



**Broome County
Office for Aging**

.. bringing seniors and services together

**Plan for
Services**

2011-2012

Broome County Office for Aging

Barbara J. Fiala, Broome County Executive • Kathleen Bunnell, Director



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902
(607) 778-2411 • Fax (607) 778-2316 • Website: www.gobroomecounty.com

November 15, 2010

Dear Colleague:

The Broome County Office for Aging *Plan for Services 2011-2012* outlines the needs of seniors and caregivers in our community and the activities that the Office for Aging plans to undertake during the next three years to address these needs.

Population projections predict that the Broome County senior population expanded between 2000 and 2008. According to these projections, the age 60 to 64 cohort—the age group containing the first senior baby boomers—increased by over 19%, and the 85+ cohort continued growing as well. Broome County is facing the challenge of providing care to expanding numbers of vulnerable seniors while supplying aging baby boomers with the information, socialization, health, and wellness programs they require to age healthily. Similarly, we find ourselves seeking ways to support the growing ranks of informal caregivers who care for seniors with physical and mental impairments.

These challenges demand that public service providers plan ahead for the coming demographic shift, develop strategies for meeting the needs of both well and vulnerable seniors, and support informal caregivers. The *Plan for Services 2011-2012* addresses these demands by focusing on meeting current needs while preparing for the growing senior population.

Section III presents a demographic portrait of the elderly living in Broome County. This section provides findings from the 2000 Census and population projections for 2008.

Section IV is a community profile of the issues that Broome County seniors identified as their main concerns. This section also lists actions that the Office for Aging will take to address each issue.

Section V lists the programs offered by the Office for Aging and describes the local trends and community needs that each service is addressing. Included in this section are projections of the units of service that the Office for Aging will deliver during the next state fiscal year.

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 2011 – 2012* is a comprehensive overview of the Broome County senior population. This document identifies the activities that the Office for Aging and its subcontractors will undertake to address the needs of Broome County seniors for the next three years. The plan presents demographic information, needs assessment findings, detailed program descriptions, lists of issues and needs, outcome targets, and the projected number of units of service that the Office for Aging and its subcontractors will deliver in state fiscal year 2011 – 2012.

This plan is the final annual update to the *Plan for Services 2008-2012*, which was a four-year plan written in 2007. In developing the original plan, 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 Office for Aging collected public input on the needs of seniors through an article in the Press and Sun-Bulletin, three focus groups, and surveys of Meals on Wheels volunteers and GROW workers. The management staff also reviewed census data and a set of population projections for 2008 supplied by the Binghamton University Geography Department. In the spring of 2008, Binghamton University graduate students conducted two studies that the Office for Aging used for planning: a survey of caregivers using the Yesteryears program and four focus groups exploring Broome's livability. During the summer of 2009, staff made phone calls to Meals on Wheels clients to assess the needs of the homebound. In 2010, the staff analyzed the results of the 2008 Mathematica survey and compared them to the 2002 survey.

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 2011 – 2012* 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 2011 – 2012* 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

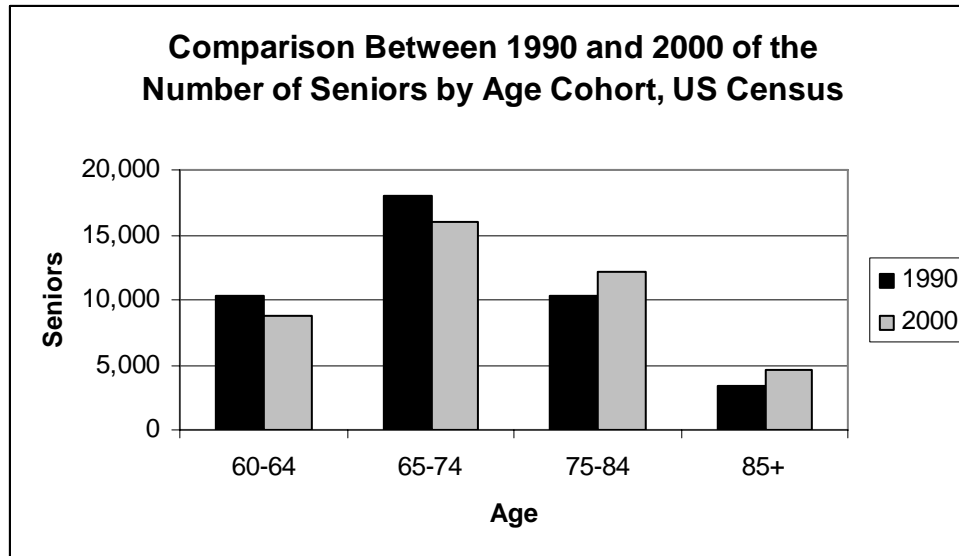
Broome County, already rich in culture and ethnicity, benefits greatly from another abundant resource: its elderly. The results of the 2000 Census show that Broome County is aging faster than the nation and New York State. At the turn of the century, 20.7% of Broome County residents were age 60 or older compared to 16.6% of those living in New York and 16.2% of the nation's population.

The last person-by-person count was the 2000 Census, which identified 41,542 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 1990 – 2000, Census 2000

Age	1990	2000	Change In Population	Percent Change in Population
60 – 64	10,262	8,711	-1,551	-15.12%
65 – 74	18,024	16,073	-1,951	-10.83%
75 – 84	10,356	12,182	+1,826	+17.63%
85+	3,445	4,576	+1,131	+32.83%

- The total population of Broome County declined from 1990 to 2000. However, the rate of decline was lower for the senior population than it was for the general population. The rate of loss for seniors was 1.3%, while the general population declined by 6.5%.
- During the 1990s, the county experienced a decline of 3,502 seniors under the age of 75 while the 75+ population grew by 2,957 elderly people.



The population changes that occurred in the 1990s indicate that Broome is losing the younger, typically healthier, seniors who the community depends upon for volunteering. Simultaneously, there is significant growth in the age groups with seniors who tend to be less active and have higher rates of in-home services use.

The population increases may be responsible for the demand spikes that EISEP and the Home Delivered Meals Program experienced in 2004 and 2005. However, this explanation does not describe why the demand declined in 2006.

Looking Ahead

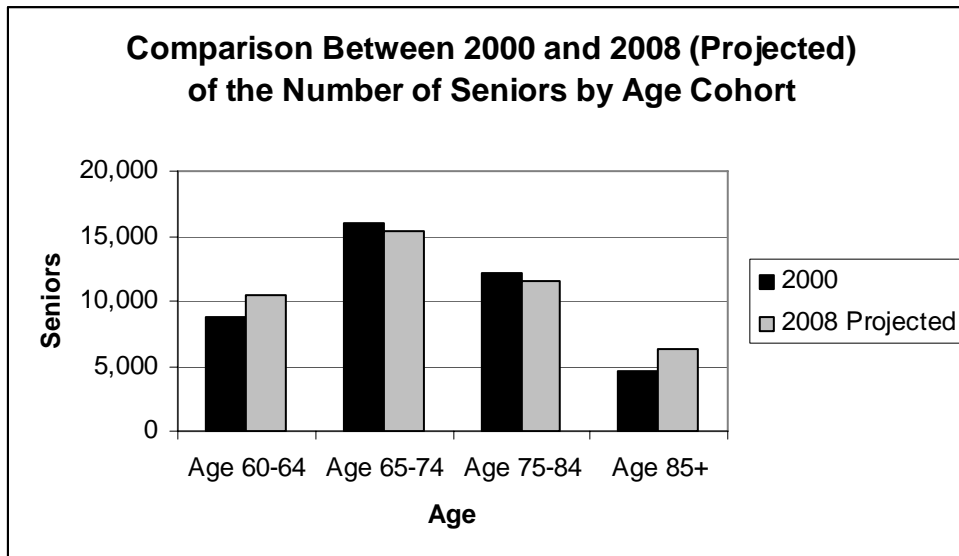
The Census is far enough in the past that it may no longer reflect the current population makeup. The Binghamton University Geography Department supplied the Office for Aging with population projections of the size of the senior population in 2008. These projections for Broome County in 2008 suggest that there are 43,633 individuals over the age of 60, a 5% increase from 2000. The table below segments the projected senior population in 2008 by age cohort.

Table 2: Broome County Population Age Changes 2000 – 2008 (Projected)

Age	2000	2008 Projected	Change In Population	Percent Change in Population
60 – 64	8,711	10,413	+1,682	+19.3%
65 – 74	16,073	15,380	-693	-4.0%
75 – 84	12,182	11,502	-680	-5.6%
85+	4,576	6,338	+1,762	+38.5%
Total	41,542	43,633	2,071	+5.0%

Population projections indicate that Broome County has experienced more than a 19% rate of growth in the 60 – 64 age cohort, and the middle two cohorts declined slightly. If these

projections are correct, the 85+ cohort has shown significant growth, increasing by 38.5% over what it was in 2000.



The projection for the 60 – 65 age group foreshadows the effect that the baby boom population will have on the senior population in the future. In 2008, only the first two years of the baby boom cohort have become seniors, and they have pushed the growth rate for the 60 – 64 age group up by a projected 19%.

The population loss for the 65 – 74 age cohort is a cause for concern: the core volunteers for senior centers and Meals on Wheels come from this age group. There is a possibility that during the next few years it may become harder for service providers to recruit volunteers. The decrease in the 75 – 84 age group may ease the demand for in-home services a bit; however, this decline is offset by the projected growth in the 85+ age group. According to these projections, the community can expect the demand for in-home services to continue to increase.

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.

Even though the community saw a decline of 545 seniors during the 1990s, most Broome County towns experienced growth in the number of senior residents. Local communities have therefore been compelled to address the needs associated with growing elderly populations at a time when younger residents have been migrating out of the county. This trend means that towns increasingly depend on elderly tax dollars to sustain services. Table 3 shows the change in the number of senior residents for each Broome County town between 1990 and 2000.

Table 3: Population Change Age 60+ for Broome County Towns, Comparison Census 1990 and 2000

Area	1990	2000	Change In Population	Percent Change in Population
Broome County	42,087	41,542	-545	-1.3%
Barker	365	404	+39	+10.60%
Binghamton, City	12,610	10,231	-2,379	-18.87%
Binghamton, Town	714	896	+182	+25.49%
Chenango	2,147	2,281	+134	+6.24%
Colesville	790	828	+38	+4.8%
Conklin	949	1,018	+69	+7.27%
Dickinson	1,373	1,293	-80	-5.83%
Fenton	1,329	1,471	+142	+10.68%
Kirkwood	993	1,148	+155	+15.60%
Lisle	336	391	+55	+16.36%
Maine	835	987	+152	+18.20%
Nanticoke	183	215	+32	+17.48%
Sanford	522	545	+23	+4.40%
Triangle	423	465	+42	+9.92%
Union	13,140	13,045	-95	-0.73%
Vestal	4,513	5,321	+808	+17.90%
Windsor	866	1,003	+137	+15.81%

Only three jurisdictions experienced a loss of elderly residents: the City of Binghamton and the towns of Union and Dickinson with Binghamton's decline being the most pronounced. Binghamton's senior population is large enough that the loss of seniors did not translate into a decreased demand for senior services within the city.

Vestal experienced the largest percentage growth in the senior population of all the towns. The population increases in Chenango, Fenton, Kirkwood, Conklin, and Maine signal that service providers should pay close attention to these communities, and Vestal, as new needs may emerge in them.

Table 4 displays the projected population changes for all Broome County towns.

Table 4: Population Change Age 60+ for Broome County Towns, Comparison 2000 Census and 2008 (Projected)

Area	2000	2008 Projected	Change	Percent Change 2000 - 2008
Broome County	41,542	43,633	+2,091	+5.0%
Barker	404	509	+105	+25.9%
Binghamton, City	10,231	9,909	-322	-3.2%
Binghamton, Town	896	1,053	+157	+17.5%
Chenango	2,281	2,607	+326	+14.3%
Colesville	828	907	+79	+9.5%
Conklin	1,018	1,197	+179	+17.6%
Dickinson	1,293	1,324	+31	+2.4%
Fenton	1,471	1,546	+75	+5.1%
Kirkwood	1,148	1,258	+110	+9.6%
Lisle	391	481	+90	+23.0%
Maine	987	1,209	+222	+22.5%
Nanticoke	215	275	+60	+27.9%
Sanford	545	657	+112	+20.6%
Triangle	465	553	+88	+18.9%
Union	13,045	13,339	+294	+2.3%
Vestal	5,321	5,581	+260	+4.9%
Windsor	1,003	1,228	+225	+22.4%

The projections indicate that—with the exception of the City of Binghamton—every town has experienced an increase in the number of seniors residing within its borders. Binghamton experienced a small decrease of 322 seniors. Surveying the projections for the towns reveals that:

- Chenango has seen a rise of 326 seniors, the largest increase of all the towns.
- Windsor, Vestal, Union, and Maine each grew by more than 200 seniors.
- Kirkwood had an increase of 110 older adults and Conklin saw a growth of 179 seniors. The Office for Aging identified both of these towns as areas to watch after the last census. While the projected increases are not overly large, the numbers do indicate that service providers should continue to pay attention to these areas.

Further analysis of the 2008 senior population projections indicate:

- Between 2000 and 2008, the projections indicate that no Broome County city or town experienced a decline in the number of residents age 85 or older.
- Projections indicate that the City of Binghamton and the Town of Union had sizable increases in the 60 – 64 and 85+ populations while experiencing significant declines in the 65 – 74 and 75 – 84 age groups.

The population projections suggest that Broome continues to be the home of a sizable elderly population. Service providers should plan how they will serve the younger seniors with active aging programs and prepare for the evolving needs of older seniors.

Future Demand for In-home Services.

When a senior reaches 75 years of age, the likelihood she will need in-home services increases. One gauge of the future demand for in-home services is examining the size of the age 70 – 74 cohort in 2000 and comparing it to the projected size of the cohort in 2008. Table 5 compares this age group between the two points of time.

Table 5: Number of Seniors age 70 – 74 in 2000 and 2008 (Projected)

	Number of Seniors Age 70 – 74, 2000	Estimated Number of Seniors Age 70 – 74, 2008
Total Seniors	8,058	8,566
Males	3,503	4,035
Females	4,555	4,531

Since this age cohort saw a projected six percent increase in size in 2008, the Office for Aging is expecting a small rise in the demand for services during the years following the projections.

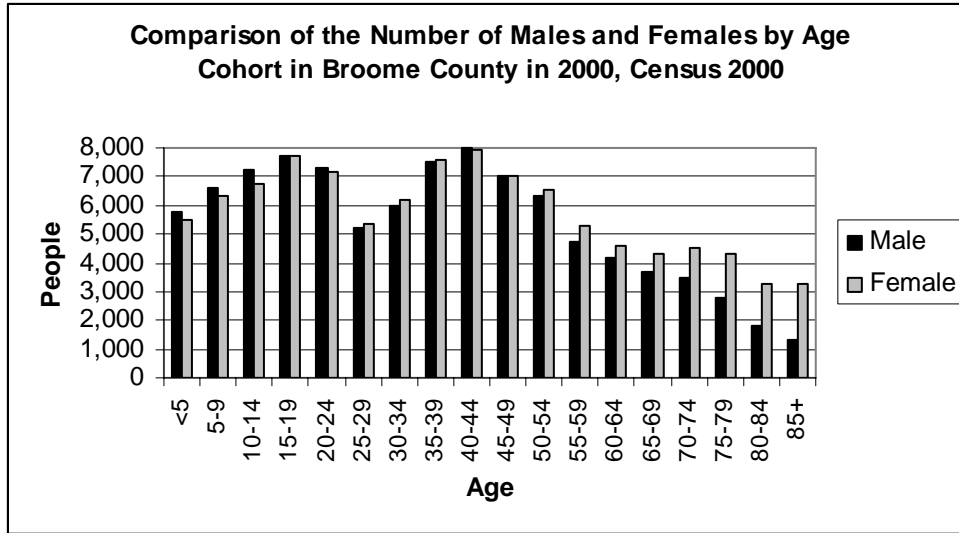
Broome County’s large senior population presents both opportunities and challenges for those providing services to the elderly. The following pages describe segments of the senior population that service providers consider vulnerable.

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 are at a greater risk for suicide than women. Depressed older women exhibit more appetite disorders, while depressed men exhibit greater agitation.¹

According to the 2000 Census, women make up 59% 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 lifespan cohort.

¹ Kockler, M. and Heun, R. 2002. Gender Differences of Depressive Symptoms in Depressed and Nondepressed Elderly Persons. *International Journal Geriatric Psychiatry*. 17(1): 65-72.



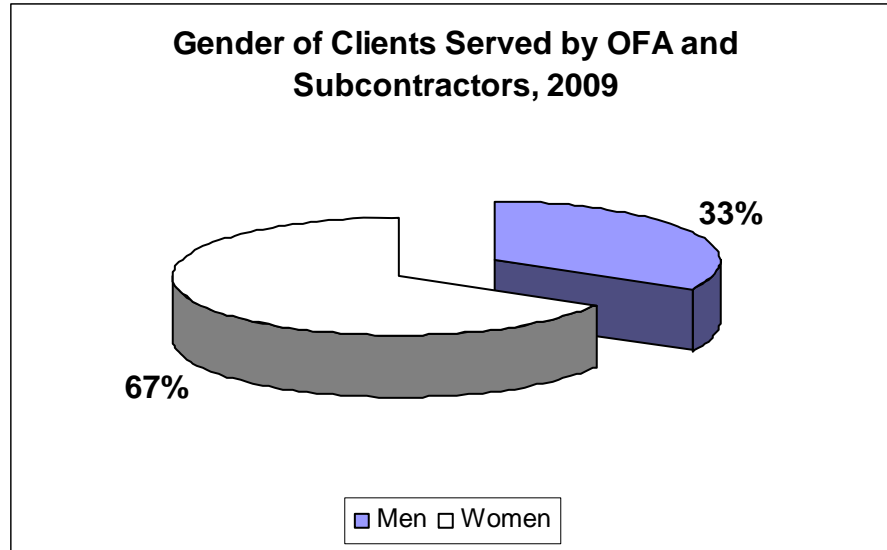
There are roughly an equal number of men and women through the lifespan until the 50 – 54 age cohort. At this point, women start to outnumber men and continue to do so in greater proportions as age increases. Within the age 60+ age cohort, there are 1.4 women for every man. As the chart above reveals, 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 2.4 to one.

Table 6: Percentage of American Males and Females by Age Cohort, Census 2000

Age Cohort	Males as Percent of Age Cohort	Females as Percent of Age Cohort
60 – 64	48%	52%
65 – 74	45%	55%
75 – 84	38%	62%
85+	29%	71%

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 tend to be more at-risk for economic and social need—defined by the Older Americans Act as living alone—the Office for Aging strives to deliver services to elderly women. In 2009, 67% 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.....89.7%
- Personal care.....87.2%
- Transportation.....85.2%
- Housekeeper/Chore.....80.3%
- Information and Assistance.....71.7%

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.² 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.

The risks associated with living alone increase with age. Service providers recognize the “old, old” who live alone as being one of the most vulnerable groups. If one of these vulnerable elders falls ill or suffers an injury, she often needs outside assistance to provide care.

² Conrad, Peter. 2009. *The Sociology of Health and Illness: Critical Perspectives*. Worth Publishers: New York.

The risks of living alone are greater for those seniors without children who can assist in their care. Seniors who have children living nearby often have someone who can look in on them and perform necessary tasks.

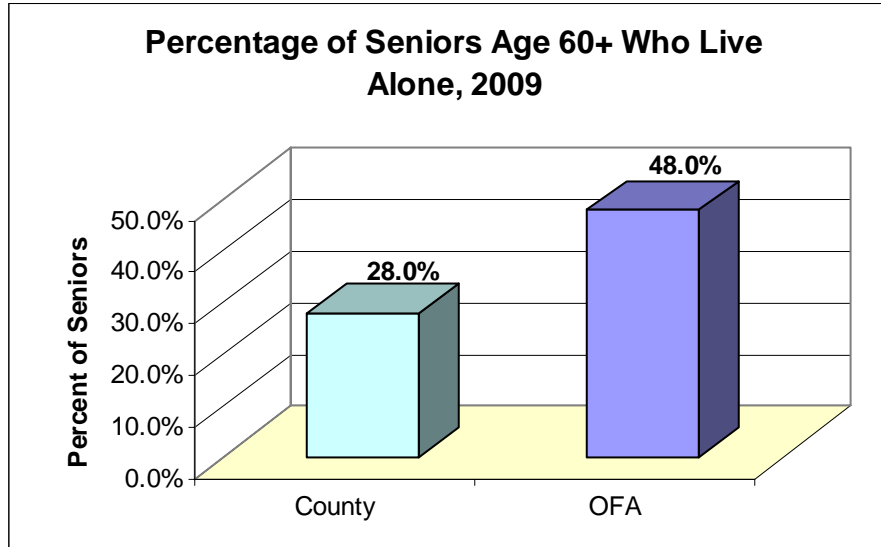
In Broome County, the percentage of seniors living alone is a significant portion of the elderly population and increases with age.

Table 7: Number and Percent of Seniors Living Alone by Age Group, Census 2000

Age Group	Number Seniors Living Alone	Percent of Age Group Living Alone
60+	11,632	28%
65+	10,016	31%
75+	6,176	37%

- Twenty-eight percent (28%) of those over the age of 60 live alone.
- Nearly 6,200 of those over the age of 75 live alone, which is 37% of this cohort.

Recognizing that seniors who live alone are at risk, OFA targets its services to this group. In 2009, 48% of Office for Aging clients lived alone compared to 28% of the county population.



During 2009, the following Office for Aging programs served elders who live alone at a higher rate than their prevalence in the senior population.

- Housekeeper/chore service.....89.4%
- Personal Emer. Response Service.....79.4%
- HEAP.....73.0%

- Home Delivered Meals.....63.0%
- Transportation.....63.0%

Poverty

A senior’s income directly affects her ability to purchase the care that she needs. The average senior has already passed her peak earning years, and she will deplete savings and investments as she grows older. Many seniors live on fixed incomes; their annual cost of living increases are barely large enough to keep up with inflation. Even middle-income seniors face challenges in paying for prescription drugs and home care.

Among the senior population, women tend to have a lower level of retirement income and higher rates of poverty than men do.³ Women, on average, have lower lifetime earnings than men, which results in a lower Social Security payment. These lower earnings provide women with smaller pensions and fewer assets when they reach retirement.⁴ The problems associated with having less income are exacerbated by the longer lifespan of women.

At the national level, poverty among seniors has substantially declined from nearly 33% in the 1950s to 10% today.⁵ The percentage of poor individuals in the senior age group is lower than the percentage in poverty for any other age cohort. The main reason for the decline in senior poverty is Social Security. One study demonstrated that the without Social Security, over 44% of US residents age 65 and older would have been poor in 2006. During 2006, Social Security reduced the elderly poverty rate by 75%.⁶

Locally, the rate of senior poverty is lower at 6.8% (Census 2000). The lower rate of local poverty is most likely attributable to the pensions that supplement the incomes of those who worked in many of Broome’s industries.

Table 8: The Elderly Poor and Near-Poor in Broome County, Census 2000

Ratio to Poverty	Age 65 to 74	Age 75 and Above	Total Number Of Seniors	Percent of Senior Population
Less than 100% of Poverty*	1,008	1,224	2,232	6.8%
100 to 150% of Poverty	<u>1,210</u>	<u>2,085</u>	<u>3,295</u>	<u>10.7%</u>
Total	2,218	3,309	5,527	17.5%

*Note: In 2009, 100% of poverty equated to \$10,830 annually for a single household and \$14,570 for a two-person household.

³ National Economic Council Interagency Working Group on Social Security. 1998. *Women and Retirement Security*. Social Security Administration. <http://www.ssa.gov/history/pdf/sswomen.pdf>. Accessed August 15, 2007.

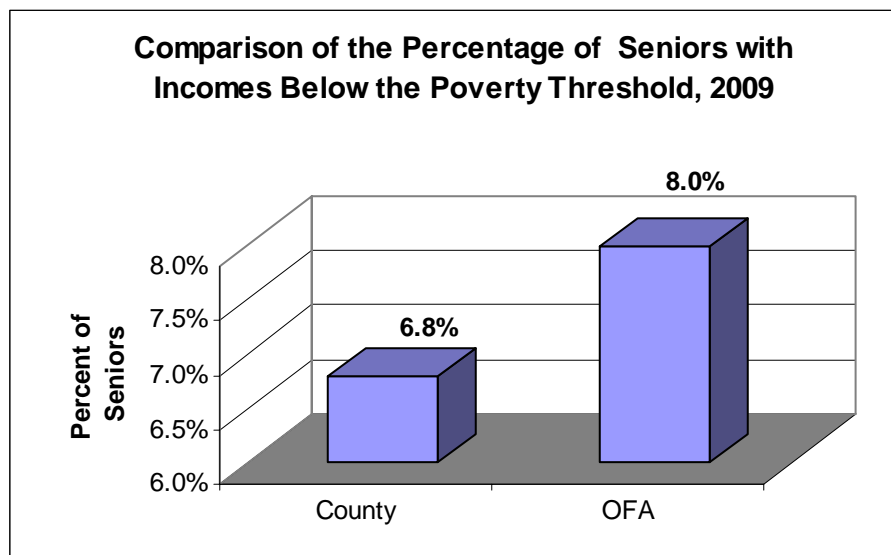
⁴ Ibid.

⁵ Wasow, Bernard. 2004. *A New Minimum Benefit for Social Security*. The Century Foundation. http://www.tcf.org/Publications/RetirementSecurity/Minimum_Benefit.pdf Accessed August 15, 2007.

⁶ Romig, Kathleen. 2008. *Social Security Reform: Possible Effects on the Elderly Poor and Mitigation Options*. Congressional Resource Service. <http://www.policyarchive.org/handle/10207/bitstreams/19257.pdf>. Accessed August 24, 2010.

Although the near-poor, those with incomes between 100% and 150% of poverty, have more income, they may be as 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.

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. While 6.8% of the Broome County senior population have incomes below the poverty threshold, 8% of those served by the Office for Aging in 2009 were poor.

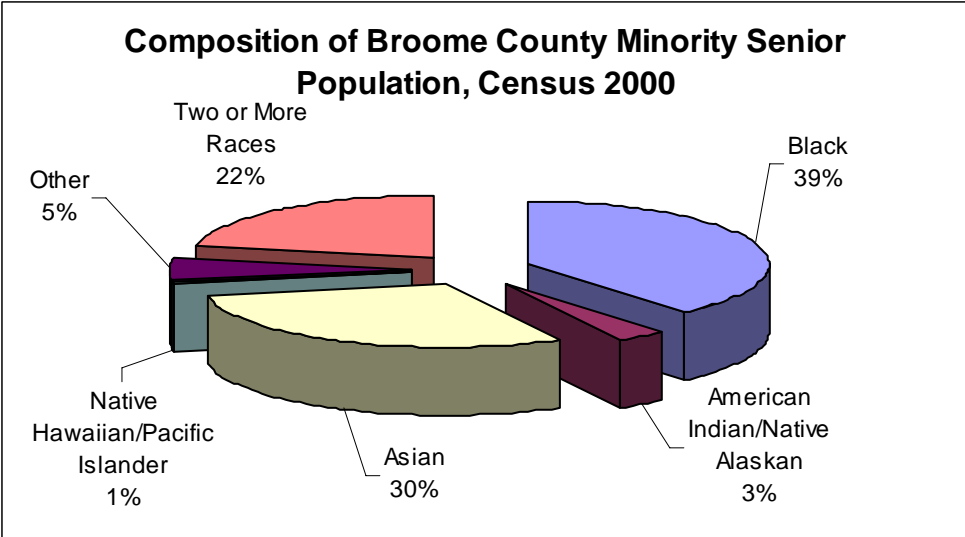


Race and the Elderly

The majority of the Broome County senior population is white. Census 2000 figures indicate that 1,023 seniors (2.5%) are members of minority races. Minorities as a percentage of the overall senior population doubled between 1990 and 2000.

Minority seniors are at a higher risk of living in poverty and are more likely to be functionally limited than whites. White seniors tend to have better access to health care than blacks and Latinos. Elderly whites tend to have higher incomes than black and Latino seniors; therefore, whites have a greater ability to purchase the care that they need.

According to the 2000 Census, blacks and Asians comprise the largest segments of the Broome County minority population. A significant number of minority seniors identified themselves as being of two or more races.



In 2009, nearly 3% of Office for Aging clients were minorities. The Office for Aging served minorities at a slightly higher rate than their proportion in the county senior population, and the agency has a history of serving all minority populations, except for Asians, above their proportion in the Broome County population. Conducting outreach to Asian seniors has proved challenging as there are numerous Asian subpopulations and cultures in Broome County; no single strategy works for the entire racial category.

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.

Community Awareness

While there are more seniors than ever before, there are also more service options to navigate. Seniors today are challenged by complex choices and decisions on issues such as health care, housing, nutrition, prescription drugs, and long term care. Making fully informed choices on complicated issues is difficult. The elderly need education on what services are available and where they can obtain assistance in making decisions.

Service providers face an ongoing challenge in ensuring that seniors know where to turn for information and assistance. Many seniors remain unaware of the full array of services offered in the community, and focus groups convened to advise the Office for Aging often recommend creating services that already exist. However, other seniors, those who currently have little need for assistance, consistently state that while adequate services are operating in the community, people are not aware of them. They urge the Office for Aging to get the word out.

Besides making seniors aware of services, there will be a continued need in the future for aging service providers to create and distribute unbiased educational materials, to sponsor workshops on aging issues, and to educate people about healthy aging. Each of these areas requires those providing services to promote their efforts effectively.

Service providers face difficulties in deciding the best avenues for getting their message out. According to *Consumer Reports*, Americans see 247 advertising messages each day. This presents an interesting challenge for service providers: how, with no marketing budget, does an agency make seniors aware of its services? During focus groups held in the summer of 2007, seniors made recommendations on where the Office for Aging should publicize its services. The Office for Aging was already using nearly every avenue that the seniors recommended. This demonstrates the difficulty in ensuring that messages resonate with the public.

In 2002 and 2008, the Mathematica Policy Institute conducted surveys on the use of media resources by older adults and vulnerable seniors in Broome County.

- In 2008, over 69% of sampled older adults read the newspaper on a daily basis, down from over 78% in 2002. The daily rate of readership among vulnerable seniors fell from nearly 84% in 2002 to 77% in 2008.
- The rate of daily television viewing among older adults rose from over 87% in 2002 to 90.5% in 2008. Over 93% of vulnerable seniors viewed television daily in 2008, up slightly from nearly 92% in 2002.
- While nearly 65% older adults listened to the radio daily in 2002, the percentage of seniors fell to 54% in 2008. Similarly, daily radio listening among vulnerable elders fell from nearly 58% in 2002 to 51% in 2008.
- Internet use by seniors in Broome County increased from 20.7% of seniors using the internet every day in 2002 to 36% in 2008. The percentage of seniors using the internet weekly, but not every day, rose from 15.7% in 2002 to 20.8% in 2008.

Given the cost and difficulty in accessing television coverage, newspapers continue to be an important vehicle for making seniors aware of programs and services. The Figures above indicate that newspapers remain a major media source for seniors in Broome County. Readership figures in this community are higher than national percentages—62% of those ages 65 and older reported reading a paper daily in a 2009 national study.¹

In the spring of 2008, students from the Binghamton University Master of Public Administration Program conducted several focus groups with seniors. The students asked questions about the seniors' preferences and experiences in obtaining information. Collectively, the seniors exhibited a strong preference for the newspaper, followed by television, and then from agencies like the Office for Aging. Individually, many participants said that they preferred receiving information directly from the Office for Aging. As for their experiences in receiving information, the participants said that materials originating from local agencies were the most helpful.

Service providers can expect the information needs of tomorrow's seniors to grow. With baby-boomers aging and the average life span lengthening, seniors and those approaching their elder years want more information on life planning. Planning can prevent future crises that threaten an older adult's independence and quality of life. At every stage of the aging process, seniors need to be aware of the services and choices available to them. The need for information and education continues through the end-of-life.

¹ The Project for Excellence in Journalism and Rick Edmonds of the Poynter Institute. 2008. *The State of the News Media 2010: An Annual Report on American Journalism*. Accessed July 13, 2010. http://www.stateofthedia.org/2010/newspapers_audience.php

The Office for Aging provides information and assistance through the Intake and Information & Assistance units. Staff members also perform education and outreach at a number of information and health fairs held throughout the community. The *Senior News*, published monthly by the Office for Aging, provides additional information and education.

During 2010, Senior Resource Line staff have noticed a trend where an increasing number of clients are calling to obtain the staffs' help in dealing with intensive situations rather than seeking specific information about programs and services.

- In 2011, the Office for Aging projects that the Intake and Information & Assistance units will make 12,000 information and assistance contacts.
- During 2011, the Office for Aging will distribute over 94,000 copies of the *Senior News*.

Caregiver Support

Seniors with physical or mental impairments often need assistance to remain independent. They must find someone to cook, clean, shop, or perform other tasks of daily living, or risk institutionalization. Some seniors pay for help with tasks that they can no longer perform; however, most rely on informal assistance. Informal caregivers are often family or friends who receive no pay for their help.

Caregivers are the foundation of the nation's long-term care system. According to an AARP study, in 2006 family caregivers in America provided \$350 billion worth of care.² To do this, caregivers provided an average of 21 hours of care per week.³ During these hours, they bought groceries, maintained homes, and helped their care receivers bathe, dress, and take medications.

But caregivers often pay a price for their devotion. Their caregiving efforts may lead to higher stress and a decline in their physical and mental health. For example, the AARP study notes that caregivers experience chronic health conditions at nearly twice the rate of non-caregivers. Caregivers are more likely than non-caregivers to report that they are in fair or poor health, have higher levels of stress and frustration, and suffer from a disability.⁴ Researchers have found that between 30% and 40% of caregivers caring for seniors with dementia suffer from depression or emotional stress.⁵

The economic costs of caregiving can be high as well. Eighty-three percent (83%) of caregivers studied arrived late, left early or took time off from work because of their care

² AARP. 2007. Gibson, Mary Jo, and Ari N. Houser. Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving. Retrieved, July 27, 2007 http://assets.aarp.org/rgcenter/il/ib82_caregiving.pdf

³ Ibid.

⁴ Family Caregiver Alliance. Fact Sheet: Caregiver Health. Retrieved, July 27, 2007 from http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1822

⁵ Ibid.

responsibilities.⁶ Some caregivers lose wages by switching to part-time work or quitting their jobs to accommodate their caregiving.

What's true nationally is also true for Broome County: local caregivers report being overwhelmed, burdened, and stressed. In a study of caregivers whose care receivers attend the Yesteryears social adult day program, 96% of the participants reported experiencing time constraints and emotional stress or strain, and 30% reported physical stress/strain and financial burden.⁷ To relieve this strain, the study recommends implementing a family-centered approach in assisting caregivers and expanding support groups.

Caregivers also need emotional support and someone to listen to their frustrations and fears.⁸ An evaluation of the Return to Home Program, funded by Aging Futures and the Robert Wood Johnson Foundation, demonstrates the value of person-to-person telephone support. The survey asked caregivers what they liked about their calls with caregiver support specialists. Caregivers said they valued having someone to talk to and getting support in their caregiving role. They appreciated sharing their feelings and receiving emotional support, and the calls made them feel more confident and aware of available services. In the study of caregivers using the Yesteryears program, the participants reported a need to connect with other caregivers having similar caregiving experiences. They noted that peer support is crucial component of maintaining their well-being.⁹

Caregivers continually state that they need affordable respite and transportation options. They want information on legal issues, handling stress, and getting other family members to take on more responsibility. Caregivers also ask for education to assist them in their caregiving.

Informal caregivers provide much of the care that impaired seniors need, yet the caregivers typically receive little training. Among the tasks caregivers perform in caring for family members and friends are medical-related tasks, problem solving and making decisions, medical tasks, supervising care, providing emotional support, administering medications, and providing meals and transportation as well as advocacy.¹⁰ Caregivers need education and training on day-to-day, hands-on skills that will help them keep an impaired family member or friend at home.

Caregivers often need to learn how to care for themselves so they avoid burnout, anger, and depression. In 2009, the Office for Aging's Caregiver Services, in partnership with the Broome County Council of Churches Faith in Action Program, the Lourdes Parish Nurse Program, and United Health Services implemented the Powerful Tools for Caregivers program. The Powerful Tools program helps caregivers develop skills and confidence to better care for themselves while caring for others.

⁶ AARP.

⁷ Kenien, Cara J. 2008. "Caregivers in Broome County: Determining Their Needs. Unpublished paper.

⁸ Cress, Cathy Jo. 2007. *Handbook of Geriatric Care Management*. Jones and Bartlett Publishers, Inc.

⁹ Kenien. 2008.

¹⁰ Given, Barbara, Charles W. Given, and Paula R. Sherwood. 2008. "What Knowledge and Skills Do Caregivers Need?" *Journal of Social Work Education*, Vol. 44, No. 3 (Fall 2008); Supplement.

The *Yesteryears* adult day program staff are seeing an increasing demand for services by younger seniors diagnosed with early dementia who are looking for services. Many of these seniors say they do not relate well to the older seniors; they want a program for people their age.

- In 2011, the Office for Aging will deliver 46,600 hours of adult day care.
- The Caregiver Services Unit will deliver 550 units of information and assistance during 2011.
- In 2011, Caregiver Services will offer support group and training sessions to 400 caregivers.
- During 2011, the Office for Aging will provide 550 rides for care receivers going to and from adult day care.

Housing

Housing-related calls were the fourth most frequent topic that seniors and caregivers contacted the Senior Resource Line about in 2009. Overall, requests for senior housing are higher than previous years, and trends indicate that increasing numbers of older adults cannot afford to pay high rents, taxes, and home maintenance costs.

Housing is a broad issue and has a significant influence on a senior's ability to remain independent. As seniors age, their situations often force them into making housing decisions. An elder's financial circumstances, physical condition and connections with the community all impact her decisions about her home. Some decide to move to smaller, more manageable housing; others choose to age in place and plan on staying in their home until the end.

Both of these situations create unique needs for the community to address. Those choosing to remain in their homes will need services to repair and renovate their houses. Home modifications are necessary to make homes safer and more accessible for older, frail seniors. But modifications for those with lower assets and income are complicated by a fragmented delivery system and a lack of reimbursement to seniors for repairs and modifications. In addition, some elders are afraid that making modifications will lower the value or attractiveness of their homes.¹¹

Most elderly prefer to remain in their homes until they become impaired to the point that their independence is threatened. Deciding to move is often the last choice for many frail elderly. Elders who want to move need a supply of adequate and appropriate housing stock, places where they can make a new home.¹² Neither providing a renovation and repair service nor creating affordable housing are options that are inexpensive or easy to provide.

¹¹ Schaie, Klaus Warner. 2003. *Aging Independently: Living Arrangements and Mobility*. Springer Publishing Company, Inc.

¹² Cox, Carrol B. 2005. *Community Care for an Aging Society*. Springer Publishing Company, Inc.

The problems revolving around these two options are exacerbated in Broome County by a lack of choices and services. Senior in focus groups stated that the community does not have all the senior housing that it needs. Currently, there exists a range of housing options starting at one-floor “cottages” for active elderly, progressing to apartment living, and graduating to assisted living and health care type situations.

While low to moderate-income senior housing is the most plentiful, the current supply does not meet all the need. The waiting period for a senior apartment is six years in some rural communities and two years for complexes in smaller communities within the urban core. A consequence of lengthy waiting lists is that seniors who need access to senior housing within a short timeframe cannot obtain the housing they need.

Seniors in a Town of Conklin focus group stated that the new complex in their community filled up fast and there is already a waiting list for units. A new project in Endwell will address the needs for many seniors who have significant assets; but middle-income seniors complain that the community offers little for them.

Service providers note that although Broome County has 32 senior apartment facilities, there are still adults needing senior housing who cannot access it. In the past, elders have also noted that there is a shortage of single story ranch housing in Broome County; they want houses with a little less space and a little less lawn.

Those looking to stay in their homes also face obstacles. Much of the senior community lives in aging homes, some in the oldest of the housing stock. Not only are these houses difficult to maintain, but to become senior friendly they often need expensive repairs and renovations. A majority of these buildings are two story homes that present mobility barriers to aging seniors, such as containing only a single bathroom that is on the second floor. Many do not have sufficient insulation and use outdated, inefficient furnaces to provide heat. Most of these houses have three or more steps as part of their entryway making wheelchair ramps essential for seniors with mobility impairments. In Broome County, there are few financing opportunities for seniors unable to afford home renovations and the construction of wheelchair ramps.

A focus group of Meals on Wheels volunteers spoke of problems that mobility impaired elders face in two story structures. Many simply move into one room on the first floor, either a dining room or living room, and they restrict most of their activity to this room. They eat, sleep, and spend their days there; some have even placed a commode in the room. A common feature for seniors living in such situations is that this is often the only room of the house they heat. The heating decisions reflect economic need rather than a desire for energy efficiency or conservation.

Besides these issues, the Office for Aging is seeing an increase in the number of seniors seeking information about housing options. Seniors want help with locating private apartments and filling out housing applications. Some have requested money to help them meet the expenses of moving.

Office for Aging staff note that the need for safe, affordable housing is growing and that demand for senior housing exceeds the existing supply. Incidents of seniors getting evicted from their apartments are increasing, and there are few viable housing options available for seniors who need to move right away. There is no specialized housing for seniors who are unattractive to landlords and other tenants because they are low-functioning, have mental health issues, or a history of alcoholism.

An increasing number of property owners are conducting 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 denied housing. Numerous senior apartment facilities are also screening applicants' credit, denying apartments to those behind on debt payments. Denying low-income housing to seniors in debt exacerbates their negative financial situations as they cannot reduce their housing costs and use the saved monies to pay down their credit balances. There is a need for more low-income housing that does not exclude seniors with bad credit and past due debt.

During the summer of 2010, an Office for Aging intern from the Binghamton University Master of Public Administration engaged in collecting information from senior apartment complexes. Seniors and service providers will use this information to help older adults in making housing decisions. The intern will also develop an on-line, interactive housing guide on the OFA website.

The Office for Aging is addressing the issue of housing availability by working with the Aging Futures Partnership on a committee convened by New York State Assemblywoman Donna Lupardo. This committee is focusing on educating municipal and county government officials on elderly housing and zoning needs.

Low-income seniors in Broome County have nowhere to turn for assistance when in need of immediate home repairs, such as a leaky roof or a broken hot water heater. In these situations, there are often no funds available for materials and agencies are frequently unable to respond to emergencies. The only remaining option is to place the senior on a waiting list.

The Office for Aging will continue, as long as funding permits, to fund the Home Repair and WRAP programs.

- In 2011, the Office for Aging will provide 40 home repairs through the Home Repair Program.
- In 2011, the Office for Aging will leverage \$460,000 for home weatherization.

Social Connections

Seniors need opportunities to engage in social situations and have meaningful interactions. Researchers now recognize that maintaining social connections is one of the components of healthy aging.¹³ Having good social networks promotes opportunities for seniors to develop relationships and connect socially. These relationships must have significance to the senior while being sustainable over time.

As people age, their opportunities for social interactions may diminish, or the sustainability of certain relationships may erode. An older adult may experience the disruption of her relationships through retirement, geographical relocation, and the death of a spouse or friend.¹⁴ Mobility problems and chronic illness can result in an elder becoming homebound, further limiting her social opportunities. Social isolation occurs when the conditions that allow a senior to maintain a functional social network fail.¹⁵ Social isolation can occur in those who live alone or are in poor health. Psychological impairments can restrict the ability of an elder to socialize; depression and anxiety are the two most prevalent impairing conditions.

Social isolation can have adverse effects on physical and mental health. Research demonstrates that social isolation can put elders at a greater risk of heart disease.¹⁶ Among the elderly, the loss of a social support network increases the likelihood of developing mental health problems. Studies indicate that there is a link between social isolation and depression.¹⁷

The effects of social isolation can create a downward spiral, which becomes difficult to reverse. A chronic illness restricts a senior's social opportunities; the illness further cuts the older adult off from the world. Depression may then set in and further isolate her. Research indicates that older adults living alone or lacking social ties have a higher risk of cognitive impairment than socially connected seniors. Social isolation can also affect mortality, with those having a greater number of social ties tending to live longer. Seniors who are socially isolated may consume nutritionally inadequate diets and delay seeking care.

Social isolation is more likely to occur in some senior subpopulations. Seniors in poverty are more likely to live alone and to be in poor health, and depression is more prevalent among those with a lower socioeconomic status. These factors equate to a greater likelihood that those with lower incomes will experience social isolation.

¹³ Himes, Christine L., Elizabeth N. Oettinger, and Dennis E. Kenny. 2004. *Aging in Stride: Plan Ahead, Stay Connected, Keep Moving*. Seattle: Caresource Healthcare Communications.\

¹⁴ Bandura, Albert. 1997. *Self-efficacy: The Exercise of Control*. W.H. Freeman and Company.

¹⁵ Walker, Jessica and Cara Herbitter. 2005 *Aging in the Shadows: Social Isolation Among Seniors in New York City*. United Neighborhood Houses of New York.

¹⁶ Ham, Becky. "Social Isolation Leaves Elderly at Risk for Heart Trouble." Center for the Advancement of Health. Retrieved, August 17, 2007 from http://www.cfah.org/hbns/news/lonely_12-10-02.cfm.

¹⁷ Schoevers, R. A., A. T. Beekman, D. J. Deeg, M. I. Geerlings, C. Jonker, W. Van Tilburg. 2000. Risk factors for Depression in Later Life: Results of a Prospective Community Based Study (AMSTEL). *Journal of Affective Disorders*. 59 (2): 127-37.

Men comprise another subpopulation with a higher probability of being isolated. Men, senior men in particular, tend to have fewer friends than women do. Men are less likely than women to maintain close relations with their children. American society also plays a role in limiting the connections men forge; our culture emphasizes values for men that stress individuality and self-reliance, making men less likely to go to others for help. Furthermore, where women tend to form strong friendships throughout their lifecycle, men tend to rely on old friends. For most men, when these friends are lost—through death, incapacitation, or other means—the number of friendships in a man’s life declines and lost friendships are not replaced.¹⁸

The very fact that these seniors are isolated makes them hard to identify. There is no data on the extent of social isolation in Broome County. Office for Aging staff and volunteers interact with isolated individuals on a daily basis. In a focus group of Meals on Wheels volunteers, the participants noted that they are the only persons that many of these homebound seniors have contact with each day. Conversations with Meals on Wheels recipients indicate that a portion of these seniors want an increased amount of social contact in their lives.

In 2008, Mathematica, Inc. conducted a survey of older adults residing in Broome County. Interviewers asked the respondents the following question: “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.

Addressing social isolation is problematic. Identifying the homebound, especially in rural areas, is difficult, and isolation can occur as easily in densely populated urban areas as in rural regions. Deteriorating neighborhoods and fear of crime can result in seniors being afraid to venture outside their homes. Providing social supports to homebound individuals, especially when they do not want volunteer visitors, is difficult and expensive. Convincing depressed seniors to engage socially can prove to be especially challenging.

Collaborative efforts by agencies will most likely play a role in addressing social isolation in the future. The Office for Aging will continue to work with the Aging Futures Social Connections Committee. One of the goals of the committee is to educate seniors on the need to stay socially connected.

The Office for Aging seeks to both provide socialization opportunities and to make seniors aware of the social options that are available in the community.

- In 2011, the Office for Aging will offer 6,500 recreation and education sessions.
- The Office for Aging will offer 2,100 health promotion sessions in 2011.

¹⁸ Olds, Jacqueline, and Richard S. Schwartz. 2009. *The Lonely American: Drifting Apart in the Twenty-first Century*. Beacon Press: Boston.

Mental Health

Healthy aging means taking care of one's mental as well as physical health. Mental health has received increased attention since the last Office for Aging four year plan; however, the resources needed to address the many needs in this area are still lacking. Local mental health services for seniors are more of a patchwork of programs than a system. This is not a problem unique to Broome County as the community's need for services reflects the national situation. Researchers estimate that two out of every three seniors needing mental health care do not receive the treatment they need.¹⁹ The percentage of seniors not receiving treatment is consistent across service settings: community based services, nursing facilities, residential care settings, and in-patient hospitals.²⁰ More than half of the seniors who do receive mental health care obtain their treatment through their primary care physician. Many of these physicians lack adequate mental health and geriatric training.²¹

Geriatric social workers and psychiatrists are in short supply—especially in rural communities. Nationally, the number of practicing geriatric psychiatrists is decreasing. The National Institute on Aging predicts a need of 60,000 to 70,000 geriatric social workers by 2020; however, only four percent of today's social workers specialize in geriatrics, which equates to only one-third of the needed number of practitioners.²² Among MSW students in 2002, only 3.6% chose to specialize in aging. Only 5% of social workers identify aging as their primary practice.²³ The lack of professionals limits the options available for treating elders with mental health issues.

Besides needing more treatment professionals, service providers point to the need for long-term, geriatric case management services for seniors who have mental health issues. Most services that provide such case management require the senior to have a diagnosis. However, many seniors, fearing the stigma associated with mental health issues, do not pursue a diagnosis; therefore, they cannot receive case management services. The seniors end up interacting with multiple agencies, and no single agency becomes responsible for their problems or helps them manage their lives. Their problems usually become crises before they obtain assistance. Ongoing case management would provide opportunities to prevent crises and comprehensively serve those lacking a diagnosis.

Even obtaining prevalence data on the incidence of mental health disorders is difficult. With no local statistics on the prevalence of mental illness, providers must extrapolate prevalence rates from national studies.

¹⁹ Vierck, Elizabeth, and Kris Hodges. 2003. *Aging: Demographics, Health and Health Services*. Greenwood Press: Westport.

²⁰ Kaskie, B., and Estes, C.L. 2001. Mental Health Services Policy and Aging. *Journal of Gerontological Social Work*. 36, (3/4), 99-114.

²¹ Vierck and Hodges. Op cited.

²² Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. 2008. *Retooling for an Aging America: Building the Health Care Workforce*. The National Academies Press: Washington DC.

²³ Lennon T. 2004. *Statistics on Social Work Education in the US: 2002*: Alexandria: Council on Social Work Education. Cited in Rosen, Anita L. 2005. *The Shortage of an Adequately Trained Geriatric Mental Health Workforce*. Testimony to the Policy Committee of the White House Conference on Aging.

The issue of mental illness is exacerbated by chronic disease. The presence of a chronic condition (such as heart disease, diabetes, cancer, or chronic pain) significantly raises the chance that a senior will develop a depressive disorder.²⁴ As the severity of an older adult's chronic condition worsens, his or her likelihood of developing depression increases.²⁵ The co-morbidity of depression and chronic illness makes the outcomes for both conditions worse.²⁶ The presence of a mental illness affects the course of a chronic illness, and the effectiveness of a mental health treatment is influenced by the presence of a chronic condition. Co-morbidity is related to greater functional disability, poor self-management, an increase in drug interactions, increased mortality, and a decrease in adherence to treatment regimens. Community efforts to address mental illness or chronic disease should take this linkage into effect.

During the spring of 2008, Binghamton University Master of Public Administration students conducted focus groups with seniors. In these groups, the issue of mental health was raised. Participants expressed concern over the lack of community-based mental health services for older adults. One participant stated that "Mental health services for seniors are very hard to find in this area. They just aren't available."²⁷

Other local mental health issues include the following:

- Human services staff 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.
- There are seniors taking multiple drugs from different physicians, and these elders do not know why each drug—including their psychotropic medications—was prescribed. No single physician is monitoring drug interactions or compliance.
- Many seniors face barriers in obtaining treatment for their condition. Transportation is one obstacle; another is that there is an insufficient amount of in-home treatment services. Most mental health delivery takes place in an office setting, an environment that some seniors find intimidating. A segment of seniors with mental health problems lacks the motivation to overcome these barriers.
- Many seniors with mental health problems tend to neglect their health, do not follow treatment regimens, and often do not address minor health issues, allowing their conditions to become serious problems.
- Seniors with mental health issues may be at a greater risk for abuse, neglect, and exploitation; their conditions make it easier for others to take advantage of them.
- Broome County lacks senior centered mental health treatment programs. Many local programs have strict admission requirements and seniors in need of services often do not

²⁴ Baron, David, Thomas Bent, Vanessa Greenwood, and Margaret McCahill. 2008. *Depression and Chronic Disease: Understanding the Vital Link*. From Medscape Psychiatry & Mental Health. <http://cme.medscape.com/viewarticle/582598> Accessed July 30, 2009.

²⁵ National Mental Health Association Fact Sheet. 2000. Co-occurrence of Depression with Medical, Psychiatric, and Substance Abuse Disorders.

²⁶ Baron, et. al.

²⁷ Graduate Students Enrolled in PAFF 510: Logic of Inquiry, Spring 2008. 2008. "Report on Senior Citizens' Perceptions of Broome County's Livability." Unpublished paper.

meet those criteria. Service providers have a narrow range of options when referring seniors for services.

- Seniors could benefit if their providers adopted a treatment perspective that manages chronic disease and mental illness together.
- The set of case management services currently available in the community do not meet the mental health needs of the elder population. Service providers note the need for additional case managers to help seniors negotiate the system and function effectively in their lives.
- There are few options for mentally ill seniors who will not move to a higher level of care. Community-based service providers find it challenging to ensure these seniors' safety.
- An increasing number of caregivers need education and counseling on methods for dealing with care receivers suffering from a mental illness, particularly dementia.
- The community is facing a shortage of psychiatrists, leaving seniors to rely on their primary care physicians for their psychiatric prescriptions.
- Medical and psychiatric professionals need to approach mental and physical health as a combined entity.

Mental illnesses are treatable disorders and there is a movement to classify them as chronic conditions. Older adults with mental illnesses are no different from those suffering from any other chronic condition. Seniors suffering mental disorders need care that is coordinated and understood by all providers involved with their care. Seniors also need someone to manage their cases and ensure treatments and medications are working.

In the spring of 2008, Aging Futures formed a task force to determine the next steps the community should take to meet the mental health needs of seniors. The task force recognized that securing money for new initiatives will require local data on the incidence and prevalence of mental disorders in Broome County seniors. To address this need, the task force began collecting existing data from community agencies into a central database.

The Office for Aging will continue to collaborate with other agencies to address elderly mental health needs.

- The Office for Aging will make 225 HOME Program referrals in 2011.
- In 2011, the Office for Aging will contract with the Family and Children's Agency to provide 700 hours of mental health counseling.

Home Care

A senior who experiences mental or physical decline may become incapable of performing the tasks of daily living that allow her to live independently. Completing these tasks then requires assistance. Impaired seniors obtain most of their assistance from informal caregivers who receive no monetary compensation for their work. If the senior does not have a caregiver, or if the caregiver becomes overburdened, the senior often seeks in-home care.

Home care aides provide personal care and chore services such as bathing, dressing, laundry, and light housekeeping for impaired elders. Seniors receiving home care often need just a couple hours of care per day or week. Providing these services in the home is less expensive than placing the senior in an institutionalized setting and allows the elder to remain independent. In 2009, the national average for the daily cost of a nursing home stay was \$219 (for a private room).²⁸ The national average rate for an hour of home care in 2009 was \$21.00.²⁹ A senior needing two hours of home care daily could remain at home for just over \$42 a day, which is considerably cheaper than the \$219 a nursing home would charge for care.

As the number of elderly rises, the option of providing in-home care rather than relying on nursing home placements becomes more appealing. According to population projections, the number of seniors age 65 and older will grow in the years ahead. Nationally, close to 70% of those using home care services are age 65 and older. The most common medical conditions for those requiring home care are heart disease, diabetes, and cerebral vascular diseases.³⁰ As the cost of institutionalizing these elders is prohibitive, service providers must, as much as possible, meet the demands for personal care at the in-home level.

As described in the demographic section, Broome County's population has a higher percentage of residents who are elderly than the state and national averages. Because of this higher proportion of elderly, service providers expect the local demand for home care to be higher than in other, similarly sized counties. Census figures demonstrate that there were 16,758 seniors age 75 or older living in Broome County in 2000. Population projections predict that the size of this cohort will increase. The projections also indicate that the age 85+ cohort is expanding as well. With an increasing number of vulnerable elders, service providers expect that the demand for in-home services will grow.

Service providers are finding their ability to meet the escalating demands for home care hindered by a shortage of resources. New York State alleviated some of the funding shortages with increases to the EISEP allocations in 2005 and 2006. The EISEP budget had remained flat for many years prior to these funding increases. Current funding levels, while

²⁸ MetLife Mature Market Institute. 2009. *The 2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*. Accessed July 30, 2009.

<http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-market-survey-nursing-home-assisted-living.pdf>

²⁹ *Ibid.*

³⁰ Themedica: Global Healthcare Marketplace. 2009. *The US Home Healthcare Industry Overview and Trends*. Accessed July 21, 2010 <http://www.themedica.com/articles/2009/03/the-us-home-healthcare-industr.html>.

addressing existing demand, may not be enough to meet future needs. Table 9 shows how the hours of EISEP funded home care have risen with state funding increases in 2005 and 2006.

Table 9: Units of home care service by year

Year	Units of Personal Care Service	Units of Housekeeper/Chore	Total Units
2004	11,355	6,146	17,501
2005	13,034	7,512	20,546
2006	16,937	8,739	25,676
2007	17,506	11,006	28,512
2008	18,659	10,772	29,431
2009	18,847	10,224	29,071

- Broome County's 2005 EISEP allocation increased by 39% and rose another 46% in 2006. The increases for the two years totaled \$327,594, which was a 102% increase over the 2004 allocation of \$320,818.
- Units of personal care service increased over 66% between 2004 and 2009, and units of housekeeper/chore rose by over 76% in the same period.

Another obstacle straining the resources of the home care system is the shortage of home care aides; home care agencies cannot recruit all the aides they need. EISEP caseworkers report that it currently takes a month or more to find an aide to care for new clients. The waiting time is especially severe in some rural areas.

Difficulty in recruiting aides is not the only cause of the aide shortage; home care agencies often have difficulties retaining aides. Low wages and a lack of benefits translate into aides who leave their positions when higher paying jobs become available. According to the US Department of Labor, the median hourly wages of home care aides were \$9.22 in May 2009,³¹ and most newly hired aides earned even less per hour. Paraprofessional workers—such as home care workers—rank among the lowest compensated employees in the service sector. Features of home care jobs such as low wages and benefits, the lack of career advancement, a high potential for injury, and exposure to emotional stress impede hiring and reduce retention rates.³²

With a lack of a salary incentive, aides often leave one agency for another or pursue another line of work for a small increase in wages. The fortunes of the retail sector affect the availability of aides. Higher retail wages usually result in fewer people pursuing aide jobs. Another problem affecting aide retention is the price of gasoline. Aides only receive mileage reimbursement between cases (and not when traveling from home to a client's house). When gasoline prices are high, it becomes harder for aides to stay in their profession.

³¹ Occupational Outlook Handbook, 2010-11 Edition. US Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/oco/ocos326.htm>. Accessed July 20, 2010

³² Stone, Robyn, I. (ND) Long-Term Care for the Disabled Elderly: Current Policy, Emerging Trends and Implications for the 21st Century. <http://www.milbank.org/sea/jan2000/workforce.html>. Accessed July 28, 2009.

Another factor impacting retention is the high potential of injury that aides face on the job. Aides experience more injuries per year than workers in high-risk occupations such as coal mining and construction.³³ Overall, the demand for home care aides will be impacted by increases in the number of seniors with complex health problems who want to be cared for in their homes

Aide recruitment and retention problems are systemic, and solutions to these problems are dependent on system level changes. Salary, benefits, and working conditions are all areas needing reform if agencies are going to slow turnover and retain aides. Making changes in these areas requires changing reimbursement systems. Therefore, the availability of aides is in a large part dependent on policy change at the state and national level.

One policy change that may alleviate caregiver strain is New York State's movement towards allowing EISEP to pay for consumer directed care. Allowing seniors to pay caregivers for their efforts will potentially decrease the financial burden faced by caregivers; they may not have to work so many hours in addition to their caregiving duties. Consumer directed care would also allow each care receiver to pick the unique package of services that will benefit them the most. Consumer directed care would also give seniors a chance to receive care when there are no aides available.

Questions about home care represented the third most frequent reason that seniors and caregivers contacted the Senior Resource Line in 2009. In 2010, the Office for Aging entered into a contract with the Veterans Administration to provide case management and arrange in-home care for veterans.

The Office for Aging will use its EISEP funding to meet the assessment, case management, and home care needs of the elderly. The Office for Aging has expanded staffing to meet the growing demand for assessment and home care. Still, case managers have seen their case management populations expand. High demands for home delivered meals and respite assessments have added to the increasing pressure within the system.

- The Office for Aging will provide 24,971 units of in-home care in 2011.
- In 2011, the Office for Aging will provide 7,600 hours of case management.
- The Office for Aging will complete 800 in-home assessments in 2011.

³³ National Center for Health Workforce Analyses. 2004. *Nursing Aides, Home Health Aides, and Related Health Care Occupations --National and Local Workforce Shortages and Associated Data Needs*. <http://www.directcareclearinghouse.org/download/RNandHomeAides.pdf>. Accessed August 2, 2010.

Transportation

Transportation is an important component of a senior's ability to remain independent. Seniors need to get to medical appointments, the grocery store, the pharmacy, and other locations where there are opportunities to socialize. Without the means to get to these locations, they risk losing their independence.

Meeting the transportation needs of the elderly is an issue both nationally and locally. Transportation programs are expensive to run; most communities depend on federal funding to operate their transit systems. Cost becomes an even greater issue when addressing rural transportation needs. The distance that vehicles must travel to reach isolated seniors raises the cost per ride significantly, at times making regular service prohibitive.

Simply providing widespread bus coverage will not solve these transportation problems. Seniors with varying levels of impairments have different transportation needs. While some seniors can walk a couple 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. Others, the frailest, are unable to move beyond their door without assistance and require door-through-door service.

Door-through-door service meets the needs of seniors whose frailties or infirmities require them to have hands-on assistance when traveling.³⁴ Public transit systems rarely offer door-through-door transportation, and few human service agencies have the resources to offer it. Some private transportation companies fill this need; however, the costs of these services are often prohibitive for low and moderate-income seniors. Therefore, many communities, including Broome County, lack comprehensive and affordable door-through-door service.

Being a mixed urban/rural county, Broome faces the difficulties of delivering transportation services in both the city and country environments. Those dwelling in the urban core have a greater variety of options, with public fixed route busses running seven days a week and paratransit service available Monday through Friday. Seniors riding in the rural regions can only access paratransit services on certain days of the week. These busses run seniors from their homes to the urban core; there is no system for traveling within their communities. Seniors from rural communities regularly speak at Office for Aging public hearings and cite their need for affordable, comprehensive transportation services.

Complicating the transportation issue locally is the reluctance of many seniors to use public transit. The automobile is an American cultural icon that symbolizes freedom and independence; seniors are reluctant to give up the freedom of their cars and depend on mass transit to get around. To avoid this transition, a senior may continue driving past the time when she should shift to being only a passenger. Others may rely solely on family and friends for rides, even to the point of being burdensome.

³⁴ Burkhardt, Jon E., and Helen Kerschner. 2005. How to Establish and Maintain Door-Through-Door Transportation for Seniors. Retrieved, August 13, 2007 from http://www.aoa.gov/prof/transportation/media/Door-Through-DoorGuide/HowToGuide_DoorThroughDoorTransportation.pdf.

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, Office for Aging staff served on the Aging Futures Transportation Workgroup. The workgroup met for six months and reviewed the transportation needs of seniors. During the review, the workgroup examined past needs assessments and conducted a survey to assess transportation needs. The needs they identified are listed below.

- 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
- Evening and weekend transportation beyond the fixed route system

The workgroup determined what features a transportation system must have to meet these needs. They identified the following four components as needing to be present.

- 1) Coordination – The system needs a lead agency to conduct program development and coordinate all the varieties and levels of transportation.
- 2) Services – The system needs to provide door-through-door transportation, escorts and attendants on busses to assist seniors, live operators for scheduling rides and more vehicles with space and assistance for those with adaptive devices. The system should focus on serving the frail elderly.
- 3) Funding/Partnership – The system needs to seek funding from the government, private foundations and the public.
- 4) Incentives – The system needs to provide incentives to volunteers through tax reduction/credits and to riders through reduced fares for sharing rides.³⁵

Research indicates that elders are likely to become more customer service focused in their transportation demands. They want reliable transportation, which means available when they need it and which arrives and departs on schedule. Seniors want transportation they can access with less than 24 hours notice. Service should be flexible and allow them to travel with others and provide assistance with bags and parcels. Seniors desire control, autonomy and choice.³⁶

During the fall of 2008, the Office for Aging assigned an MSW intern to explore whether the community can support an Independent Transportation Network (ITN) affiliate—a volunteer-based transportation effort that charges a fee for rides. The intern presented data to the Aging Futures Transportation Workgroup demonstrating that Broome County has a sufficient number of seniors to support an affiliation with ITN. After consideration, the Transportation Workgroup decided that affiliating with ITN is not currently the best option due to a variety of factors. The workgroup is currently searching for funds to identify the extent of the demand to determine if a volunteer-based transportation system can succeed in Broome County.

³⁵ See the Aging Futures *Senior Transportation and Mobility Report 2007* for recommendations on how to move toward such a system.

³⁶ Burkhardt, Jon E., Adam T. McGavock, and Charles A. Nelson. 2002. *Improving Public Transit Options for Older Persons: Volume 1*. Transportation Research Board.

In 2009, transportation was the most frequently cited reason that seniors contacted the Office for Aging Senior Resource Line for information and assistance. An analysis of these calls revealed the following additional needs.

- Seniors need regular transportation to dialysis treatments located both within and outside of Broome County.
- Seniors who have regular, reoccurring appointments—such as dialysis or cancer treatments—need an easy way to schedule rides without having to make a separate reservation for each trip.
- Seniors with cognitive impairments need telephone reminders that they have a ride scheduled.
- Seniors need inexpensive transportation to medical facilities in Syracuse and Waverly.
- Some seniors find the reservation system for the OFA minibus and other paratransit services to be overwhelming.
- There are a growing number of seniors needing escorted transportation.
- Some seniors feel overwhelmed by the current paratransit reservation system and need extensive training before they can use it on their own.
- Due to confusion, cognitive impairments, or mental illness, a subset of seniors will never be able to navigate the current paratransit reservation system.
- Some seniors lacking transportation cannot afford to hire a taxi or GROW driver when the OFA mini-bus is not an option.
- Community transportation systems are operating nearly at capacity. Transportation providers are unable to meet the growing demand.
- Some seniors need education on using the OFA mini-bus reservation system so that they can successfully schedule rides.

Additionally, a senior attending the 2009 Office for Aging Public Hearing stated that road signs need to be senior friendly so that seniors who still drive can navigate safely.

In the future, cutting-edge transportation providers will be viewed as travel facilitators—mobility managers—rather than service operators. Mobility managers focus on organizing trips, not operating public transportation services.³⁷ In the summer of 2010, a coalition of agencies led by the Rural Health Network applied for funds from the Community Foundation for South Central New York to fund three Americorp volunteers to serve as mobility managers. The mobility managers will help Broome County residents navigate and access the various transportation systems in Broome County.

The Office for Aging will address the transportation needs of seniors by contracting with Broome Transit to provide paratransit rides on the OFA mini-bus and BC Country. Drivers for hire will be made available to seniors through the GROW Program. To assist caregivers in obtaining respite, the Office for Aging will contract with RSVP to transport care receivers to the Yesteryears Adult Day Program.

³⁷ Burkhardt, et al. Ibid.

- In 2011, the Office for Aging will provide 23,000 paratransit trips.
- The Office for Aging will provide 550 rides to adult day care in 2011.

Health Insurance and Prescription Drug

Health insurance is a critical issue for the elderly and, in 2009, questions about health insurance were the fifth most frequent reason for calling the Senior Resource Line. Those 65 and older in the United States comprise 13% of the population; however, they are responsible one third of the nation's health care expenditures. Fortunately, the elderly have access to health insurance. Unlike other age groups, health insurance coverage among those ages 65 and older is nearly universal. While over 15% of Americans lack health insurance, only 1.1% of those ages 65 and older are uninsured.³⁸ However, the rate of uninsured near-elderly—those ages 55-64—was 13.6%.³⁹

Even though seniors have health insurance, they face significant out-of-pocket-costs. On the average, Medicare covers less than 45% of beneficiaries' costs and charges both premiums and deductibles.⁴⁰ Medicare has gaps in coverage: most notably dental, vision, and long term care. Also, Medicare only pays 50% of mental health costs. Many seniors carry a second health insurance policy to make up for the gaps in their Medicare policy, thereby adding to their out-of-pocket costs.

Seniors represent a disproportionate percentage of prescription drug users in America. A Families USA study notes that seniors, who represent 13% of the general population, account for 34% of all prescriptions and 42% of prescription drug spending.⁴¹ With seniors having such high rates of use and spending, the affordability of prescription drugs affects every community.

How the elderly pay for prescription drugs is a complex and confusing subject. Seniors enrolled in employer-based plans find that their prescription coverage tends to be straightforward. Those who have coverage under the Medicare prescription drug benefit face a confusing array of choices and options. These choices make choosing a Medicare plan stressful. Seniors benefit from one-to-one counseling where an expert can point out the pros and cons of each plan.

In 2006, Congress passed the Medicare Modernization Act, which for the first time provided Medicare beneficiaries with a prescription drug benefit. One of the goals of the Medicare drug prescription benefit is to provide relief to seniors who face high out-of-pocket costs for

³⁸ Champlin, Leslie. April 1, 2004. "Surprising Number of US Elders Do Not Have Health Insurance Coverage- Not Even Medicare." Accessed July 14, 2008. <http://www.graham-center.org/x531.xml>

³⁹ Employee Benefit Research Institute. 2007. "Health Insurance Coverage of the Near Elderly, 1994-2005; and IRA Assets, Contributions, and Market Share" Accessed July 14, 2008. http://www.ebri.org/publications/notes/index.cfm?fa=notesDisp&content_id=3774

⁴⁰ The Henry J. Kaiser Family Foundation. 2007. "Medicare at a Glance Fact Sheet." Accessed July 11, 2008. <http://www.kff.org/medicare/upload/1066-10.pdf>

⁴¹ Families USA. 2001. *Enough to Make You Sick: Drug Prices for the Elderly*. Retrieved, August 22, 2007 from <http://www.familiesusa.org/assets/pdfs/Enough-to-Make-You-Sick.pdf> .

their drugs. The 2002 and 2008 Mathematica surveys indicate that the act had a positive impact on the community. In 2002, nearly 28% of vulnerable elders in Broome County reported having no prescription drug coverage. By 2008, the percentage of vulnerable seniors with no prescription drug coverage dropped to under 10%.

Nationally, the percentage of seniors without drug coverage dropped from 33% before the implementation of Medicare D to 8% in 2006, but significant percentages of seniors still face paying monthly costs for drugs. Research shows that in 2006, 26% of Medicare D beneficiaries spent at least \$100 dollars, and 8% spent at least \$300, on their medications per month.⁴² These rates were higher than for beneficiaries of employer-based plans (8%) and for seniors covered by a Veterans Administration plan (12%).⁴³ Furthermore, one in five seniors reported that they had either delayed or declined filling a prescription due to costs. The costs associated with the Medicare plan for seniors include premiums, co-pays, and “donut hole” spending.

Seniors needed additional assistance in 2007 when New York State mandated that, except in the case of narrow exceptions, every EPIC beneficiary enroll with Medicare. Both the Office for Aging and Action for Older Persons, Inc. experienced significant increases in the number of seniors seeking help with prescription drug and health insurance issues. The agency responded to increased calls for help, assisted those it could, and referred the rest to Action for Older Persons, OFA’s HIICAP contractor.

Office for Aging staff members are encountering seniors with the following local needs in relation to health insurance and prescription drugs.

- Seniors are requesting help in paying for multiple co-pays. Many seniors have more than one policy to cover all their drug needs.
- Some seniors need help in paying the costs of deductibles.
- Seniors who reach the Medicare “donut hole” need help paying for their medications until Medicare starts paying once again for their drugs.
- Seniors who enrolled after the Medicare D enrollment deadline need help with the monthly penalty costs.
- There is a lack of insurance coverage for seniors ages 60-64. Those in this age group are often newly retired, may no longer receive health benefits from an employer, and are too young for Medicare coverage to start.
- Seniors turning 65 need someone to explain the Medicare program so that they understand the system of premiums and coverage.
- Some seniors wait until the last couple of weeks of the year to explore their options and make decisions regarding their Medicare Part D coverage. These seniors may fail to maximize their coverage due to a lack of knowledge.

⁴² Neuman, Patricia, Michelle Kitchman Strollo, Stuart Guterman, William H. Rogers, Angela Li, Angie Mae C. Rodday, and Dana Gelb Safran. 2007. *Medicare Prescription Drug Benefit Progress Report: Findings from a 2006 National Survey of Seniors*. Retrieved, August 22, 2007 from <http://content.healthaffairs.org/cgi/content/full/hlthaff.26.5.w630/DC1>.

⁴³ Ibid.

OFA expects the need for health insurance counseling to increase as the federal government implements the components of the 2010 Health Reform Law. While most seniors will clearly benefit from components such as the prescription drug rebate and free preventative care, many seniors will request help in understanding the various components such as changes to the way Medicare advantage plans work. This need for help will persist for several years as the law is implemented in stages through 2014.

Addressing these needs will require national and state level initiatives and coordinated advocacy. Local efforts at alleviating prescription drug problems focus on education and counseling to help seniors choose the best options for their individual circumstances.

- In 2011, the Office for Aging will contract with Action for Older Persons, Inc. to provide 900 unduplicated clients with health insurance counseling.
- In 2011, the Office for Aging will contract with Action for Older Persons, Inc. to provide 75 education programs to 1,900 unduplicated attendees.

Financial Benefits

As many elders find that costs are rising faster than their incomes, accessing financial benefits becomes more important. However, seniors have different reactions toward receiving financial assistance. Some are grateful for any help they can get and readily apply for every benefit. Others, valuing self-reliance, may refuse to accept “government handouts,” choosing instead to apply only for corporate discount programs or tax refunds.

A senior’s capacity to meet her financial obligations can affect her ability to remain independent. In a survey, Office for Aging GROW workers most frequently cited a lack of money as the reason that the seniors they work with might have to leave their homes. The workers mentioned that the costs of taxes, prescriptions, and home repairs are burdening seniors.

The Office for Aging is seeing an increasing number of seniors who are behind in their bills and are looking for benefits that will provide them with additional money. Many seniors are unable to stretch their limited incomes to meet their expenses.

One of the expenses that seniors frequently seek financial assistance for is energy costs. Rising energy costs are consuming larger portions of the average senior’s income—leading more seniors to apply for HEAP. Some older adults are coming to the senior centers less frequently to save on gasoline costs. Volunteers who have never taken the mileage reimbursement for their efforts have found they must now use the benefit or give up their volunteer jobs.

The 2008 Mathematica survey reported that just over 28% of the seniors surveyed had incomes of less than \$20,000 a year. A household of two seniors receiving a total of \$20,000 per year has an income classified as 150% of poverty while a single person household qualifies at a little less than 185% of poverty. These seniors may not make enough money to

meet all their expenses but their incomes are high enough to exclude them from several benefit programs.

Another area of financial hardship for seniors is the accumulation of debt. A significant number of seniors have resorted to charging expenses, particularly medical and drug costs, to their credit cards. They have balances that are quickly growing due to high interest rates, and they cannot pay off what they owe. While the amount of credit card debt carried by the general population rose 3% between 2005 and 2008, the total debt for low and middle-income seniors, age 65 and older, grew by 26%. These seniors, according to a Demos survey, carried an average of \$10,235 in credit card debt.⁴⁴ The Demos researchers learned that, on average, \$4,000 dollars of this credit card debt represent payments made for medical, prescription drug, and dental expenses.⁴⁵

Many seniors continue to charge until they run their balances up to the limit. Increasing numbers of elderly are finding themselves in serious debt; creditors are referring many to collection agencies and are increasingly filing judgments against seniors. Nationally, retirees are the fastest-growing group of bankrupted Americans.⁴⁶

The issues of financial benefits and taxes were the second most frequent reason that seniors contacted the Office for Aging Senior Resource Line in 2009. Office for Aging staff identified the following financial benefit issues in Broome County.

- Seniors are looking for HEAP and emergency HEAP benefits when the HEAP season is not open.
- Seniors want their HEAP benefits processed faster so that the credit shows up on their bills sooner.
- Seniors need help locating the documentation needed to apply for benefits.
- Many seniors who need assistance find they do not meet program eligibility guidelines and cannot get a benefit.
- Seniors have little money to pay for necessities such as dental care.
- A lack of affordable housing is putting a strain on many seniors' budgets.
- Seniors whose lack of money is leading to a crisis are increasingly calling the Office for Aging for help.
- There is no tax aide volunteer available to assist homebound elderly.

Seniors can seek to supplement their income by applying for financial benefits, but the elderly at times seem hesitant to apply for benefits they deserve. For example, historically only a third of the older adults eligible for the Supplemental Nutrition Assistance Program

⁴⁴ Chu, Kathy. 2009. *Credit Card Debt Rises Faster for Those 65 and Older*. USA Today. Accessed August 4, 2010. http://www.usatoday.com/money/perfi/credit/2009-07-27-credit-card-debt-seniors_N.htm?csp=34

⁴⁵ Trejos, Nancy. 2009. *Seniors Leaning on Credit: Calances Ballon for Older Card Holders—and Health Bills Don't Help*. Accessed August 4, 2010. <http://www.washingtonpost.com/wp-dyn/content/article/2009/08/28/AR2009082804084.html>

⁴⁶ Todorva, Aleksandra. 2004. "The Senior Debt Crisis." *Smartmoney.com*. Accessed, August 22, 2007 from <http://www.smartmoney.com/consumer/index.cfm?story=20040311>.

(SNAP, formerly the Food Stamp Program) apply.⁴⁷ Office for Aging staff note that seniors are becoming more receptive to applying for financial benefits. As income limits are raised, more elderly are applying for HEAP. A considerable percentage of Senior Resource Line time is devoted to education and advocacy related to applying for financial benefits. More seniors are applying for the Medicare Savings Program to help pay for Part B costs.

- In 2011, the Office for Aging will process \$1,500,000 in home heating assistance to 3,000 unduplicated clients.
- In 2011, the Office for Aging will distribute over \$157,662 in volunteer stipends to help Foster Grandparents meet the expenses associated with volunteering.
- In 2011, the Office for Aging's GROW program will make 600 job matches.

⁴⁷ Haider, Steven J., Robert F. Schoeni, and Alison Jacknowitz. 2003. *Food Stamps and the Elderly: Why is Participation so Low?*. http://www.npc.umich.edu/publications/working_papers/paper2/03-02.pdf. Accessed August 3, 2010.

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.

Issues and Concerns

Research

- Being a caregiver is both rewarding and burdensome. Caregivers report high levels of personal growth, self-acceptance, autonomy and purpose in life, but they also report greater levels of stress, depression, anxiety, frustration and guilt. A particularly strong factor in determining the mental health impact of providing care is the amount of time spent on caregiving each week.
- Caregivers need a broad range of support to remain healthy, to improve their caregiving skills, and to remain in their caregiving role. Research has shown that counseling and support groups, in combination with respite and other services, have positive effects on caregivers. Services and support assist caregivers with their own health practices, and help them remain in their caregiving role longer—with less stress and greater satisfaction.
- One out of every eight Americans aged 40 to 60 is both raising a child and caring for a parent; in addition, between seven to ten million adults are caring for their aging parents from a distance.

- Caregivers are less likely to engage in preventative health behaviors; they have more missed medical appointments and they report that their eating and exercising habits are worse than they were before their caregiving responsibilities started. Caregivers are at greater risk for physical health problems such as elevated blood pressure, poorer immune function, slower wound healing, and coronary heart disease.
- Sixty percent of family caregivers of people with Alzheimer's and other dementias were employed full time or part time. Of those who were employed, two-thirds reported they had to go in late, leave early, or take time off because of caregiving; 14 percent had to take a leave of absence; 10 percent had to reduce their hours or take a less demanding job and 10 percent had to quit work or take an early retirement due to caregiving.

Local Trends

- Caregivers request both practical and emotional support.
- Caregivers request supports such as respite, transportation and education.
- Many caregivers have reported they are struggling with family conflict around caregiving and lack of family support.
- Caregivers desire to be connected to other caregivers who are dealing with some of the same experiences as themselves. Caregivers tell us they want to learn from "people in the same boat."

Community Needs

- Caregivers need information over a period of time, and services and supports need to be structured in a way that offers caregivers information at transition points when their role as caregiver is changing.
- Caregivers benefit from skills-building and have requested training and support on setting personal boundaries and involving other family members in the provision of care.

Outcome Measures

Outcome	Indicator
Support groups assist caregivers in balancing the demands of caregiving.	80% of support group participants will report that attendance at the meetings assists them with their caregiver duties.
Caregivers are knowledgeable about activities and community resources to help them care for someone with dementia.	80% of participants in the Alzheimer's workshop will increase their knowledge about activities and community resources to help them care for someone with dementia.

Units of Service

Service	Description/Unit	2009 FY	2011FY Projected
All Caregiver Services clients	Unduplicated participants	348	450
Caregiver support groups/training	Participants attending training	Not measured	400
Information and assistance	One contact	407	550
Respite hours provided	One hour	2,540	1,200
Rides to Social Adult Day Care	One way trip	453	550

Budget Projections

Source	Amount
Federal, state or local government funds	\$161,497
Contributions, cost share or direct billing	\$1,500
TOTAL	\$162,997

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. The Office for Aging's early identification of at-risk seniors and appropriate intervention serves to reduce the number of seniors who must be referred to the Protective Services for Adults (PSA) unit for more intensive services.

Seniors whose needs are beyond the scope of the Elder Abuse Outreach Program are referred to PSA for consultation, review and/or investigation. PSA may also refer seniors to the Elder Abuse Outreach Program who have been assessed as ineligible for ongoing assistance through PSA but who need some level of follow-up and service to reduce the senior's vulnerability in the community.

Issues and Concerns

Research

- National research captured the following picture of elder abuse from adult protective services data:
 - There are an increasing number of reports of elder and vulnerable adult abuse and neglect, and an increasing number of substantiated cases.
 - Most alleged perpetrators are adult children or other family members.
 - The three most common sources of reports of elder abuse and neglect allegations were family members, social workers, and friends and neighbors.
 - Older women are far more likely than men to suffer abuse or neglect.
- Elders at greater risk of abuse include those who lack external social supports, have physical/cognitive impairments, are over age 80, and share living arrangements.
- There is a strong sentiment that a multidisciplinary approach to preventing and intervening in situations of abuse towards elders should be in place. Many counties across the country utilize multidisciplinary teams to intervene in cases of elder abuse.

Local Trends

- Office for Aging staff continues to encounter clients with dementia and mental health issues who are vulnerable, have difficulty meeting their basic needs, and lack support systems.
- Self-neglect accounts for the largest number of elder abuse referrals received by the Protective Services for Adults unit at the Broome County Department of Social Services.
- The Broome County Department of Social Services has found that an increasing number of elder abuse reports involve clients in their 80s and 90s. Most abusers of older adults in these cases are family members or caregivers living with the senior who are under financial or other forms of stress and who have substance abuse problems, poor coping skills or mental illness.
- The majority of clients served through the Elder Abuse Outreach Program are female.
- The number of cases of the financial exploitation of seniors is rising.

Community Needs

- Seniors who are neglecting themselves, or who are being abused or exploited by others, need intervention and help accessing services.
- Some seniors, especially those who have dementia and/or confusion, need free or low cost financial management services to help minimize the risk of financial exploitation.
- More geriatric case management services are needed in the community in order to protect and assist abused, neglected and/or exploited seniors and seniors who are at risk for abuse.
- A national survey of adult protective services found that with the increasing number of abuse reports, investigations, and substantiations, there is a need to increase education and intervention efforts at all levels, including national and local.
- Training is needed for first responders, community partners, and professionals from different agencies to help identify abuse.

Outcome Measures

Outcome	Indicator
An elder's immediate risk of abuse, neglect or exploitation is lowered.	Ninety percent (90%) of participants will have their needs met through the program's intervention and not need more intensive services from Protective Services for Adults.

Units of Service

Service	Description/Unit	2009 FY	2011FY projected
At-risk elders receiving case assistance from OFA	Unduplicated elders receiving case assistance under this program	128	275
At-risk elders receiving case assistance from OFA	At-risk elders where intervention averted the need for referral to PSA	115	248
Cases involving both PSA and OFA services	Cases referred from OFA to PSA	40	40
Cases involving both PSA and OFA services	Cases requiring consultations between OFA and PSA*	16	25
Cases involving both PSA and OFA services	Cases referred from PSA to OFA	13	15
Cases involving both PSA and OFA services	Total cases	69	75

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

Budget Projection

Source	Amount
Federal, state or local government funds	\$194,356

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.

Issues and Concerns

Research

- Community service and activity that is meaningful to the person has been proven to promote a better, longer life for seniors.
- Intergenerational programs encourage the development of meaningful new relationships that benefit both the child and adult.

Local Trends

- Most (90%) of the Foster Grandparents are women; about 65% of the volunteers are age 60 to 74 while the rest are age 75 or older.

Community Needs

- Broome County schools, day care agencies and Head Start programs request Foster Grandparents to provide additional attention to their special needs children.

Outcome Measures

Outcome	Indicator
Foster Grandparents have an improved quality of life through volunteering.	95% of the volunteers will report an improved quality of life since joining the program.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
FGP	Unduplicated Foster Grandparents	69	70
FGP	Number of new Foster Grandparents	8	11
FGP	Stipend dollars delivered to low-income seniors	\$161,605	\$157,662
FGP	Number of hours of service to Broome County schools and other institutions	60,983	59,495
FGP	Number of school districts and other agencies hosting Foster Grandparents	21	20
FGP	Number of children served during the academic year	189	150

Budget Projection

Source	Amount
Federal, state or local government funds	\$296,506
Contributions, cost share or direct billing	\$1,750
TOTAL	\$298,256

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.

Issues and Concerns

Research

- More than 80% of the nation's elderly want to remain in their own homes as they age.
- Elderly men and women need assistance with essential tasks to successfully age in place.

Local Trends

- The typical GROW employer is a woman aged 80 or older who lives alone; the typical GROW worker is a woman in her 60's; 60% of the workers with job matches are female.
- Fifty percent of all job orders are placed by, or on behalf of, employers aged 80 and older. An additional 25% of job orders are placed by employers ages 70-79.

Community Needs

- As Broome County ages, there is an increased need for workers to provide in-home and home maintenance services. GROW, one of the lower-cost private pay options, receives the bulk of its job orders in the most physically demanding areas: maintenance and minor repairs, yard work, and housekeeping.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
GROW employers	Unduplicated count of GROW employers who hired a worker	516	500
GROW workers	Unduplicated count of GROW workers with a job match	158	150
GROW workers	New job seekers registered	68	75
GROW workers	Job matches made	622	600

Budget Projection

Source	Amount
Federal, state or local government funds	\$22,544

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.

The Community Health Assessment conducted by the Broome County Department of Health and health care providers is expected to be released by the end of 2009. Priorities established in the assessment will help guide decisions made on the services provided by the Office for Aging in 2010.

Issues and Concerns

Research

- Regular exercise can increase the body's ability to control diabetes, reduce the risk of heart disease, prevent falls through improved balance, and decrease both stress and anxiety.
- Health problems become more prevalent as people age. Educating seniors on the importance of exercise and healthy diets can help them minimize chronic health problems.
- Average annual health care expenditures are higher for people with poorer health.

Local Trends

- There is significant interest in the senior community for focusing on preventative health and wellness and managing chronic conditions.
- There is a community-wide effort to help seniors increase their level of physical activity.

- According to the American Diabetes Association, over 23 percent of Americans age 60 and older have diabetes while nearly 28 percent of clients receiving an in-home assessment from the Office for Aging have been diagnosed with diabetes.
- Among Office for Aging clients receiving an in-home assessment, the prevalence of chronic conditions such as cancer, diabetes, heart disease, and stroke increased with age.

Community Needs

- Many seniors have expressed a need for convenient and affordable education on chronic disease.
- Seniors want affordable weight loss and exercise programs in convenient locations.

Outcome Measures

Outcome	Indicator
The Mission Meltaway Program helps motivate participants to achieve a healthy weight loss.	Mission Meltaway Program participants will lose an average weight of 5 pounds per person by the end of the six week program.
Nutrition education session participants have an increased knowledge of how to eat healthier.	75% of nutrition education participants will report an increased knowledge of how to eat healthier.
Senior Games participants are more physically fit.	75% of Senior Games participants will report being more physically fit as a result of preparing for the Senior Games.
Nutrition counseling participants have a better understanding of a balanced diet.	60% of those receiving nutrition counseling will report a better understanding of their dietary concerns.
The Balance Clinics motivate participants to increase their exercise routine.	50% of the Balance Clinic participants will report an increase in their physical activity.
The Balance Clinics motivate participants to make their homes safer.	25% of the Balance Clinic participants will report making a recommended safety change to their home.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Health Promotion	Number of activities (sessions) offered	2,076	2,100
Recreation/Education	Number of activities (sessions) offered	6,485	6,500
Nutrition Counseling	One hour of service	156	160
Nutrition Education	Number of group or class presentations	140	108
Senior Games	Unduplicated number of participants	576	600
Senior Picnic	Unduplicated number of participants	1,400	1,300
Living Healthy	Unduplicated number of participants completing	101	50

Budget Projections

Source	Amount
Federal, state or local government funds	\$91,976
Contributions, cost share or direct billing	\$14,000
TOTAL	\$105,976

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.

Issues and Concerns

Research

- Total health spending in the nation was \$1.99 trillion in 2005, or an estimated \$6,697 per person.
- Medicare and other health insurance plans are in a state of continuous evolution.
- 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 2010, of \$110.50 per month. (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 has made it difficult for beneficiaries to identify and choose the best option for their own circumstances.
- The addition of Medicare D, the prescription drug benefit, adds another layer of choice. In 2010, 49 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 during the open enrollment periods. Seniors with retiree health plans are 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.

Local Trends

- Medicare beneficiaries need more assistance evaluating their Medicare options. HIICAP counselors find that the amount of time needed to help an individual client is increasing—and that it often takes multiple meetings to solve problems.
- Outreach in recent years to people receiving both Medicare and Medicaid as the result of a mental illness has increased the number of younger people who are served by the program.
- HIICAP counselors have helped Broome County residents file complaints of improper marketing procedures against some Medicare Advantage sales representatives.
- Retiree health plans continue to change as the cost of insurance rises and as the Medicare options evolve. Some major employers have stopped providing health benefits to their retirees; others have made substantial revisions in coverage provided—especially prescription drug coverage.
- Surviving spouses in retiree plans are experiencing large increases in their monthly premiums and they are seeking counseling to see what other options are available.
- Many companies are now offering Medicare Advantage Plans to retirees as opposed to the traditional supplemental coverage they are familiar with; since this is a new concept for many retirees, they need assistance understanding the programs and addressing their apprehensions and concerns.
- EPIC (the New York State prescription plan for low-income seniors) is also in the process of changing as a result of Medicare D changes; participants must now select a Part D plan in addition to their EPIC coverage.

Community Needs

- Many seniors are overwhelmed by the large number of options to consider and by the need to review these decisions each year. Seniors in the process of deciding between their health insurance options need understandable and unbiased information to be able to make an informed decision.
- There is a need for continuous recruitment and training of new volunteer HIICAP counselors to ensure an expert response to the consumer demand for assistance in all the health insurance options. In addition, there is a need for on-going training for the certified volunteers to keep them updated on changes in the insurance options.

Outcome Measures

Outcome	Indicator
Health insurance counseling clients will save money on their health insurance.	Clients counseled by HIICAP will save an average of \$393 annually on their health insurance.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
HIICAP/AOP	Unduplicated clients with individual counseling sessions	951	900
HIICAP/AOP	Estimated dollar savings for counseled clients	\$392,357	\$353,700
HIICAP/AOP	Education programs	70	75
HIICAP/AOP	Number of attendees at education programs	1,760	1,900
HIICAP/AOP	Volunteer hours	702	800
HIICAP/OFA	Unduplicated clients receiving services from OFA	127	200

Budget Projection

Source	Amount
Federal, state or local government funds	\$38,407

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 cold weekend 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.

Issues and Concerns

Research

- The home delivered meal program helps to improve the nutritional and functional status of the recipients.
- The home delivered meals program helps reduce length of hospitalization and to improve the immune system for chronically ill elderly.

Local Trends

- In 2009, the Home Delivered Meals Program served nearly 205,000 meals to homebound elderly in the community. This is nearly a 5% increase in the number of meals served the prior year.
- Forty percent (40%) of the recipients were 85 years old or older and 61% of home delivered meal recipients live alone.

Community Needs

- This program could not operate without the support of volunteers who, in 2009, donated over 22,500 hours to deliver meals to home-bound seniors throughout the community.

Outcome Measures

Outcome	Indicator
Home delivered meal clients consume a healthier diet.	80% of home delivered meals recipients will report that they eat healthier as a result of the program.
Home delivered meal clients maintain or improve their health status.	85% of surveyed clients will report that the home delivered meals keep them in better health.
Home delivered meal clients continue to live independently.	80% of surveyed clients will report that home delivered meals help them continue living in their homes.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Home Delivered Meals	Unduplicated participants	833	840
Home Delivered Meals	One III-C2, NSIP, and SNAP funded meal	180,800	178,067
Home Delivered Meals	One LTHHC funded meal	24,166	24,449

Budget Projections

Source	Amount
Federal, state or local government funds	\$682,856
Contributions, cost share or direct billing	\$460,396
TOTAL	\$1,143,252

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.

Issues and Concerns

Local Trends

- Over 50% of the HEAP recipients in Broome County are seniors.
- The cost of local heating and utility bills remains high. The impact of these costs is greatest among people with low-to-moderate and fixed incomes.
- In response to the continued high fuel costs in recent years, HEAP issued a second regular benefit to HEAP recipients.
- The Office for Aging receives calls from people who have used all available HEAP benefits and are still unable to pay their heating and utility bills.

Community Needs

- HEAP recipients with the lowest income and little or no money in savings would benefit from an increase in HEAP benefit to avoid utility shut-offs or suspension of fuel delivery.
- Even after they have received the HEAP benefit, many clients are unable to pay their heating or utility bills and face emergency situations.
- Seniors need a sufficient level of income or benefits to remain in the community and to remain independent.

Units of Service

Service	Description/Unit	FY 2009	FY 2011 Projected
HEAP	Unduplicated clients	2,659	3,000
HEAP	Benefits awarded	\$1,677,495	\$1,500,000
HEAP	Applications approved	3,025	2,650

Budget Projection

Source	Amount
Federal, state or local government funds	\$92,397

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 (FWAC). 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.

Issues and Concerns

Research

- Lower income home owners are less likely to budget for home repairs than are higher income home owners.
- Many older adults need costly modifications to their homes, such as ramps and reconfigured living space, in order to remain independent.
- Seniors tend to live in the oldest housing stock in their communities these homes tend to have higher repair and renovation costs.

Local Trends

- Seniors with home energy problems often have health and safety related troubles that require repairs.
- Many low-income homeowners are able to pay taxes and utilities but do not have the money for home repairs.
- High energy costs are making it harder for seniors to afford basic repairs.

Community Needs

- The homes of many seniors wishing to age in place need repairs or modifications.
- Frail seniors need assistance with home maintenance tasks.
- Older adults whose homes need repairs may lack the money to purchase the materials.

- While the First Ward Action Council’s Home Repair Program performs minor repairs for low-income home owners, more expensive repairs—such as replacing a roof—often can not be completed due to a lack of resources.
- The Home Repair Program, operated by the First Ward Action Council, is unable to meet all the requests for services that it receives.
- Seniors wanting to hire someone to perform repairs may not have experience dealing with contractors. The community needs a service to help older adults review repair estimates, check references, and hire a reliable contractor is needed.

Outcome Measures

Outcome	Indicator
Low-income seniors receive needed home repairs.	90% of Home Repair clients will report that they would have been unable to complete the needed repairs without the assistance of the program.
Client’s home is more comfortable.	90% of Home Repair clients will report that their homes are more comfortable.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Home Repair	Households receiving a repair or repairs	31	40
Home Repair	Number of repairs	38	40

Budget Projection

Source	Amount
Federal, state or local government funds	\$11,000

In-home Services

The In-home Services Unit (IHSU) 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.

Issues and Concerns

Research

- Although rates of disability in the elderly population are decreasing, the number of elders is increasing. Research indicates that 9% of those age 65-69 need personal care assistance, while 45% of those 85+ need assistance.
- Due to the smaller size of families, there will be fewer adult children to care for their elders and the number of caregivers will not keep pace with the increased number of elders requiring care in the future.
- Care receivers who have mental impairments and/or a high number of Activity of Daily Living (ADL) impairments are the most difficult ones for caregivers to cope with. More than 50% of the caregivers for these patients may experience depressive symptoms.

Local Trends

- Most seniors prefer to age in place and remain in their own homes.
- Local demand for service exceeds available funding.
- Since late 2004, the personal care aide shortage has become a chronic problem. There are few aides who service the rural areas—making it difficult to serve rural seniors.
- Frailty rates for In-home Services clients remain high. In 2008, 98% of assessed clients identified themselves as frail or disabled.

Community Needs

- In order to stay in their homes, frail seniors need assistance with activities that they are no longer physically able to do..
- Seniors want information on home care services and how much the services cost.
- Some seniors need to be made comfortable with the idea of using home care.
- Seniors and caregivers often need help in coordinating and arranging services.
- There is a need for more affordable options at the intermediate levels of care. Many people whose needs do not qualify for nursing home care find the cost of an adult care facility prohibitive.
- The lack of affordable, escorted transportation is a persistently difficult situation for some frail seniors.
- Caregivers need support. Sometimes the way to help someone age in place is to help their caregiver.
- Caregivers report that they need convenient and affordable respite options.
- Homebound seniors need to be educated on the importance of staying socially connected.
- Difficult-to-serve clients remain a challenge for the program. Clients living in rural areas do not have equal access to in-home care, and this situation is aggravated during the winter season. Also, at times, clients with behavior issues remain without services despite their needs.

Outcome Measures

Outcome	Indicator
Case-managed clients are satisfied with the care arranged by the case manager.	90% of surveyed case-managed clients will indicate satisfaction with the care arranged by their case manager.
Case managers arrange services that help clients cope with the challenges of daily life.	90% of surveyed clients will report that their case manager arranged for services that helped them with the challenges of daily life.
Dependable provision of services reassures clients that their needs will be met.	80% of surveyed clients will report that that it is helpful to know that the aide is coming to the house on a regular basis.

Units of Service

Service	Description/ Units	FY 2009	FY 2011 Projected
IHSU caseload	Unduplicated clients	1,448	1,400
Assessments	In-home evaluations	878	800
Personal care/chore hours	In-home care/services	29,431	24,971
Case management hours	One hour of service	7,914	7,600

Budget Projections

Source	Amount
Federal, state or local government funds	\$956,449
Contributions, cost share or direct billing	\$34,500
TOTAL	\$990,949

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.

Issues and Concerns

Research

- Research shows seniors are now living longer and more of them will be affected by various health problems such as disability, chronic health conditions, memory impairments and depression.
- Local focus groups learned that many seniors are unaware of the full array of community services available to them and are unsure of which agency to contact for needed information. Seniors want “one stop” access to information about services.
- Findings of a local project determined that making information available and educating people about service availability helps seniors to make informed decisions. The ability of the individual to access benefits and services promotes independence.

Local Trends

- There are frequent requests for information and assistance concerning transportation, financial issues, income tax, home health care, and housing.
- Seasonal requests for assistance are related to HEAP, senior tax exemptions, home improvements and snow removal.

- The Office for Aging continues to encounter a number of clients with memory impairments, mental health issues, and complex problems that require a considerable amount of case assistance time.

Community Needs

- Seniors and caregivers need easy-to-understand information about programs and services – such as cost, eligibility requirements and application procedures – to help them make informed decisions. The information needs to be presented in an uncomplicated manner using a variety of formats to reduce feelings of confusion and intimidation, and increase use of benefit programs.
- More geriatric case management services are needed in the community to ensure seniors are able to access the benefits and services they need. Assistance is especially needed for seniors who live alone and lack support systems, who are frail, confused, have dementia or mental health issues.
- Seniors and caregivers need to be informed that the Office for Aging Senior Resource Line represents an accessible central source of information about senior programs and services.
- Caregivers and seniors need assistance coordinating and arranging services and managing their financial resources effectively.
- Information about senior programs needs to be made available to seniors on a continuing basis so they will know how to access help when needed and will feel comfortable reaching out for services.
- Available and affordable housing options need to be expanded for seniors.

Outcome Measures

Outcome	Indicator
Clients have increased knowledge of programs and services that could help them address the issue they called about.	80% of clients surveyed will report that talking to Office for Aging staff provided them with new information on the issue they called about.
The information clients receive from the Office for Aging will help them resolve their issues.	65% of clients surveyed will indicate that the information obtained from Office for Aging helped them resolve the issue they called about.
Clients are satisfied with the information and assistance provided.	90% of clients surveyed will report that they would recommend family and friends call Office for Aging if they needed similar information. 90% of clients surveyed will indicate that they would call Office for Aging if information is needed in the future.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Intake, Information and Assistance	Unduplicated clients	3,482	3,500
Intake, Information and Assistance	Information and assistance contacts	12,129	12,000
Intake, Information and Assistance	Referrals made	5,388	5,200
Intake, Information and Assistance	Referrals received	539	350
Senior News	Average number of copies printed monthly	95,849	92,000

Budget Projection

Source	Amount
Federal, state or local government funds	\$156,382
Contributions, cost share or direct billing	\$14,000
TOTAL	\$170,382

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.

Issues and Concerns

Research

- A local project identified the need for more legal assistance as a priority area affecting seniors.

Local Trends

- The program continues to serve more elderly female clients than male.
- Seniors most frequently seek help through the program for the drafting of legal documents such as wills, powers of attorney and health care proxies and also for advice and counsel.

Community Needs

- Seniors need access to unbiased information about legal issues and services so they can make informed decisions and plan for the future.
- There is a need for in-home visits and visits to senior housing complexes to provide legal service to elders who are home-bound or without transportation.
- Seniors need help in working with creditors and collection agencies concerning consumer debt.
- Outreach to senior centers is an effective way of providing legal services to seniors who would not otherwise seek legal advice and this effort needs to continue.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Legal Services	Unduplicated clients served	144	300
Legal Services	New cases	332	350
Legal Services	Closed cases	102	325
Legal Services	Hours of service	440	440

Budget Projections

Source	Amount
Federal, state or local government funds	\$28,644
Contributions, cost share or direct billing	\$350
Sub-contractor match	\$500
TOTAL	\$29,494

Long Term Care Ombudsman Program (LTCOP)

The Long-Term Care Ombudsman Program is a federal program dedicated to enhancing the quality of life for residents of all long-term care facilities. It provides confidential assistance and advocacy to the residents, their families, and the staff of long term care facilities. Certified volunteers visit facilities on a regular basis, as well as upon specific request, to help both residents and facility staff find solutions to issues of concern. This program is contracted through Action for Older Persons, Inc. The Office for Aging provides assistance and monitoring.

Issues and Concerns

Research

- As consumers take increased responsibility for their own health care, it is likely that residents of long term care facilities will want greater control over their lives.
- The increasing focus on residents' rights in long term care facilities indicates an ongoing and integrated role for LTC Ombudsmen in the future.

Local Trends

- Shorter institutional stays are becoming a trend and that has brought a change in the type of complaints to be handled by the LTC Ombudsmen.
- New York State's Assisted Living Reform Act, signed into law in 2004, authorized the establishment of assisted living residences. The subsequent regulations, which were finalized in 2008, have resulted in expansion of the responsibilities of the LTC Ombudsman Program to serve older adults and persons with disabilities who reside in assisted living residences.
- Nursing homes, assisted living facilities, and adult homes are seeing increasing numbers of geriatric mental health issues—a trend that is now being addressed by the LTC Ombudsmen.
- A majority of complaints handled by the program can be traced to the discrepancy between staff expectations for a compliant resident population and the consumers' expectations for greater control over their care. The shortage of staff is also the basis of many of the complaints.

- A change in reporting requirements has given LTC Ombudsmen more time to focus on cases of the greatest severity. The total number of cases reported has declined as readily-solved complaints and requests for assistance are no longer reported, while the number of abuse and neglect cases reported to the New York State Department of Health has increased.
- Requests for assistance include education, mediation, consultation, companionship, evaluation, and clarification.
- The majority of consultations for LTC Ombudsmen are with family members who are new to the system and who need to be educated on resident rights, facility procedures, and how to best advocate for their loved one.

Community Needs

- Until the public becomes more aware of the victimization of frail and vulnerable elderly, the LTC Ombudsman’s role as educator and advocate of elders’ rights and quality of life is critical. A necessary component of senior advocacy is to educate the general community about the importance of initiatives that prevent elder abuse. This is met primarily by the LTC Ombudsman during consultations with family members of long term care residents.
- An increase in diversity within nursing homes has created a need for a greater understanding of different cultural and ethnic concerns. Emerging populations (e.g., non-English speaking persons, persons who are deaf or hearing impaired, persons who are blind or have visual handicaps, Native Americans, immigrants, persons with mental illness, substance abusers and persons with chemical dependencies, younger adults with HIV/AIDS, gay, lesbian, bisexual and transgender seniors, older adult prisoners, older battered women) within society must also be considered within our long term care facilities. A greater competency must be mastered not only by staff members but also LTC Ombudsmen volunteers in an effort to more appropriately meet the needs of these diverse groups.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
LTCOP	Certified volunteers	29	21
LTCOP	Volunteer hours	1,995	2,200
LTCOP	Facilities served	32	32
LTCOP	Number of cases handled	82	85

Budget Projection

Source	Amount
Federal, state or local government funds	\$26,394

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.

Issues and Concerns

Research

- Depression among older adults is a major problem. It is estimated that at least two million seniors suffer from depression that often goes unreported, undiagnosed, and untreated. Depression impacts a senior’s quality of life, morbidity, mortality, and health care costs.
- Depression is not a normal part of aging. However, symptoms of depression can be triggered by events common in later life, such as loss, medication and chronic illness.

Local Trends

- The main sources of referrals to the HOME Program are the Office for Aging, the client’s family, Protective Services for Adults, Broome County CASA, and self referral by the senior.
- Depression, dementia, and anxiety are the top three presenting mental health problems that HOME staff provide service for. Medical diagnoses and other problems often coincide with mental health problems.
- HOME staff are providing more caregiver support and counseling than in the past.

- The Family & Children’s Society counselors are seeing more elders in need of psychotropic medications and therefore need to communicate more frequently with psychiatrists or primary care physicians alerting them when medication adjustments are needed.

Community Needs

- As seniors age and the likelihood of chronic illness and mental health problems increases, it is important to assess and treat depression. Both screenings and education for primary care providers are needed to increase early detection and successful treatment.
- More mental health services designed for the elderly are needed in order to address the needs of this population and help them to obtain diagnosis and treatment. More in-home mental health services are needed to increase detection and overcome barriers that make seniors unwilling or unable to leave their homes for treatment.
- Broome County needs geriatric case management services to ensure that seniors with mental health issues receive comprehensive treatment and emotional support.
- Seniors, families, caregivers, and agency professionals need to be informed of mental health services that are available in the community. Public awareness efforts are needed to lessen the stigma often associated with mental illness.

Outcome Measures

Outcome	Indicator
Client risk levels are stabilized or reduced by HOME program interventions.	75% of closed cases will experience a stabilization or reduction of client risk levels per professional assessment at time of closure.
Clients will be satisfied with services provided by the HOME Program.	95% of HOME Client Satisfaction Surveys will rate the program as good or very good at time their case is closed.
The Family & Children’s In-home Mental Health Counseling Program clients maintain or improve their independent functioning and avoid the need for a higher level of care.	95% of seniors who access therapy and support through the program will not require a higher level of care.
Elders receiving The Family & Children’s Society counseling services experience improvement in their symptoms.	80% of elders served by The Family & Children’s Society program will demonstrate fewer symptoms of depression and anxiety.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
HOME Program	Referrals received by Intake	189	200
Family & Children's Society	Unduplicated clients	41	60
Family & Children's Society	Hours	728	750

Budget Projections

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

Senior Centers

The Office for Aging supports eleven senior community 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 Greenman Center and the First Ward Senior Center which are operated by the City of Binghamton.

Issues and Concerns

Research

- National studies indicate that the Elderly Nutrition Program (ENP) meals provide approximately 40 to 50 percent of participants' daily intake of most nutrients. People who receive ENP meals have a higher daily intake of key nutrients than similar non-participants do, and consume significantly more calcium, vitamin B6, and zinc.
- Researchers report that the percentage of eligible people using senior centers is four to twelve times greater than the percentage reported for any other community based service.
- People who participate in nutrition programs benefit both in terms of enhanced nutritional intake and increased social contact.
- Despite the documented effectiveness of nutrition programs, nationwide statistics indicate that congregate sites have experienced a slow but steady decline in participation nationally. This trend, which is counter to what would be expected—given the growth in the older adult population—challenges providers to identify and effectively address factors related to the decline. Area Agencies on Aging and State Units on Aging have identified the need for expanding outreach and improving marketing as key components to attracting participants to congregate sites.

- Studies indicate that people who are physically and mentally active, and socially involved, remain healthier and happier in their senior years.

Local Trends

- Thirty-eight percent (38%) of the local senior center participants are 80 years old or over. Forty-three percent (43%) of center participants live alone; and 26% of the participants consider themselves frail.
- Senior community centers continue to be an access point to a wide range of healthy lifestyle activities that contribute to the well-being of the seniors. In addition to the meals, centers provide health and wellness activities, socialization opportunities, access to information, and a caring community for the participants.

Community Needs

- The public image of senior community centers needs to evolve from being places only for “older, poorer people” to active places for all individuals, age 60 and older, to come together to create healthy and enriching opportunities for themselves and others.
- Many seniors continue to be interested in enrichment activities, health education, and exercise classes. To meet these demands, the senior community centers need to continue to provide healthy meals, a wide array of services, and plan a variety of health education programs.

Outcome Measures

Outcome	Indicator
Senior center participants are more socially connected.	80% of surveyed participants will report that the senior centers keep them feeling more socially connected.
Seniors eating meals at senior centers eat healthier.	50% of surveyed respondents will report that they eat healthier as a result of consuming meals at a senior center.
Having meals at senior centers helps to decrease the senior’s food expenditures.	65% of senior center users will report having lunch at the center helps them to better stretch their household income.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Congregate Meals	Unduplicated participants	3,678	4,000
Congregate Meals	Number of meals served	115,530	120,503

Budget Projections

Source	Amount
Federal, state or local government funds	\$607,913
Contributions, cost share or direct billing	\$349,683
TOTAL	\$957,596

Shopper Service

This service provides 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 in their own homes. 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.

Issues and Concerns

Research

- Elderly people want to continue to live independently in their homes and communities for as long possible.
- As a person ages the greater the likelihood developing a chronic disease that limits daily activity and threatens independence and the ability to remain at home.

Local Trends

- The 85+ population is the age cohort most likely to be in need of shopper assistance. This population also has a higher rate of poverty than younger seniors.
- Seventy-five percent (75%) of shopper clients are 75 and older and 85% are women who live alone.
- Arthritis and heart problems are the two most prevalent health conditions that prevent independent shopping among Broome County seniors.

Community Needs

- To remain in their homes, frail seniors need assistance with activities that they are no longer physically able to perform.
- There is a consistent and on-going demand for Shopper Services in the community.

Outcome Measures

Outcome	Indicator
Shopper clients are self-sufficient and independent.	90% of clients surveyed will report that the Shopper Program kept them more self-sufficient and independent.
Shopper clients are satisfied with the Shopper Program	94% of clients surveyed will express overall satisfaction with the program.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Shopper Service	Unduplicated clients	118	90
Shopper Service	One way trips	4,130	3,720

Budget Projections

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

Social Adult Day Care

Yesteryears, the Social Adult Day Care Program, provides seniors who are isolated, or experiencing a mental or physical impairment, with supervision, stimulation and socialization. Adult day care provides 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 participant with a sense of belonging through the development of friendships, stimulating activities and purposeful use of time.

Issues and Concerns

Research

- Social engagement or maintaining a high level of participation in social activities, has been thought to prevent or decrease the rate of cognitive decline in elderly persons.
- Adult day care serves as a critical link in the nation's long term care system by providing daytime oversight for frail, memory impaired or disabled elders while caregivers continue to work during the day.
- People with unpaid caregivers are remaining in the community for longer periods of time. Thirty-two percent of family and other unpaid caregivers of people with Alzheimer's and other dementias have been providing care for five years or longer, including 12 percent who have been providing care for 10 years or longer. An additional 43 percent have been providing care for one to four years.
- The use of adult day care services helps with caregiver burnout and provides needed respite for the caregivers.
- Reports have documented that adult day programs provide therapeutic activities for debilitated older adults that maximize functional performance in areas such as cognition, health, mood and behavior.

Local Trends

- Younger caregivers tend to understand the value and benefit of respite options and seek these services early in their caregiver role while older caregivers tend to delay the use of respite options until a crisis or near-crisis evolves.
- There is an increasing demand for affordable respite and many caregivers are using the social adult day programs in this community to meet this need.

Community Needs

- Professionals and caregivers need to be educated on the benefits of the program for both care receivers and caregivers.
- The community needs to be aware of the program's value and availability as a respite option.

Outcome Measures

Outcome	Indicator
Caregivers express satisfaction with the program.	100% of caregivers surveyed will express overall satisfaction with the program.
Caregivers have an improved quality of life.	100% of caregivers surveyed will report that they have an improved quality of life as a result of the program.
Caregivers maintain their caregiving role.	100% of caregivers surveyed will report that the participation of their care receiver in the program allowed them to maintain their role as a caregiver.
Program participants experience an improved quality of life.	100% of caregivers surveyed will report that care-receivers experienced an improved quality of life.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Adult Day Care	Unduplicated clients served	144	140
Adult Day Care	Hours of service	51,166	50,000

Budget Projections

Source	Amount
Federal, state or local government funds	\$169,322
Contributions, cost share or direct billing	\$108,000
TOTAL	\$277,322

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.

Issues and Concerns

Research

- As older adults age, they can lose the physical ability to drive or the financial ability to maintain a car.
- An individual's life expectancy is longer than their driving expectancy. Men are expected to live an average of six years past the point where they stop driving and women an average of ten years.
- A local survey found that 11.3% of vulnerable respondents are sometimes or often unable to get where they want to go.
- Adequate transportation is necessary for the fulfillment of basic needs. Housing, medical, financial and social services are useful only when they are accessible.
- Transportation problems have a demonstrated relationship with having a low-income, self-care problems, and isolation. Not having access to transportation also puts an elder at risk for poor health.
- Older adults who drive make an average of six trips per week out of the home, while older adults who do not drive average only two trips per week.

Local Trends

- A recent study found that nearly 72% of seniors are uncomfortable driving at night.
- Seniors who live in rural areas want transportation services to be available evenings and weekends.

Community Needs

- Seniors unable to drive need transportation services to remain independent.

- Seniors need access to services that provide both meaningful activities and social interactions to reduce isolation and prevent loneliness.
- Seniors report needing longer hours of dial-a-ride services in both the urban and rural areas. They want transportation available when a sudden need to travel arises, such as a family emergency or unexpected medical appointment.
- Door-through-door service is needed for people requiring assistance to get to and from the vehicle. The current options are limited to medi-vans or hiring a private driver (through GROW, for example), but these can be costly alternatives. For many, volunteers remain the only affordable source of escorted door-through-door transportation.
- Seniors who have regular, reoccurring appointments, such as dialysis or cancer treatments, need an easy way to make ride reservations without having to schedule each ride separately.
- Seniors residing in rural areas have expressed a need for expanded transportation services so that they can shop, get to appointments, and remain socially connected.
- Northern Broome seniors have asked that the mini-bus to be available to transport them to the senior community center five days a week instead of the current three days per week.
- Seniors with memory impairment need someone to call and remind them of their scheduled rides.
- Senior housing residents report that a transportation service is needed to take them directly from their various apartment complexes to shops and doctors' offices.

Outcome Measures

Outcome	Indicator
Seniors lacking transportation are able to shop, get to medical appointments and socialize.	80% of surveyed seniors who use paratransit services will report that they have no other means of transportation.
Transportation services help seniors remain independent.	40% of surveyed seniors will state that they cannot remain in their current living situations without the availability of paratransit services.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Transportation	Unduplicated clients	532	530
Transportation	One way trips	23,468	23,000

Budget Projections

Source	Amount
Federal, state or local government funds	\$172,066
Contributions, cost share or direct billing	\$25,000
TOTAL	\$197,066

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.

Issues and Concerns

Research

- Research has demonstrated that homes have lower heating bills after being weatherized.

Local Trends

- As people live to be older and attempt to remain independent, their concerns about reducing heating costs and maintaining a safe home increase. There is always a lengthy waiting list for low income home owners needing weatherization and repairs, and never enough resources to assist all clients.

Community Needs

- Many senior home owners need home repairs, energy efficiency improvements, and health and safety modifications to lower energy expenses and to remain independent in the community.
- There is a continued need for services that provide roof repairs and replacements and materials for health and safety repairs for low income seniors.
- Seniors need to feel secure and safe in their homes.
- Many seniors living in mobile homes need assistance in obtaining reasonable and affordable repairs or in locating a more appropriate housing alternative—especially in rural areas.
- Seniors need a sufficient level of income or benefits to remain in the community.

- The Office for Aging remains closely involved with the “Rebuilding Together” program that provides assistance in completing larger and more expensive home repairs through volunteer community effort.

Outcome Measures

Outcome	Indicator
Seniors are more comfortable in their homes.	90% of clients will report that their homes are more comfortable since the weatherization and repair work was completed.
Seniors’ homes are weatherized.	95% of clients will report that they could not have gotten their weatherization and repairs done without WRAP.

Units of Service

Service	Description/Unit	2009 FY	2011 FY Projected
Weatherization	Unduplicated participants	581	550
Weatherization	Dollars leveraged	\$467,079	\$460,000
Weatherization	Referrals to other agencies	669	600

Budget Projection

Source	Amount
Federal, state or local government funds	\$52,404

2011 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS
 BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2011

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
III-B Supportive Services Federally funded - Older Americans Act	Information and Assistance, transportation, legal services, home repair program, "Senior News"	\$371,309	\$42,500	\$10,364	\$424,173	7.59%
Veteran's Administration Grant	PC/home mods/consumer-directed/trans/CMgmt	\$100,000			\$100,000	1.79%
HOME Program - Federal/NYS funded	Mental Health Counseling	\$34,217			\$34,217	0.61%
<u>Nutrition Services</u>						
III-C-1 Congregate Meals - OAA funded	Senior centers, meal programs, health & wellness	\$584,962	\$349,683		\$934,645	
CDBG - Federal funds from Town of Union	Support for Broome West Senior Center	\$29,000			\$29,000	
III-C-2 Home-Delivered Meals - OAA funded	Meals on Wheels Program	\$310,987	\$316,788		\$627,775	
S N A P - NYS funded	Support for 1 senior center and Meals on Wheels	\$263,774	\$143,608		\$407,382	
NSIP Cash-in-Lieu - Federally funded	Cash for eligible meals served to seniors	\$179,262			\$179,262	
Total Nutrition Services		\$1,367,985	\$810,079		\$2,178,064	38.96%
Expanded In-Home Services for the Elderly Program (EISEP)						
Planning Services New York State funded	Administrative and planning funds	\$41,542			\$41,542	
Total EISEP	Housekeeper/Chore and Personal Care/ Case Management	\$854,140	\$34,500		\$888,640	15.89%

2011 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS
BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2011

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
Community Services for the Elderly (CSE) 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	\$82,461 \$161,642 \$19,852 \$22,544 \$104,517 \$391,016	\$108,000	\$14,916 \$14,916	\$97,377 \$269,642 \$19,852 \$22,544 \$104,517 \$513,932	 9.20%
Congregate Services Initiative New York State funded	Senior center/health & wellness enhancement program	\$13,978			\$13,978	0.25%
III-D Health Promotion - OAA funded	Medication management & Senior Games	\$17,826			\$17,826	0.32%
Foster Grandparents Program Federally funded - Corp for National Svc. NYS State funded Total FGP Program	Intergenerational program where older volunteers work with children with special needs	\$285,013 \$13,243 \$298,256	\$1,750		\$285,013 \$13,243 \$298,256	 5.34%
State Transportation Program	Supplemental transportation services	\$10,982			\$10,982	0.20%
HEAP - Federally funded	Home Energy Assistance for low-income eligible residents	\$92,397			\$92,397	1.65%
Integrated Social Day Care - NYS funded	Social day care for mentally-challenged elderly	\$7,680			\$7,680	0.14%

2011 BROOME COUNTY OFFICE FOR AGING BUDGET SUMMARY & SOURCES OF FUNDS
 BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2011

Grant Program	Services	Governmental Funds Fed/State/Local	Contributions, Cost Share & Direct billing	Subcontractor Matching Funds	Expenditures and Matching Revenues	% of Total OFA Budget
Caregiver Resource Center - NYS funded Title III-E Family Caregiver - Fed. Funded OAA Total Caregiver Program	Information, education and support for persons caring for older adults	\$19,611 \$141,886 \$161,497	\$1,500 \$1,500		\$19,611 \$143,386 \$162,997	2.92%
Elder Abuse Outreach Program Federally funded - Title XX of OAA	Identifies at-risk seniors in need of assistance	\$194,356			\$194,356	3.48%
W R A P - Federally funded	Home repair program for eligible residents for weatherization issues	\$52,404			\$52,404	0.94%
LTCOP - New York State funded	Ombudsman program, funds passed to Action for Older Persons to recruit and train volunteers for local nursing facilities	\$14,904			\$14,904	0.27%
Title VII Elder Abuse Prevention Federally funded - Older Americans Act	Ombudsman program, funds passed to Action for Older Persons to recruit and train volunteers for local nursing facilities	\$11,490			\$11,490	0.21%
HIICAP/MIPPA - Federally funded	Funds to recruit and train volunteers to provide insurance counseling to seniors	\$38,407			\$38,407	0.69%
Operations	Broome County Operating Budget	\$533,439			\$533,439	9.55%
TOTAL AGENCY BUDGET		\$4,566,283	\$996,579	\$25,280	\$5,588,142	100.00%