



**Broome County
Office for Aging**

...bringing seniors and services together

Plan for Services

2013-2016



Broome County Office for Aging

Debra A. Preston, County Executive . Kathleen Bunnell, Director

November 2012

Dear Colleague:

The *Broome County Office for Aging Plan for Services 2013 – 2016* outlines the needs of older adults and caregivers in our community and the activities that the Office for Aging plans to undertake during the next three years to address these needs.

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

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

Section V lists the programs offered by the Office for Aging. Included in this section are projections of the units of service that the Office for Aging will deliver during the next state fiscal year, April 1, 2013 – March 31, 2014.

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

We invite the community to work with the Office for Aging in addressing the needs of seniors and caregivers, improving the quality of life of our elderly, and helping us prepare for a growing senior population. Many comments were received in the fall of 2012 and have been incorporated into the final plan.

Sincerely,

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 2013-2016* is a comprehensive overview of the demographic information, needs assessment findings, detailed program descriptions, and the projected number of units of service that the Office for Aging and its subcontractors will deliver in state fiscal year 2013 – 2014.

In developing the four year plan in 2011, the Office for Aging analyzed data from a number of sources including comments received as a result of an article in the Press and Sun-Bulletin, five focus groups, multiple stakeholder interviews, and surveys of program participants. The Advisory Council played an integral role in the development of the four year plan and hosted a public hearing attended by 69 people. The agency management team identified service utilization trends and under-met needs. The management staff also reviewed census data and compared that with the demographics of those who use services. To update the plan for year two, the Office for Aging was able to analyze trends in requests for information, senior center participation, and the numbers of services that were used, obtained input from a rural meeting of older adults and through an interview with a large senior housing provider. Two students in the Binghamton University Masters in Public Administration program conducted capstone projects focused on senior center usage and needs of the age 85+ population that were highly informative to the planning process.

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 2013-2016* presents Office for Aging strategies for meeting the needs of seniors in Broome County, this plan is also a resource for other community organizations. These organizations can use this document as support in developing strategies to assist the elderly.

The *Plan for Services 2013-2016* includes activities funded by the Administration on Aging and the New York State Office for Aging using Older Americans Act, Community Service for the Elderly, Expanded In-home Services for the Elderly Program, and Congregate Service Initiative monies. Broome County Government has also made a significant commitment to supporting aging services by funding activities included in this plan.

Section III

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

The 2010 Census established that there are 200,600 people living in Broome County and that 44,485 of these individuals are age 60 and above. Census data thus reveals that 1 in 4.5 people residing in Broome County are seniors. Elderly individuals make up a higher proportion of the population in Broome County than they do in the state and national populations. While those aged 60 and over make up 22% of the Broome County population, seniors compose 19% of the New York State population and 18% of the national population.

Between 2000 and 2010, the Broome County population grew by 64 people, an increase of 0.03%. During this period the number of seniors grew by 2,943 people, an increase of 7%.

Changes in the Broome County Population 2000 - 2010

Year	Number of Residents	Number of Residents Age 60+
2000	200,536	41,542
2010	200,600	44,485
Total Population Growth	64	2,943

Source: U.S. Census 2010

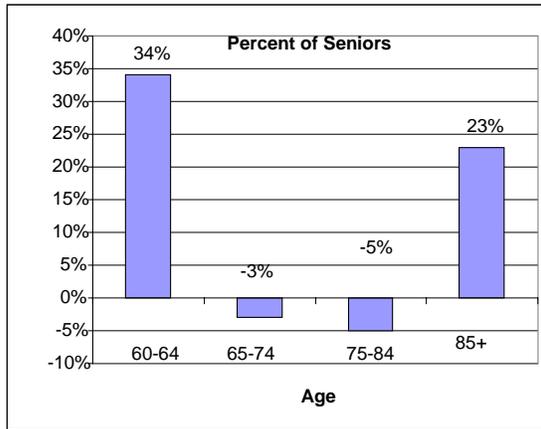
Along with growth in the size of the elder population from 2000 to 2010, there were significant shifts within senior age cohorts.

Broome County Seniors by Age in 2000 & 2010

Age	2000	2010
60 – 64	8,711	11,641
65 – 74	16,073	15,668
75 – 84	12,182	11,539
85+	4,576	5,637

From 2000 to 2010 Broome County experienced an increase of 2,930 seniors between the ages of 60 and 64: the start of the move of baby boomers into the ranks of seniors. The population of those ages 65 to 84 decreased by 4%. This age cohort represents the core of our senior volunteer force. Those age 74 and above are more likely to be frail and in need of assistance. Between 2000 and 2010, the age 75+ population increased by 2.5% with a 23% increase in those who are over the age of 85. The 2010 census shows an increase of 1,061 seniors in the age 85+ cohort.

Broome County Elderly Population Change 2000- 2010



- ✓ Those persons age 85 and older comprise 13% of the total Broome County age 60+ population. This exceeds the New York State percentage of 10.6%.
- ✓ Those aged 75 and older comprise 38.6% of the total Broome County age 60+ population. This exceeds the New York State percentage of 34.1%.

Services

Services provided through the Broome County Office for Aging and its subcontractors are made available to individuals age 60 and over; a few programs begin at a younger age. Certain high-risk populations are given priority including individuals who have the greatest economic or social need. In New York State, there are four groups that are targeted for services: minorities, low income, frail and vulnerable.

Age Data

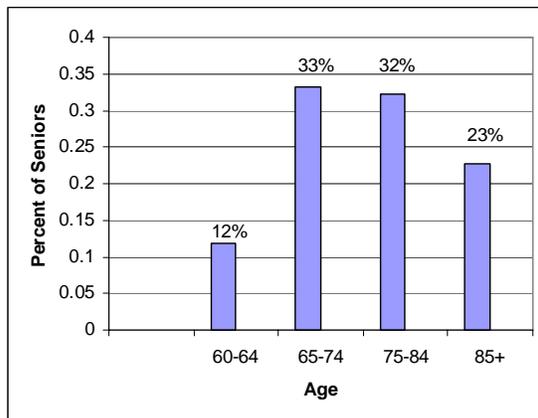
Client age data is not collected for all Office for Aging programs. By aggregating data from those programs that collect client characteristics, the following data regarding the age of Office for Aging service users is available.

Seniors Served by OFA in Comparison to County Population - 2011

Age	2010 Census	Known Served 2011	Percent Population Served
60+	44,485	10,969	24%
75+	17,176	6,013	35%
85+	5,637	2,487	44%

- ✓ In 2011, Office for Aging served 11,974 different seniors and caregivers.
- ✓ In 2011, Office for Aging served a minimum of 2,487 individuals who were age 85 or older. This represents 44% of the 85+ population.
- ✓ During 2011, Office for Aging served 35% of the Broome County 75+ population.

Percent of Known OFA Clients by Age Cohort – 2011



Gender

National statistics reveal that elderly women are often more vulnerable in terms of economic and health status, and are more likely to live alone than are elderly men. Therefore, women over 60 would be expected to demonstrate greater economic and social need. Examining the gender of all clients served by the Broome County Office for Aging and its subcontractors in 2011 reveals that over 65% of all persons served were female. According to the 2010 census there are 25,312 females over the age of 60 or 57% of the elder population, and 19,773 males over the age of 60 or 43% of the elder population.

Minority Status

The 2010 census shows that there are 1,741 Broome County residents aged 60 and over reporting racial and ethnic minority status; this represents 3.9% of all Broome County seniors. In 2011, 3% of all Office for Aging clients for whom this status was known (69% of all identified clients served) were minorities.

Income

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 should be given priority. The Office for Aging uses a person's income status as a percentage of poverty as an indicator of being low income.

Six percent (6%) of Office for Aging's clients for whom we have income information have incomes that place them below 100% of poverty.

2011 Federal Poverty Guidelines*

Size of Household	100%	150%
1	\$10,890	\$16,335
2	\$14,710	\$22,065
3	\$18,530	\$27,795

*2011 Health and Human Services Guidelines as published in Federal Register Vol 76, No 13, January 20, 2011.

Frail

Frail individuals are defined as persons with one or more functional deficits in the following areas:

- Physical Functions
- Mental Functions
- Activities of Daily Living
- Instrumental Activities of Daily Living

The Office for Aging provides several services to persons who meet this definition, primarily through home delivered meals, the Expanded In-Home Services Program (EISEP), shopping services, respite, mental health counseling and transportation. Indeed, the majority of spending in the agency is for services for this population.

Vulnerable

In the summer of 2012, the definition for vulnerable persons was expanded to include persons with a deficit of social resources, those who are isolated socially, linguistically or

geographically, and/or those affected by other environmental conditions. The definition now includes the following:

- Language barriers
- Rural residence
- Persons with disabilities
- Institutionalization or at risk of institutionalization
- Lesbian, gay, bisexual, transgender
- Low literacy
- Older adult caregivers of children with developmental disabilities, mental illness, or other disabilities requiring a caretaker
- Homebound
- Alzheimer's or other dementia

The Office for Aging does not currently collect data for all the elements that would identify a service recipient as vulnerable under this new definition. And much of this data is not available through the census. Therefore, the Office for Aging cannot measure the number of clients who meet this definition to compare with the number of persons in the general population who are defined as vulnerable. The Office for Aging does have a number of services in place to assure vulnerable persons receive the services they need. These include a language translation service, services that are located in rural areas including senior centers, consumer-directed aide services, transportation options, home delivered meals, and in-home assessments and counseling. We provide case management to persons with disabilities and a variety of in-home services to assist people to remain at home. Our two social adult day care programs and caregiver services target persons with dementia and their caregivers.

Section IV

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

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

Access

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

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

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

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

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

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

The Office for Aging produces several educational publications; other human services agencies who serve older adults also have regular educational publications. The Office for Aging's monthly Senior News is distributed by subscription to about 2000 individuals with an additional 5,000 copies distributed through senior centers and a variety of other public venues such as libraries and health care centers. An electronic copy of Senior News is posted on the website and audio copies are mailed to vision impaired seniors. The Office for Aging distributes Caregiver Corner by subscription to about 750 caregivers and the electronic copy is posted on the website.

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

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

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

The Senior Resource Line fields well over 11,000 calls each year. The following sections detail the main issues about which older adults request information.

Financial Benefits

Financial concerns were the most common reason older adults and their caregivers called the Senior Resource Line in 2011; this topic was discussed in 32.5% of the calls.

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

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

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

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

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

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

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

Health Insurance and Prescription Drug Coverage

Medical expenses commonly increase with age and issues related to health insurance and prescription drug coverage represent almost 40% of the calls about financial issues. Considered separately, almost 17% of the calls to the Senior Resource Line in 2011 were related to health insurance concerns. The increasing complexity of decisions on Medicare coverage and the expense of insurance—as well as the need to assure that the insurance chosen provides the needed coverage—is too difficult for many elders to handle on their own.

Original Medicare required only one decision of persons becoming eligible for services: whether or not to sign up for Part B (outpatient medical expenses including doctor visits) at a rate, in 2012, for newly-eligible participants of \$99.90 per month (the amount is higher for those with high-income). Part A (hospitalization) is provided without cost. The introduction of Medicare Advantage (Medicare C) plans (including Health Maintenance Organizations, Preferred Provider Organizations, and Private-Fee-for Service options) created alternatives to Parts A and B as various private companies offered a variety of plans which were likely to include additional benefits and lower co-payments, but to also place substantial restrictions on the care provided. The multiplicity of plans (32 standard plans in NY in 2012; with an

additional two special needs plans) has made it difficult for beneficiaries to identify and choose the best option for their own circumstances. Even those who choose to stay in the regular Part B program usually need to buy a Medigap policy to help cover the deductibles and co-insurance not covered by Medicare.

The addition of Medicare D, the prescription drug benefit, adds another layer of choice. In 2012, 29 Part D plans were available in New York. Both Medicare C and D plans (coverage and costs) change annually, so beneficiaries are advised to review their choices each year during the annual open enrollment periods. Older adults with retiree health plans are also likely to need to make annual decisions about their options. In addition, eligibility guidelines for programs offering health insurance cost subsidies to low-income individuals change annually.

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

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

Many Broome County seniors are currently enrolled in the New York State Elderly Pharmaceutical Insurance Coverage (EPIC). Changes were made to the EPIC program in the New York State 2011 budget and again in 2012 that resulted in the need for help in understanding the impact on each affected enrollee.

Support in the Home

Requests for information on home care was the second most frequent reason people called the Senior Resource Line in 2011. Callers want to know what services are available, how much they cost and how to access them. Callers often ask about well known services such as Personal Emergency Response Systems and Home Delivered Meals; they are frequently not aware of other options that can help them to stay at home. Many people with functional

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

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

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

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

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

To address the need for help in the home families have some options. They can participate in a consumer directed care model where they hire friends and family to provide care or families can pay privately for in home help through local home care agencies. However, the availability of home care aides fluctuates. When there is a serious shortage, it can be nearly impossible for people to obtain help at home. The most common shortages of aide availability occur in rural areas, and for overnight and weekend duty.

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

Support for Caregivers

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

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

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

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

Caregivers often are able to handle their role until a crisis strikes and then they need immediate help. Our local service delivery system needs to be aware of, and respond to, this

aspect of caregiving. Additionally, it is not uncommon for people to be unaware of the costs of care and to struggle with decisions on purchasing the services that best meet their needs. Even with “rainy day” savings intended to cover this sort of expense, long-retired seniors may not have anticipated costs in the light of today’s economy. This can make them hesitant to spend the money—or allow others to spend the money—on needed care. Caregivers need help looking at budgets and available resources.

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

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

At the Public Hearing held on October 17, 2012, several caregivers had questions about covered services under Medicaid and Medicare. It is obvious that more education is needed around this issue for older adults and their caregivers.

Transportation

Transportation is critical to a senior’s ability to remain independent. Transportation issues are consistently in the top five reasons older adults call the Senior Resource Line and were the fourth highest reason for calls in 2011. Calls were primarily related the use of public and paratransit services and to assuring safe driving. Seniors have the need to get to medical appointments, grocery stores, pharmacies—and they need to be able to participate in community life. Lack of adequate transportation that can easily be utilized results in increased isolation, increased financial burden when more expensive transportation is the only option, and decreases a person’s ability to access health care and wellness programs.

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

Many elders find they can no longer afford the expense of owning a car. When they give up their car, they are dependent on other transportation options. Additionally, the increase in the cost of gas is making it prohibitive for volunteers and family members to provide individual rides.

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

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

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

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

In 2010, a coalition of agencies led by the Rural Health Network was awarded funds from the Community Foundation for South Central New York to fund the Broome-Tioga Mobility Management Project (BTMMP). In 2012, two year Federal Transportation Administration funding was secured to enhance and help sustain the project. The program funds two full time AmeriCorps members over a three year period to serve as Mobility Management Associates. A Program Coordinator will be added. The additional funding will also make possible a last resort, emergency transportation service for wheelchair users who become stranded.

The Mobility Management Associates operate a toll-free call center that helps seniors navigate and access the various transportation systems in Broome County and beyond. They

also maintain and up to date, on-line transportation service directory that is an additional resource for seniors and caregivers to research transportation options. In addition, the project offers one-on-one or group travel training to help elders feel comfortable and secure using a transportation service for the first time and to gain confidence to use it independently. The project continually works to identify opportunities for various public and private transportation providers in Broome and Tioga counties to increase coordination for the benefit of those with mobility needs.

Housing

Housing issues were the fifth most frequent reason that older adults and caregivers called the Senior Resource Line in 2011. Overall, inquiries about senior housing are higher than in previous years. Calls indicate that increasing numbers of older adults cannot afford to pay rising rents, taxes, and home maintenance costs.

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

Aging in Place

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

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

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

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

Private Apartments and Senior Housing Apartments

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

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

While low to moderate income senior housing is the most plentiful, the current supply does not meet all the need. There are frequently waiting lists for senior housing, in the range of two to two and one half years. Those with the lowest incomes tend to wait longer for housing. Rural senior housing buildings often have a longer waiting list than those located in urban areas. A consequence of lengthy waiting lists is that those who need access to senior housing within a short timeframe cannot obtain the housing they need. Older adults are also looking for two bedroom apartments, housing that is on one floor and amenities that would allow for social interaction.

In the fall of 2011, the local flooding led to the demand for more housing. There are still homes that are being repaired and requests from many people for buyouts because returning to their home is not an option. The impact of the flood is likely to affect the housing market for a long time to come and is an issue that builders and municipal leaders are working to address.

Health and Wellness

The National Prevention and Health Promotion Strategy strongly emphasizes that Americans can be healthy at every stage of life. Even as we age, we can reduce our risk of disability and chronic illness if we take care of ourselves. Communities play an important role in implementing the national strategy by providing health screenings, chronic disease management, mental health services, injury prevention programs, opportunities for civic

engagement, and by promoting healthy lifestyles with appropriate physical activity and balanced diets. People who stay active and eat right can live longer with greater satisfaction. People want to change poor habits, but need support to do that. In a 2008 focus group conducted by the Broome County Health Department, people asked for preventive services and for health and wellness activities that would foster social connections and promote healthy living. Keeping active, connected and engaged in our community is an important part of aging well.

Physical Activity

Physical activity can reduce the risk of some chronic diseases, relieve symptoms of depression and enhance the overall quality of life. Older adults in Broome County have asked for information about exercise programs and opportunities to increase their physical activity. Exercise equipment suitable for seniors needs to be available in convenient locations. Community walking trails and indoor walking programs need to be promoted so that awareness and utilization by older adults increases. Senior Games, a series of 19 friendly, competitive athletic events is another avenue for physical activity and social engagement. Ninety-two percent (92%) of surveyed senior games participants report that the senior games help motivate them to stay physically fit throughout the year.

Nutrition

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

In 2011 approximately 1,000 older adults who received in home services from the Office for Aging programs completed a nutrition screening assessment. Nearly sixty percent had scores that indicated a high nutritional risk. Programs such as home delivered meals assure those with functional limitations have access to a balanced diet. Congregate meals provide sound nutrition as well as opportunities for socialization. Seventy eight percent (78%) of surveyed participants reported that they eat healthier as a result of consuming meals at senior centers. Other nutrition services including the Farmers Market Coupon Program, nutrition counseling, and nutrition education programs presented at senior center help people to increase their knowledge about consuming a healthy diet.

Health Screenings

Medicare covers costs of preventive screening such as diabetes screenings, HIV testing, mammograms, bone density tests, prostate cancer screening, flu shots and wellness visits. Broome County Medicare recipients have a history of taking advantage of these preventive

screenings. Education about the availability and importance of these services needs to continue.

Disease Management

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

In 2008, Mathematica, Inc. conducted a survey of older adults residing in Broome County. Nearly 80% of respondents rated their health good to excellent. In 1993, a similar study conducted by the Aging Futures partnership showed that two thirds of respondents stated that their health did not interfere with their daily activities. In spite of these positive signs, there is still a significant number of elders who experience fair or poor health that interferes with their everyday life. Various chronic disease management programs have been offered over the last several years. These include the Arthritis Self Help Course, Stay Well Classes, the Stanford Chronic Disease Self Management Program and the Diabetes Self Management program. These programs help people with one or more chronic conditions to manage their health. Participants learn ways to increase physical activity, change diets and eat well, manage sleep and fatigue, use medications correctly and communicate with health providers. These programs have had a significant positive impact on participants and need to be expanded.

Mental Health

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

Service providers have a narrow range of options when referring seniors for mental health services. The community is facing a shortage of psychiatrists, leaving seniors to rely on their primary care physicians for their psychiatric prescriptions. Programs for loss and grief need

to be developed and increased capacity in existing programs would help to address mental health issues. Older adults, families, caregivers and agency professionals need to be better informed about the mental health services that are available in the community.

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

Staying Socially Connected and Civically Engaged

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

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

Senior centers provide an opportunity for social connections. In a survey of senior center participants, 98% of respondents reported that the senior center helped them stay more socially connected. Attendees of the Public Hearing on October 17, 2012 testified about the multiple benefits of senior centers.

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

Injury/Falls Prevention

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

impressive and continuation of these programs has potential to impact other community residents.

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Section V

Broome County Office for Aging Services and Projected Units of Service

Caregiver Services

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

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
All Caregiver Services clients	Unduplicated participants	545	525
Caregiver support groups/training	Participants attending training	458	400
Information and assistance	One contact	1,404	1,000
Respite hours provided	One hour	1,697	4,904
Rides to Social Adult Day Care	One way trip	1,214	1,200

Budget Projections

Source	Amount
Federal, state or local government funds	\$162,065
Contributions, cost share or direct billing	\$500
TOTAL	\$162,565

Foster Grandparent Program

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
FGP	Unduplicated Foster Grandparents	68	68
FGP	Number of new Foster Grandparents	8	10
FGP	Stipend dollars delivered to low-income seniors	\$157,497	\$157,497
FGP	Number of hours of service to Broome County schools and other institutions	59,433	59,433
FGP	Number of school districts and other agencies hosting Foster Grandparents	19	18
FGP	Number of children served during the academic year	167	150

Budget Projection

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

GROW (Gaining Resources for Older Workers)

***As of 11/1/12 name has changed to the Senior Helpers Program**

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
GROW employers	Unduplicated count of GROW employers who hired a worker	532	530
GROW workers	Unduplicated count of GROW workers with a job match	197	185
GROW workers	New job seekers registered	87	75
GROW workers	Job matches made	732	675

Budget Projection

Source	Amount
Federal, state or local government funds	\$24,453

Health and Wellness

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Health Promotion (Evidence-based)*	Attendance at activities	Not measured	100
Health Promotion (Activities in the community)**	Attendance at activities	Not measured	1,150
Health Promotion (Activities at senior centers)	Attendance at activities	Not measured	26,000
Recreation/Education	Number of activities (sessions) offered	6,413	6,500
Nutrition Counseling	Unduplicated number of participants	45	80
Nutrition Education	Total number of participants	4,225	4,800

*Evidence-based Health Promotion programs such as flu clinics.

**Activities in the community Health Promotion programs include Senior Games, balance clinics, and indoor walking.

Budget Projections

Source	Amount
Federal, state or local government funds	\$101,557
Contributions, cost share or direct billing	\$16,500
TOTAL	\$118,057

Health Insurance Information, Counseling & Assistance Program (HIICAP)

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
HIICAP/AOP	Unduplicated clients with individual counseling sessions from AOP	1,265	1,000
HIICAP/AOP	Estimated dollar savings for counseled clients	\$776,582	\$600,000
HIICAP/AOP	Education programs	71	75
HIICAP/AOP	Number of attendees at education programs	1,476	1,500
HIICAP/AOP	Volunteer hours	832	800
HIICAP/OFA	Unduplicated clients receiving services from OFA	421	300

Budget Projection

Source	Amount
Federal, state or local government funds	\$34,486

Home Delivered Meals

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Home Delivered Meals	Unduplicated participants	732	650
Home Delivered Meals	One meal	187,060	192,481

Budget Projections

Source	Amount
Federal, state or local government funds	\$704,904
Contributions, cost share or direct billing	\$455,038
TOTAL	\$1,159,942

Home Energy Assistance Program (HEAP)

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
HEAP	Unduplicated clients	2,467	2,500
HEAP	Benefits awarded	\$1,888,320	\$1,200,000
HEAP	Applications approved	2,292	2,300

Budget Projection

Source	Amount
Federal, state or local government funds	\$95,000

In-home Services

The In-home Services Unit increases accessibility of services by offering a comprehensive in-home assessment to seniors. The assessment is a “turn key” for several services that help seniors remain independent such as social adult day programs, home delivered meals, caregiver respite services, and shopper services. In-home assessments are available to low income seniors who are over age 60 and whose income is above Medicaid level. Families benefit from the assessment process that also includes the development of a care plan and recommendations and referrals for needed support. As funding allows, we are also able to offer a limited number of clients with Expanded In-home Services for the Elderly (EISEP) services such as housekeeping, personal care and Personal Emergency response buttons (PERS).

Units of Service

Service	Description/ Units	2011 FY	2013 FY Projected
IHSU caseload	Unduplicated clients	1,216	1,000
Assessments	In-home evaluations	759	640
Personal care/chore hours	In-home care/services	25,532	21,852
Respite hours	Hours of personal care or institutional care	1,697	804
Case management hours	One hour of service	7,077	5500

Budget Projections

Source	Amount
Federal, state or local government funds	\$901,217
Contributions, cost share or direct billing	\$23,820
TOTAL	\$925,037

Information and Assistance/Senior Resource Line

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; help callers identify their needs and explore available options; and 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.

Seniors with a higher level of risk receive additional support through the Elder Abuse Prevention—a cooperative agreement between the Office for Aging and the Broome County Department of Social Services. Seniors in need of in-home mental health assessment and short-term counseling, as well as referrals to other needed services, are served through the Helping through Outreach and Mental Health for the Elderly (HOME) Program. HOME is an interagency collaboration operated cooperatively by the Office for Aging, United Health Services and Broome County Department of Social Services.

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Intake, Information and Assistance	Unduplicated clients	4,290	4,100
Intake, Information and Assistance	Information and assistance contacts	11,515	11,000
Intake, Information and Assistance	Referrals made	5,119	4,500
Intake, Information and Assistance	Referrals received	376	525
Elder Abuse Outreach Program	Unduplicated elders receiving case assistance	268	240
Senior News	Copies printed monthly	7,714	7,333
HOME Program	Referrals received by Intake	170	145
HOME Program	Unduplicated clients	179	140

Budget Projection

Source	Amount
Federal, state or local government funds	\$302,061
Contributions, cost share or direct billing	\$32,500
Total	\$334,561

Legal Services for the Elderly

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Legal Services	Unduplicated clients served	258	225
Legal Services	Hours of service	485	360

Budget Projections

Source	Amount
Federal, state or local government funds	\$24,665
Contributions, cost share or direct billing	\$500
TOTAL	\$25,165

Senior Centers

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

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Congregate Meals	Unduplicated participants	3,993	4,000
Congregate Meals	Number of meals served	93,413	100,489

Budget Projections

Source	Amount
Federal, state or local government funds	\$549,507
Contributions, cost share or direct billing	\$295,393
TOTAL	\$844,900

Shopper Service

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Shopper Service	Unduplicated clients	74	45
Shopper Service	One way trips	2,700	1,600

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Adult Day Care	Unduplicated clients served	124	135
Adult Day Care	Hours of service	42,008	44,000

Budget Projections

Source	Amount
Federal, state or local government funds	\$118,955
Contributions, cost share or direct billing	\$98,190
TOTAL	\$217,145

Transportation

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

Units of Service

Service	Description/Unit	2011 FY	2013 FY Projected
Transportation	Unduplicated clients	535	540
Transportation	One way trips	22,543	24,500

Budget Projections

Source	Amount
Federal, state or local government funds	\$159,732
Contributions, cost share or direct billing	\$29,000
TOTAL	\$188,732

Section VI

Goals and Objectives for Plan 2013-16

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Broome County Office for Aging
 PROJECTED BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2013

Budget is as of August 2012 and may be altered based on allocations of federal, state and county funds

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"	\$290,735	\$61,500	\$9,214	\$361,449	6.96%
Veteran's Administration Grant	PC/home mods/consumer-directed/trans/CMgmt	\$75,000			\$75,000	1.45%
HOME Program - Federal/NYS funded	Mental Health Counseling	\$18,000			\$18,000	0.35%
<u>Nutrition Services</u>						
III-C-1 Congregate Meals - OAA funded	Senior centers, meal programs, health & wellness	\$557,134	\$295,393		\$852,527	
CDBG - Federal funds from Town of Union	Support for Broome West Senior Center	\$17,000			\$17,000	
III-C-2 Home-Delivered Meals - OAA funded	Meals on Wheels Program	\$353,884	\$344,114		\$697,998	
S N A P - NYS funded	Support for 1 senior center and Meals on Wheels	\$263,774	\$110,924		\$374,698	
NSIP Cash-in-Lieu - Federally funded	Cash for eligible meals served to seniors	\$170,514			\$170,514	
Total Nutrition Services		\$1,362,306	\$750,431		\$2,112,737	40.71%
Expanded In-Home Services for the Elderly Program (EISEP)						
Planning	Administrative and planning funds	\$44,485			\$44,485	
Services	Housekeeper/Chore and Personal Care/ Case Management	\$745,309	\$23,820		\$769,129	
New York State funded						
Total EISEP		\$789,794	\$23,820		\$813,614	15.68%

Broome County Office for Aging
PROJECTED BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2013

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	Planning, transportation & in-home counseling	\$102,012			\$102,012	
Adult Day Care	Social Day care for the elderly	\$114,455	\$98,190		\$212,645	
Enriched Living	Homemaker/chore program at Isbell St. housing	\$22,706			\$22,706	
Employment (Grow)	Employment match program	\$24,453			\$24,453	
Health Maintenance	Case management	\$85,503			\$85,503	
Total CSE Program		\$349,129	\$98,190	\$0	\$447,319	8.62%
Congregate Services Initiative New York State funded	Senior center/health & wellness enhancement program	\$7,201			\$7,201	0.14%
III-D Health Promotion - OAA funded	Evidence based & Senior Games	\$15,186	\$16,500		\$31,686	0.61%
Foster Grandparents Program Federally funded - Corp for National Svc. NYS State funded	Intergenerational program where older volunteers work with children with special needs	\$280,820 \$6,622	\$1,750		\$282,570 \$6,622	
Total FGP Program		\$287,442	\$1,750		\$289,192	5.57%
State Transportation Program	Supplemental transportation services	\$10,982			\$10,982	0.21%
HEAP - Federally funded	Home Energy Assistance for low-income eligible residents	\$95,000			\$95,000	1.83%
Integrated Social Day Care - NYS funded	Social day care for mentally-challenged elderly	\$4,500			\$4,500	0.09%

Broome County Office for Aging
 PROJECTED BUDGET FOR THE FISCAL YEAR ENDING DECEMBER 31, 2013

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 \$142,454 \$162,065	\$500 \$500		\$19,611 \$142,954 \$162,565	3.13%
Elder Abuse Outreach Program Federally funded - Title XX of OAA	Identifies at-risk seniors in need of assistance	\$200,186			\$200,186	3.86%
HIICAP - Federally funded	Funds to recruit and train volunteers to provide insurance counseling to seniors	\$34,486			\$34,486	0.66%
Operations	Broome County Operating Budget	\$525,859			\$525,859	10.13%
TOTAL AGENCY BUDGET		\$4,227,871	\$952,691	\$9,214	\$5,189,776	100.00%

Broome County Office for Aging Plan for Services 2013-16

81.47%

18.36%

0.18%

100.00%