is at a level that causes hardship when prescription medicines are purchased at retail price; and you do not qualify for a government or third party program that provides for prescription medicine coverage.

The Ionia Commission on Aging (Michigan) offers the following services: **Home Health Aides** provide weekly basic personal care for those seniors who need this help. **Home Maker**

Aides come into the home every other week to assist with vacuuming, mopping floors, cleaning bathrooms, assisting with laundry and performing other minor tasks. **The Home Repair Program** focuses on home repairs that enhance safety, accessibility and weatherization for the elderly client. **Evidence-based Disease Prevention** programs including Matter of Balance, The Arthritis Foundation Exercise Program, The Arthritis Foundation Tai Chi Program, Enhanced Fitness, and Personal Action Towards Health. The Commission also offers an armchair exercise program line dancing and Wii bowling.

Bridgeport Parent Leadership Training Institute (Connecticut). The training institute has taught “ordinary” people how to launch new programs, plant community gardens or create better communications between the city and its residents. One project includes medical services for seniors in their homes, building a network among six different family services programs.

"Senior to senior" health programs (Pennsylvania) offer support group style meetings in which trained seniors with chronic conditions discuss with other seniors how to manage their conditions with good nutrition and exercise. Topics include information on how to read and respond to nutrition labels, how seniors can talk to their doctor about their conditions, ways to deal with mental stress, and how to build and keep a regular exercise routine.

SCAN Health Plan Arizona, a nonprofit Medicare Advantage plan, in 2009, opened the SCAN Connections Senior Resource Center, which provides a variety of training programs and helps residents identify community resources available to them. SCAN also is involved in a number of community outreach activities dedicated to seniors’ health and wellness

Student nurses helping seniors (Wisconsin). Through a partnership with the University of Wisconsin School of Nursing, the Verona Senior Center has a program that educates student nurses on the need for community-based health services for older adults and trains them in a real-life atmosphere beyond the clinical hospital setting. The program also allows students to provide health support services to seniors at no cost.

The **Canadian Hearing Society** (Canada) receives discarded or donated hearing devices and sells them at considerably reduced price to those who suffer from a loss of hearing and may be on a fixed income. The items include everything from amplified telephones to personal amplification devices and devices to let people know when someone is at the door or if the phone is ringing. The society also runs a hearing care counseling program for those over the age of 55, where an in-home assessment takes place to decide what devices may be needed.

GreatCall Medication Reminder service helps customers manage their overall well-being directly from easy-to-use Jitterbug cell phones. Services to help people adhere to medication regimens include: up to 16 medication reminders per day; tracking for compliance; and prescription refill reminder.

The Canadian government has recently announced millions of dollars in investments aimed specifically at providing senior citizens with alternative care in their homes. In Durham, as part of the Province's **Aging at Home initiative** administered through the Central East Local Health Integration Network (LHIN), this means the creation of a Geriatric Assessment and Intervention

Network (GAIN), which will establish urgent and emergent care for seniors at local clinics. The program will provide seniors with expert geriatric assessments and link those who are well enough with community support programs. For local seniors who might require additional care but not the highly specialized services of a hospital setting, the GAIN program will see them in the place where they are most comfortable, at home, while ensuring they receive necessary care and support services from the community. The GAIN program will allow seniors to heal in the dignified setting of their own home, while freeing up much-needed hospital beds for other medical emergencies or acute illness cases. For those seniors who have required a hospital stay, the creation of the new **Home First** program will also see a new approach to elder care. Rather than have elderly patients languish in hospital awaiting for bed availability, Home First will organize and provide enhanced home-care services to allow a return to the community.

Each year one in three Americans over 65 falls; nearly 30 percent of them require medical treatment. Falls are the leading cause of both fatal and nonfatal injuries for those over 65. The Centers for Disease Control reports the mortality rate from falls among older Americans has increased by 39 percent between 1999 and 2005. Research has demonstrated evidence of what promises to be cost-effective interventions to prevent falls. These include comprehensive clinical assessments, exercise programs to improve balance and strength, management of medications, correction of vision, and reduction of home hazards. In 2008, Congress passed the **Safety of Seniors Act**. Now that fall prevention programs and activities are authorized in the law, they need to be funded. **The National Council on Aging** provides guidelines for developing **Enhanced Fitness** programs for senior and **Health Moves**, an In-home Physical Activity Program for Frail Adults.

The Aging & Disability Resource Center of Central Wisconsin Quality runs **evidence-based programs to improve physical mobility and fitness**, such as: a qualified exercise program designed to help those who have joint or muscle problems achieve improved mobility; muscle strength and endurance in order to improve the performance of their daily activities; Tai Chi; Stepping On: Building Balance and Reducing Falls; Strong Bones; and a walking program.

Housing

Ulster County Senior (65 and Older) Headed Households Income

42% of all senior headed households in Ulster County have incomes less than \$30,000 per year; 63% have incomes less than \$50,000 per year. In addition, 6.6% (1,655) seniors over the age of 65 live below the poverty level.

Income Level	Number	Percent
Less than \$10,000	990	6.3%
\$10,000 to \$14,999	1,552	9.9%
\$15,000 to \$19,999	1,435	9.2%
\$20,000 to \$24,999	1,333	8.5%
\$25,000 to \$29,999	1,224	7.8%
\$30,000 to \$34,999	847	5.4%
\$35,000 to \$39,999	821	5.3%
\$40,000 to \$44,999	757	4.8%
\$45,000 to \$49,999	908	5.8%
\$50,000 to \$59,999	1,147	7.3%
\$60,000 to \$74,999	1,552	9.9%
\$75,000 to \$99,999	1,281	8.2%
\$100,000 to \$124,999	917	5.9%
\$125,000 to \$149,999	318	2.0%
\$150,000 to \$199,999	255	1.6%
\$200,000 or more	284	1.8%

American Community Survey, 3-yr Estimates, 2006-2008

Ulster County Senior (65 and Older) Headed Households Gross Rent as a Percentage of Household Income

43% of all senior renters are rent-burdened. That is, they pay more than 30% of their income in rent.

	Number	Percent
Householder 65 years and over	3,355	
Less than 20.0%	547	16.3%
20.0 to 24.9%	110	3.3%
25.0 to 29.9%	671	20.0%
30.0 to 34.9%	212	6.3%
35.0% or more	1,237	36.9%
Not computed	578	17.2%

American Community Survey, 3-yr Estimates, 2006-2008

Ulster County Senior (65 and Older) Headed Households Selected Monthly Owner Costs as a Percentage of Household Income

33% of all senior homeowners are housing cost-burdened. That is, they pay more than 30% of their income in housing costs.

	Number	Percent
Householder 65 years and over	12,266	
Less than 20.0%	5,475	44.6%
20.0 to 24.9%	1,342	10.9%
25.0 to 29.9%	1,348	11.0%
30.0 to 34.9%	815	6.6%
35.0% or more	3,256	26.5%
Not computed	30	0.2%

American Community Survey, 3-yr Estimates, 2006-2008

What percentage of your income goes to pay your rent, mortgage and/or taxes?

According to the Community Survey, 41% of the respondents spend more than 30% of their income on rent, mortgage and/or taxes.

	Ulster County
25%	34.2%
30%	20.8%
40%	11.3%
50%	4.6%
More than 50%	4.0%
Didn't Respond	25.2%

Ulster County Community Survey, 2010

Almost two-thirds (64%) of the respondents feel they have enough assets to live comfortably in their home as they age. A quarter feel they do not have enough.

According to the “What Midtown Seniors Think!” survey of seniors 60 and older who live in the Midtown area of Kingston:

- Good quality, affordable housing, clean streets, and absentee landlords are concerns to about three-quarters of the older residents.
- Few have difficulty paying rent or house payments in the past year, though many said they have food insecurity issues.
- Almost a quarter have had difficulty paying utilities.

Focus Groups:

Seniors expressed the following during focus groups:

- Seniors would like to see more low cost housing for seniors especially outside Kingston.
- The approved senior housing being built by Aaron Communities in Saugerties, Port Ewen and in Ulster behind the Chambers School were viewed as affordable, with layouts intended for seniors.

Interviews:

Sue Hoger, Executive Director of **Resource Center for Accessible Living, Inc. (RCAL)**, explained that RCAL is a non-profit, community based service and advocacy organization run by and for people with any type of disability. Since 1983, RCAL has been dedicated to assisting and empowering individuals, of all ages, to live independently and participate in all aspects of community life. She said RCAL does this through individual service provision and systems changes (e.g. making sure curb cuts are put in new or upgraded sidewalks, and ensuring that the proper number of apartments are made available to seniors and people with disabilities if public funding is used). RCAL, as an Independent Living Center, has a long tradition of consumer

controlled and directed service delivery. It is RCAL's philosophy that people with disabilities can and should make their own choices and decisions, and take control of all issues that affect their daily lives - education, employment, housing, health care, recreation, etc. Ms. Hoyer said for six years RCAL has been working with RUPCO on the Access to Home program funded through NYS Department of Housing and Community Renewal to make modifications to keep seniors and people with disabilities in their homes. She is waiting to hear if they get the next round of grant money. She summarizes RCAL's mission as to provide information and direct service provision while working on paradigm shifts towards options which allow more people to remain in the community.

As far as the community goes, Ms. Hoyer thinks that services are rapidly falling behind need as the population includes more seniors. As specific issues are identified, for example transportation, RCAL's role would be to make sure it is accessible and that people know how to offer and access off fixed route transportation. The agency is familiar with the regulations that would get people the most services from what is offered. This information and advocacy are available concerning other specific issues, such as new housing construction, etc.

Suggested Models:

Three need-driven and locally organized "best practices" models have been successful at meeting a variety of needs for a specific, albeit small, population of older adults and include Home Sharing, Share-A-Home, and Cooperative Living. **Home sharing** involves unrelated adults sharing a home that one of them owns. **Share-A-Home** involves a group of unrelated older adults who contribute to the rental or purchase of a large home and then hire a manager to provide personal and domestic services. Most promising for housing the rural elderly, **cooperative housing** involves the cooperation of a number of older consumers to design the service package most reflective of their needs and means. Barriers to implementing any of these "best practices" in rural elderly housing include preference for single-family owner-occupied homes, lack of political will to address senior issues, and few tax-based services.

Birches at Esopus (New York). Birches at Esopus was the first affordable housing community for senior citizens in Ulster County. The development provides 80 energy-efficient apartments for low-income senior citizens. Units are accessible to people with disabilities and the development includes outdoor and community space, craft and media rooms, an exercise studio, and an on-site Nurse Is In program, which provides services like physical and speech therapy, health and wellness programs, and health aides.

A **Shared Living Program** (Rhode Island) for Medicaid-eligible seniors has been launched by the R.I. Executive Office of Health and Human Services. The program allows a Medicaid beneficiary who can no longer live independently to choose to live in a caregiver's home. While shared living has been available for persons with developmental disabilities for some time, it has never been available to elders or adults with disabilities. Under the program, the caregiver is responsible for providing a home-like environment for the beneficiary and also for providing personal care, meals, transportation and other needed services.

Accessory Apartment Ordinances. Given that there are over 6,900 seniors, primarily women, living alone, almost all in their own home, the adoption of accessory ordinances which will allow single homes to be subdivided to add an accessory apartment would enable the senior to remain in that home while renting a portion to another senior or family. The impact would be to help address isolation and aid the senior financially.

Home Maintenance

Key Findings:

- According to the Community Survey, 67% of the seniors are concerned about getting things fixed that wear out or get broken around the house. Those earning \$18,000-24,999 rated this as their second highest concern, with 78% saying that it is very or somewhat important.
- 64% feel that finding a plumber or electrician and getting plowed out after a snow storm will be important as they age.
- 59% are concerned with yard work.
- 55% are concerned about house cleaning. More seniors earning under \$18,000 (62%) are concerned about this than those earning \$25,000-34,999 (46%).

What concerns do you have about living in your home as you age?	Very Important	Somewhat Important	Not Very Important	Least Important	Don't Know/ Didn't Respond
Getting things fixed that wear out or get broken around the house	40%	27%	13%	12%	9%
Finding a plumber or electrician when you need them	39%	25%	12%	17%	8%
Getting plowed out after a snow storm	42%	22%	11%	18%	8%
Help with yard work	29%	30%	16%	17%	8%
House cleaning	23%	32%	19%	18%	8%

Ulster County Community Survey, 2010

Eighty-three percent of the seniors said that their house is in good repair. These seniors said: they rent or live in a senior complex; need paint, new roof, new burner/heater, need some repair work inside and out, new water system; make repairs regularly; could use some work or minor repairs; and have a newer house or a solid foundation. Some people said they are beginning to worry about keeping up with maintenance.

Nine percent of the seniors' whose house is not in good repair said it is old; needs repairs to bathroom, kitchen, porches, siding, steps, sidewalks, plumbing, carpentry, electric and septic system; needs to be painted; needs new windows, roof, gutters, ceiling replacement, insulation, doors. Some people said it is hard to find someone to do the repairs or to have enough money to do maintenance.

Focus Groups:

Seniors expressed the following during focus groups:

- It's difficult to keep up with house maintenance or small chores, such as changing a light bulb, because of lack of money, not being able to find reliable, inexpensive contractors or volunteers. Seniors with family close by rely on them for help.
- Staying in Place was held up as an example of paying people to do things and sharing a list of people that are reliable and affordable.
- Some would like to see more handicap accessible areas using ramps, doorways, railings.

Suggested Models:

Home Improvement for Aging in Place (West Virginia). Between January and November 2002, Clay Senior Citizens Center's Home-Improvement for Aging in Place program repaired homes for 22 of the county's rural elderly. Repair work ranged from building a ramp for assistive devices to replacing a roof. Vocational high school students assisted in making home improvements.

H.O.M.E.- Household and Outside Maintenance for Elderly (Minnesota) provides affordable homemaking, exterior home maintenance, yard work, and snow removal in thirteen suburban Hennepin County communities. Services are based on a sliding contribution/fee scale. Most clients are over 75 with low or very low incomes.

Fixit Program (New Hampshire). The goal of this program is to help senior citizens and disabled persons to remain independent and in their own homes by helping them with minor maintenance and repair to their homes. Whenever someone is in need of a repair, they call the program and a volunteer is sent out. The homeowners are expected to provide the material but the labor is done at no cost. Other programs offered by the Strafford County Community Action Committee include, **Weatherization Assistance Program**, which assists in decreasing the energy costs of low-income households by evaluating the efficiency of the heating system and through the installation of conservation materials including insulation, caulking, weather stripping to the building envelope. And, the **Home Rehabilitation**, which provides substantial rehabilitation for deteriorated homes through participation in the HOME and Rochester CDBG programs.

PowerHouse Program (Texas). Through this program Reliant Energy educates customers on energy conservation, helps with understanding billing statements, discusses products and services, and conducts home energy efficiency repairs for low-income and senior customers.

Utility Assistance in Arkansas. The **Neighbor to Neighbor** assistance fund helps those families in need with paying heating and utility bills. **Hearts Warming Homes** provides cash grants that are based upon a families need and not on strict income guidelines, to help with paying utility and energy bills. The **Good Neighbor Fuel Fund** offers additional heating and utility bill assistance, above and beyond what LIHEAP may provide. Empire's **Action to Support the**

Elderly Program, known as EASE, provides security deposits and late fee waivers for disabled customers, as well as seniors age 60 and older.

Volunteer Contractors (Ohio). A team of 100 volunteer contractors from the Plumbing, Heating and Cooling Contractors of America traveled throughout Cuyahoga County to provide furnace tune-ups, water audits and plumbing repairs for senior and disabled residents.

A **small home and car repair program** (Massachusetts) staffed by volunteers from area churches provide free labor for the repairs for seniors. Seniors only have to pay for materials.

The **Realtor's Resource for Seniors** (California) was started about two years ago by two real estate agents belonging to the Berkeley Association of Realtors to educate themselves and other realtors about the special needs of senior home buyers and sellers. At a program this year, the group learned about a four part architectural package to help seniors remain in their own home or with their families as they grow older. The package includes: a full home safety assessment; remodeling assistance to improve accessibility as the residents age; expanding the home, if necessary; and a backyard granny flat (approximately 500 square feet) which sells for about \$100,000.

Food & Nutrition

Key Findings:

According to the Community Survey, more than half (53%) of the seniors are concerned about shopping and running errands as they age; 39% feel that having groceries delivered will be important as they age; and 29% are concerned about help with cooking.

What concerns do you have about living in your home as you age?	Very Important	Somewhat Important	Not Very Important	Least Important	Don't Know/ Didn't Respond
Shopping and running errands	28%	25%	15%	21%	11%
Have groceries delivered to the home	18%	21%	15%	29%	17%
Help with cooking	11%	18%	24%	33%	14%

Ulster County Community Survey, 2010

Fourteen percent of the seniors said that they skimp on food, fuel and/or medication because they do not have enough money to cover all their expenses.

According to the “What Midtown Seniors Think!” survey:

- Over a third of the older residents believe that having enough food to feed a family is a major problem in the community; another third believe it is at least somewhat of a problem.
- However, only one in six seniors report that at least once in the past year they have not had enough food to feed their families.

Focus Groups:

Seniors expressed the following during focus groups:

- Grocery shopping is an issue. Some would like to still be a part of the shopping experience. Others wondered if the Boy and Girl Scout Troops could help with grocery shopping. Others suggested offering retail stores incentives to deliver goods.
- Cooking can be a problem because of an illness. Meals on Wheels was suggested, but there were concerns about the taste of the food.
- Shandaken seniors lost their nutritional program and loved the dining out coupons the Office for the Aging gave them last year as part of the Economic Stimulus Program. They would like the restaurants to offer inexpensive Early Bird menus for socialization, as well as nutrition especially in the winter.

Suggested Models:

Evergreen Action Nutrition (Ontario). EAN was developed to provide nutrition education to older adults as a means of preventing chronic disease or maintaining their current status. EAN consists of secondary preventative programs, such as food demonstrations or workshops that are run out of a senior's recreation center. The success of this program shows the benefits of including seniors' input and ideas when developing programs. The EAN project demonstrates that providing a mix of activities, such as workshops and displays, is the best way to get older adults interested and involved in the seniors center environment, as older adults have divergent interests and nutrition education needs.

Garden Produces Vegetables for Seniors (Alabama). Located on a donated plot of land is a garden that produces fresh vegetables for clients of the Care and Assurance System for the Aging and Homebound (CASA). The garden provides fresh vegetables at no cost to people with limited incomes or who have a hard time getting to a farmer's market.

aniMeals on Wheels (Texas). Three years ago, Interfaith Ministries in Houston started a pet feeding program called aniMeals on Wheels because some seniors were sharing their food with their pets. The participation has not been able to grow because of limited funding.

Tularosa Farmers Market joins senior nutrition program (New Mexico): The state has arranged a program that connects seniors to local farm foods. Tularosa senior citizens who depend on the Commodity Supplemental Food Program received booklets containing checks worth \$28, along with an information sheet telling recipients when and where to use them to choose fresh fruits and vegetables at the Tularosa Farmers Market. The program allows seniors to supplement canned and packaged goods with local produce.

Jewish Community Service's **Milk & Honey Campaign** (Florida) involves volunteers who deliver kosher food baskets in time for the Jewish New Year.

Known as **marchés saisonniers** (Canada), in an attempt to make locally grown produce available, several new community-based, volunteer-run farmers' markets have opened in neighborhoods where access to harvest vegetables and fresh fruit can be an issue. These markets target seniors, single-parent families, and new immigrants, among others on fixed incomes, and are set up in different locations to service more geographically isolated neighborhoods where you need a car or have to take public transit in order to shop.

4-H Science of Gardening program (Pennsylvania). Children grow a variety of crops, some of which was donated to senior citizens and people in need, while some was sold to raise funds for 4-H.

Farmer's Markets. There has been a proliferation of Farmer's Markets in many of the county's local population centers. This has facilitated access to fresher foodstuffs directly from local producers. There is an effort underway to allow each of these markets to take food stamps which would improve access for seniors on public assistance.

Safety

Key Findings:

According to the Community Survey, the majority of seniors (95%) felt safe. Those who felt safe said they have alarm systems or lock their doors (one said s/he doesn't even need to lock the doors); live with a family member; have firearms; live in a neighborhood with low crime; have few neighbors or a long driveway; live in an apartment and not isolated; have emergency health services or a life alert pendant; have all comforts of living & in a community where everyone knows each other; live in a sturdy place; have had handicap adaptations done. Others were concerned about their safety due to a creek and some trees on their property; changes in the community and a higher crime rate targeting seniors; no way to communicate for help if they slip, trip or become incapacitated; worried about taxes; and had a burglary in the past and experienced mailbox banging.

According to the "What Midtown Seniors Think!" survey:

- A high percentage of older residents felt that the amount of crime, people with guns, and young people hanging out in gangs were major problems in the community.
- Almost none felt it is necessary to carry a gun for protection in the neighborhood.
- However, almost a quarter have felt afraid to go outside their homes.
- Police protection was not seen as a major problem by most people.

Focus Groups:

Seniors expressed the following during focus groups:

- There was a fear of being alone with no one to check up on them. Seniors suggested having volunteers call people, using a buddy system or having students as live-ins.
- In the city, people living in senior housing were worried about domestic violence and break-ins. They suggested better security, lighting around apartments and cameras in building areas. It was suggested that a community watch organization be created.
- Rural areas were more concerned with leaves, ice and snow while living in their own house, as well as the distance to services, such as a hospital in the case of an emergency.

Suggested Models:

The Niagara Gatekeepers Program (Ontario, Canada) helps members of the community learn to identify the signs of a senior who is isolated or vulnerable and may need support services to ensure safety and well-being. The program links these people to programs before a crisis situation develops. *Gatekeepers Referral Line* is a confidential referral line which the public can call if they feel a senior they know may need help.

CARE! Call Reassurance Program (Ohio). The Fairfield County Sheriff's Office runs a free program from Database Systems Corp, which provides phone systems and software that automatically calls the homebound to ensure their well-being. Recipients receive a daily call, and

if the call is not answered, the system immediately calls a personal contact or community worker.

Senior Care and Safety Check (Arizona). The Garland County Sheriff's Office also offers a free telephone reassurance program. Seniors fill out a registration form identifying the time the call should be made and emergency contacts. When the senior answers the phone, a computerized message is played asking if the individual is ok or needs assistance. If assistance is needed, the system is put into action.

School Project Effort (New Jersey). A sophomore at Northern Valley Regional High School at Demarest (NJ), will ask senior citizens to sign up to get their smoke detectors checked. He will check and replace smoke detectors batteries and assist with carbon monoxide detectors.

SALT Council- Seniors and Lawmen Together (Ohio) works to help improve the lives of elderly people in the community by supplying seniors with fans in the summer, providing home safety inspections in which smoke detectors and other factors are checked free of charge; giving seniors flashlights; and replacing throw rugs with non-skid rugs, etc.

TRIAD, a network of more than 600 local collaborative organizations that pair law enforcement, senior citizens, and community groups, to spread awareness about issues facing elder populations around the nation and to promote senior safety. Triad programs include: **the Good Morning Program**, in which seniors make regular morning calls to the police to check in; community medication collections, which ensure that old pills aren't being disposed of in waterways or left home where burglars can be enticed by them; and education regarding financial, emotional and physical abuse.

Alameda's Boy Scout Troop 11 (California). When the troop was contacted by the Alameda Senior Safety Program, 17 volunteers made up of scouts and their parents spent a morning clearing brush, trimming a tree and clearing debris from paths of one area elder so he could be safer from possible fire hazards or accidents due to falls.

Norfolk County Sherriff's Office (Massachusetts). "**Are you OK?**" provides safety and security for elderly people living alone. Each morning, an officer places a phone call to check on the well-being of people who have signed up for the program. **Project Lifesaver** uses electronic bracelets that can be tracked with sophisticated equipment manufactured by LoJack SafetyNet. They have a search-and-rescue team on call around the clock to respond when someone is reported lost. **Triad** is a program that puts senior citizens in touch with any and all pertinent public safety and social service organizations in their area. Through regular meetings, Triad facilitates two-way communication that allows seniors to directly voice their concerns, while police and fire officials and any number of other safety and health organizations can make the seniors aware of relevant programs. **Files of Life** free-of-charge kits consist of an information card listing all medications a person uses and all special health conditions he or she has. In the event of a medical emergency, a File of Life allows paramedics and EMTs to administer the correct treatment quickly.

High tech remote home activity monitoring. Video monitoring (telecare) enables family and caregivers to monitor in-home activities from their own computers. **Wired Homes** - in addition to camera monitoring, companies offer other kinds of services to help keep track of an elderly person's daily activities. **Medical alert services** like LifeStation and ActiveCare offer emergency help at the push of a button. A similar service offered by Philips Lifeline can also detect falls, instead of relying on the user to push the button. Services like MedMinder and Philips Lifeline's ManageMyPills offer reminders to take medication or, in the case of FineThanx, provide automated daily check-in calls and alert others when there's no answer.

gerontechnology: Emerging innovative technologies offer the prospect of enhanced security, safety, diagnosis, treatment and physical assistance to improve the quality of life for elderly people, to help them remain at home, and to provide financial savings in aged care and medical treatment. Technologies for elderly-friendly housing depend on information and communication technologies to address social communications, personal health monitoring, telehealth, shopping and education.

Transportation

Key Findings:

According to the Community Survey, if seniors were unable to drive themselves, they would arrange for someone to drive for them (63%); take a bus (20%); call a cab (13%); take the Office for Aging van (13%); call a non-profit (12%); or carpool (8%). Other people said they would ask a family member, friend or neighbor for help; walk; or VA van. Some said the bus is not available where they live.

Focus Groups:

Seniors expressed the following during focus groups:

- There was a lot of discussion about the bus system. Some said the bus is not convenient - it doesn't pick up near them, it comes too infrequently and there are no shelters, or is expensive. The city bus was praised, comes frequently and is accessible. There was a need have clear easy access to information on bus routes and schedules. Seniors pointed out that the Office for the Aging has transportation service and there is a medical taxi.
- Some seniors are still driving themselves and prefer to as long as they can; others have friends to drive them. Those who drive are interested in the defensive driving courses and said that there is a need for clearer road markings of the center line.
- Seniors would like better street lighting, sidewalks, longer intervals on street light pedestrian crossings.

Interviews:

Bob DiBella, Director of **Ulster County Rural Transportation** (UCAT) is concerned about the explosion in the elderly population in Ulster County and how it will impact the transportation needs in the County. Several issues are currently being explored.

- The City has a curbside service for all ADA certified citizens called Paratransit. After filling out an application and having a professional such as a physician, or physical therapist certify the person is disabled or a senior citizen, a person may call and make an transportation appointment anywhere within the city of Kingston. This service is available Monday to Friday from 6:30 am to 7:30 pm and limited service on Saturday. This year a County Paratransit service has been available in the county along the two main transportation routes. The bus will pick anyone who qualifies, who lives within 1 ½ miles of the main transportation route and take them where they need to go for double off route charges (currently \$3.00) in both directions. Three buses are now available for this service but there are plans to expand as the need and the public become aware of it. Dial a Ride Services are also being investigated as a possible future service.
- The biggest issue is costs. Low floor, small buses will better accommodate people with disabilities. The City and County have too few resources to cover their shared costs and are unable to consider expanding transportation services at this time. There is currently a search for grants and other resources to fund the buses, personnel and other expenses.

- Integrating City and County public transit may be one way of reducing duplication and increasing efficiency. There also needs to be a new bus terminal to serve the area, but financial resources are scarce to accomplish these changes in the near future.
- A tri county Consortium of Dutchess, Orange and Ulster counties will determine if there is a willingness and ability to integrate, consolidate and plan for the future of the Mid Hudson Region in regards to transportation and housing.

Suggested Models:

According to the *West Virginia University Center on Aging: Best Practices in Service Delivery to the Rural Elderly*:

Traditional transportation services are generally fixed schedule, fixed route systems, and generally define their service areas within a mile of the fixed route systems. Thus, such services are not a viable option for much of the older adult population. Additionally, the inefficiencies of high occupancy vehicles and time-on vehicles due to travel distances adds to the practical and physical problems that older adults encounter when they try to access traditional transportation.

Buses, paratransit, and private taxi or private transport services do not even exist in many communities and in rural areas, funding for transit is inadequate and inequitable. Even where it is available, transportation can be difficult for older adults to utilize because of factors such as failing health, loss of mobility and economic vulnerability.

In general, innovative transportation solutions for the rural elderly can be one or more of the following:

- car (or van or truck) sharing programs (by vehicle owners with non-owners)
- shared vehicle use (among organizations in communities)
- group purchase partnership for vehicle(s) (by two or more agencies)
- empty seat use (by car pooling and car sharing)
- community fleet ownership (allowing residents to reserve, pay and drive)
- vehicle renting by transit operators (for rural residents)
- sale of unused capacity (providing service to other users in down times)
- central maintenance facility for small programs (offering economies of scale)
- service program (offering group insurance, driver training or driver sharing)
- limousine or personal auto business (providing drivers for a fee)

There are also numerous ways that communities can adapt existing transportation equipment and programs to meet the needs of older adults.

Supplemental Transportation Programs for Seniors (STPs). Organizations and groups throughout the country are tackling the senior transportation problem by creating grassroots and community-based STPs, which focus on the 85+ age group who have special mobility needs. STPs are organized to meet those needs through trip chaining, transportation escorts, door-through-door service, and numerous other methods of personal support. STPs focus on availability, accessibility, acceptability, affordability and adaptability.

Characteristics of Supplemental Transportation Programs for Seniors (*note these statistics are from 1990s, but still offer relevant data*)

Purpose: 62% medical appointments only, 46% any purpose
Availability: 56% daytime, 47% weekdays only
Service: 76% door-to-door service, 23% curb-to-curb, 11% fixed route
Scheduling: 29% same day reservation, 38% day advance reservation
Escorts: 38% can provide escort services
Occupancy: 27% can provide single passenger rides
Vehicles: 42% use autos, 54% use vans, 35% use buses
Rider Fees: 51% no fees, 19% flat rate fee, 13% mileage rate
Drivers: 33% volunteers only, 40% paid only, 24% mix of volunteers and paid

Friends Helping Friends (California). The T.R.I.P program is a non-profit, social assistance program with volunteer drivers/escorts. It is organized with a “friends helping friends” approach to driver recruitment in that riders recruit their own drivers. The program provides reimbursement for mileage.

Elder Experience Travel (New Mexico). The San Felipe Elderly Transportation Program is a non-profit program operated through the senior center on the San Felipe Pueblo. The program consists of one van that was donated by the San Felipe Pueblo Casino. The program serves 90 “elderlies”, charges no fees for service, and is the only transportation available for many of the riders.

Provider Donation Mobilization (Michigan). Shepherd’s Center Escort is an interfaith transportation program sponsored by 42 churches. It provides rides for medical appointments only; is a volunteer driver program with limited staff; and operates on a budget of less than \$10,000. It does not charge fees for transportation and accepts donations from riders and from service providers.

Driver Escort Support (Kansas). Jefferson County Service Organization is a non-profit agency that is the sole provider of transportation in the county. Eighty-five percent of the riders are seniors and most are age 75 and older.

Voluntary Revenue Development (Maine). The Independent Transportation Network (ITN) is a non-profit local transportation program that serves a mix of urban and rural seniors and the visually impaired. It is an automobile oriented program and includes owned and volunteer vehicles as well as paid and volunteer staff.

Get About (California). For the past 35 years, **Get About**, run by Community Senior Services has kept the slightly older local population united, independent and healthy. The grassroots effort produced the first multi-city dial-a-ride program in the country using a borrowed van and the help of volunteer drivers.

Transportation Demonstration Program (Ohio). The Guernsey County Senior Citizens Center, Inc. identified 30 rural, isolated seniors to conduct a transportation needs assessment survey. Based on the results and a review of the operations and infrastructure of existing transportation systems, recommendations were made and an innovative transportation program

was implemented, modeled after existing voucher programs. Between January and November 2002, the Guernsey County Senior Citizens Center, Inc. implemented a transportation program to provide medical transportation services to those identified as rural, isolated adults Monday through Friday from 8:00 a.m. to 4:00 p.m. The transportation program used vans to pick up participants at their homes and transport them to their medical appointments.

Neighborhood Electric Vehicle (Wisconsin). The Verona Senior Center recently purchased one of the newest weapons being deployed in the war on gas prices and pollution - the neighborhood electric vehicle (NEV). The center will not focus on transporting people with a NEV, but on helping with small errands and home-delivered meals. Transporting seniors may be a possibility in the future. Right now, serving the needs of caregivers by running errands on their behalf, freeing up some of their time and helping to reduce their stress, is the primary goal of the program.

FUNDING

Funding opportunities for any of the above goals will have to be identified. Below are some grant opportunities and examples of how other states have created targeted funds to help provide senior support services.

The **U.S. Department of Health and Human Services** and the **U.S. Administration on Aging** announced in March 2010 that \$27 million will soon be awarded to develop programs to help older adults with chronic diseases to improve how they can self-manage their chronic diseases and improve their quality of life. NYS Office for the Aging will receive \$ 1.2 of this funding to operate the program in the state. The program, to be known as the “Communities Putting Prevention to Work Chronic Disease Self-Management Program,” is funded by the American Recovery and Reinvestment Act of 2009.

The **Center for Disease Control** will also award grants to government and tribal health departments to begin pilot programs targeted for people between the age of 55-64 years old. These pilot programs will focus on interventions, health screenings, and clinic referrals.

The **U.S. Department of Health and Human Services** will also develop plans to promote healthy lifestyles for seniors on Medicare. The focus of these programs will be to help Medicare patients reduce the risk of being injured, becoming disabled, and getting sick by making healthy lifestyle choices.

The Pennsylvania Lottery. Other than the prizes, the largest percentages of revenue generated from the PA lottery goes to help older residents of the state. It funds mass transit for the elderly, low prescription drug cost programs and a variety of public community centers for seniors. Pennsylvania is the only state that uses its lottery revenue to fund programs for the elderly.

New Jersey State revenues from the **Casino Revenue Fund** in Atlantic City create a safety net for seniors and the disabled. Before one cent of gambling profit goes into the pockets of casino owners, 8% of casino profits goes toward respite care, hearing aid assistance, adult protective services, sheltered workshop transportation, congregate housing support, meals on wheels, senior property tax freeze, and pharmaceutical assistance to the aged and disabled.

The **Delaware Aging Network**, a National Institute of Senior Centers (NISC) state association, led a successful advocacy effort to prevent major decreases to senior center funding in the state budget. Senior centers throughout the state engaged their members, boards, and staff in a four-month campaign that included testimony before the Delaware Joint Finance Committee, meetings with individual legislators, letters, emails and phone calls.

Advocacy effort in Nevada. The Executive Director of the Nevada RSVP pleaded for people to write, call or e-mail candidates and legislators and ask them to look at funding for Nevada's Aging and Disability Services Division (ADSD) and community-based programs that are keeping seniors at home for a savings of millions of dollars to this state and its taxpayers, and stop the cuts.

NEXT STEPS DEVELOPED BY VARIOUS COORDINATING BODIES

In 2007, the **Ulster County Mental Health Department and Ulster County Office for the Aging** worked together to organize a planning forum for the purpose of developing Ulster County's future system of behavioral health services for the geriatric population. It was their goal to identify the types of services that will be needed, so that service providers may eventually make proposals to fill these needs. The following are the recommendations that came from that forum:

1. The steering committee proposes that community education be provided regarding the realities of the aging process; debunking myths and educating the general public regarding current and impending behavioral health needs of the geriatric population. This education should address issues of stigma, ageism and the prevention of mental and substance abuse disorders. Screening and evaluative services information should be provided. Medical health care practitioners and the staff of agencies that provide services to the geriatric population should be engaged to receive this education. Consumers of behavioral health services need to be enlisted to be more aware of their health status and to pursue routine screenings. Healthy lifestyles need to be promoted.
2. Coordination functions should be supported. There currently is no coordinating function in the county. The concept of agencies partnering to provide training opportunities and to form a geriatric network of service providers should be explored. The E Mail list serve for agencies serving the geriatric population should be promoted and cross referenced. This list serve could support a more thorough tally of which service models are operating in Ulster County by which agencies. In addition, the number of persons being served and the numbers wait listed for services could be further understood via the linkage between provider agencies.
3. Health and Behavioral Health services should be integrated and provided in community settings to the fullest extent possible. Baseline assessments and the differential diagnosis of functional changes in older adults should be provided routinely. Relationships between physical and behavioral health agencies should be developed so that care can be coordinated and appropriate interagency referrals are made.
4. Treatment, intervention and prevention models (ACT, Case Management, Crisis Assessment, Enhanced Day Care, Respite, SPOA, Nursing Home Diversion) that have demonstrated good outcomes in meeting seniors' needs. The provision of support services (family care, respite, peer support, nutrition and care giver support) serve to assist families who are primary care providers. Prevention services include those that decrease isolation and increase the activity of seniors. These activities serve as networking opportunities for seniors and decrease isolation and the odds for the development of behavioral health problems. Some of these services are currently provided in Ulster County. Others should be considered.
5. The steering committee supports the development of geriatric specialty beds within the local psychiatric hospital in conjunction with the establishment of appropriate community based after care services.
6. The steering committee recommends the development of a resource guide which would be used by Ulster County residents in seeking services and supports. Geriatric specialists and services for seniors and their care givers in Ulster County would be identified. This guide could be used by agencies in referring individuals to needed services. Members in the guide

could be included in the E Mail list serve that was established in early 2008. The guide could also serve to support a coordination function informing agencies and funders in determining resource allocations.

7. The steering committee recommends the development of a review and referral committee. The committee could serve a coordination function supporting the linkage of consumers to appropriate services and could serve to establish interagency connections. Agencies would be encouraged to participate as needed. This group would be positioned to identify gaps in the service system, providing a more thorough analysis of the needs of seniors from the perspective of the seniors themselves, their care givers and agencies that serve seniors. The extent to which a lack of transportation and other barriers prevent or restrict access to available services could be better understood via this process as well.
8. The steering committee recommends that opportunities for the funding of any of the goals identified be explored.

“Addressing the Needs of the Aging Population in Ulster County” Partnership Summary

The **Ulster County Department of Health** held a focus group regarding healthy seniors and included representatives from the Ulster County Office for the Aging, Health Alliance, Rose Women’s Care Center, American Cancer Society, Advancing Wellness, Inc., Ulster County Legislature, Ulster County Golden Hill Care Center, Mental Health Association in Ulster, Emergency One, SUNY Ulster and the Ulster County Department of Health. The group identified the following:

- Community gaps: mental health, specialists, aging in place, pharmacy education, transportation
- Barriers to appropriate care: insurance, stigma, myth of aging, rural providers, home health aides
- Best practices for meeting the needs of the community: aging in place, skilled volunteers, senior run centers, retirement communities, senior clubs
- Emerging trends: practitioner shortage, technology use, Medicare cuts, shortage specialists, limited transportation
- Recommendations:
 1. Improve management of medications (poly pharmacological) and improve case management.
 2. Enhance in-home services (access to personal care aides, stay in place programs).
 3. Shift from medical to wellness model - Aging successfully, develop infrastructure.

Ulster County Department of Health, Ulster County: A Public Health Approach, June 2010

The **NY Connects Long Term Care Council** recommended the following goals:

1. Provide leadership to the community for ongoing planning and development for the long term care service system that addresses both the community needs and choices of the elderly and disabled throughout the county.
2. Expand the availability of respite care to prevent unnecessary hospitalization or nursing home placement.

3. Provide leadership in advocating for public policy, funding and regulator needs that support consumer choice and the functioning of the long term care system that addresses and meets the needs of consumers within the county.
4. Provide the leadership necessary to promote county wide involvement of both the public and private sector of the community in addressing the needs and issues related to long term care for the elderly and disabled.

NY Connects Long Term Care, "Analysis and Identification of Gaps, Duplication and Accessibility Issues within the Long Term Care System in Ulster County, New York," September 2009.