



# **Broome County Office for Aging**

*...bringing seniors and services together*

## **Plan For Services**

**2012-2016**

# Broome County Office for Aging

Patrick J. Brennan, Broome County Executive • Kathleen Bunnell, Director



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Dear Colleague:

The *Broome County Office for Aging Plan for Services 2012 – 2016* outlines the needs of older adults and caregivers in our community and the activities that the Office for Aging plans to undertake during the next four years to address these needs.

Section III presents a demographic portrait of the elderly living in Broome County. This section provides findings from the 2010 Census. Since 2000, the community has experienced the highest percentage of growth in the age 60-64 cohort, as the first baby boomers will reach age 65 this year. There was a 23% increase in the age 85 and older population between 2000 and 2010. That is the age group that is most likely to need community services. Broome County is confronted with the challenges of providing care for a growing number of vulnerable seniors while supplying older baby boomers with the information, socialization, and wellness programs that help them with healthy aging. The community also needs to support informal caregivers who are critical partners in caring for elders.

Section IV is a community profile of the issues that Broome County seniors identified as their main concerns.

Section V lists the programs offered by the Office for Aging. Included in this section are projections of the units of service that the Office for Aging will deliver during the next state fiscal year, April 1, 2012 – March 31, 2013.

Section VI describes the goals and objectives of the work of the Office for Aging. The goals are based on those of the Administration on Aging and the New York State Office for Aging.

We invite the community to work with the Office for Aging in addressing the needs of seniors and caregivers, improving the quality of life of our elderly, and helping us prepare for a growing senior population.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen Bunnell".

Kathleen Bunnell  
Director

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## ***Section I***

# **Agency Mission**

The mission of the Broome County Office for Aging is to improve and enrich the quality of life for all older persons in Broome County.

The Office for Aging:

- Promotes the dignity and independence of the older person
- Ensures that comprehensive and coordinated services are brought to bear on the needs of older persons
- Fosters public awareness of the value and contribution of older persons of the community

The guiding policy of the mission is to implement the mandates and requirements of federal and state regulations pertaining to the elderly. These are provided in federal law and under the Older Americans Act, and in state law under the New York State Community Services for the Elderly Act and the Expanded In-home Services for the Elderly Program (EISEP). Other program requirements come from the U.S. Department of Agriculture, the Federal Corporation for National Service, the N.Y.S. Department of Social Services, and the N.Y.S. Department of Health.

## ***Section II***

# **How the Plan was Developed**

The *Broome County Office for Aging Plan for Services 2012-2016* is a comprehensive overview of the demographic information, needs assessment findings, detailed program descriptions, and the projected number of units of service that the Office for Aging and its subcontractors will deliver in state fiscal year 2012 – 2013.

The Office for Aging analyzed data from a number of sources. The agency management team consulted with its staff members and other service providers to identify service utilization trends and under-met needs. To identify trends, staff analyzed three years of service use and demographic data for each program. The planning committee reviewed the findings from the needs assessments from previous four-year plans. The management staff also reviewed census data. The Office for Aging collected public input on the needs of seniors through an article in the Press and Sun-Bulletin, five focus groups, multiple stakeholder interviews, and surveys of program participants. The Advisory Council played an integral role in the development of the plan and hosted a public hearing attended by 69 people. Comments made at the public hearing, or submitted in response to the draft plan, are reflected in this document. The Council reviewed the process and timeline, service and census data, participated in focus groups and provided critical input into the narrative components of the plan.

The Office for Aging was able to use the information obtained from the needs assessment activities to conduct an in-depth evaluation of its services. From this evaluation, staff determined which issues are having the most significant impact in the lives of Broome County seniors. Once the issues were determined, staff planned actions to address the needs existing in the community. While the *Plan for Services 2012-2016* presents Office for Aging strategies for meeting the needs of seniors in Broome County, this plan is also a resource for other community organizations. These organizations can use this document as support in developing strategies to assist the elderly.

The *Plan for Services 2012-2016* includes activities funded by the Administration on Aging and the New York State Office for Aging using Older Americans Act, Community Service for the Elderly, Expanded In-home Services for the Elderly Program, and Congregate Service Initiative monies. Broome County Government has also made a significant commitment to supporting aging services by funding activities included in this plan.

## Section III

# Our Aging Community: A Demographic Portrait of the Senior Population in Broome County

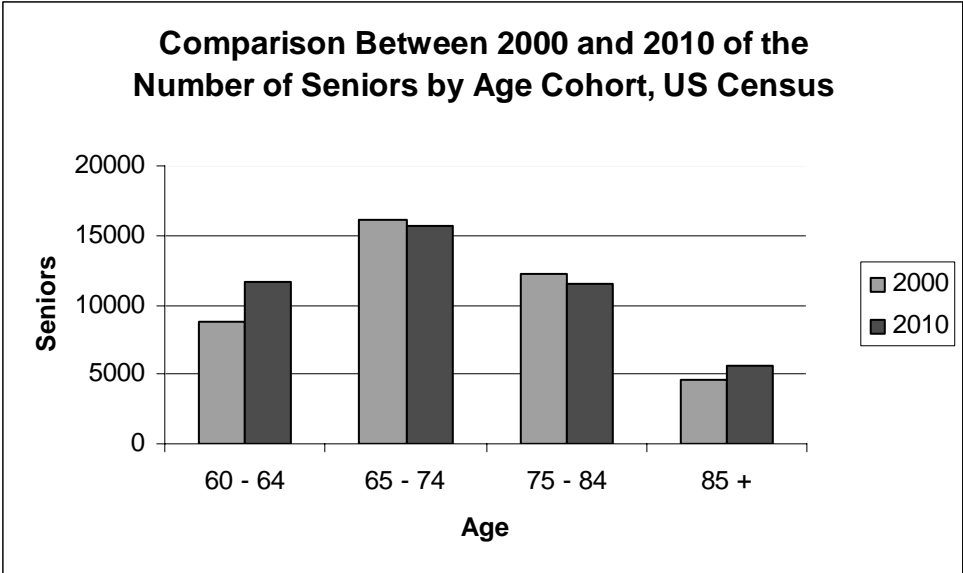
Broome County, already rich in culture and ethnicity, benefits greatly from another abundant resource: its elderly. The 2010 Census shows that Broome County is aging faster than either the nation or New York State. In 2010, 22% of Broome County residents were age 60 or older compared to 18% of the nation's population and 19% of those living in New York.

This recent person-by-person count identified 44,485 individuals age 60 or older. However, seniors are not a homogenous grouping and their needs change as they age. The table below displays the senior population by each of the four age cohorts that comprise the 60+ age group.

**Table 1: Broome County Population Age Changes 2000-2010, Census 2010**

Age	2000	2010	Change In Population	Percent Change in Population
60 – 64	8,711	11,641	2,930	34%
65 – 74	16,073	15,668	-405	-3%
75 – 84	12,182	11,539	-643	-5%
85+	4,576	5,637	1,061	23%
<b>Total</b>	<b>41,542</b>	<b>44,485</b>	<b>2,943</b>	<b>7%</b>

- The total population of Broome County grew by 0.03% from 2000 to 2010. However, the senior population increased by 7.1% in the same time period.
- From 2000 to 2010 the county experienced an increase of 2,930 seniors between the ages of 60 and 64 as baby boomers started becoming seniors. This is just the beginning of the wave; baby boomers will be joining the ranks of seniors for another fifteen years.
- While the population of seniors between ages 65 and 84 decreased by 4%, the county experienced a 23% growth in the age 85+ population.



**Population Change by Town**

While it is useful to know the elderly population for the entire county, breaking down the population by towns reveals additional information. A township analysis allows service providers to discern where higher concentrations of elderly live and where they need to direct targeted efforts. Table 2 shows the change in the number of senior residents for each Broome County town between 2000 and 2010.

Only one jurisdiction, the City of Binghamton, experienced a loss of elderly residents. From 2000 to 2010, the Town of Nanticoke experienced the largest percentage growth in the senior population followed by the Towns of Lisle, Colesville, Triangle and Windsor. In terms of increased numbers of elders, the Town of Union grew the most followed by Vestal, Chenango, Windsor and Colesville.

**Table 2: Population Change Age 60+ for Broome County Towns, Comparison Census 2000 and 2010**

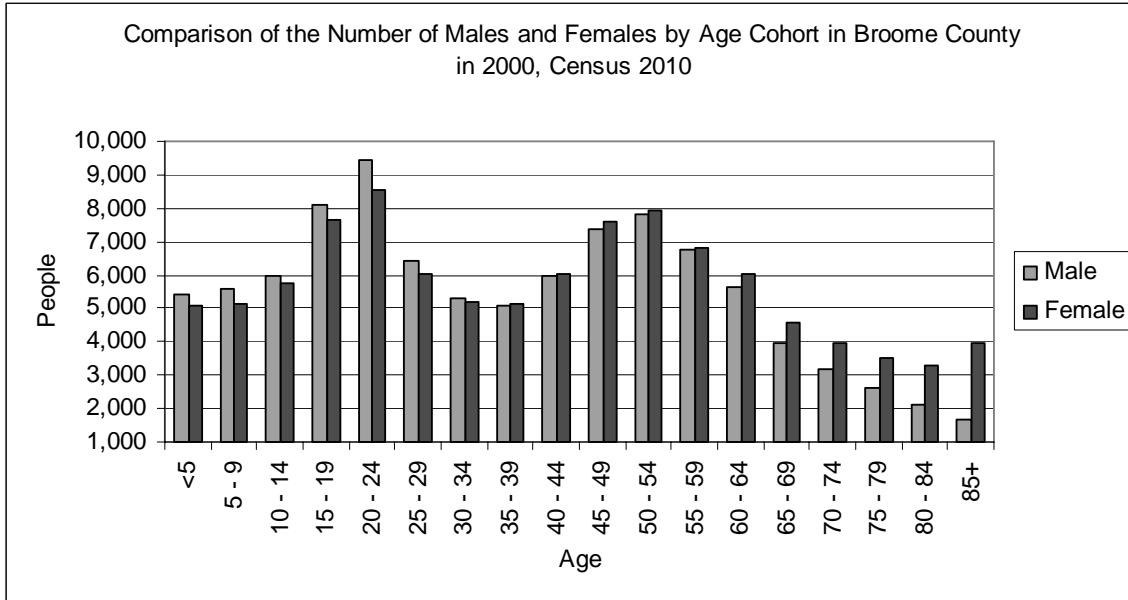
Area	2000	2010	Change In Population	Percent Change in Population
Broome County	41,542	44,485	+ 2943	+ 7.1%
Barker	404	509	+ 105	+ 26.0%
Binghamton, City	10,231	9,800	- 431	- 4.2%
Binghamton, Town	896	1,076	+ 180	+ 20.1%
Chenango	2,281	2,677	+ 396	+ 17.3%
Colesville	828	1,099	+ 271	+ 32.7%
Conklin	1,018	1,207	+ 189	+ 18.6%
Dickinson	1,293	1,328	+ 35	+ 2.7%
Fenton	1,471	1,633	+ 162	+ 11.0%
Kirkwood	1,148	1,309	+ 161	+ 14.0%
Lisle	391	543	+ 152	+ 38.9%
Maine	987	1,152	+ 165	+ 16.7%
Nanticoke	215	312	+ 97	+ 45.1%
Sanford	545	639	+ 94	+ 17.2%
Triangle	465	595	+ 130	+ 28.0%
Union	13,045	13,557	+ 512	+ 3.9%
Vestal	5,321	5,765	+ 444	+ 8.3%
Windsor	1,003	1,284	+ 281	+ 28.0%

Broome County's large senior population presents both opportunities and challenges for those providing services to the elderly. The following pages describe segments of the senior population that service providers consider vulnerable.

### Gender

Gender is an issue for a number of reasons when discussing the elderly. Men and women have different incidence rates for certain chronic diseases. Elderly men report higher levels of heart disease and cancer than women. Elderly women report higher levels of arthritis.

According to the 2010 Census, women make up 57% of the senior population. Females outnumber men largely because of the difference in life spans for men vs. women. The chart below shows the number of men and women by age cohort.



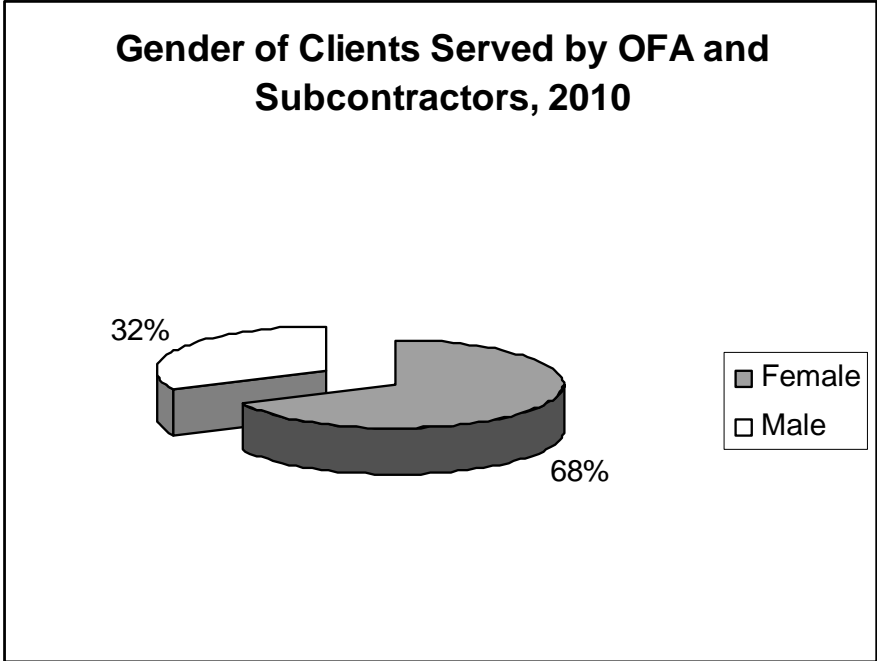
There is a slight preponderance of males through age 34. From ages 35 to 44, the gender ratio is close to even. After this point, women start to outnumber men and continue to do so in greater proportions as age increases. Within the age 60+ age cohort, there are 1.7 women for every man. As the chart above shows, dividing this cohort into smaller age groupings reveals that the percentage of women to men grows larger as age increases. In the 85+ cohort, women outnumber men at a ratio of 2.3 to one.

**Table 3: Percentage of American Males and Females by Age Cohort, Census 2010**

Age Cohort	Males as Percent of Age Cohort	Females as Percent of Age Cohort
60 – 64	48%	52%
65 – 74	45%	54%
75 – 84	41%	59%
85+	30%	70%

National statistics indicate that women are more vulnerable than men in terms of economic and health status. The death of a husband exacerbates this vulnerability and leaves a woman alone in her home; she is more likely to need services and financial benefits to remain independent. The trend of women outliving men is expected to continue. The Administration on Aging expects seven out of ten “baby boom” women to outlive their husbands.

Since older women are more likely to experience economic need (having a low income) and social need (defined by the Older Americans Act as living alone), the Office for Aging strives to deliver services to elderly women. In 2010, 68% of all clients served by the Office for Aging and its subcontractors were female.



The following Office for Aging programs served elderly women at a rate that exceeds their prevalence in the senior population.

- Foster Grandparent Program.....88.8%
- Transportation.....83.4%
- Personal care service.....82.4%
- Chore service.....78.6%
- Information and Assistance.....69.3%
- Home Delivered Meals.....66.7%

**Living Alone**

While social connections are associated with healthy aging, living alone can put seniors at greater risk of being isolated, depressed, impoverished, fearful of crime and removed from sources of support.<sup>1</sup> A senior may come to find herself living alone at a time when physical frailty prevents her from leaving the home for social contact. If she has no visitors or meaningful contact with the outside world, she may become isolated, increasing her risk of physical and mental decline.

Elders who live alone often have lost a spouse. Given their longer life spans, women have higher rates of widowhood and a greater likelihood of living alone. Widowed seniors often choose to remain in their homes and live independently as long as their health and finances permit.

<sup>1</sup> Conrad, Peter. 2009. The Sociology of Health and Illness: Critical Perspectives. Worth Publishers: New York.

According to Census 2010, 12,898 seniors (or 29% of the population age 60 and over) live alone. Recognizing that seniors who live alone are at risk, OFA targets its services to this group. In 2010, 46.9% of Office for Aging clients lived alone.

During 2010, those people who live alone were more likely to use the following Office for Aging services at a higher rate than the senior population as a whole:

- Personal care services
- Chore service
- HEAP
- Transportation
- Home Delivered Meals

### Poverty

The National Council on Aging reported an estimated 9.9% of people 65 and older were living at or below the poverty threshold in 2008. In addition, “21.5% of all older adults had incomes between 100% and 199% of the poverty threshold, and nearly one-third of older adults were economically insecure, i.e., living in poverty or at-risk of becoming impoverished.”<sup>2</sup> Advanced age is associated with an increased risk of becoming impoverished for both men and women, and those age 80 and older are especially at-risk for economic insecurity.<sup>3</sup> The average senior will deplete savings and investments as s/he grows older. Even middle-income seniors face challenges in paying for prescription drugs, housing, and home care. The near-poor—those with incomes between 100% and 150% of poverty—may be as much at-risk as poor seniors. Many benefits are available only to those with incomes below the poverty threshold, automatically excluding those who make a few dollars more per year. These seniors, facing hard spending decisions, may decide to forego necessities.

There are some specific demographic groups that are recognized as economically disadvantaged. More women have with incomes below the federal poverty threshold than men. In comparison to white adults 65 and older, a larger number of black and Hispanic older adults are extremely poor (living below 50% of the poverty threshold), living in poverty or at-risk for becoming impoverished.<sup>4</sup>

Locally, the poverty figures for seniors are not yet available from the Census 2010. The Census 2000 data indicates that 6.8% of the age 60 and over population was below the poverty level. Table 4 lists the poverty levels for one and two person families at various thresholds of the poverty level for the spring of 2011

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<sup>2</sup> Kimberly Johnson, and Kathy Wilson, Current Economic Status of Older Adults in the United States: A Demographic Analysis, January 2010, NCOA.org, August 2011 7  
< [http://www.ncoa.org/assets/files/pdf/Economic-Security-Trends-for-Older-Adults-65-and-Older\\_March-2010.pdf](http://www.ncoa.org/assets/files/pdf/Economic-Security-Trends-for-Older-Adults-65-and-Older_March-2010.pdf)>

<sup>3</sup> Johnson and Wilson 9

<sup>4</sup> Johnson and Wilson 8

The Older Americans Act specifically directs local Area Agencies on Aging to target low-income individuals. This directive does not exclude persons with higher incomes from receiving services; it simply means that those with low incomes are more vulnerable and are given priority. In 2010, 7% of those served by the Office for Aging were below the poverty level.

**Table 4: Poverty Income Guidelines as of April 1, 2011**

Size of Family	100%	125%	150%
1	\$10,890	\$13,613	\$20,147
2	\$14,710	\$18,388	\$27,214

**Race and the Elderly**

Census 2010 figures indicate that 1,760 (3.96%) of Broome County residents age 60 and over population identify themselves as members of a minority race or ethnicity. Blacks and Asians comprise the largest segments of the Broome County elder minority population. Minority seniors are at a higher risk of living in poverty and are more likely to be functionally limited than whites. Office for Aging has race or ethnicity information on 74.4% of clients as of 2010. Of those who reported their race or ethnic status, 2.2% of Office for Aging service recipients were minorities.

## ***Section IV***

# **Community Profile: A Description of the Main Issues Affecting Broome County Seniors**

Many issues affect seniors; however, year after year, elders consistently identify the same problems as being the ones that concern them the most. Every senior finds herself confronted by at least one of these issues as she ages. Many find themselves confronted by several issues, and they often seek help to deal with the complex problems they face.

### **Access**

Access to services is a key component to seniors remaining independent as long as possible. Older adults and their caregivers need information about services to make informed decisions about their lives. A telephone survey conducted in 2008 by Mathematica Research, Inc. of older Broome County residents revealed a number of important keys to understanding how they obtain needed information and their awareness of existing services. The majority of survey respondents knew about the existence of senior centers, home care assistance, transportation services, nursing home and other assisted living facilities, and mental health services. They were much less likely to know about health insurance counseling and financial assistance programs, home repair services and telephone information lines. Respondents were largely aware of agencies such as the Office for Aging (OFA), United Way, Action for Older Persons, Inc. (AOP) and CASA (Community Alternative Systems Agency).

The same survey also revealed the sources people turn to for information. For media sources, 91% of the older adults surveyed watched television daily and 66% read the newspaper daily. Increasingly, seniors are using the internet. A similar Mathematica survey in 2002 showed that 21% of older adults used the internet at that time; in 2008, the survey showed that 36% use the internet. When asked where the respondent would turn for information about services they might need, only 9% said they would use the internet, 31% said they would contact a government office, Office for Aging or United Way. Twenty-eight percent (28%) would turn to a health care provider and 25% said they would contact their insurance company. Nearly 15% said they would use the phone book.

Each year, the Office for Aging and its subcontractors serve nearly 12,000 older adults and their caregivers. Each person's situation is unique and the services need to be tailored to the individual. People need a variety of access points and ways to obtain the information they

need. We are fortunate to have many ways to help keep people informed of what is available.

While people are aware of community agencies, the lack of knowledge about the telephone help lines that exist in the community is an issue that constantly needs to be addressed. The United Way operates a 211 call center. CASA operates a well publicized NY Connects help line that addresses needs that fall under the category of long term care. Action for Older Persons, Inc. offers a highly promoted health insurance counseling program. The Office for Aging provides a comprehensive Information and Assistance (I&A) service for seniors and their caregivers. The Senior Resource Line is the Office for Aging's telephone I&A service which is staffed during business hours by case workers with specific training in the Information and Referral skill set; staff includes one nationally Certified Information and Referral Specialist. The I&A staff maintain a database of service providers and service information covering a wide array of topics. The key component of a Senior Resource Line call is the assistance the I&R staff provides to help the caller determine his or her needs. Individuals often call for information about a service they know about—not the service they may actually need. The I&A staff use interview techniques to determine the underlying issues and to provide information on a variety of options available in the community. Callers may be seniors, their caregivers, family, friends, or agency professionals.

The Office for Aging website features detailed descriptions of all programs and services including a section on frequently asked questions; it also provides an option to e-mail the agency. The website has links to downloadable publications, to other commonly requested resources, and to other websites in the aging network. Hard copies of most of these materials—and many more—are available in the Resource Center in the main office; brochure racks (mini-resource centers) are also located in senior centers and other locations.

The Office for Aging produces several educational publications; other human services agencies who serve older adults also have regular educational publications. The Office for Aging's monthly Senior News is distributed by subscription to about 2000 individuals with an additional 5,400 copies distributed through senior centers and a variety of other public venues such as libraries and health care centers. An electronic copy of Senior News is posted on the website and audio copies are mailed to vision impaired seniors. The Office for Aging distributes Caregiver Corner by subscription to almost 700 caregivers and the electronic copy is posted on the website.

Successful Aging is a column covering a variety of topics of interest to seniors that Office for Aging has in the Press & Sun-Bulletin each Sunday. Action for Older Persons produces the comprehensive Elder Services Guide which is available in a hard copy format as well as through the internet.

There are various physical locations that provide access to services. These include senior centers, adult day care programs, the offices of other human service providers and medical service providers. The 11 multi-purpose senior centers are located in both rural and urban areas including the urban core, eastern, far eastern, northern and western areas of the county. Senior centers serve as access points to community services and social connections. The

centers provide wellness activities, education, and exercise equipment along with meals. For those seniors unable to get to a senior center, access to information about services may be delivered in other ways. For older adults who are homebound, information is often brought to the home by a case worker or by a volunteer who is delivering Meals on Wheels. I&A case workers are also available to do home visits or meet seniors and caregivers at the local senior centers to provide information, assistance, and help to develop a plan of care when needed.

The Senior Resource Line fields over 10,000 calls each year. The following sections detail the main issues about which older adults request information.

### **Financial Benefits**

Financial concerns were the most common reason older adults and their caregivers called the Senior Resource Line in 2010; these calls represented almost 34% of the 10,714 calls received. Financial issues are also part of many of the other calls received.

Low-income seniors often report their financial issues in terms of specific expenses they are unable to meet. Many seniors report having insufficient funds to pay for essential dental work, eye glasses, hearing aids, medications, and incontinence products; there are limited resources to help seniors with these needs. Costs related to housing such as taxes, utility bills, and essential maintenance or repair costs are substantial expenses many seniors are not able to meet without the help of such benefit programs as Home Energy Assistance Program (HEAP), School Tax Relief Program (STAR), Senior Citizens Partial Real Property Exemption, and Real Property Tax Credit (IT-214). Service providers often observe that older adults are not aware of all of the financial benefit programs that are available to them.

Financial issues related to budgeting, bill-paying and credit card debt can be very complex. Debt is a serious issue for many seniors and those who are in debt frequently request assistance from several local agencies. Being in debt—or just lacking reserve funds to meet unplanned needs—has significant negative consequences. For example, low-cost senior housing is usually not available to seniors unable to pass a credit check. Or the inability to pay for adequate home maintenance can mean that the value of this asset is eroded.

Seniors who formerly had a partner who handled the household finances may be lost when household management becomes their responsibility. Ill health or other drastic changes in circumstances may erode management skills. The flood of telemarketing calls and of junk mail that looks as though it might be important; the fear of scams; and the number and complexity of the financial decisions seniors must make all contribute to the problems seniors face handling their finances.

Services that can help people with this growing issue are needed. Training on budgeting and on financial basics can help some seniors make better financial decisions and prepare better for unexpected expenses. The consequences of poor financial decision making are especially hard on lower-income seniors who lack a financial cushion for emergencies and other unplanned expenses.

There are seniors who are in danger of being financially exploited by family members or others who are close to them. *Under the Radar: The New York State Elder Abuse Prevalence Study* (May 2011) collected data from a random sample of seniors on elder abuse they had experienced. The most common form of elder abuse in the self-reported sample was major financial exploitation (for example, theft of money or property; forcing the elder to give the exploiter his or her bank card or a power of attorney); in the one year period prior to the survey this had affected 41 people in every 1,000 surveyed. This study compared self-reported abuse with the number of abuse cases reported to authorities; it found that the incidence of self-reported abuse was 24 times higher than the number of abuse cases reported to social service and law enforcement agencies.

Seniors of all economic levels have been directly affected by the recession. Retirees expecting a comfortable retirement have seen a decline in the value of their retirement investments. People who need to hire help with home care, chores, and home repair or modification often find that current costs are much higher than they expected and they may be reluctant to spend their limited retirement resources to purchase help that they need. Many of the resources available to help with financial needs are limited to those with very low incomes. Seniors with higher incomes—especially those who are just above the cut-off levels to qualify for various assistance programs—are often in the most vulnerable position.

Both retired and unemployed seniors may see a return to the labor market as the solution to their economic problems; but, in the current economic climate, it is difficult for most older adults—especially those who have not been part of the work force for some years—to find employment. One option for retirement income that might be suitable for seniors is a reverse equity mortgages. Home ownership is high among Broome County seniors and the use of a reverse mortgage can help them turn this asset into income.

### Health Insurance and Prescription Drug Coverage

Medical expenses commonly increase with age and issues related to health insurance and prescription drug coverage represent almost a third of the calls about financial issues. Considered separately, almost 11% of the calls to the Senior Resource Line in 2010 were related to health insurance concerns. The increasing complexity of decisions on Medicare coverage and the expense of insurance—as well as the need to assure that the insurance chosen provides the needed coverage—is too difficult for many elders to handle on their own.

Original Medicare required only one decision of persons becoming eligible for services: whether or not to sign up for Part B (outpatient medical expenses including doctor visits) at a rate, in 2011, for newly-eligible participants of \$115.40 per month (the amount is higher for those with high-income). Part A (hospitalization) is provided without cost. The introduction of Medicare Advantage (Medicare C) plans (including Health Maintenance Organizations, Preferred Provider Organizations, and Private-Fee-for Service options) created alternatives to Parts A and B as various private companies offered a variety of plans which were likely to include additional benefits and lower co-payments, but to also place substantial restrictions

on the care provided. The multiplicity of plans (32 plans in NY in 2011) has made it difficult for beneficiaries to identify and choose the best option for their own circumstances. Even those who choose to stay in the regular Part B program usually need to buy a Medigap policy to help cover the deductibles and co-insurance not covered by Medicare.

The addition of Medicare D, the prescription drug benefit, adds another layer of choice. In 2011, 33 Part D plans were available in New York. Both Medicare C and D plans (coverage and costs) change annually, so beneficiaries are advised to review their choices each year during the annual open enrollment periods. Older adults with retiree health plans are also likely to need to make annual decisions about their options. In addition, eligibility guidelines for programs offering health insurance cost subsidies to low-income individuals change annually.

While the annual choices about Medicare Parts C and D are responsible for many calls, seniors are requesting help with a wide range of insurance issues. These include issues with disenrollment from plans; bills going to the wrong insurers (and thus not getting paid); denials of coverage for needed prescriptions or services; unaffordable deductibles, co-pays, and the “doughnut hole” in Part D. They need help understanding correspondence from insurance providers; understanding what services are covered; identifying provider(s) of current coverage and using the right health insurance card(s) for services; and replacing lost cards. Those who are ineligible for Medicare and/or Medicaid need help connecting with other programs that might help them get needed prescriptions and services or to address the issue of medical debts. Some callers are faced with the sudden loss of health insurance benefits (due, for example, to a layoff or the death of a spouse with employer coverage). There has been an increase in the number of seniors continuing in the workforce after turning 65 who are asking for information about Medicare in relation to their employer’s health insurance.

Paying premiums and deductibles is a strain on some seniors and may limit access to health care even for those with Medicare coverage. The “doughnut hole” in the Part D prescription drug benefit is a prime example of this. The lack of coverage for dental, vision and long-term care can further strain limited resources. Older adults who are not yet eligible for Medicare may be unable to find or afford any health insurance.

Many Broome County seniors are currently enrolled in the New York State Elderly Pharmaceutical Insurance Coverage (EPIC). Changes were made to the EPIC program in the NYS 2011 budget that may have both positive and negative consequences for participants. Changes of this nature always result in the need for help in understanding the impact on each affected enrollee.

## **Support in the Home**

Requests for information on home care was the second most frequent reason people called the Senior Resource Line in 2010. Callers want to know what services are available, how much they cost and how to access them. Callers often ask about well known services such as Personal Emergency Response Systems and Home Delivered Meals; they are frequently not

aware of other options that can help them to stay at home. Many people with functional limitations can be supported at home safely with a combination of informal caregiver help and the formal services that exist in our community. Providing services in the home is a significantly less expensive alternative to facility-based care, but arranging for needed services takes time and can be overwhelming for caregivers who are already burdened with on-going care responsibilities.

Older adults and their caregivers need assistance understanding the available choices and costs for in home services. Many need help navigating the long term care system and arranging for care. The range of services includes home care aides who can help with personal care and household tasks; shopping services; home delivered meals; respite for caregivers; social and medical day care; limited home modification options; and transportation. All of these services have eligibility requirements, applications and different payment systems. There are many informal services that can help support caregivers, too. Family caregivers and those who help them arrange care need to learn about the options that can provide the help they need.

Circumstances change over time and it is not uncommon for seniors to experience many transitions in their care. A senior with chronic illnesses and functional limitations may transition from home to a hospital and back home—or from a hospital to a short stay in a nursing home. These transitions impact the care plan and can be very challenging for families to manage. Case managers are needed to assist with assessment, education, care plan development, and service coordination. Families need case management services to help them deal with changes and to integrate formal and informal supports that are a critical component of home care.

While the complexity of care options can make home care choices difficult, the costs of the care can overwhelm both elders and their caregivers. Medicaid covers the cost of personal care for those persons who need the care and are eligible for Medicaid. Government funding is limited for people who have income and assets above the Medicaid levels. The limitations on funding may mean that those who are eligible for service are unable to receive the service because the available funds are already committed. Medicare, which some assume will provide needed services, is highly limited in the coverage it provides. Some seniors have purchased long term care insurance which provides coverage for these needs, but many either do not consider long term care needs or lack the funds to purchase the insurance. Many seniors or their families find they must pay directly for the services they need.

As the level of in home services needed rises, the costs rise, too. Some health issues, such as dementia or cognitive impairments, require high levels of supervisory care making home care services more expensive.

To address the need for help in the home families have some options. They can participate in a consumer directed care model where they hire friends and family to provide care or families can pay privately for in home help through local home care agencies. However, the availability of home care aides fluctuates. When there is a serious shortage, it can be nearly

impossible for people to obtain help at home. The most common shortages of aide availability occur in rural areas, and for overnight and weekend duty.

When care can no longer be provided at home, seniors and their families are faced with the need to transition to facility based care. They need information about paying for care and the admission process to nursing homes or other facilities.

## Support for Caregivers

Informal caregivers are the foundation of the nation's long-term care system. According to a study by the National Alliance for Caregiving and AARP, "Caregiving in the U.S 2009," more than three in ten U.S. households report that at least one person has served as an unpaid family caregiver within the last twelve months. This study helps to establish a profile of who caregivers are and what their role entails:

- Seven in ten caregivers take care of someone 50 years of age or older.
- There is an increasing number of care recipients who need help due to Alzheimer's disease or other dementia.
- On average, caregivers spend an average of 18.9 hours per week in their helping role.
- A majority of caregivers help their loved one with at least one Activity of Daily Living (ADL); the most common of these is helping the care recipient get in and out of bed and chairs.
- Caregivers help with the seven Instrumental Activities of Daily Living (IADLs), including transportation (83%), housework (75%), grocery shopping (75%), meal preparation (65%), managing finances (64%), and arranging or supervising outside services (34%).
- 17% of caregivers feel their health has gotten worse as a result of caregiving. Those who have been providing care for five years or more are nearly twice as likely as shorter-term caregivers to report this decline (24% vs. 14%).
- Three in ten caregivers consider their caregiving situation to be emotionally stressful.

Caregiving efforts can lead to higher stress and a decline in the caregiver's physical and mental health. Caregivers often need to learn how to care for themselves to avoid burnout, anger, and depression. The economic costs of caregiving can be high as well. Employed caregivers may need to time off from work or to have the flexibility to arrive late or leave early. Some caregivers may lose wages by switching to part-time work or quitting their jobs to accommodate their caregiving responsibilities. This may decrease the caregiver's ability to save for her own retirement years.

Broome County caregivers report being overwhelmed, burdened, and stressed. In a 2010 study of caregivers whose care receivers attend the Yesteryears social adult day program, 96% of the respondents reported experiencing time constraints and emotional stress or strain, and 30% reported physical stress/strain and financial burden. Caregivers ask for affordable respite and transportation options. As more people are diagnosed with early-onset dementia, the *Yesteryears* social adult day program has seen an increasing demand for services from a younger population of care-receivers and their caregivers.

Caregivers often are able to handle their role until a crisis strikes and then they need immediate help. Our local service delivery system needs to be aware of, and respond to, this aspect of caregiving. Additionally, it is not uncommon for people to be unaware of the costs of care and to struggle with decisions on purchasing the services that best meet their needs. Even with “rainy day” savings intended to cover this sort of expense, long-retired seniors may not have anticipated costs in the light of today’s economy. This can make them hesitant to spend the money—or allow others to spend the money—on needed care. Caregivers need help looking at budgets and available resources.

Caregivers benefit from understanding as much as possible about the stages of the disease affecting their loved ones and from a strong informal social support system. Without these, caregivers may find their role to be much more challenging.

Caregivers who are arranging care for a family member need help getting through this time-consuming process. Navigating transitions, often during a crisis, is one of the greatest challenges for caregivers. Information needs to be readily available and in a variety of formats; caregivers need access to information outside of regular business hours. They may be looking for information on availability, eligibility and costs of services; legal issues; handling stress; or on getting other family members to take on more responsibility. Caregivers are increasingly requesting the development of a more coordinated system for the services their care-receivers need and shared electronic medical records that integrates medical and social systems information.

## **Transportation**

Transportation is critical to a senior’s ability to remain independent. Transportation issues are consistently in the top five reasons older adults call the Senior Resource Line and were the third highest reason for calls in 2010. Calls were primarily related the use of public and paratransit services and to assuring safe driving. Seniors have the need to get to medical appointments, grocery stores, pharmacies—and they need to be able to participate in community life. Lack of adequate transportation that can easily be utilized results in increased isolation, increased financial burden when more expensive transportation is the only option, and decreases a person’s ability to access health care and wellness programs.

In this community we are highly dependent on individually owned cars. Older adults are reluctant to give up the freedom and independence offered by having their own cars and to depend on mass transit to get around. Accident rates among older drivers are lower than the rates for the general population and there are programs such as *Senior Drive* and *55 Alive* that help older adults to review their driving habits. It is not uncommon for seniors to change their driving habits; they may stop driving at night, stay off the highways or limit driving to their immediate neighborhood. Some give up driving and may rely solely on family and friends for rides. Others continue driving past the time when they should shift to being only a passenger.

Many elders find they can no longer afford the expense of owning a car. When they give up their car, they are dependent on other transportation options. Additionally, the increase in the

cost of gas is making it prohibitive for volunteers and family members to provide individual rides.

When a person no longer has access to a car, public transportation is an option, but many people are unaware of how to use this service. Those living in the urban core have a greater variety of options with public fixed route busses and paratransit service for the disabled running seven days a week. Paratransit service for seniors is available Monday through Friday. Seniors riding in the rural regions can only access paratransit services on certain days of the week and hours of service vary by region. These busses take seniors from their homes to the urban core; there is limited service for traveling within their communities.

Seniors with varying levels of impairment have different transportation needs. While some can walk a couple of blocks to access fixed route service, another group needs curb-to-curb service, so they only have to walk to the end of the driveway. The frailest elders may be unable to move beyond their door without assistance and require door-through-door service.

Door-through-door service meets the needs of those whose frailties or infirmities require them to have hands-on assistance when traveling. Public transit systems in Broome County offer curb-to-curb transportation. Some private transportation companies provide door-through-door service; however, the costs of these services are often prohibitive for low and moderate-income seniors. Often volunteers are the only affordable source of escorted door-through-door transportation.

Broome County service providers recognize that the community's transportation systems will have to evolve to meet the demands of the growing elder population. In 2006, the Aging Futures Transportation Workgroup identified a local need for affordable door-to-door transportation, daily transportation in the rural regions, a service that operates on demand, affordable transportation to Waverly and Syracuse for medical appointments, the ability to schedule rides the day before they are needed, and evening and weekend transportation beyond the fixed route system.

In the summer of 2010, a coalition of agencies led by the Rural Health Network was awarded funds from the Community Foundation for South Central New York to fund two full time AmeriCorps members over a three year period to serve as mobility managers. They will provide transportation information to Broome County residents and provide trip planning assistance. This service will help seniors navigate and access the various transportation systems in Broome County. The mobility managers will work to increase coordination of all existing transportation providers to increase capacity and create more options for people with a variety of mobility needs to move around Broome County and beyond. The time frame for selection of the Broome County Mobility Management Program site is August 1, 2011 with recruitment, selection and training of AmeriCorps members planned for September through December 2011.

## **Housing**

Housing issues were the fourth most frequent reason that older adults and caregivers called the Senior Resource Line in 2010. Overall, inquiries about senior housing are higher than in previous years. Calls indicate that increasing numbers of older adults cannot afford to pay rising rents, taxes, and home maintenance costs.

Housing choices have a significant impact on a senior's ability to remain independent. As seniors age, they are likely to be faced with decisions about where they live. Much of the local housing stock consists of two story homes that present difficulties to seniors who wish to age in place; barriers may include: bathrooms or bedrooms only on the second floor, steps as part of the entryway, insufficient insulation, and inefficient furnaces. Some seniors choose to stay in their home; others decide to move to smaller, more manageable housing such as a private apartment or senior housing. Their financial circumstances, physical conditions and connections with the community affect the decisions seniors make about their living arrangements.

### Aging in Place

Most elders prefer to remain in their long-time homes. Home modifications may be needed to make homes safer and more accessible for older seniors. Some older adults do not have the resources for major repairs or modifications. There are a small number of assistance programs available for those with low income and limited assets, but very little support for moderate income individuals who lack the resources to pay for the work themselves. Elders who live in mobile homes face the additional problem that the cost of the needed repairs may exceed the value of their home.

The higher cost of energy when energy-efficient improvements are not affordable may make it difficult for low-income seniors to pay their monthly energy bills. Energy assessments and audits often reveal other home deficiencies that jeopardize health and safety. Long waiting lists prevent low-income elders from getting the weatherization and repair services they need to maintain their homes.

Older adults wanting to hire someone to make needed repairs may not have experience dealing with contractors. They may hesitate to arrange to have the work done both because of the expense and because they have concerns about dealing directly with contractors. There is no service to help older adults review repair and modification estimates, check references and hire a reliable contractor.

Some seniors are willing to purchase a new home more suited to their current needs, but they have noted that there is a shortage of single story ranch housing in Broome County. These older adults want houses with a little less space and a little less lawn. Local planning and zoning boards are examining ways to help promote the concepts that allow aging in place.

### Private Apartments and Senior Housing Apartments

Elders ask for help locating public or private apartments; they also request assistance filling out applications for senior housing apartments. Some request money to help meet moving expenses; this one-time cost may be a substantial barrier to moving to a more affordable space. The incidence of older adults being evicted from their apartment or losing their home in foreclosure are increasing, and there are few viable housing options available for those who need to move right away. The supply of safe housing options for those who are unattractive to landlords and other tenants because they are low-functioning, have mental health issues (such as hoarding), or have a history of alcoholism is limited.

The managers of almost all low-income subsidized housing are conducting prospective tenant screenings that include a credit check. Seniors who are reported to a credit agency as being more than 90 days past due on a bill are often unable to find subsidized housing. If older adults are not able to lower their housing costs, they are less likely to reduce their credit balance. There is a need for more low-income housing that does not exclude seniors with bad credit and past due debt.

While low to moderate income senior housing is the most plentiful, the current supply does not meet all the need. There are frequently waiting lists for senior housing. Rural senior housing buildings often have a longer waiting list than those located in urban areas. A consequence of lengthy waiting lists is that those who need access to senior housing within a short timeframe cannot obtain the housing they need.

## **Health and Wellness**

The National Prevention and Health Promotion Strategy strongly emphasizes that Americans can be healthy at every stage of life. Even as we age, we can reduce our risk of disability and chronic illness if we take care of ourselves. Communities play an important role in implementing the national strategy by providing health screenings, chronic disease management, mental health services, injury prevention programs, opportunities for civic engagement, and by promoting healthy lifestyles with appropriate physical activity and balanced diets. People who stay active and eat right can live longer with greater satisfaction. People want to change poor habits, but need support to do that. In a 2008 focus group conducted by the Broome County Health Department, people asked for preventive services and for health and wellness activities that would foster social connections and promote healthy living. Keeping active, connected and engaged in our community is an important part of aging well.

### Physical Activity

Physical activity can reduce the risk of some chronic diseases, relieve symptoms of depression and enhance the overall quality of life. Older adults in Broome County have asked for information about exercise programs and opportunities to increase their physical activity. Exercise equipment suitable for seniors needs to be available in convenient locations. Community walking trails and indoor walking programs need to be promoted so

that awareness and utilization by older adults increases. Senior Games, a series of 20 friendly, competitive athletic events is another avenue for physical activity and social engagement. Ninety percent (90%) of surveyed senior games participants report that the senior games help motivate them to stay physically fit throughout the year.

### Nutrition

The nutritional needs of older adults must be met to maintain optimal health. A healthy diet can reduce the risk of cardiovascular disease, hypertension, diabetes and obesity among other health issues. Nutrition choices play a role in oral health, the maintenance of proper weight, socialization and medication management. The Federal Interagency Forum on Aging Related Statistics reports on Key Indicators of Well Being. The 2010 report shows that to meet the federal dietary guidelines, older adults would need to decrease their intake of foods containing solid fats, high levels of sodium and added sugars; limit alcohol; and increase their intake of vegetables, whole grains and low fat dairy products.

In 2010, approximately 875 homebound older adults participating in Office for Aging programs completed a nutrition screening assessment. Sixty percent had scores that indicated a high nutritional risk. Nearly two thirds had made changes in their eating habits because of health problems. Programs such as home delivered meals assure those with functional limitations have access to a balanced diet. Congregate meals provide sound nutrition as well as opportunities for socialization. Farmers Market coupons are offered on a limited basis to help older adults access locally grown foods.

### Health Screenings

Medicare covers costs of preventive screening such as diabetes screenings, HIV testing, mammograms, bone density tests, prostate cancer screening, flu shots and wellness visits. Broome County Medicare recipients have a history of taking advantage of these preventive screenings. Education about the availability and importance of these services needs to continue.

### Disease Management

In 2008, 70% of Medicare beneficiaries had at least one chronic health condition according to the Centers for Medicare and Medicaid Services. Preventing chronic disease can improve health and quality of life and can save health care dollars. People who have both chronic disease and functional limitations account for 46% of all health care spending according to a 2008 study by the Lewin Group. Given this, strategies for better management of health conditions and functional limits that would prevent or delay further impairment are important.

In 2008, Mathematica, Inc. conducted a survey of older adults residing in Broome County. Nearly 80% of respondents rated their health good to excellent. In 1993, a similar study conducted by the Aging Futures partnership showed that two thirds of respondents stated that their health did not interfere with their daily activities. In spite of these positive signs, there

is still a significant number of elders who experience fair or poor health that interferes with their everyday life. Various chronic disease management programs have been offered over the last several years. These include the Arthritis Self Help Course, Stay Well Classes, the Stanford Chronic Disease Self Management Program and the Diabetes Self Management program. These programs help people with one or more chronic conditions to manage their health. Participants learn ways to increase physical activity, change diets and eat well, manage sleep and fatigue, use medications correctly and communicate with health providers. These programs have had a significant positive impact on participants and need to be expanded.

### Mental Health

Factors affecting physical wellness can have an impact—positive or negative—on mental health. Diet, physical activity, chronic disease, and social connections all influence our mental health. Information on professional mental health diagnoses for older adults in Broome County are not available, but agencies providing services to the elderly often cite the need for increased mental health diagnosis and treatment. Depression and anxiety are the most common mental health issues encountered. Depressive symptoms increase with age. The Federal Interagency Forum on Aging Related Statistics report on Key Indicators of Well Being shows that nationally 10% of men and 17 % of women over the age of 65 express problems with depression, compared to 18% of men and 19% of women who are over the age of 85. Depression is not a normal part of aging. However, symptoms of depression can be triggered by situations common in later life, such as loss, medication and chronic illness. Depression screenings are needed to increase early detection and successful treatment. Public awareness efforts are needed to lessen the stigma often associated with mental illness.

Service providers have a narrow range of options when referring seniors for mental health services. The community is facing a shortage of psychiatrists, leaving seniors to rely on their primary care physicians for their psychiatric prescriptions. Programs for loss and grief need to be developed and increased capacity in existing programs would help to address mental health issues. Older adults, families, caregivers and agency professionals need to be better informed about the mental health services that are available in the community.

Human services staff in local agencies report that they are interacting with an increasing number of seniors who have mental health issues. Providers without mental health training feel ill equipped to assist these seniors. Training needs to be developed to help human services staff work effectively with those who have mental health issues.

### Staying Socially Connected and Civically Engaged

It is widely recognized that maintaining good social networks is one of the components of healthy aging. Staying connected helps us to maintain a sense of purpose, and keeps us engaged and learning. Both the community and its older citizens benefit greatly when seniors are encouraged to share their time, talents and wisdom.

In 2008, Mathematica, Inc. conducted a survey of older adults residing in Broome County. Interviewers asked the respondents to complete the following statement: “Regarding my present social activities, I feel that I am doing...” Over 36% of the full sample and 38% of vulnerable seniors reported that they “would like to be doing more.” When interviewers asked the vulnerable seniors, “What keeps you from going out more often?” nearly 26% reported health problems and over 13% cited a lack of transportation.

Senior centers provide an opportunity for social connections. In a survey of senior center participants, 85% of respondents reported that the senior center helped them stay more socially connected.

There are many volunteer opportunities in the community that help older adults use their time and talents in ways that keep them physically, mentally and socially engaged. Such programs benefit the individual and the community. Without older adults who volunteer in so many capacities, many critical services would not exist.

### Injury/Falls Prevention

There is mounting awareness of the issue of falls among older adults. Broome County has a significantly higher rate of hospitalizations due to falls in the age 65+ population than the state and nation. Falls among older persons are a serious public health problem leading to widespread loss of independence, increases in the chronic disease mortality rate, and the need for costly long-term care. To address this concern, a falls prevention strategy called Better Balance for Broome has been developed by the Aging Futures Partnership. Several intervention strategies have proven effective in preventing falls and decreasing the risk for falling. Balance Clinics, and evidence-based programs including a Matter of Balance: Managing Concerns About Falls; Stepping On; and Tai Chi: Moving for Better Balance have been introduced in the last two years. Participants have seen significant improvements in their activity level, fear of falling, and mental and physical health. Initial results are impressive and continuation of these programs has potential to impact other community residents.

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## ***Section V***

# **Broome County Office for Aging Services and Projected Units of Service**

## **Caregiver Services**

Caregiver Services helps family members, friends and neighbors who are caring for elders living in the community. The program supports caregivers by distributing information, offering educational programs, conducting support groups and providing counseling.

Funding provided through the New York Elder Caregiver Support Program enables the program to reach under-served caregivers; improve transportation to adult day service programs; make affordable respite available to more caregivers; and form partnerships with area physicians and employers to raise awareness of services available for family caregivers.

### ***Units of Service***

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
All Caregiver Services clients	Unduplicated participants	525	500
Caregiver support groups/training	Participants attending training	458	425
Information and assistance	One contact	1,143	1,300
Respite hours provided	One hour	1,300	1,992
Rides to Social Adult Day Care	One way trip	592	1150

### ***Budget Projections***

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$167,396
Contributions, cost share or direct billing	\$1,000
<b>TOTAL</b>	<b>\$168,396</b>

## Elder Abuse Outreach

The Elder Abuse Outreach Program identifies elders with mental or physical impairments who are unable to meet their essential needs for food, shelter, clothing or medical care and who have no one available who is willing or able to assist them responsibly. It provides services that protect these elders from further risk of abuse, neglect or financial exploitation. The program is the result of a cooperative agreement between the Office for Aging and the Broome County Department of Social Services.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY projected</b>
At-risk elders receiving case assistance from OFA	Unduplicated elders receiving case assistance under this program	269	200
At-risk elders receiving case assistance from OFA	At-risk elders where intervention averted the need for referral to PSA	250	185
Cases involving both PSA and OFA services	Cases referred from OFA to PSA	36	40
Cases involving both PSA and OFA services	Cases requiring consultations between OFA and PSA*	29	30
Cases involving both PSA and OFA services	Cases referred from PSA to OFA	9	12
Cases involving both PSA and OFA services	Total cases	74	75

\*Consultations represent occasions when OFA and PSA staff discuss a client but the discussion does not result in a new referral.

### *Budget Projection*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$200,186

## Foster Grandparent Program

The Foster Grandparent Program connects low-income volunteers, age 55 and older, with special needs children who can benefit from extra support and love. The Foster Grandparents receive a tax-free stipend for volunteering 15-40 hours per week in schools, pre-schools, day care centers and Head Start programs in Broome County. The program has two goals: one is to help children gain the skills they need to succeed; the other is to help low-income seniors make meaningful contributions to the community.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
FGP	Unduplicated Foster Grandparents	72	70
FGP	Number of new Foster Grandparents	11	10
FGP	Stipend dollars delivered to low-income seniors	\$160,640	\$157,662
FGP	Number of hours of service to Broome County schools and other institutions	60,619	59,495
FGP	Number of school districts and other agencies hosting Foster Grandparents	20	18
FGP	Number of children served during the academic year	196	150

### *Budget Projection*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$287,442
Contributions, cost share or direct billing	\$1,750
<b>TOTAL</b>	<b>\$289,192</b>

## GROW (Gaining Resources for Older Workers)

GROW is a free employment referral service which matches workers, age 55 and older, to job orders placed by individuals and families in need of help. Typical GROW jobs include maintenance and minor repairs, yard work, housekeeping, personal care, shopping and driving. The jobs may be part-time or full-time; they may be one-time, short-term or long-term. Employers register their jobs; staff uses the information to make a match with a worker listed with GROW. The employer and employee negotiate the wage rate and other details of the job. The program has two goals: one is to connect older individuals who need to hire help with workers qualified to do the work; the other is to provide the older workers with a source of income.

### *Units of Service*

Service	Description/Unit	2010 FY	2012 FY Projected
GROW employers	Unduplicated count of GROW employers who hired a worker	553	550
GROW workers	Unduplicated count of GROW workers with a job match	187	175
GROW workers	New job seekers registered	88	75
GROW workers	Job matches made	694	650

### **Budget Projection**

Source	Amount
Federal, state or local government funds	\$23,190

## Health and Wellness

Health and Wellness programs include a wide variety of activities that foster the health and social well-being of older people through social interaction, participation in workshops or other learning activities, and participation in other events that provide a satisfying use of free time. A large number of health-based programs are offered to help seniors maintain or improve their health. The Office for Aging is committed to implementing evidence-based health and wellness programs. Wellness programs include weight management education, participation in individual or group physical activity, and professional health education, screenings and vaccinations. The variety of activities gives seniors a number of options to maintain their health and well-being.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Health Promotion	Unduplicated number of participants	Not measured*	4,584
Recreation/Education	Number of activities (sessions) offered	6,425	6,500
Nutrition Counseling	Unduplicated number of participants	51	80
Nutrition Education	Total number of participants	Not measured*	2,000
Senior Games	Unduplicated number of participants	546	575
Living Healthy	Unduplicated number of participants completing	113	75

\*The unit of service measured was changed by the Administration on Aging in 2011.

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$92,311
Contributions, cost share or direct billing	\$14,000
<b>TOTAL</b>	<b>\$106,311</b>

## Health Insurance Information, Counseling & Assistance Program (HIICAP)

The HIICAP program provides free, unbiased, confidential assistance with health insurance questions and concerns. Information and counseling is provided by professionally trained volunteers who help individuals make informed decisions about health insurance choices. This program is sub-contracted to Action for Older Persons, Inc. with the Office for Aging providing additional direct services.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
HIICAP/AOP	Unduplicated clients with individual counseling sessions from AOP	894	900
HIICAP/AOP	Estimated dollar savings for counseled clients	\$532,888	\$500,000
HIICAP/AOP	Education programs	81	80
HIICAP/AOP	Number of attendees at education programs	1,629	1,700
HIICAP/AOP	Volunteer hours	702	700
HIICAP/OFA	Unduplicated clients receiving services from OFA	246	250

### *Budget Projection*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$35,084

## Home Delivered Meals

The Office for Aging Home Delivered Meals Program (Meals on Wheels) provides a home-delivered hot lunch and cold supper Monday through Friday, as well as frozen, re-heatable meals for those with no one to assist them on Saturday or Sunday. The program is designed to improve and sustain the nutritional status of homebound elderly who are unable to prepare adequate meals for themselves. The Office for Aging program serves the City of Binghamton and the eastern and northern parts of the county; a program operated by Meals on Wheels of Western Broome serves the remainder of the county.

### *Units of Service*

Service	Description/Unit	2010 FY	2012 FY Projected
Home Delivered Meals	Unduplicated participants	798	800
Home Delivered Meals	One meal	195,882	200,000

### *Budget Projections*

Source	Amount
Federal, state or local government funds	\$682,856
Contributions, cost share or direct billing	\$454,664
TOTAL	\$1,137,520

## Home Energy Assistance Program (HEAP)

HEAP is a federally funded program administered by the Broome County Department of Social Services; it assists low-income persons with energy expenses. Persons aged 60 and over—and people of any age who receive Supplemental Security Income (SSI) or Social Security Disability (SSD) payments—are eligible to apply through the Office for Aging. The program provides a benefit once per heating season. The benefit is paid directly to the heating or utility vendor, or to the individual if all energy expenses are included in the unsubsidized rent. The amount of the HEAP benefit a person receives is based upon the household income and the type of fuel used. Office for Aging staff provides program outreach and process client applications.

### *Units of Service*

Service	Description/Unit	2010 FY	2012 FY Projected
HEAP	Unduplicated clients	2,589	2,500
HEAP	Benefits awarded	\$1,547,942	\$1,200,000
HEAP	Applications approved	2,395	2,300

### *Budget Projection*

Source	Amount
Federal, state or local government funds	\$101,000

## Home Repair

This program provides necessary home repair for low-income elders who cannot perform the jobs themselves and who can not afford to hire someone else to do the work. Eligible persons must be age 60 or older and meet income guidelines. The service is provided through a contract with the First Ward Action Council. Labor is provided without cost to the client, but the client is responsible for the purchase of needed materials. In some cases, other funding sources may pay for the materials for needy clients.

### *Units of Service*

Service	Description/Unit	2010 FY	2012 FY Projected
Home Repair	Households receiving a repair or repairs	41	60
Home Repair	Number of repairs	58	145

### *Budget Projection*

Source	Amount
Federal, state or local government funds	\$15,000

## In-home Services

The In-home Services Unit helps to make the home care service delivery system more accessible and responsive to the needs of non-Medicaid clients age 60 and older by providing support to older persons who are having difficulty maintaining themselves at home. The primary program, Expanded In-home Services for the Elderly Program (EISEP), offers assessment, care planning, housekeeping, personal care, and personal emergency response systems (PERS). On-going case management provides direction and support to clients and families who are in need. Client assessments are provided for in-home services in general, and are also provided for Social Adult Day Care, Home Delivered Meals and Caregiver Respite services.

### *Units of Service*

<b>Service</b>	<b>Description/ Units</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
IHSU caseload	Unduplicated clients	1,332	1,000
Assessments	In-home evaluations	853	800
Personal care/chore hours	In-home care/services	24,497	21,000
Respite hours	Hours of personal care or institutional care	1,300	1,992
Case management hours	One hour of service	7,944	7,000

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$947,077
Contributions, cost share or direct billing	\$25,500
<b>TOTAL</b>	<b>\$972,577</b>

## Intake, Information and Assistance

The Office for Aging represents a central resource for accurate, up-to-date information on programs, services and benefits for seniors. Senior Resource Line staff responds to questions regarding a wide variety of concerns. They help callers identify their needs and explore available options. They suggest appropriate services and make referrals to service providers in the community. Information and Assistance representatives provide assistance in obtaining benefits and filling out forms and applications. Staff visit senior community centers and make home visits when necessary.

The Office for Aging provides timely information by publishing the Senior News each month. Articles appearing in this newspaper provide up-to-date information on special events, health issues, benefits, programs, and senior community center activities. The Office for Aging mails the Senior News to subscribers and distributes the paper at senior community centers, libraries, and other locations in Broome County.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Intake, Information and Assistance	Unduplicated clients	3,783	3,500
Intake, Information and Assistance	Information and assistance contacts	10,714	10,500
Intake, Information and Assistance	Referrals made	5,157	5,000
Intake, Information and Assistance	Referrals received	226	325
Senior News	Average number of copies printed monthly	7,909	7,667

### *Budget Projection*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$119,964

## Legal Services for the Elderly

The Legal Services for the Elderly Program provides legal advice and representation in civil matters to residents of Broome County who are age 60 and over. It is targeted to persons who do not qualify for other free legal services and who are unable to afford private counsel. Service is contracted to Legal Aid Society of Mid-New York, Inc. The Office for Aging provides funding and monitoring.

### *Units of Service*

Service	Description/Unit	2010 FY	2012 FY Projected
Legal Services	Unduplicated clients served	314	300
Legal Services	New cases	446	425
Legal Services	Closed cases	352	325
Legal Services	Hours of service	488	440

### *Budget Projections*

Source	Amount
Federal, state or local government funds	\$28,665
Contributions, cost share or direct billing	\$350
TOTAL	\$29,015

## Mental Health Services

The Office for Aging works with The Family and Children’s Society and with the Helping through Outreach and Mental Health for the Elderly (HOME) Program to deliver in-home mental health services to the elderly. These services are delivered to seniors exhibiting mental or emotional problems who are unwilling or unable to leave their homes for assessment or treatment. The provision of mental health services in the home helps to overcome barriers to service for older people—such as transportation difficulties, frailty and fear of embarrassment.

The HOME Program provides in-home mental health assessment and short-term counseling, as well as referrals to other needed services. HOME is an interagency collaboration operated cooperatively by the Office for Aging, United Health Services and Broome County Department of Social Services. The Family and Children’s Society offers professional counseling. This program receives support from the Office for Aging through the Community Services for the Elderly Program.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
HOME Program	Referrals received by Intake	175	200
HOME Program	Unduplicated clients	196	190
Family & Children’s Society	Unduplicated clients	49	60
Family & Children’s Society	Hours	812	750

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$30,035
Sub-contractor match	\$14,916
<b>TOTAL</b>	<b>\$44,951</b>

## Senior Centers

The Office for Aging supports eleven senior centers throughout the county. These centers provide an opportunity for socialization, nutritious meals, and wellness activities. They are access points for assistance and help seniors to maintain their independence and remain active in the community. Most senior centers are open five days a week and serve a hot noon meal on a reservation basis. Many centers offer either a noon salad or sandwich bar option. A site supervisor at each center is responsible for planning programs and activities. Volunteers help to accomplish much of the work at the senior centers.

The Office for Aging directly operates seven of the eleven senior centers. Two centers are sub-contracted for services: the Oak Street Senior Center operated by Catholic Charities and the Johnson City Senior Citizens Center. Additionally, Office for Aging supplies meals to the First Ward and Loyal D. Greenman Senior Centers which are operated by the City of Binghamton.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Congregate Meals	Unduplicated participants	3,488	4,000
Congregate Meals	Number of meals served	104,905	103,575

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$658,021
Contributions, cost share or direct billing	\$331,882
<b>TOTAL</b>	<b>\$989,903</b>

## Shopper Service

This service provides non-emergency, on-going help with weekly grocery shopping and limited errands (e.g., bank, post office, and pharmacy) to eligible seniors. The Shopper Service helps those elderly who are physically unable to shop to maintain their independence. There are no fees for this service although contributions are encouraged. The program uses volunteers to shop for homebound seniors throughout Broome County. The Office for Aging subcontracts the service with the American Red Cross, Southern Tier Chapter.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Shopper Service	Unduplicated clients	96	80
Shopper Service	One way trips	3,483	3,120

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$25,000
Sub-contractor match	\$8,864
<b>TOTAL</b>	<b>\$33,864</b>

## Social Adult Day Care

Yesteryears, the Social Adult Day Care Program, provides supervision, stimulation and socialization to seniors who are isolated, or experiencing a mental or physical impairment. Adult day programs provide caregiving families with respite and support so that their care receiver can live in the community for a longer period of time. Group activities provide the program participants with a sense of belonging through the development of friendships, stimulating activities and purposeful use of time.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Adult Day Care	Unduplicated clients served	138	120
Adult Day Care	Hours of service	48,373	42,000

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$144,058
Contributions, cost share or direct billing	\$101,000
<b>TOTAL</b>	<b>\$245,058</b>

## Transportation

Seniors with transportation needs receive subsidized curb-to-curb services through a contract with the Broome County Department of Public Transportation. All vehicles are lift equipped and accessible to people who are mobility impaired. Reservations are scheduled on a first-come, first-served basis and are accepted up to two weeks in advance.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Transportation	Unduplicated clients	551	540
Transportation	One way trips	22,739	23,000

### *Budget Projections*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$163,932
Contributions, cost share or direct billing	\$24,000
<b>TOTAL</b>	<b>\$187,932</b>

## Weatherization Referral, Assistance and Packaging Program (WRAP)

WRAP provides assistance with home repairs that improve energy efficiency and address health and safety concerns. Applicants must be at least 60 years of age. Qualifying households must meet HEAP income eligibility guidelines. WRAP provides a needs assessment, makes and coordinates referrals, and assists in filing applications with the appropriate agencies to make repairs.

### *Units of Service*

<b>Service</b>	<b>Description/Unit</b>	<b>2010 FY</b>	<b>2012 FY Projected</b>
Weatherization	Unduplicated participants	507	500
Weatherization	Dollars leveraged	\$372,427	\$375,000
Weatherization	Referrals to other agencies	446	500

### *Budget Projection*

<b>Source</b>	<b>Amount</b>
Federal, state or local government funds	\$49,501

## ***Section VI***

### **Goals and Objectives for Plan 2012-16**

**Goal 1: Empower Broome County older adults and their families to make informed decisions about services and benefits and to provide access to those services and benefits.**

Objective 1-1: Provide timely information about community services that are available for older adults.

Objective 1-2: Help seniors and caregivers define their problems and link them to services in the community.

Objective 1-3: Link older adults in need to financial benefit programs.

Objective 1-4: Help older adults access legal services.

Objective 1-5: Provide rides for seniors and information about additional transportation options and resources in the community.

Objective 1-6: Provide information about housing options in the community.

**Goal 2: Enable older adults in Broome County to remain in their own homes for as long as possible with high quality of life through the provision of home and community based services, including support for caregivers.**

Objective 2-1: Provide services to help older adults remain in a community setting.

Objective 2-2: Enhance the ability of informal caregivers to care for older persons in their home environment.

Objective 2-3: Help seniors access home repair and modification services.

**Goal 3: Empower older adults in Broome County to stay active, healthy and civically engaged.**

Objective 3-1: Provide healthy meal options and promote healthy food choices.

Objective 3-2: Increase the ability of older adults to manage their health conditions.

Objective 3-3: Provide opportunities for seniors to make social connections.

Objective 3-4: Provide opportunities for seniors to volunteer in their communities.

**Goal 4: Ensure the rights of older adults in Broome County and prevent their abuse, neglect and exploitation.**

Objective 4-1: Assist older adults who are being physically, financially, or mentally abused or exploited by others or who are neglecting themselves.

**Goal 5: Refine current management and operational practices to achieve greater efficiency and enhance agency performance.**

Objective 5-1: Improve data collection and analysis techniques.

Objective 5-2: Assure all programs and services are assessed at least annually and that plans are developed and implemented to address areas needing improvement.

Objective 5-3: Assure staff have the skills and knowledge needed to do their jobs.

Objective 5-4: Maximize our human resources by using volunteers and interns.

Objective 5-5: Serve Administration on Aging targeted populations in appropriate proportions.

Objective 5-6: Increase the capacity to serve seniors by maximizing funding.

Objective 5-7: Ensure adequate plans are in place to operate during an emergency or natural disaster.

Objective 5-8: Create a marketing plan to increase access to needed services.

Objective 5-9: Work in conjunction with other service providers to improve access to services by older adults and their caregivers.

2012 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS  
 BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2012

12/01/11

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
<b>III-B Supportive Services Federally funded - Older Americans Act</b>	Information and Assistance, transportation, legal services, home repair program, "Senior News"	<b>\$308,192</b>	<b>\$42,500</b>	<b>\$9,864</b>	<b>\$360,556</b>	<b>6.71%</b>
<b>Veteran's Administration Grant</b>	PC/home mods/consumer-directed/trans/CMgmt	<b>\$90,000</b>			<b>\$90,000</b>	<b>1.68%</b>
<b>HOME Program - Federal/NYS funded</b>	Mental Health Counseling	<b>\$35,864</b>			<b>\$35,864</b>	<b>0.67%</b>
<b><u>Nutrition Services</u></b>						
<b>III-C-1 Congregate Meals - OAA funded</b>	Senior centers, meal programs, health & wellness	\$648,889	\$331,882		<b>\$980,771</b>	
<b>CDBG - Federal funds from Town of Union</b>	Support for Broome West Senior Center	\$22,000			<b>\$22,000</b>	
<b>III-C-2 Home-Delivered Meals - OAA funded</b>	Meals on Wheels Program	\$294,309	\$311,638		<b>\$605,947</b>	
<b>S N A P - NYS funded</b>	Support for 1 senior center and Meals on Wheels	\$263,774	\$159,355		<b>\$423,129</b>	
<b>NSIP Cash-in-Lieu - Federally funded</b>	Cash for eligible meals served to seniors	\$179,841			<b>\$179,841</b>	
<b>Total Nutrition Services</b>		<b>\$1,408,813</b>	<b>\$802,875</b>		<b>\$2,211,688</b>	<b>41.18%</b>
<b>Expanded In-Home Services for the Elderly Program (EISEP)</b>						
<b>Planning Services New York State funded</b>	Administrative and planning funds	\$44,485			<b>\$44,485</b>	
<b>Total EISEP</b>	Housekeeper/Chore and Personal Care/ Case Management	<b>\$783,861</b>	<b>\$25,500</b>		<b>\$809,361</b>	
		<b>\$828,346</b>	<b>\$25,500</b>		<b>\$853,846</b>	<b>15.90%</b>

**2012 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS**  
**BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2012**

12/01/11

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
<b>Community Services for the Elderly (CSE)</b> New York State funded Planning & Subcontracted Services Adult Day Care Enriched Living Employment (GROW) Health Maintenance Total CSE Program	Planning, transportation & in-home counseling Social Day care for the elderly Homemaker/chore program at Isbell St. housing Employment match program Case management	\$82,577 \$139,558 \$21,014 \$23,190 \$94,050 <b>\$360,389</b>	\$101,000	\$14,916     <b>\$14,916</b>	<b>\$97,493</b> <b>\$240,558</b> <b>\$21,014</b> <b>\$23,190</b> <b>\$94,050</b> <b>\$476,305</b>	      <b>8.87%</b>
<b>Congregate Services Initiative</b> New York State funded	Senior center/health & wellness enhancement program	<b>\$4,856</b>			<b>\$4,856</b>	<b>0.09%</b>
<b>III-D Health Promotion - OAA funded</b>	Medication management & Senior Games	<b>\$17,974</b>			<b>\$17,974</b>	<b>0.33%</b>
<b>Foster Grandparents Program</b> Federally funded - Corp for National Svc. NYS State funded Total FGP Program	Intergenerational program where older volunteers work with children with special needs	\$280,820 \$6,622 <b>\$287,442</b>	\$1,750		<b>\$280,820</b> <b>\$6,622</b> <b>\$287,442</b>	  <b>5.35%</b>
<b>State Transportation Program</b>	Supplemental transportation services	<b>\$10,982</b>			<b>\$10,982</b>	<b>0.20%</b>
<b>HEAP - Federally funded</b>	Home Energy Assistance for low-income eligible residents	<b>\$101,000</b>			<b>\$101,000</b>	<b>1.88%</b>
<b>Integrated Social Day Care - NYS funded</b>	Social day care for mentally-challenged elderly	<b>\$4,500</b>			<b>\$4,500</b>	<b>0.08%</b>

2012 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS  
 BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2012

12/01/11

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
<b>Caregiver Resource Center - NYS funded Title III-E Family Caregiver - Fed. Funded OAA Total Caregiver Program</b>	Information, education and support for persons caring for older adults	\$19,611 \$146,838 <b>\$166,449</b>	\$1,000 <b>\$1,000</b>		\$19,611 \$147,838 <b>\$167,449</b>	<b>3.12%</b>
<b>Elder Abuse Outreach Program Federally funded - Title XX of OAA</b>	Identifies at-risk seniors in need of assistance	<b>\$200,186</b>			<b>\$200,186</b>	<b>3.73%</b>
<b>W R A P - Federally funded</b>	Home repair program for eligible residents for weatherization issues	<b>\$49,501</b>			<b>\$49,501</b>	<b>0.92%</b>
<b>HIICAP/MIPPA - Federally funded</b>	Funds to recruit and train volunteers to provide insurance counseling to seniors	<b>\$41,309</b>			<b>\$41,309</b>	<b>0.77%</b>
<b>Operations</b>	Broome County Operating Budget	<b>\$457,490</b>			<b>\$457,490</b>	<b>8.52%</b>
<b>TOTAL AGENCY BUDGET</b>		<b>\$4,373,293</b>	<b>\$972,875</b>	<b>\$24,780</b>	<b>\$5,370,948</b>	<b>100.00%</b>