

Issue No. 4 • Vol. 1 • December 2007



☒ Opportunity

☒ Experience

☒ Ideas

- This issue:**
- Historic Albany Foundation
 - Impact of the Aging Population on the Health Workforce in the United States
 - Guardianship—Stopping Financial Exploitation in its Tracks
 - Help Me!
 - Long Term Care Strategies for Our Senior Population

Table of Contents



Issue No. 4 • Vol. 1 • December 2007



01. Publisher's Corner

03. Editor's Column

05. Feature Organization

Historic Albany Foundation

The Historic Albany Foundation celebrates and advocates for the preservation of the historic architecture of the City of Albany. It is Albany's only historic preservation organization.

07. Impact of the Aging Population on the Health Workforce in the United States

by Jean Moore and Sandra McGinnis

Researchers are studying the implications of our aging population on the demand and likely level of availability of the health workforce to serve older adults. Their findings highlight the difficult challenges, including future shortages of health workers, facing planners and policy makers.

10. Guardianship—Stopping Financial Exploitation in its Tracks

by Rose Mary Bailly, Esq.

Courts, through the appointment of guardians, offer one way to prevent financial exploitation of vulnerable seniors. An expert in guardianship explains the process used by the courts in the appointment of guardians.

13. Help Me!

Personal essay by Ann Decker

Albany writer Ann Decker makes a call for help as she faces the painful role of caregiver for her husband who is sinking into the darkness of Alzheimer's disease.

15. Long Term Care Strategies for Our Senior Population

Guest Column by Albany County Executive Michael G. Breslin

Albany County, like other counties in New York State, is a key player in efforts to develop a broad range of strategies to create and promote services for seniors. County Executive Michael Breslin explains his approach to allow individuals with disabilities to live as independently as possible for as long as possible.

The Dynamics of Aging and Our Communities

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Mission Statement

CCQ is an electronic and print public policy quarterly dedicated to looking at the aging segment of our society and region as it redefines itself and intersects with a wide cross section of demographic, social, cultural and economic features of society. In this light, we will consider subjects such as city and town planning, environmental advocacy, economic development, housing, work force, education, mobility, regionalism, governance, marketing, recreation, health care, social services, creativity, demographics, emerging technologies and the roles of nonprofit organizations. Our audience is public and private decision makers and all others seeking to understand a changing society. We will offer concise, thoughtful and interesting articles. Comments, including letters to the editor and recommendations from our readers, are welcome.

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Richard Iannello

It really is an age thing!

Some days I grow weary of the whole aging thing. I know I shouldn't say that but I do sometimes wonder if we are playing it up more than necessary.

Reality check: I just read the United Nations Report on Ageing (2002) and realize that while we think a growing elderly population is our problem, I learned that it's a reality for most of the world. You can thank declining fertility rates along with declining mortality rates.

Here is, word-for-word, what the report's summary states:

- Population ageing is unprecedented, without parallel in human history—and the twenty-first century will witness even more rapid ageing than did the century just past.
- Population ageing is pervasive, a global phenomenon affecting every man, woman and child—but countries are at very different stages of the process, and the pace of change differs greatly. Countries that started the process later will have less time to adjust.
- Population ageing is enduring: we will not return to the young populations that our ancestors knew.
- Population ageing has profound implications for many facets of human life.

Yikes.

This age thing is real. It is happening and it will impact all of us. But let's put it in some perspective. While we have a lot of older citizens and all projections are skyward, most other countries are facing the same trends. We are not alone in this. In fact, consider that by the year 2050 countries such as Italy, Spain, Greece and Japan will have one-third of their population over the age of 60.

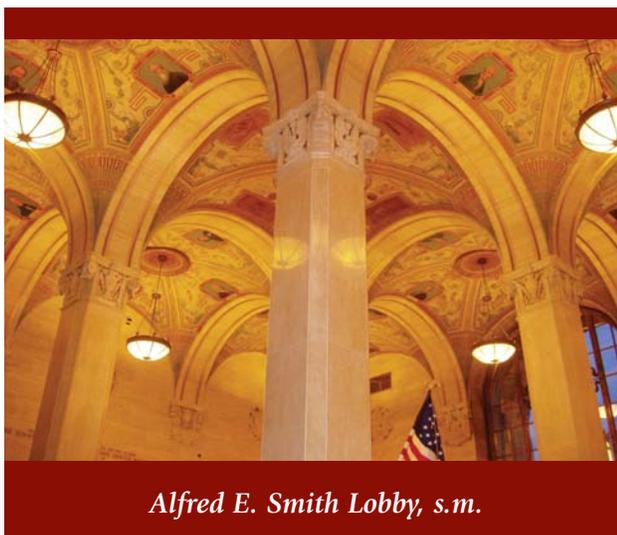
Yikes, again.

The lesson for us is to recognize that this is the way things are and likely the way things are going to be for the foreseeable future. So what can we do? We can do what we've always done: adapt. We shifted from an agricultural economy to an industrial economy to an information economy and we're shifting again into who knows what. We adapt quite well,

actually. Not without some pain and anguish, but, nonetheless, we change because we really don't have a choice.

We can think globally but we must act locally. It would be nice if Congress were able to make some headway on the problems facing Medicare and Social Security because of the larger aging population (and the corresponding smaller workforce to support the elderly). But regardless, we can do things to make our neighborhoods and communities better (dare I say . . . easier?) places to be as many of us (collectively) age.

Naturally Occurring Retirement Communities (NORCs) recognize that remaining independent in your own home is quite doable with small inputs of supportive services just when you need them. Caregiver support programs realize that so much of the care that is given is "off the radar screen" that it's a good idea to provide some support for the caregivers. Neighbors have always helped neighbors. While that might seem quaint to some, it's quite real and an honest part of the solution.



These things help make a difficult scenario a bit more manageable. Scarce financial resources are able to be directed to where they will do the most good, when the services are truly needed, and not before. Caregiver supports are really our way of dealing with the healthcare worker shortages. Defer using expensive, sophisticated services until the informal, low-cost services are no longer enough. Neighbors have always helped neighbors. Beacon Hill Village is a neighborhood support program funded by user fees and is currently one of the most anxiously watched new programs in the country. Last year I spoke to one of the founding directors of Beacon Hill Village and she told me that many members could deal with the big issues; it was the small stuff that was tripping them up. These are the small things that neighbors frequently do for neighbors. There is a lesson here.

Yes, most of the world's population is getting older. I'm OK with that. I'll adapt. I hope my community will adapt. Will you? Will your community? 🐉

*Rick Iannello
Executive Director
Albany Guardian Society*



Paul M. Bray

Generational hand-off

Transition from generation to generation often happens with little more disruption than one feels from a bump in the road. Some changes in clothing styles and music may happen as the emerging generation develops its own personality and the media magnifies the resulting changes as it has in the last three decades of the 20th century.

There are also generational transitions that are more a sea change. My generation came of age in the 1960s and it marked a transition from a depression/World War generation to the baby boomers who knew no bounds. The baby boomers had their own music, were openly rebellious of authority and would not accept boundaries put on them. Their parents knew how dangerous the world could be and believed in keeping their head down and working hard for their family. There was the difference, for example, between the gray flannel suits of the 1950s and the hippies of the 1960s.

Although cultural conservative commentators, like Ben Wattenberg from the American Enterprise Institute, never got over what they viewed as the unwarranted threat to authority that happened in the 1960s, we made it through that turbulent generational hand-off.

We appear to be entering another sea change generation transition with more foreboding than any time since the '60s. While the times are not turbulent as they were in the '60s, the gulf between generations may be deeper and threats to our way of life may be greater.

Simply stated, we are in a period of fast change with serious threats facing society like climate change, international terrorism, a growing aging population and a significant debt-burdened economy. This is happening, as Jonathan Gradess, Director of the NYS Defenders Association, said to me, "when people our age haven't caught up with how young people think and act." Pollster John Zogby, for example, tells us that young people find the internet a better alternative to spend time with than their significant other. That is hard for me to understand.

Before I retired for the first time in 2000, I didn't take transition seriously. One of my former

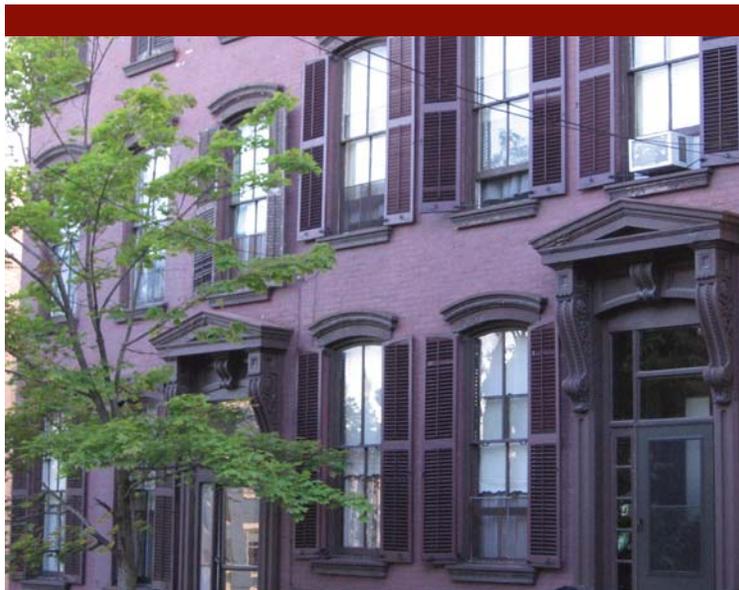


Alfred E. Smith Bldg, s.m.

colleagues would frequently say to me, "Who is going to be able to do the job we do when we leave?" While I thought I did my job very well, I had no doubt my successor would carry the ball adequately. Now, I wonder.

Increasingly, I am engaged in discussions with members of a graying workforce, ranging from the socially committed such as public defenders to civil engineers, over who is going to take their place. There are practical reasons why lower paying professional jobs are not drawing applicants and that is the debt burden that accompanies a college degree. But there are also generational issues we have yet to fully understand.

In this issue of CCQ, Jean Moore and Sandra McGinnis tell us about challenges facing us when it comes to future healthcare workforce needs. This is an introduction to what is likely to be many articles on workforce needs during a time of an aging population and generational change. I hope we stimulate a dialogue between the boomers and younger generations. If you want to share your personal knowledge and thoughts on emerging workforce needs and how they will be met and other related topics on generation change, please send them to CCQ before I tap you on the shoulder and ask you to write an article for us. 🐦



First Street, s.b.

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Feature Organization

Historic Albany Foundation

By Susan Holland, Executive Director

Albany has a rich tapestry of architectural styles, from the earliest Dutch style house built in the early 1700s to what we now consider “mid-century marvels”—houses from the 1950s era. Historic Albany Foundation celebrates this architecture as the City of Albany’s only historic preservation organization. Since our beginnings in 1974, we’ve worked to preserve and promote our historic built environment, by advocating to keep historic landmarks and neighborhoods intact, by educating the public, and by being a voice of historic preservation, recycling and reuse in the City of Albany.

“In this era of ever-increasing fuel prices and a burgeoning “green” movement, Historic Albany plays a major role in preserving a sustainable urban environment for all.”

The City of Albany would look very different today if it were not for Historic Albany Foundation. Thirty-three years ago, activists, neighbors, and residents fought hard to keep the intact row houses of Robinson Square, slated for demolition after the Empire State Plaza was completed. The mid- to late 19th century buildings on Hamilton Street, Hudson Avenue, Jay Street and the other surrounding streets were to be replaced with modern high rises, using federal urban renewal funds. The citizens made the choice to say “no” and an organization was born.

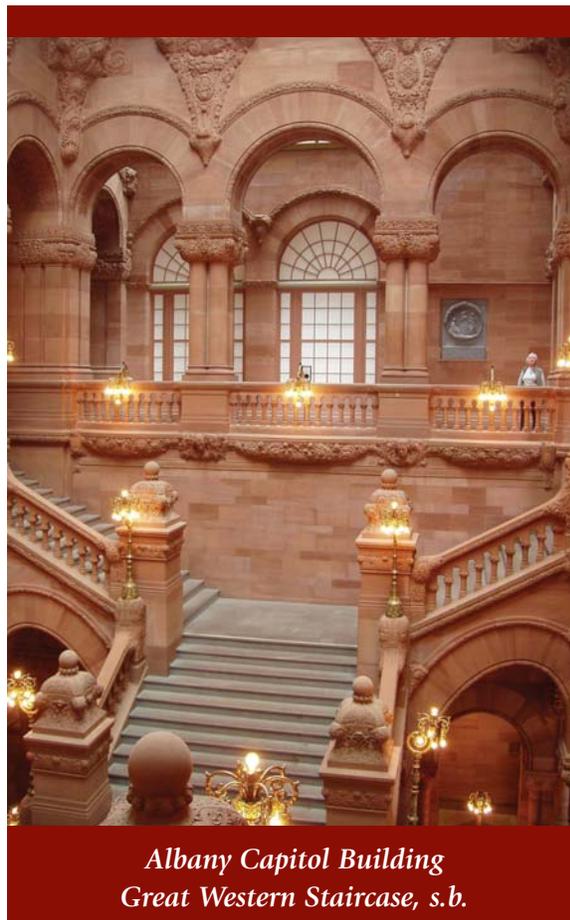
Today’s priorities for Historic Albany are much the same—preserving and reusing St. Joseph’s Church, protecting the historic fabric of the Wellington Row site, ensuring the sustainability of the 17 historic districts in Albany, finding reuses for our Endangered Historic Resources and protecting the c.1728 Ratliff House, documented to be the oldest building in Albany.

Education of the public is Historic Albany’s other core program. Lectures on compelling preservation topics, hands-on workshops, and tours are given throughout the year. In 2007, Historic Albany opened St. Joseph’s Church to the public to highlight the ongoing restoration and we began our Walkabout Wednesday Tour series. Participants were treated to tours of Albany’s Pastures, Ten Broeck Triangle,



Mansion, South End and Capitol Hill neighborhoods. Historic Albany also has special perks for our 650 members: Members Only Tours with recent tours of the Twickenham Neighborhood and the State Capitol, featuring the Great Western Staircase. Plans are underway for exciting tours in 2008 that will be open to all.

The Architectural Parts Warehouse on Lexington Avenue in Albany is another example of Historic Albany's commitment to preservation, recycling and reuse. Property owners donate their old house parts and give valuable materials to Historic Albany to resell. The "Warehouse" is open to the public four days a week, has knowledgeable volunteers and is always busy with old house aficionados, contractors and homeowners looking for that special part to make their restoration complete. No need to buy anything—we also invite people in for a trip down "memory lane."



Historic Albany blends fun with fundraising. Events such as BUILT, our annual art show and silent auction; the Moveable Feast; and three house and garden tours (Summer, Fall, and Holiday) show off individual homes while introducing a broader audience to our mission. The staff, Board of Directors and legions of volunteers of all ages help throughout these events and make them a great success.

In this era of ever-increasing fuel prices and a burgeoning "green" movement, Historic Albany plays a major role in preserving a sustainable urban environment for all. By recycling old buildings for modern day uses and using our present urban footprint that is easily walkable and, in turn, lessens sprawl and decreases reliance on the automobile, Historic Albany is inherently intergenerational as it saves the past to use for the future. We preserve historic buildings that Albany's older residents have come to know and love in order to provide a backdrop for new development that will serve the needs of Albany's current and future community. 🌿

For more information on Historic Albany Foundation, including opportunities to volunteer, please visit our website at www.historic-albany.org or call (518) 465-0876.

Impact of the aging population on the health workforce in the United States

By Jean Moore and Sandra McGinnis

The growth of the older adult population, age 65 and older, in the U.S. over the next 50 years will have an unprecedented impact on the U.S. health care system, especially in terms of supply of and demand for health care workers. The supply of health care workers may decrease as large numbers age and retire or reduce their working hours. At the same time, older adults consume a disproportionate share of American health care services, so demand for health services will grow.

The aging of the population will also affect the nature of the services the health care workforce must be equipped to provide, and the settings in which this care is provided. The baby boom generation (born between 1946 and 1964) is having an effect on the health care system that will grow as the century progresses. From 2000 to 2050, the number of older adults will increase from 12.5% to 20% of the U.S. population.

The New York Center for Health Workforce Studies at the University at Albany School of Public Health conducted a 2006 study that assessed the implications of population aging on the supply and demand for health professionals to serve older adults. The study, funded by the National Center for Health Workforce Analysis of the Bureau of Health Professions in the federal Health Resources and Services Administration, profiled the broad impact that aging Americans will have on the health workforce in general, and on specific health professions, by examining salient trends and issues. The report



Albany Capitol Building, s.b.

established a baseline of information about the health care workforce serving older adults and identified key factors expected to affect the ability of the health care system to meet the needs of older adults. More qualitative issues, such as how the health care workforce must change in order to meet the needs of the next generation of older adults were also considered. The complete report is on the Center's website <http://chws.albany.edu> (under Center reports 2006).

Differences from previous generations

The report examined how new generations of older adults will be different from previous generations. First, they will be more racially and ethnically diverse. They will also be better-educated and have greater access to information and resources. These demographics may lead to changing patterns of utilization and different needs for health services, and will affect the demands placed on the health care system in the future. Aging baby boomers will have a smaller pool of potential family caregivers than current older adults. They have fewer children than their parents, and are more likely to have no children. They are also more likely to be divorced and will thus be more likely to live alone as they age.

“The aging of the population will also affect the nature of the services the health care workforce must be equipped to provide, and the settings in which this care is provided.”

The new demands placed on the health care system not only include a need for greater numbers of health care workers, but may involve changes in the way services are provided to older adults, including more services being delivered at the homes of patients, in group settings, in nursing homes and assisted living facilities, or through the Internet. As a result, new opportunities will develop for health care personnel in settings in which they are not currently well-represented (for example, physician assistants and nurse practitioners may appear more often in long-term care.)

Also, home health and assisted living settings are expected to employ many more health professionals in the next decade or so. Employment in nursing homes will also rise, although more moderately.

Key findings from the report related to today’s health workforce include:

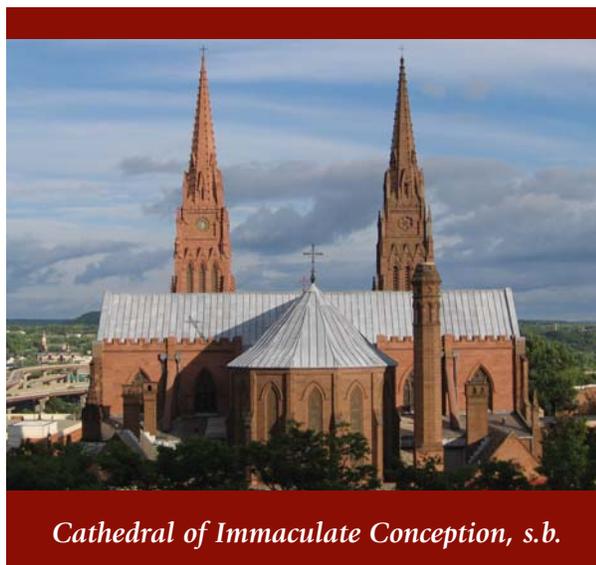
Most health professionals receive limited training on care to older adults. Workers in many health professions and occupations need better training in geriatric issues. The current standards for geriatric education vary, but the geriatric content can be made available to providers in the future through:

- the required curricula in educational and training programs;
- inclusion on licensure examinations;
- continuing education courses; and
- specialty geriatrics programs and credentials.

Many health professions and occupations do not yet offer formal credentials focused on the needs of older adults. When such a credential is offered, the number of workers with the

credential is typically very small. A majority of health workers in most settings deal with substantial numbers of older adults whether or not they are specialists. All health worker educational programs should include basic competencies in serving older adults.

Many health professions lack diversity. Racial and ethnic imbalances persist in many health professions and occupations. Almost 40% of New York’s population is comprised of racial and ethnic minorities, but many health professions are predominantly non-Hispanic White. Research suggests that a lack of cultural competence is one reason for the racial and ethnic disparities in health outcomes. Increasing the number of underrepresented minorities in health professions has the potential to improve the cultural competence of these professions. Minority recruitment may also be critical to maintaining an adequate supply of health professionals as non-Hispanic Whites become a smaller percentage of New York’s population.



Cathedral of Immaculate Conception, s.b.

Future shortages of health workers to serve older adults are likely. Large numbers of health care workers will be retiring just as the demand for health care is on the rise. Certain professions and occupations are at greater risk of depletion than others. Occupations with long educational trajectories tend to have older workers on average than those with shorter educational trajectories.

Our research highlighted important areas for policy consideration, including potential shortages, lack of diversity in many health professions, need for geriatric training for generalists and specialists, and acquiring better data to monitor supply of, demand for, and use of health professionals serving older adults. The coming demographic changes have the potential to transform the health care delivery system in the U.S. Future research should examine these issues in greater detail to inform planning so that access to health care for older adults is assured. 🦋

🦋 *Jean Moore and Sandra McGinnis are with The Center for Health Workforce Studies at the School of Public Health, University at Albany, SUNY — <http://chws.albany.edu>*

Guardianship—stopping financial exploitation in its tracks

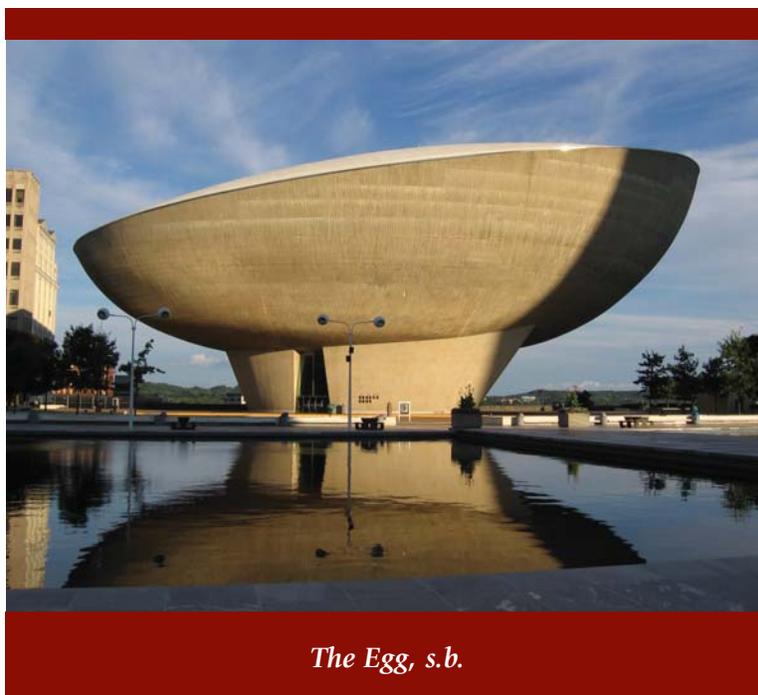
By Rose Mary Bailly, Esq.

Ruby Slater was a 67-year-old widow suffering from many chronic maladies. Her two home health aides were “very good” to her—so “good” that after their services for Ruby were terminated they continued to visit her, at which point they went straight from “very good” to “best.” They convinced Ruby to appoint them her agents under a power of attorney in order to “help” with her financial affairs. They transferred the title of her home from Ruby’s late husband to Ruby so that they could obtain a reverse mortgage on the property. Finally, they convinced Ruby to leave them her entire estate in her Will¹.

“An older adult’s narrowing social circle often leads to reliance on strangers like the aides, to whom they entrust intimate financial information and affairs.”

Incidences of financial exploitation of vulnerable adults like Ruby Slater are all too common. An older adult’s narrowing social circle often leads to reliance on strangers like the aides, to whom they entrust intimate financial information and affairs. The results are sadly predictable—a lifetime’s savings feather someone else’s nest.

While guardianship should be regarded as the last resort in addressing the needs of vulnerable adults because it is an extraordinary intrusion in an individual’s life, guardianship is a means to rescue the vulnerable from exploitation. Indeed, a guardianship proceeding often brings to public attention financial abuse of an older adult by family and “friends.” Several recent New York cases reflect that unfortunate reality. In one, Jennie, an elderly woman, gave her two great-nieces power of attorney. As she became more confused, the agents spent close to \$600,000 of Jennie’s money. When only a pittance was left, one niece



The Egg, s.b.

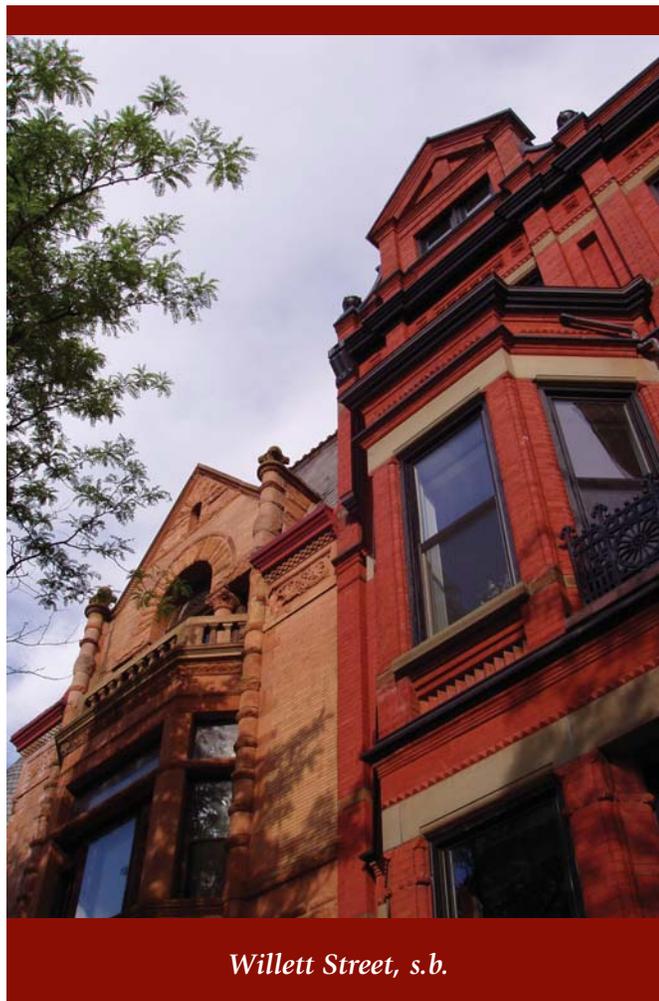
dropped Jennie off at a hospital because she thought it was “an easy method to get her aunt transferred to a nursing home.” During a guardianship proceeding brought by the hospital, the nieces were unable to account for Jennie’s assets and the court referred their conduct to the district attorney².

In another, a son holding a power of attorney for his father, Albert, who was hospitalized with a stroke, refused to cooperate with the hospital in completing a Medicaid application for Albert. In the subsequent guardianship proceeding that the hospital brought because of the son’s refusal, the son was unable to account for the assets of Albert’s business³.

In a third, an old high school “sweetheart” took advantage of Dorothy’s depression to isolate her from friends, marry her and use a power of attorney to deplete her assets. In a subsequent guardianship proceeding, the court annulled the marriage and voided the power of attorney⁴.

A guardianship proceeding invokes the court’s protection of victims like Ruby, Jennie, Albert, and Dorothy, and allows the court to expedite a hearing about how to safeguard them. Before the hearing, the court can protect a victim by denying the exploiter further access to the victim and her assets, appointing a temporary guardian to guard against further misappropriation of the victim’s property, and notifying the county clerk that the victim’s real property is under court protection. The court appoints a court evaluator who assists it by investigating the victim’s situation. The court evaluator is in an excellent position to uncover improper behavior and so advise the court.

When the investigation is concluded, the court holds a hearing. During the hearing, it can further protect the victim by closing the courtroom to witnesses, so that the victim can testify



without fear of intimidation by the exploiter.

At the conclusion of the hearing, the court has numerous options. It can, for example, revoke a power of attorney and a Last Will and Testament such as the ones Ruby executed. It can also appoint a guardian to manage the person's financial affairs, attempt to recover any assets taken from the victim, and prevent further exploitation of victims like Ruby Slater.



1. *Matter of Ruby Slater*, 2/11/2002 NYLJ 28 (col. 3).
2. *In re Jennie Fanelli*, N.Y.L.J. Feb. 23, 1998.
3. *In re Rochester Hospital (Levin)*, 158 Misc.2d 522 (1993).
4. *In re Johnson*, 172 Misc.2d 684 (1997).

Editor's note. *Attorney Rose Mary Bailly describes how "guardianship is a means to rescue the vulnerable from exploitation" and the role the courts play to protect those in need. It is worth also noting roles played by nonprofit organizations like the Vera Institute of Justice. The Institute has established The Guardian Assistance Network (GAN) to provide support to family members who have been appointed to serve as guardian to a relative. GAN's mission is "to provide guardianship services in the least restrictive way, which means keeping clients in a community setting, where possible, and often includes avoiding unnecessary institutionalization altogether."*



Rose Mary Bailly, Esq., is the Executive Director of the New York State Law Revision Commission and Special Counsel to the Aging Law & Policy Program of the Government Law Center of Albany Law School. She is the co-author, with Elizabeth Loewy, J.D., of Financial Exploitation of the Elderly (Civic Research Institute, Inc., 2007) and an Adjunct Professor of Law at Albany Law School teaching Guardianship Practice, New York Administrative Practice and Procedure, and Elder Law.

Help me!

By Ann Decker

I am no stranger to the concept of help: my mother had help with house cleaning; my father's drugstore had several employees; my parents hired a tutor to get me through high school algebra. People paint my house, do my nails, style my hair and mow my lawn. That kind of help is easy—pick up the phone, ask how much and set a date.

The help I need now is trickier. My husband has moderate stage Alzheimer's disease and it's easy to lose control of the situation. It's one thing to hire someone to cut grass. It's an entirely different thing to trust another to care for someone who has been my partner almost since puberty. For some time now, I have been trying to go it alone.

"It's one thing to hire someone to cut the grass. It's an entirely different thing to trust another to care for someone who has been my partner almost since puberty."

Joe and I were childhood sweethearts. He has always shared my life and wants to do that now. I want to tell him what a hard time I am having with this disease but it would be useless. He looks amazing—tall, strong and handsome. When he wears blue, his eyes are as blue as Paul Newman's. He looks "normal." He knows me; he knows I am his wife. He sees I am tired, he doesn't know why. "Why" is because now I work for both of us: pay bills, change light bulbs, and program the VCR. I do all the driving, shopping, laundry, cooking, weeding, and social planning. Make appointments and dispose of dead mice. I hammer nails and take out trash. Kill bugs. I am responsible for his health, safety and entertainment seven days a week, 24 hours a day.

I answer his questions—over and over, the same questions. I choose his clothes, help him get them on and try to keep them to one of each—he likes to put on two or three shirts, a couple of pairs of trousers, socks until he can't get his shoes on his feet. We spend a lot of time putting things on and taking them off. His favorite pastime is going to the movies and he needs someone with him . . . me. He needs constant reassurance that I still love him and won't leave him or send him away. I am trying with all my heart to keep him home, with me.

We have attended a support group since my husband was diagnosed. It has been a safe place to air feelings and accept reality and, for a while, it was enough. Now, I find myself frantic for some time to myself and when frantic, I am prone to falls and fender benders. It would be glorious to have someone step in and replace me every so often, regularly. I want to read and need to write. Neither is possible while I am on duty and I am always on duty.

Help me!

Perhaps it's because I am ready to listen that I am hearing about so many resources available for the asking—medical and social day care programs, companion care, home care and respite services. At first, guilt kept me from considering that kind of help—no one else could do it right. He wouldn't accept it. I worried about costs, about kindness. There was no need to worry.

Three mornings a week of a social day care program now give me some precious alone time. A voluntary "care team" suggested by our current support group provides a home visiting service and might expand to someone taking him out occasionally to a movie. After that, we'll see.

Happily, a pilot NNORC (Neighborhood Naturally Occurring Retirement Community) program in our neighborhood sent me a questionnaire about our need for assistance. "What can we do for you?" it asked. I didn't know but I attended the next organizational meeting and am finding out. For openers, following a few break-ins in the area, the NNORC arranged for increased police watchfulness. This program, also staffed by volunteers, will arrange for minor home repairs and maintenance at reasonable costs.

The generous people who staff these mostly volunteer programs and who offer us the gift of time, make it possible for me to not only write about the nasty business of Alzheimer's, but also to move through it with grace and equanimity.

At the center of things, my husband is still here—the same sweet man I married, with the same dazzling smile. Some behaviors have changed, some skills are lost but the heart of the man is still with me and mine with him.

So, like I said, "Help me." Please. 

 *Ann Decker is a pharmacist and freelance writer. She wrote, with Nancy Macintyre, the book, *A Few Strong Women: A Short History of Nurse Practitioners in New York State.**

Long term care strategies for our senior population

By Albany County Executive Michael G. Breslin

The numbers are compelling; the dramatic increases in our senior population require changing the nation's priorities. Currently in the United States, 12 percent of the population is age 65 or older. By 2025, that percentage will grow to over 20 percent. With such a large growth in our senior population it is imperative that local governments begin to develop a vision and strategies to cope with the myriad issues that will surface over the next decade.

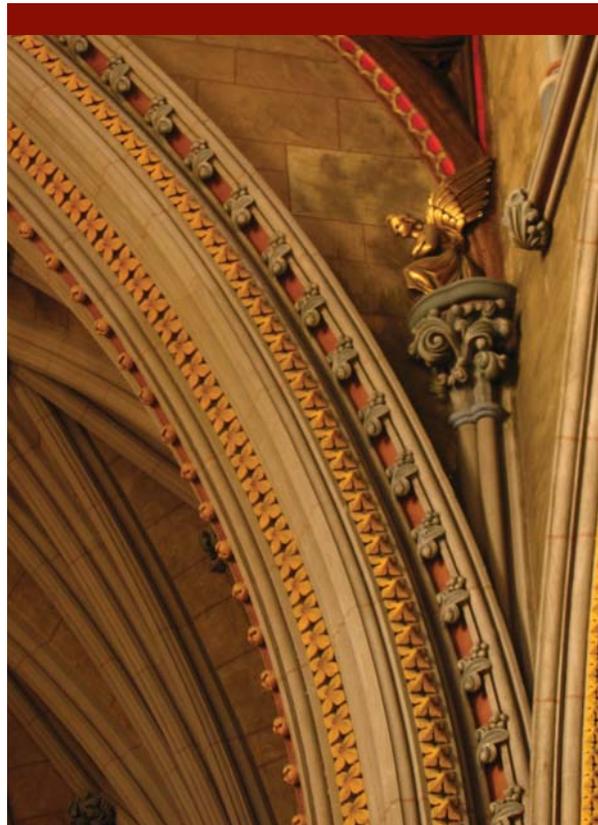
I have spoken on numerous occasions throughout the community on issues relating to our senior population. Each time I touch upon two key points. First, we must identify the needs of the community and create solutions. Second, I am quick to express what we all know: no one wants to go to a nursing home.

No one wants to be separated from those they love and with whom they are familiar. For many seniors, being placed in a nursing home means being separated from a spouse of many decades—a physically and emotionally draining experience. Others with somewhat diminished physical capacity simply want to maintain as much independence as is possible and could remain in their own homes or community setting if adequate assistance were available.

Role of Albany County

With this in mind, Albany County has been and will continue to be a key player in efforts to develop a broad range of strategies to create and promote services that allow seniors and individuals with disabilities to live as independently as possible for as long as possible.

The most concise explanation of Albany County's long term care vision is the one sentence mission of the Albany County Department for Aging:



St. Joseph's Church, s.m.

"The mission of the Department for Aging is to enable seniors to maintain an independent and self-directed lifestyle by providing the highest quality of supportive services to seniors, their families and caregivers."

Albany County's long term vision is one in which seniors are able to live where they see fit, be it in their homes, in adult homes or in assisted living facilities. We want to ensure that all of our seniors' needs are appropriately addressed, from community clinics to provide health screenings and flu shots to nutritious meal options in home and congregate settings. Seniors also need appropriate opportunities to socialize both with other seniors and in inter-generational settings.

"No one wants to be separated from those they love and with whom they are familiar."

The diversity of people in Albany County presents an added challenge to the development of comprehensive countywide long term care strategies. In an effort to address the lifestyle issues of such a diverse population, Albany County developed a Long Term Care Coordinating Council. The goal of the Council is to analyze existing long term care services throughout the County and identify gaps in services available.

Long Term Care Council

In early 2007, we created the 35 member Long Term Care Council with representatives from various consumer groups, consumer-based and residential long term care providers and advocates to assess needs and existing resources. The Council recommended that funding be allocated for crisis management to better assist seniors and their families in dealing with unexpected and catastrophic health incidents and for care coordination to appropriately match services to complex individual needs. A sudden loss in mobility can be devastating and the absence of crisis management and family support can lead to an unwarranted and unnecessary placement in a nursing home. Similarly, multiple individual needs may be too complex to handle without expert care coordination.

Funding to launch these enhanced services is included in my 2008 proposed budget and the County Department of Social Services has already begun planning pending the adoption of the 2008 budget in December.

In addition to development of community-based long term care services, Albany County is addressing changes at our residential health care facilities.

The recommendations of the New York State Commission on Health Care Facilities in the 21st Century (the Berger Commission), which became law in January, require the merger of the Ann Lee Home and County Nursing Home and the construction of a new smaller facility with no more than 250 beds while simultaneously providing financial support for community-based alternative long term care services. We are currently preparing a request for proposals for site selection and the construction of a new facility.

In the years to come we will continue to work with the community to develop innovative long term care strategies that are cost-effective and appropriately suited to the needs of our community. By utilizing best practice models and maintaining a direct and open relationship with those in need of long term care services and their caregivers, we look forward to assisting the senior population to obtain access to whatever long term services necessary to help them live as independently as possible, in good health and with dignity.



St. Joseph's Church, s.m.

 *Hon. Michael G. Breslin has been Albany County Executive since 1995.*



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IMAGES. Each issue of CCQ will use images of architecture and natural features that make the Capital Region special. The cover for this issue has an image of the State Education Building, St. Joseph's Church at tulip time and the 18th century Johnson Map. This issue highlights the Historic Albany Foundation.

CREDITS: The photograph of the State Education Building on the cover is by Samantha Bosshart and the picture of St. Joseph's Church on the cover is by Steven Mikulencak. Photographs throughout the issue noted with s.b. are by Samantha Bosshart and those noted with s.k. are by Steven Mikulencak.

CCQ is available in pdf format on [Http://www.albanyguardiansociety.org](http://www.albanyguardiansociety.org)

Organizations and their web sites that may be of interest to CCQ readers

Albany County Department for Aging

<http://www.albanycounty.com/departments/aging>

Albany Roundtable

<http://www.albanyroundtable.com>

American Library Council

<http://www.lff.org/about>

Capital District Regional Planning Commission

<http://www.cdrpc.org>

Civic Ventures

<http://www.civicventures.org>

Community Foundation for the Capital Region

<http://www.cfcrr.org>

Elder Network of the Capital Region

<http://www.albany.edu/aging/ENCR>

Federal Reserve Bank of New York, Buffalo Branch

http://www.newyorkfed.org/aboutthefed/buffalo_branch.html

Fulton County Office for the Aging

<http://www.fcfa.org>

Generations United

<http://www.gu.org>

Global Action on Aging

<http://www.globalaging.org>

Government Law Center at Albany Law School

http://www.albanylaw.edu/sub.php?navigation_id=668

Grantmakers in Aging

<http://www.giaging.org>

Greene County Office for the Aging

<http://www.greenegovernment.com/departments/aging/index.htm>

New York State Office for the Aging

<http://www.aging.state.ny.us>

Osher Lifelong Learning Institute

<http://www.usm.maine.edu/olli/national>

Rensselaer County Department for the Aging

http://www.rensco.com/departments_familyservices.asp

Rensselaer Polytechnic Institute

<http://www.rpi.edu>

Rockefeller Institute

<http://www.rockinst.org>

Sage Colleges

<http://www.sage.edu>

Saratoga County Office for the Aging

<http://www.co.saratoga.ny.us/aindex.html>

Schenectady County Department of Senior and Long Term Care Services

www.schenectadycounty.com

Schoharie County Office for the Aging

<http://www.schohariecounty-ny.gov/CountyWebSite/OfficefortheAging/ofaservices.jsp>

Schuyler Center for Analysis and Advocacy

<http://www.scaany.org>

Town of Colonie

<http://www.colonie.org>

U.S. Environmental Protection Agency Aging Initiative

<http://epa.gov/aging>

University Albany School of Public Health

<http://www.albany.edu/sph>

University Albany School of Social Welfare

<http://www.albany.edu/ssw>

United Way of the Greater Capital Region

<http://www.unitedwaygcr.org>

Warren County Office for the Aging

<http://www.co.warren.ny.us/ofa>

Washington County Office for the Aging

<http://www.co.washington.ny.us/Departments/Ofa/ofa1.htm>

§ Our Mission §

Albany Guardian Society continues to seek opportunities to improve the quality of life for seniors as we carry out our Mission.

- The mission of Albany Guardian Society is to engage in a broad spectrum of endeavors that will improve the quality of life for seniors.
- We will devote funding to develop and support services for seniors.
- We will create an environment that will maintain the growth of creative and innovative ideas.
- We will fund the exchange of information to enable interested parties to learn how to create a better standard of living for our elders.
- We will attract additional resources to increase the impact we can make as we remain mindful of our mission to serve the elderly.