Opportunity

Experience

Ideas

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- Growing Interest in Locally Grown Food
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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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Publisher’s Corner

The More Things Change, the More They Stay the Same

In the October issue of CCQ, I shared with you the news that this will be our last issue. We plan to move to a new online publication in 2013 titled Capital Commons Report, and it will have an entirely different format. As we were planning this final issue, we kept referring to our subtitle, The Dynamics of Aging in our Community. We asked ourselves if our community experienced the dynamics we were intending to reference back in 2007. Well, the answer is yes. The characteristics of citizens in our region are shifting exactly as we thought they would. Aging citizens are becoming a larger percentage of the population, and this percentage will continue to grow until we exhaust the baby boomer cohort. Have we learned anything about how to respond to this reality? Do citizens sense that governmental agencies and service providers possess greater skills and capabilities to meet today’s (and tomorrow’s) needs?

This column is being written a few days after the November 6 presidential election and now that President Obama has been re-elected, it’s clear that most, if not all, of what has been called “Obamacare” will actually be applied. What many people are now trying to determine is how the Patient Protection and Affordable Care Act (the correct name) is going to impact the health and aging services delivery network. How will this new system work? Will it be more helpful to aging citizens? In some ways, it will benefit seniors, but regardless of how you feel about the PPACA, rest assured it will be complicated and require all of us to learn how to navigate through the system.

Two days after the general election, Albany Guardian Society held a community forum that featured representatives from the Village to Village Network, a national organization that is fostering the development of local, neighborhood-based, membership organizations. Seniors who belong to these organizations are finding that they are able to more easily age in place, remaining in their own homes with the assurance that needed assistance is readily available. Local organizations that have embraced this movement are working to reshape how neighbors interact with one another in an effort to provide seniors with affordable, straightforward, easy to understand, community-based support services.

Beacon Hill Village in Boston spawned this “Village” movement and continues to be held as the epitome of how to do this well. Most “villages” are membership-based and require participants to pay dues. Others are organizing services for neighbors, from neighbors using volunteers and avoiding membership dues. Regardless of the approach, these villages are made up of groups of people within a specified geographic area who have decided to help their aging neighbors (and neighbors with disabilities) by providing tiny inputs of service that often mean the difference between a person staying at home or having to move to a more institutionalized setting. I am struck by the simplicity of this movement. Think about it: people behaving precisely the way people have behaved for generations before us.

Soon we are going to see the application of a new health care system that will hopefully bring many benefits; however, most of us would be seriously challenged if asked to describe the thousands of details associated with the Patient Protection and Affordable Care Act. The grassroots response to this ever more complicated world of aging services is the growth of the Village Movement. Built from the micro-fibers that define a community. Neighbors helping neighbors. I think we’ve come full circle, and I’m okay with that.

Rick Iannello  
Executive Director  
Albany Guardian Society
Editor’s Column

CCQ is about the “dynamics of aging and our communities” and this issue is a great example of this commitment as subjects like libraries, aging in place, local food, regional planning, caregiving, and the roles of faith based institutions are discussed.

Our featured organization is the Albany Public Library, and we also highlight our three regional library systems. Excellent public libraries, which exist throughout our region, are the best example of intergenerational educational and social institutions. At libraries, children develop an appreciation for reading, adults can get help with job searches, and seniors learn computer skills. We can learn that much more goes on in libraries as Carol Nersinger tell us about the Albany Public Library.

Sociologist Meika Loe, who has studied our communities and found many seniors wanting to age at home, also found that “most utilize at least one service provider, whether it is a home care aide, a house cleaner, an exercise program, a meal program, or a continuing education program.” Meika shares what she has learned about best practices for aging in place.

Amy Halloran, an enthusiastic advocate for local food, highlights various ways seniors, who she points out know the value and qualities of fresh produce, have become engaged in community local food initiatives such as community gardens.

While it is not news that “seniors will be a dominant force to reckon with during the next three decades,” local and regional planning for the transformations necessary for a growing senior population has not been a high priority. Regional planner Rocky Ferraro shares his thoughts and analysis for how our communities can serve “all population groups regardless of age.”

At the level of individuals and families, Laurie J. Bacheldor spells out the need to plan ahead for the day when each of us and/or someone close to us is going to need care or be a caregiver. Believe me, I know first-hand what Laurie is talking about when she shares her personal and professional knowledge about meeting the “crisis of the moment” and she is right on the mark.

Exchanges between citizens of different countries are often productive ways for learning about other cultures and gaining new ideas. Rev. Alice Kyei-Anti, who visited Albany in the fall, and her Albany host Lois Wilson have provided us with examples of how faith communities in Ghana and the Albany metro area, respectively, provide support for seniors.

As a civic activist for many decades, I share my thoughts on the choice between aging in the Albany metro area versus moving to a retirement community in the South.

Finally, Thomas Gais, Director of the Rockefeller Institute, gives his post-election analysis of modest changes that may be made by Congress next year.

I hope you will find this issue of CCQ informative, useful, and even provocative for the life decisions we all face.

Paul M. Bray is an Albany attorney who is a lecturer, a columnist, and founding President of the Albany Roundtable civic lunch forum. His e-mail address is pmbray@aol.com.
Albany Public Library

By Carol Nersinger

Walk into any of Albany Public Library’s (APL) seven neighborhood locations and you’ll find people browsing stacks of books, checking out DVDs, and using computers. But do you know what else the library has to offer?

“Last year alone, Albany Public Library circulated more than 1.3 million items and recorded more than 1.1 million customer visits.”

At Albany Public Library you can:

- Research your family’s history in the archives of newspapers, photographs, and other resources of the Albany History Room
- Get personalized help with writing a resume and conducting a job search
- Learn how to use basic computer software programs
- Take an exercise class and get health screenings
- Get help setting up your e-reader and learn how to load it up with library books
- Participate in a book group with fellow readers
- Use the quiet study rooms for group projects or independent work
- Bring your laptop, settle into a comfortable chair, and access the wi-fi network
- Enjoy musical performances and movie showings
- Attend a workshop on how to fix your finances and improve your credit score
- Get your income taxes prepared
- Obtain advice about buying a house and finding a reliable contractor
- Work on your knitting and crocheting project alongside talented fiber artists
- Teach your child or grandchild the love of reading through interactive story times
- Hear an author talk or participate in a book review
- Find tutors for school-age children and get education assistance for adults
- Learn how to be a responsible pet owner and interact with therapy dogs
- Access countless databases for research and information
- Read your favorite poem out loud at an all-ages poetry slam
- Participate in family-friendly events like roller skating parties and outdoor festivals
- Get personal assistance with your research project
- Find your crafty side and make jewelry, decorations, and art
- Get suggestions on the next great book to read

And the list goes on. As you can see, the library is dedicated to educating, entertaining, and empowering the people of Albany.
Last year alone, Albany Public Library circulated more than 1.3 million items and recorded more than 1.1 million customer visits. People accessed the public computers more than 205,000 times. Librarians answered over 147,000 reference questions. More than 9,000 people got library cards. And the library hosted more than 2,700 programs attended by close to 50,000 people. These impressive statistics demonstrate the important role that the library plays in Albany.

All of this activity takes place across the city, in seven neighborhood libraries. You’re never far from a branch of Albany Public Library:

- Main Library at 161 Washington Avenue
- Arbor Hill/West Hill Branch at 148 Henry Johnson Boulevard
- Bach Branch at 455 New Scotland Avenue
- Delaware Branch at 331 Delaware Avenue
- Howe Branch at 105 Schuyler Street
- North Albany Branch in the YMCA at 616 North Pearl Street
- Pine Hills Branch at 517 Western Avenue

And what beautiful libraries—five of the branches were constructed or renovated in a huge project completed between November 2009 and May 2010. The Branch Improvement Plan—which brought brand-new libraries to the Arbor Hill, West Hill, and New Scotland neighborhoods and fully renovated libraries in the South End, Pine Hills, and Delaware neighborhoods—was actually cited as the “best use of public funds” by Metroland magazine. These new libraries feature: separate areas and computers for adults, teens, and children; small group study rooms; community meeting rooms; and gardens. The Main Library—which started its life as an IRS building in the mid-1960s—will get some TLC next year in a planned cosmetic makeover that includes paint, carpeting, furniture, and relocation of some departments to make the building flow better for patrons.

These great buildings are more than just repositories of books; they are evolving into community centers. People meet at the library to chat about current events and catch up on neighborhood happenings. Parents stop by with toddlers on their way to pick up older children from school. Neighborhood associations and other local organizations hold meetings and community forums in the libraries. Gardening groups volunteer their time to spruce up the landscaping and create ecosystems for native butterflies. New immigrants practice their English skills and learn about American culture. Local schools bring classes to the library to learn about using books and online resources for research papers. Retirees access information as they plan vacation
itineraries and then come back to share stories from their trips. The library connects people to information and to each other.

Now that you know what Albany Public Library has to offer, stop by your neighborhood library and experience why Metroland magazine named Albany Public Library the “best public library system in the Capital Region.” Three Regional Library Systems provide services for the public libraries in their respective service areas that make up our region.

### Upper Hudson Library System

The Upper Hudson Library System (UHLS) coordinates resources and activities that will improve the services of the public libraries in Albany and Rensselaer Counties. UHLS is chartered to serve the 447,108 residents of Albany and Rensselaer Counties, covering 1,178 square miles.

The Upper Hudson Library System is a cooperative association of twenty-nine autonomous public libraries working together to improve library service for the residents of Albany and Rensselaer Counties. UHLS is one of twenty-three public library systems in New York State. UHLS was founded in 1960 and is now a not-for-profit, educational corporation chartered in 1989 by the Board of Regents of the University of the State of New York. The primary source of income is aid from New York State, allocated by Education Law.

UHLS coordinates programs and activities to assist and complement the resources and efforts of its member libraries. It offers a variety of consultant services, works to improve library and information services through a unified automation system, operates a daily delivery service, and provides outreach services to underserved populations. Recently, UHLS has been giving special attention to increasing the availability of and services relating to e-books.

### Southern Adirondack Library System

The Southern Adirondack Library System (SALS) is a voluntary association of thirty-four public libraries in Hamilton, Saratoga, Warren, and Washington Counties that work together to provide the best possible library services to people living in our region.

Chartered in 1959 by the New York State Board of Regents, SALS is one of twenty-three public library systems in New York State. Almost all of their revenue comes from the State of New York. It is governed by a Board of Trustees composed of three representatives from each county elected by the trustees of the member libraries. Each member library is governed by its own board of trustees and is funded primarily by local taxes.

SALS operations are guided by a Plan of Service developed by a committee of SALS trustees, member library trustees, and staff representing all sizes of member libraries with attention to geographic location. Automated library services are provided to member libraries through the Joint Automation Project in collaboration with Mohawk Valley Library System (MVLS). Crandall Public Library is the System’s Central Library.
Mohawk Valley Library System

Holdings at these libraries include account books, business records and ledgers; atlases and maps; bibles; biography, surname and obituary files; census records; cemetery, marriage, military and pension records; church and county histories; city directories; DAR lineage books; diaries; ephemera; gazetteers; genealogical family charts; letters and personal papers; newspapers; notebooks; pamphlets; photographs; printed books; scrapbooks; watercolors and objects d’art.

The focus of these collections is the historical persons and places in the libraries’ service area. Some of the featured personalities, organizations, groups, regions and events include: Susan B. Anthony, James and Bartlett Arkell, Harvey Chambers II, Currier and Ives, Kirk Douglas, Amelia Earhart, Rev. Washington Frothingham, Sir William Johnson, Don Cameron Shafer, and Elizabeth Cady Stanton; Beech-Nut Company, Central Asylum for the Deaf and Dumb, the Christopher Best Medical Exhibit, Clinton Liberal Institute, General Electric, Howes Caves, Queen Anne’s Chapel Parsonage, Schoharie Crossing and Aqueduct and Starin Place; Daughters of the American Revolution, Grand Army of the Republic, National Glove Leather Association; Palatine Germans, Mohawk and Oneida Iroquois; the Adirondacks, Erie Canal and Sacandaga Valley; Colonial New York and the Revolutionary War; local transportation history, the spas and hotels of Sharon and the decorative arts collection of Margaret Reaney.

The wealth of information available at these fourteen public libraries can only be hinted at through an exhibition such as this one. Individuals interested in local history and genealogy are encouraged to contact the libraries and arrange an on-site visit.

Barbara Nersinger is Executive Director of the Albany Public Library.
Aging at Home, but Not Alone: Building Caring Communities in the Capital Region

By Meika Loe

Five years ago, Judy Willett, the first Executive Director of the Beacon Hill Village, spoke at the Desmond Hotel. I had read about the “village movement,” and here was one of the founders of the Beacon Hill Village talking about how to create a “care village” in Albany. She walked through the history; how a group of friends in Boston came together and created the first neighborhood membership organization that could pool resources, hire a small staff, and create a care community that would respond to their needs as they aged. This was one of many events I attended over the course of the last six years hosted by Albany Guardian Society, focused on the theme of “aging in place,” and it opened my eyes.

“They stressed their need to be independent, above all else, and who could blame them—this is our American creed.”

At the same time, I was living in Center Square in downtown Albany and experiencing a village-like caring residential community for the first time in my life. My block of neighbors, made up of households that ranged in age from one to ninety-three, decided to hold monthly potlucks, joint birthday parties, and intermittent excursions. For five years the neighbors banded together to do home delivery of meals for the oldest couple on the block. Sidewalk clean-up and snow clearing responsibilities were also shared by all.

As a newcomer to the Albany area, I couldn’t believe my luck—my new neighborhood coupled with regular Albany Guardian Society events meant I was perfectly situated to learn about my new community and local resources, and continue my research on aging in place. I was in the midst of a three-year research project focused on thirty elders living mostly at home, many in the Capital Region, ages eighty-five to one hundred and two, and how these individuals managed self-care and mobilized resources to protect their autonomy. I could see how a rare caring neighborhood such as mine would help many of the elders who participated in my research. A few of them leaned on neighbors for favors and mobilized local resources beautifully. But many were unaware of what the Capital Region had to offer; and perhaps too proud to look into the options. They stressed their need to be independent, above all else, and who could blame them—this is our American creed.

As a sociologist, the importance of community and social interaction is foremost on my mind. Sociologists have a word for the value placed on social connections: social capital. Harvard
sociologist Robert Putnam’s bestselling study, *Bowling Alone*, exposed a marked decline in social capital or connectivity as the generation known for bowling leagues and clubs aged out. For years, sociologists have argued that “successful aging” is not just about individual solutions. Social connectivity is perhaps the most important factor shaping one’s health and quality of life. Without it, asking for assistance and finding necessary resources becomes quite challenging.

The history of Albany, otherwise known as “Smalbany”, is the history of social groups migrating to our region for jobs, transportation, retail and business opportunities, faith communities, political opportunities, and social movements. Jack McEneny writes of Albany as a city of small social groups, new opportunities, and big aspirations—after all, he who held the keys to the state government likely aspired to the presidency. I myself migrated to Albany (despite working two hours away) because of its history of social movements and forward-thinking; and because the city offers so many things to do and be involved in, at any age. My hope was that, given this legacy, Albany would offer innovative solutions for aging in place.

The legacy of social groups and community parishes plays out today in the lives of the elders I profiled in my book. Many look to their faith communities, neighborhoods, and local organizations (beyond family) for support in old age. But these immediate communities can be limiting. Elders still experience gaps in care—and they may not know where to turn to fill those gaps. Whether in New York or elsewhere in the United States, elders must coordinate their own care; patiently navigating fragmented options, or go without.

Free community forums on aging in place have offered openings and possibilities for all of us as we think ahead. After attending six years’ worth of events on wide-ranging themes—from co-housing, to faith communities and dying, to at-home care—I would make lists of all of the resources I learned about and eagerly shared this information with neighbors and research participants. I would also follow up with many of the presenters, who were national leaders in aging, and aging with dignity. In the end, a good number of participants in my research took advantage of local programs for aging in place.

What I came to learn over the course of my book research was that New York, and particularly the Capital Region, are ahead of the curve when it comes to supporting elders aging in their own homes and communities. State and local entities and other grassroots organizations are models in this regard. Together, they “get” that social integration is crucial to the success of aging in place.
In my research, I found that almost all “oldest old” individuals want to age at home, and most utilize at least one service provider, whether it is a home care aide, a house cleaner, an exercise program, a meal program, or a continuing education program. These programs come from a range of for-profit, non-profit, government, and municipal entities aiming to help fill in the gaps and deliver the most comprehensive home-based support that those opting to age in place deserve. However, doing the research to track down these resources can be daunting.

Sometimes these services come in a package deal or are coordinated for groups, such as in the “village model,” or to a lesser extent in Naturally Occurring Retirement Communities (NORCs). However, the vast majority of us are left to create our own informal caring communities. Over the course of my research, I have been inspired by the myriad ways elders in our region are informally creating caring communities around them, by volunteering, sharing the bounty in their gardens, reaching out to neighbors, regularly checking in on others, participating in faith rituals, opening their homes, participating in neighborhood associations, and sharing jokes.

“Social connectivity is perhaps the most important factor shaping one’s health and quality of life.”

I am also inspired by the formal care options that exist in our region. Today, when I speak about my book, *Aging Our Way: Independent Lives, Interdependent Realities*, I share the best practices of our region when it comes to supporting aging in place in the hope that others will be inspired by these examples. We have much to be proud of here in the Capital Region. (See “Examples of Regional Resources for Aging in Place” listed below.)

While the official Village Movement hasn’t hit Albany, we have similar care communities in place, enabled by municipal, state, and federal investment. Albany has one of the first and only neighborhood naturally occurring retirement communities (NNORCs) in the nation, where residents pool resources for service provision. Additionally, elders and disabled adults in the Capital Region can pay to be a member of Umbrella, which offers a vast array of support services including drivers, carpenters, plumbers, painters, handymen, and landscaping delivered by retired workers at affordable rates. And in terms of long-term care, New York was the birthplace of the Green House model of care, which emphasizes elder-focused care communities in small houses. Green Houses in Cohoes and Albany are evidence of this important change movement in long term care.

It is difficult to assess how a community supports aging in place without talking to the people who utilize such services. In a previous issue of *Capital Commons Quarterly*, I remembered Alice Hastings Murphy, who was a master at mobilizing local resources in her nineties. She turned to her immediate community for exercise and friendships. She employed Umbrella for driving services and finding handymen. Her condo association took care of landscaping and home maintenance. She relied on NABA (Northeastern Association of the Blind) for training and “gadgets.” Knowing of these resources, she put together a comprehensive care model that worked for her, and modeled how aging in place is supported in the Capital Region.
Examples of Regional Resources for Aging in Place

Neighborhood Naturally Occurring Retirement Community (NNORC) in Albany
The residential neighborhood between St. Peter’s and Albany Medical Center Hospitals, where over half of the residents are sixty or older, is a NNORC coordinated by the Jewish Federations of North America (JFNA) Aging in Place Initiative, which began in 2001. JFNA secures federal grants to improve quality of life, build community, and bring health and social services to concentrated vulnerable populations. In the Albany NNORC, all residents receive a newsletter, social events are held regularly, a social worker assigned to the community assesses needs and locates assistance for residents, and potential service providers are prescreened and made available to residents at reduced costs.

Community Caregivers
A small nonprofit serving the local hill towns with a vast pool of volunteers ready to assist elders with transportation, errands, or friendly visits.

Umbrella of the Capital District
An award-winning non-profit that offers a home maintenance and care membership program (including drivers, carpenters, plumbers, painters, handymen, and landscaping) for elders and the disabled. All workers are retirees who charge affordable hourly rates.

Silver Sneaker Exercise Programs
Medicare-funded fitness and community-center hosted exercise programs that include strength-training and aqua aerobics classes.

Senior Services of Albany
State and member-supported host of support programs including Meals On Wheels, a grocery shopping program, a friendly home visitor program, and pre-arranged bus transport to doctors’ appointments.

Expanded In-Home Services for the Elderly Program (EISIP)
Covers home-based and personal care for those aged sixty and older who need help with everyday activities to care for themselves, who want to remain at home and are not eligible for Medicaid. Clients pay for services on a sliding scale.

Program of All-Inclusive Care for the Elderly (PACE)
Geared towards frail elders who have both Medicare and Medicaid, need acute and chronic care, and live in a coverage area.

Northeastern Association of the Blind of Albany (NABA)
Non-profit offers free services from vision rehabilitation, to living skills, to adaptive technology and trainings.
I remain inspired by the many organizations dedicated to supporting aging in place in the Capital Region. I have seen individuals benefit from their services time and again. I am also inspired by elder residents who are modeling how to navigate this terrain for all of us. Their work to build caring tight-knit communities helps all of us, at any age. This way, the legacy of Albany continues to be one of community and innovation, and most of all, interdependence.

Meika Loe is a Professor of Sociology at Colgate University and the author of the book Aging Our Way: Lessons for Living from 85 and Beyond.
Growing Interest in Locally Grown Food

By Amy Halloran

Interest in local eating has soared over the last decade. While it’s tough to count how many people are growing their own food, the United States Department of Agriculture has been counting farmers’ markets since 1994, when there were fewer than 2,000 across the United States. There were nearly 8,000 markets this season, and 13,000 farms reported using a community supported agriculture, or CSA, sales model, selling customers a portion of the harvest at the beginning of the season.

Local is here, and here are examples of how local people and programs are helping senior citizens access fresh, local foods.

One route, says Capital District Community Gardens’ Executive Director Amy Klein, is through community gardens. The organization runs forty-seven different community gardening sites in the Capital District and the Saratoga area, giving people a chance to rent a plot and have access to seeds, classes, and other gardening resources. “From an historical perspective, the community garden program has always been a draw for senior citizens,” Ms. Klein said. “The great thing about gardening is there’s no limitation in terms of age on your ability to garden. It’s a great activity as people grow older and a great intergenerational activity as well.” For some community gardeners, growing food harkens back to the way they were raised.

Other organizations are also finding people interested in gardening. Instructors at the Jewish Community Center (JCC) in Schenectady wanted to teach about gardening and the environment, so the JCC installed ten raised garden beds this year. “We built ten gardens. Some were set aside for our youth program, and the other gardens were made available to anyone,” said Adam Chaskin, Program Director. Four of the ten beds were set aside for the after school program and summer camps to use, and the remaining six were made available for a modest rental to members. Seniors rented four of those six beds, and next year, the JCC will build more to meet demand.

“There were dates that the seniors would help or advise the kids while they were out there,” said Chaskin, which served an overall goal of encouraging interaction between generations. The best part for him was the kids’ excitement. “The seniors didn’t come running in here telling me what grew. The kids would get all excited—wow, there’s a pepper, there’s a tomato, there’s a zucchini!” That kind of enthusiasm is nourishing for anyone who is near enough to eat it.

If it whets your appetite to get outdoors and make fresh food with some light exercise, but you’re afraid you’re not up to it physically, container gardening is an option. And there is no shortage of equipment that can help the less flexible body adapt. Businesses like Gardener’s Supply in Vermont sell a number of ergonomic products, such as garden boxes that are waist high, and kneeling benches.

Another resource for gardeners is offered by state extension services. Cornell Cooperative Extension trains Master Gardeners in New York, and after a fourteen-week course, these gardeners volunteer fifty hours a year for two years, and afterwards, thirty hours a year.
“We have ninety-two Master Gardeners and probably 80 percent are retired,” said David Chinery, Cornell Cooperative Extension Educator in Rensselaer County. The intensive training and volunteer expectations limit the people who participate. “We take between ten and fifteen people. We’re really looking for people who want to do the volunteer time, not just learn stuff.”

These volunteers run gardens for Community Hospice of Rensselaer County and the demonstration garden at the Robert C. Parker School in North Greenbush. This summer they planted the 112th Street Memorial Park Garden in Troy. Master Gardeners teach classes, do office work, and lead school groups. “They’re great volunteers because they have a lot of knowledge about gardening, but also about life and all the things you have to do to function as a human being,” said Chinery. At the demonstration garden this year, the Master Gardeners planted a row for the hungry and grew loads of squash, tomatoes and onions for food pantries. Capital District Community Gardens (CDCG) runs the Squash Hunger program and collected produce at pickup sites around the area.

When CDCG started the Veggie Mobile, its mobile produce aisle, one of the populations targeted was senior citizens, so senior housing sites have always been on the list of stops. “That has been a huge hit, both for the convenience of the service and also because seniors do remember times when the produce truck would drive through the neighborhood,” said Amy Klein. This points to an advantage for this age group in terms of eating healthy: there is not as much of an information gap for seniors in terms of fresh produce. They know what it is, how to buy it, and how to use it. However, when it comes to hard squash or large produce items, they might not be able to cut the hard skin of a butternut, or eat an entire melon. This inspired staff to start cutting fruit and vegetables and to offer pints and quarts for sale.

One very satisfied Veggie Mobile customer is Reginald Harrell, retired developmental specialist and disabled senior who lives in a high rise in Schenectady. He shops every week, and as a five-year cancer survivor, he is happy to have access to good food. “I’m not the only one they treat with kindness and respect,” he said of the Veggie Mobile staff. “They service the people here with care and dignity. They carry five pounds of potatoes and a couple of heads of lettuce with some bananas up to someone’s apartment, and they do it with joy.”

Markets that are not on wheels also reach out to seniors. Community education is a big part of Honest Weight Food Co-op’s work, and the Co-op shows up at lots of locations, including urban and suburban senior housing units, to spread the word about healthy eating. A recent cooking demonstration for the residents of Teresian House offered samples, recipes, coupons, and information on the benefits of the Co-op. Two of these benefits are Senior Day, which is every Wednesday, when seniors can get 10 percent off their purchases, and Co-op members are eligible for a 5 percent discount any day of the week. Once the new store is open, a teaching kitchen will be onsite, expanding opportunities to reach people where we like to be met best: through food. “Presenting classes and services for seniors is certainly on our to-do list for our new store,” said Lily Bartel, Outreach Coordinator.

Give these attentions another ten years to shape our eating habits, and maybe we’ll be growing our own plates.

Amy Halloran lives in Troy with her family and any number of chickens. Her writings about food and agriculture can be found at her Website, amyhalloran.net.
Planning for Surge of Seniors

By Rocky Ferraro

It’s 10:00 PM on September 10, 2030. Do you know where your grandparents are? Many reading this article will in fact be the grandparents that your children and grandchildren will be wondering about. And there will be many of us—older folks, that is!

A few statistics to ponder while you’re contemplating where you may be or people worried about you are thinking where you are eighteen years from now. By 2030, in the Capital Region (Albany, Rensselaer, Saratoga, and Schenectady counties):

- The overall population is projected to be 888,073, an increase of 50,106 persons or 6 percent from 2010’s population of 837,967.
- The total number of persons 65+ is projected to be 197,361, an increase of 80,363 or 69 percent from 2010’s population of 116,998.
- In 2010, the population 65+ represented 14 percent of the Region’s total population; by 2030, it will represent 22 percent of the total population.
- Whereas 1 in 7 persons today is 65+, by 2030, 1 in 4.5 will be 65+.

No matter how you slice or dice it, seniors will be a dominant force to reckon with during the next three decades—to 2040—before there is a decline in the number of persons 65+. Should this be a surprise to anyone? Probably not! From a land use perspective, are we prepared to meet the needs of an aging population? Probably not!

Why is there no surprise about the dominance of this age group? It all started in 1946 and finally “ended” in 1964, the Age of the Baby Boom Generation. For those of us born during those eighteen years, and are lifetime members of the baby boom generation, we have lived and enjoyed the benefits associated with representing the largest cohort this nation has ever seen. The dominance that we have had in influencing decision makers and the marketplace, often to our benefit, is or should be readily apparent to everyone. Just ask any of the Gen Xers following us. The power of numbers!

The luxury of time to plan the next significant wave of impacts of the baby boom generation is behind us. Tomorrow is now, today. The first of the baby boomers turned sixty-five beginning...
in 2011 and, as noted above, it is not going to let up for another twenty to thirty years. From a planning perspective, are communities ready for the surge in services an aging population will demand and require? Unfortunately, most, if not all, are not. Simply put, the auto-dependent land use development patterns (and existing land use regulations) in most of the suburban communities in the Capital Region are not designed to accommodate the service needs of an aging population.

The baby boom generation has also been given the name the “Me Generation,” symbolizing a tendency towards self-involvement. And the marketplace has been responsive to this characterization. However, as the baby boomers age out, it is not so much a marketplace response by the private sector that is the issue, but the ability for the public sector to respond to the demand for “public” services required to accommodate an increasingly older population.

Our land use patterns can help achieve the objective of “Aging in Place,” but adopting land use regulations that integrate housing with other land uses and promote easily accessible services such as cultural and entertainment programs, or health services, requires a different attitude.

“No matter how you slice or dice it, seniors will be a dominant force to reckon with during the next three decades—to 2040—before there is a decline in the number of persons 65+.”

Many of our communities have adopted land use regulations that specifically prohibit mixed use, higher density, pedestrian friendly developments. Instead, many favor low density development with segregated land use patterns, primarily because of community opposition. Ironically, that opposition has traditionally come from the generation of baby boomers who originally moved into these communities to raise their families and who will now most benefit from a land use pattern that promotes the alternative.

Why the opposition and fears related to concentrated higher density development? Questions often asked include: How will it change the neighborhood? How will it impact my quality of life? Will it make traffic worse? What will happen to property values? And, what about crime? A fear of change is a primary basis of the opposition. That is the myth. In reality, change is inevitable and well-designed higher density, mixed use pedestrian friendly communities can be significant community assets that enhance the quality of life of all residents, particularly the baby boomers.

Unfortunately, there is little to no federal or state money to plan for alternative community designs. As a result, many communities are ill equipped for planning for tomorrow (or should I say today?).

Where is the Funding for Community Planning?
Fortunately, there is some financial support available for communities in the Capital Region to design a more sustainable community to accommodate the growing needs of an aging population. Through 2012, the Capital District Transportation Committee (CDTC) has funded a total of seventy-three collaborative, jointly-funded studies over the past eleven years. Study sponsors have included forty separate urban, suburban, and
Examples of implementation actions include strategic zoning code changes/zoning code overlays, the development or revision of site design standards or guidelines, official mapping, and operational modeling. Funding provided by CDTC has been and can be used to inform and engage the public in understanding the needs of a changing population. The funding also educates residents on the place making benefits of a higher density mixed use community and can help the public overcome the negative imagery associated with higher density mixed use development.

**Implementing Plans**

But “planning” the vision is one thing, implementation is another. It is a heavier lift to persuade communities to incorporate regulatory changes into their land use codes to accommodate an “Aging in Place” construct.

In our existing urban settings, though the services may be in closer proximity and there is likely to be a mass transit alternative, the redevelopment of neighborhoods to attract an older population presents its own set of challenges, including retrofitting existing buildings to become “aging” friendly and accessible. There is also the perception (and reality) of crime in the surrounding neighborhoods that needs to be addressed in order for the community to be an attractive alternative by choice for all population groups, regardless of age. Once again, in many cases, this is a heavy, but doable, lift.

“The luxury of time to plan the next significant wave of impacts of the baby boom generation is behind us.”

So while we contemplate our next strategic move to plan for a better tomorrow, let’s get back to the original question: It’s 10:00 PM on September 10, 2030. Do you know where your grandparents are?

It is a beautiful late summer evening; did you check out the sidewalk café next to the playhouse in the arts district? They are likely people-watching while enjoying a glass of wine, or in my case, a Manhattan on the Rocks before heading home the old fashioned way—walking! 

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Rocky Ferraro is Director of the Capital District Regional Planning Commission and is an adjunct professor of planning at the University at Albany.
Waiting for the Crisis of the Moment

By Laurie J. Bachedor

I am the Manager for the Senior and Long Term Care Services of Schenectady County. I have been in this position for five months leading this three unit department (i.e., the Office for the Aging, Long Term Care Services, and Protective Services for Adults.) In 2008, I submitted a caregiving article for publication in Capital Commons Quarterly and recently was asked to respond to a series of questions: “What, if anything, has changed in the caregiving field? Are you seeing any new trends? And what is the same or different?”

In the initial article, I outlined many ethical and medical challenges family members face when caring for an elderly parent. Since that time, both my parents and in-laws have passed on; however, I’m now involved in a different type of caregiving. I am an informal, foster/adopted-type daughter for a third set of parents. Our adopted parents are in their eighties and nineties. They have three children who live in other states and one son calls in on a regular basis. I drop in at least once a week to visit and make regular phone calls. They both are struggling with difficult medical problems.

The challenge of this type of informal caregiving is that as caregivers we have no authority to make recommendations for changes in the current living situations. We are, however, the current eyes and ears of their failing health and the challenging living situation. So we wait—we wait for the crisis of the moment that will change everything for them in an instant.

Today’s Caregiving Challenges

Overall, the caregiving decisions facing families today have remained constant, but there are many new changes on the horizon. Today’s caregivers are continuing to deal with the standard problems such as dementia/Alzheimer’s, home care, financial challenges due to the high cost of care, the loss of independence, driving, and the complexity of the continuum of care for senior housing options that run the gamut from senior housing to nursing homes.

Some of the new challenges facing today’s family caregivers include the need to work longer and the struggles of managing their full-time jobs with the new “job” of caregiving. They are also struggling to find time to talk to professional support staff who also can’t find adequate time for the important and comprehensive discussions on medical care for their parent. Today’s caregivers report being frustrated with understanding the
new health care law, Patient Protection and Affordable Care Act (PPACA), often referred to as “Obamacare,” and grasping how it will affect Medicare. And finally, they are trying to understand the Medicaid Long-Term Care changes being implemented in New York State. The PPACA and Medicaid Re-design are hard enough for professionals to understand, let alone caregivers. The environment is changing at a rapid pace.

What is Different Today?
The volume of families needing help: The support services are on overload. Families are on waiting lists. Families are spending large amounts of money to keep loved ones out of nursing homes or paying for private care. We are hearing from families who are near Medicaid levels and having adequate financial resources remains a fear. Too many caregivers are struggling with long-distance caregiving, and although I have no proof, it feels like more and more families have parents with dementia issues or Alzheimer’s. I’m also engaging families who are looking for support for grandchildren, as the third generation doesn’t understand why Grandma or Grandpa can’t remember them or play anymore. The caregivers and their parents are often tired and our social service system struggles to handle the volume. In our small county office we have over forty families on waiting lists for services for our Expanded In-home Services for the Elderly (EISEP), many waiting months for services.

The complexity of issues: Caregiving challenges appear more complex as people reach out for services. Unfortunately our systems are full of rules, exceptions to rules, backlog of services, waiting lists, etc. With the complexity comes the issue of families waiting to seek help only when a crisis occurs. No one is ever fully prepared to become a caregiver. It, unfortunately, happens often and family members wait too long to seek support. I assisted a caregiver who told me that his neighbor, who was caring for his Mom for the past two years, informed him that she can’t care for her anymore and Friday would be her last day. He was shocked, scared, and overwhelmed with “what to do?” He called around to agencies and none was available to bring in an aide on short notice. He demanded we find him an aide by Monday because he had to go to work.

Unfortunately, finding care takes time, sorting through the agencies and services is difficult, and working through the financial challenges of when someone is eligible for a service is hard work. Families struggle to understand that there are waiting lists for home health aides as too many home care agencies do not have enough staff to meet the need. It causes incredible stress for a caregiver. A common statement that caregivers say, “This is a full-time job to care for Mom—why can’t I get help?” “How do I work full-time, raise teens, and still care for Dad?” In reality, it probably won’t get done very well or easily. It is just too complex.

Start the services needs discussion and process earlier than later: There are no perfect solutions. I recommend that you look into service needs sooner than later. Start walking through the maze before it hits the crisis
level. Examples of crises are when an individual falls and is injured, their dementia/Alzheimer's progresses quickly, a home health aide quits suddenly, a spouse dies leaving the other spouse alone, a parent has a car accident, or bills cannot be paid. Crisis will only lead to service delays because the critical service may not be available, especially with the shortage of home health aides. Families may have to accept that they are going to have to wait and take whatever care is available, and that may not always be in the best interest of the parent.

A simple early solution: Practice change: One family I’m working with has three daughters who live in different cities. Their mother has early Alzheimer’s and their father is in denial that his wife is ill. The local daughter is dealing with the day-to-day challenges of monitoring them and the long-distance daughters feel more needs to be done; they struggle with how to support their sister. Such family dynamics leads to disagreements in what needs to happen, accusations that care is being done wrong, and suggestions that one sister can do a better job than another. My recommendation for this family is that a caregiver must remember that parents are adults and can make their own decisions. However the decisions the parent(s) make are too often the opposite of what their children may hope for. Caregivers become overwhelmed and want to fix the situation NOW—they want to make the decision for their parent(s).

Caregivers need to take it slow and introduce service changes in increments, in effect, offer suggestions that can be “practiced.” Have the parents practice with outsiders coming into their home. Hire a part-time home care support worker so the parents can get used to having home health care services in the home. The suggestion for help may be received better if you remind a parent that they have often hired people to come into the home to fix plumbing, upgrade the electric, or work on a furnace. Explain that this is the same concept except now the person being hired is to help the most important item in the home, you—the parent. In my experience, those families that dive in and take over by demanding change too often face a complete breakdown in the parent-child relationship.

Whenever possible, triage the services. Use the same approach families use to raise teenagers—assess priorities—tackle one issue at a time and pick your battles. For example, is the house cleaning more important than creating healthy meals? Are canes, walkers or wheelchairs needed more than medical transportation support? Is support needed for getting dressed over medication management? Is a discussion on driving more important than a discussion on moving?

Parents can choose to live how they like and remain in their homes often much longer than their children believe they can—as is the case with my third set of parents. Their children have been trying to encourage their parents to sell their home and move into a senior or assisted living center closer to them in another state. However, our adopted parents are strong-willed and have always survived on their own and will NOT do what their children want them to do. Fortunately, in this situation, our third set of parents is receiving some home care support—they are practicing home care; however, it eventually won’t be enough. Unfortunately we must wait for the crisis, and it will hit. We can only do what we can, what the system will allow, and what an elder will agree to.

Laurie J. Bacheldor is Manager of Senior and Long Term Care Services in Schenectady County and a former writer for Capital Commons Quarterly.
Role of Faith-based Communities with Our Aging Population

By Rev. Alice Kyei-Anti and Lois Wilson

Editor’s Note: Aging specialists are recognizing the important role that social networks play in helping people age well. To many people, faith communities are the bedrock of their social network structures, and in this article, Lois Wilson and Rev. Alice Kyei-Anti describe how faith communities on two continents can similarly contribute to improving the quality of life for older citizens. They first met in 2006. During Rev. Alice’s four visits to the Albany area and Lois’s four trips to Ghana, they have seen senior programs in each country and exchanged ideas on support for caregivers and older community members. In 2009, the authors joined others from Ghana and the Capital Region in organizing a three-day program run by the Presbyterian Church of Ghana for dementia caregivers.

Ghana is a developing West African country with a population of 24 million and geographically about the size of the state of Oregon. As in the United States, generations of faith communities in Ghana have been concerned about the well-being of people from cradle to grave. In both countries, faith communities have played major roles in organizing hospitals, educational institutions, and senior care facilities. Many of their longtime members have strongly bonded with members of their church communities.

Senior issues are similar in many cultures; they include fear, rejection by family and/or society, loneliness, and health concerns. In both countries, the faith community may be particularly important when seniors have no younger family members in the area. Faith communities typically help seniors overcome some of their concerns through visitation and outreach, advocacy for individual seniors or groups of seniors, direct support, assistance to caregivers, and social programs attended by seniors. Examples of faith community support for older seniors in Ghana and the Capital Region follow.

Visitation of Hospitalized and Homebound Seniors

In Ghana and the U.S., pastors and church leaders regularly visit members who are in the hospital, including seniors. Visits are also made to the homes of seniors who are no longer able to attend a church worship service.

• **Ghana:** In the larger cities, homebound members of the Presbyterian Church of Ghana, which has 721,000 members, receive communion at home on a monthly basis in a mini-worship service conducted by the pastor and a lay Church leader. In rural areas where pastors serve many congregations, the monthly visits are made by lay leaders alone. At Christmas time, all seniors in the Presbyterian Church of Ghana are given gifts—either cash and/or food items. Sometimes it may be a cooked meal.

• **Capital Region:** Churches are more accessible, so it is much easier for seniors with mobility issues to attend worship services than it is in Ghana. Some churches regularly bring communion to homebound
seniors. Family members and seniors themselves may initiate the visits from members of their faith community. A number of churches send cards to shut-ins and put people on church prayer lists when requested to do so. Seniors who do not have area family members may receive special attention. In high-need situations, the Deacons at Westminster Presbyterian Church of Albany (and groups in other churches) organize teams of lay members to provide daily support for short periods.

Advocacy for Individual Seniors and Groups of Seniors
In both countries, church communities advocate for seniors with their governments.

- **Ghana:** Faith communities advocate for government programs that allow seniors to age gracefully. Ghana has free medical care for seniors age seventy and over who register and faith communities regularly pay for their older members to be registered. The program of free care covers doctors’ visits, medications, hospital stays, and operations if needed. Seniors whose families are unable to pay the co-pay for particular drugs come to the church for financial assistance. In Ghana, there are no institutions providing residential care for seniors. When family members, who are well-to-do, neglect the seniors in their families, the Presbyterian Church of Ghana organizes reconciliation programs to encourage the family to support their seniors.

- **Capital Region:** Churches support the lobby efforts of the New York State Council of Churches and participate in the annual Ecumenical Advocacy Days in Washington, DC. The annual ceremony of the Capital District Senior Issues Forum to honor seniors age eighty-five and older offers an opportunity for faith community leaders and others to talk to government officials. And for several years, the Church Board of Deacons has contracted with a geriatric care manager when members are facing difficult transitions and sophisticated advocacy is needed. For each such member, the Church offers to hire a geriatric manager for two hours to make families aware of the service.

Direct Support for Seniors
Presbyterian Churches in Ghana have money to aid individual seniors with special needs, because churches are large and many members tithe (i.e., pledge 10 percent of their annual income to the Church). In the Capital Region, congregations with their own endowment funds also have money for local mission activities and extra support for their members.

- **Ghana:** The church sometimes hires caregivers to take care of seniors whose families either refuse to care for them or are far away. While there are many examples of this support, one in particular is worth mentioning: A woman who belongs to a Presbyterian Church in Tema, Ghana, had 13 children, all of whom died. Although other relatives are available to assist her, she looks to the Church for help. When she fell, she called the church, and she also called the church when her roof needed repair. Women in the Church supply her meals.

- **Capital Region:** Seniors are better protected by a public safety net. However, Westminster Presbyterian Church of Albany provided nightly meals for many months to one low-income senior with no local family members. And, a few years ago, several faith communities worked with Albany Guardian Society to distribute copies of a booklet titled *Setting Your Course: What Older Seniors Should Know About Health Care Choice.*
Assistance to Caregivers
Periodic educational programs for caregivers.

- **Ghana:** Caregivers bring their seniors to the church for special programs, covering exercise, nutrition, how to administer medication, and communication skills in dealing with seniors who have dementia. At the program, nurses may check the blood pressure and sugar levels of participating seniors. Qualified eye doctors help to staff the program and reading glasses are provided for those who need them. Those with significant health issues are referred to the hospitals. Food is provided at the program, with packages of take-home food for the seniors. A number of churches sponsor day care programs for seniors with activities including health screenings, a health talk, worship service, games, and storytelling.

- **Capital Region:** For three years, Westminster Presbyterian Church ran a Fall Festival for area seniors and caregivers, which was modeled after church caregiver programs in Ghana. The program has now outgrown Westminster and is moving to become a spring 2013 program sponsored by the Capital District Senior Issues Forum and other cooperating agencies.

Social Programs in Church Buildings
In addition to weekly worship services, churches sponsor a variety of on-site programs, giving members an opportunity to assist in mission, to offer group meals, mid-week worship, spiritual support, Bible study, and other ways to relate to each other. In both countries, church members seek a method of transport for seniors who need rides.

- **Ghana:** There is an annual event in which seniors are recognized in weeklong special programs at the church. Those who cannot get to the church are entertained in their homes.

- **Capital Region:** There is a wide variety of programs held at churches, including local mission. Seniors age sixty and above, including seniors in their eighties, play a vital role in operating local food pantries and running free meal programs for homeless persons and others.
Future Faith Support for Seniors in Institutions of Care – Mini Worship Service Materials

On each of the recent exchange visits, we have looked for ways to start new programs for isolated seniors and/or caregivers. As a result of Rev. Alice’s 2012 visit to Albany, we are working with a senior housing administrator who is a member of the Steering Committee of the Capital District Senior Issues Forum to develop mini-worship service materials such as scripture, prayers, words to familiar songs, and hymns that will be compiled into a brochure and available in selected facilities for use by visitors who would like to share a faith message with a resident.
What is Special About the Albany Metro Area?

By Paul M. Bray

Many Americans since the 1950s bought the ideal of spending their retirement years in retirement communities in the warm climate of Florida or Arizona. The golden years would have sunny days and a carefree lifestyle in an age-segregated development with no kids and no nonsense.

The Albany metro area doesn’t meet this ideal especially when it comes to sunny days and our sometimes bitterly cold winters, but an increasing number of retirees are deciding they prefer to age in place whether it is in their home or, for example, in a downtown Troy apartment as former Albany-Colonie Chamber of Commerce President Wally Altes and his wife are doing.

There are many reasons for this. Sometimes it has to do with having extended family or friends here. Qualities of place also matter. Many people appreciate the familiarity of their neighborhood, place of worship, cultural features like the Albany Symphony or Proctors, local parks and maybe just the feel of their home community. “Place matters” is declared on the heading of theatlanticcities.com Website.

In the July 2010 issue of CCQ with articles on NORCs, I briefly introduced The New Urbanism in the Editor’s Column. This article repeats some of what I wrote about The New Urbanism as an introduction for what the Albany metro area offers seniors wishing to age in place.

“The New Urbanism is a back to the future form of urban planning that emerged in the 1990s.”

The New Urbanism is a back to the future form of urban planning that emerged in the 1990s. It is anti-suburban sprawl and pro-walkable communities connecting stores and other urban uses with homes. Porches like those found on my grandparents’ former home and street in Rochester are coming back in style. Automobiles would no longer be the primary means of transportation.

Andres Duany, the Florida architect who has been the key advocate of the New Urbanism, is a provocative speaker. He declared that planners lost their minds after World War II when they adopted the auto-dependent, suburban model for living. He believes suburbia is an unproductive way to live and only planners who are crazed would promote it.

Those old enough to remember Albany in the 1950s know that Albany had the qualities of a traditional city. Its downtown once had two department stores (Whitney’s and John G. Myers), first run movie houses, top notch restaurants, and a mix of other downtown features. I lived uptown. When I was a teenager I could easily go downtown by bus or taxi and, from time to time when I was in high school, I even walked from Hackett Boulevard to North Pearl Street.
The coming of malls like Colonie Center, the building of highways like the Northway and I-90, and the dispersal of city population to suburbs like Colonie, Guilderland, Delmar, and Clifton Park brought an end to downtowns like Albany had and, in fact, city living for many people.

Duany’s mission has been to design new urban communities like Seaside in Florida, bring back and revitalize cities like Providence, Rhode Island, and retrofit first generation suburbs to have urban features. He has promoted, for example, retrofitting malls to integrate residential living with retail space.

When I heard Duany speak, he talked about “naturally occurring retirement communities” or a “NORC.” He said some traditional cities have features like cultural, medical, educational, and recreational facilities, and traditional living patterns that support high quality living for seniors. This was before New York State adopted a NORC program, applied first in apartment buildings in Brooklyn. Now there is a horizontal NORC, called a Neighborhood NORC (NNORC), in Albany with mostly detached homes between St. Peter’s Hospital and University Heights.

This got me thinking about Albany and its metro area. It came at a time when I met a retiree from Long Island, Abe Poneman, who moved to Albany with his wife. He could not say enough good things about living in Albany. Abe was a retired school administrator and was in his eighties when I met him at the Ridgefield Tennis courts in Albany.

Abe did not have much mobility on the tennis court, but if the ball was hit to him, he could return with a lot of zip. It was easy to see he had been an excellent athlete in his youth, and he retained enough skills to continue to enjoy the game. In fact, not long before he died, he entered a tennis tournament at Ridgefield and beat a seventeen-year-old in the first round. He was one of many seventy and older tennis players who played regularly on the clay tennis courts at Ridgefield.

Abe and his wife ushered at local theaters, found many cultural events to attend throughout the year, made new friends in Albany, and appreciated what he found to be good and convenient medical services. Abe was not the only senior to enjoy living in Albany. As retiree Joe Kauseman wrote in a CCQ article, Albany has a wide range of public lectures, museum exhibits, classes, and events that fill Joe’s days.

Albany also has proximity to nature with good hiking trails, farm land nearby, and scenic views like that of the Helderberg Mountains and Indian Ladder. Each of our “tri-cities” has tree lined blocks of historic town houses.

Many locals that I told about Abe responded with disbelief. They would say “Albany isn’t the Villages in Florida or Sun City in Arizona. How could he like our six months of winter?” (Some folks like to exaggerate.) I think my former Times Union editor thought the article I wrote about Abe in 1995 would not pass the laugh test and she held it for a couple of months before publishing it.

As average life expectancy grows, 55-plus retirement communities are subject to criticism as found in The Tragedy of Modern Retirement Communities by Lisa Selin Davis in The Atlantic Cities newsletter. She wrote that Florida retirement communities represent the “architecture of loneliness.”
From a documentary by filmmaker Sari Gilman called *Kings Point*, Davis points to the two problems that Gilman identified in her film: the separation of senior citizens from the larger world and the culture of retirement communities. As to culture, there is a back-stabbing, competitiveness when hundreds of widows vie for the few single men in retirement communities.

The assets of the Albany metro area that delighted Abe Poneman should make aging in place in the Albany metro area a choice option. These assets include both excellent senior provider services from a myriad of institutions like senior centers, independent and assisted living facilities, and community institutions that serve various senior interests and needs such as Umbrella, medical facilities, and so on and so forth. Overall they provide quality and choice for seniors with their special needs.

While not diminishing the importance of provider services, I suggest the intangible qualities of community in the Albany metro area are what make it an enriching place to live for all ages. While our overall community is not perfect, it is a place that I think Daniel Kemmis, author of *The Good City and the Good Life*, would say is “one that enables its inhabitants to live good lives together.”

The “not perfect” part comes in large part from being a political community (all politics all the time), a tendency to be complacent and parochial, somewhat lacking in world-class amenities (though Trader Joe’s has arrived, Whole Foods is coming, and Albany is only a short train ride away from Broadway), and no bike share program even on the horizon.

In the six years that CCQ has been published, it has had articles by local writers, planners, senior services providers, public officials, academics, and other contributors that tell about people’s lives, discuss community planning issues like walkable communities and growing transit opportunities, emerging technologies serving senior needs, and meeting special needs of seniors ranging from facing retirement to being discharged from the hospital. All of this makes up a mosaic of the Albany metro community where people of all ages are doing their part to allow everyone to live good lives together. Abe Poneman discovered this, and I hope CCQ opened a window for CCQ readers to see what Abe saw and enjoyed.

Now is a good time to think about another step forward by acting to find a way to have community conversations about how the different cohorts in our diverse community can learn from each other and act more in concert for our overall betterment. This may be idealistic, but I was there once before when I organized the Albany Roundtable civic lunch forum in 1979. The Roundtable was created to have a meeting place once a month in center Albany where anyone in the community could come for lunch and hear a community leader talk. The goal of the Roundtable was modest, more having a common place than a path to common ground. Yet, it has succeeded for more than thirty years to the extent of bringing sixty to one hundred people together at its luncheons including bankers, local artists, state workers, business people, and retirees.

Let us plant the seed for thought about how all the sectors of our community can come together in periodic conversations about the ties that bind or what each of us can do to make our community and metro area more enriching for all.

Paul M. Bray writes a monthly column for the Times Union.
What Do the 2012 Elections Mean for Social Security and Medicare?

By Thomas L. Gais

At least with respect to Social Security and Medicare, the 2012 elections confirmed that most voters supported the status quo. In the 2012 campaign, Mitt Romney and Paul Ryan, proposed changing Medicare from a “defined benefit” program—in which the federal government pays for medical services—to a “defined contribution” program, one that gives each beneficiary a voucher to purchase health insurance. Ryan also called for the privatization of Social Security in his 2011 budget plan, though he said little about this proposal in the campaign. Voters seemed to reject these ideas. Polls found that Medicare was a salient issue in swing states—such as Florida, Ohio, and Wisconsin—and that most of the voters wanted Medicare to continue to provide health insurance “the way it does today.”

But that’s not the end of the story for Social Security and Medicare. The 2011 Budget Control Act (BCA) mandates that, unless Congress and President agree to amend the law before January 1, 2013, income and payroll tax rates will be raised and a wide range of federal programs will see their budgets cut, actions expected to reduce federal deficits by $1.2 trillion over the next ten years. Budget cuts will be equally distributed among defense and non-defense programs.

Social Security is exempt from these “sequestrations” (a legal procedure in which automatic spending cuts are triggered), while only payments to providers may be cut under Medicare, and those reductions cannot exceed 2 percent. Most other programs face much larger reductions from the “fiscal cliff.” Despite their relative protection, however, Social Security and Medicare are unlikely to escape significant changes as the Obama Administration and congressional Republicans and Democrats work out an agreement to over-ride the BCA. Many Members of Congress from both parties want to see long-term deficit reduction, even more than the BCA’s $1.2 trillion; and it’s hard to ignore these two behemoths when you try to cut deficits, even after allowing some of the Bush tax cuts to expire. Taken together, Social Security and Medicare constitute a third of all federal outlays and over 40 percent of non-defense outlays; and it is no simple task to make big cuts elsewhere. The Republican House won’t agree to large cuts in defense, while President Obama and congressional Democrats want to increase spending on some infrastructure and education programs—and avoid major cut-backs in the social safety net.
Also, both programs face long-term financial problems. Social Security is expected to take in less money than it spends on benefits from 2016 onwards, as more and more “boomers” retire, and its combined trust funds will be exhausted by 2039. Medicare spending is also expected to rise with the growing number of elderly Americans. However, its expenditures have also been pushed upward by the rapid increase in the costs of health care, which have risen faster than overall economic growth for decades.

So what’s likely to happen to these programs? Social Security will probably be part of the overall bipartisan agreement, if only to give the GOP the opportunity to claim credit for “entitlement reform,” a probable prerequisite for them to agree to Democrats’ demands for revenue increases among the affluent. However, there is little chance that the changes will fundamentally alter Social Security. Bush II’s proposal to allow individuals to exchange their SS benefits for individual savings and investment accounts went nowhere, and SS’s actuarial problems are long-term, not immediate, and can be dealt with through an almost infinite variety of incremental fixes. Such fixes might include reducing the maximum benefits (which tend to go to higher-income people); increasing the cap on income subject to payroll taxes; or increasing the age at which individuals get full benefits (from 67 to perhaps 68 or 69 years of age), a proposal found in the 2010 Bowles-Simpson budget reform report. A new BCA agreement will probably not make specific recommendations; it’s more likely to call for a commission to suggest particular changes later next year.

Medicare is more complicated. It is in fact one of the main factors behind current deficits. (Others include the Bush tax cuts and the wars in Iraq and Afghanistan.) Medicare spending grew from 2 percent to over 3 percent of the nation’s GDP between 2000 and 2011—and from 11 percent of federal outlays to over 13 percent in the same period.

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Are Social Security and Medicare Part of the Federal Budget?

The Social Security and Medicare programs are financed primarily by payroll taxes, which support trust funds that are used to pay for current and future benefits. These special financial arrangements lead some to think of these programs as not part of the federal government’s annual budget. Indeed, the Social Security trust funds (as well as the Federal Reserve and some Postal Service revenues) are treated as “off-budget” and have not been subject to some budget procedures, such as sequestration, reconciliation, and pay-as-you-go requirements.

Nonetheless, the “unified budget” deficit (or surplus) has been the primary fiscal target in national policymaking, and the unified budget, which is reported in the President’s annual budget documents, includes all Social Security and Medicare receipts and expenditures. Thus, although Social Security benefits are not formally subject to sequestration under the Budget Control Act, the political struggle to avoid sequestration and find ways of getting the federal government’s deficits on a sustainable path will necessarily involve consideration of measures to reduce expected future shortfalls in both programs.
Yet there are good reasons for policymakers to avoid major changes in Medicare in the short run. Since 2007, Medicare spending growth has slowed considerably. In part, that is due to slow growth in overall health care costs in the U.S., and some analysts think that this slower growth is likely to persist. They note several changes in the health industry that may point to lower costs in the future. More physicians are working in large practices, often as employees of hospitals, rather than in independent practices. Hospitals are specializing in their services and not trying to be “all things to all people.” Business models for health care have shifted in some places away from fee-for-service to management for outcomes, and the use of lower-cost generic drugs has grown. In addition, federal health care reform—the Affordable Care Act—already included planned reductions in Medicare spending, largely by means of reductions in payments to medical providers. It would make sense to wait and see how these developments play out in the next few years.

Nonetheless, I expect that some modest measures will be taken to hold down Medicare costs. Options might include stronger incentives for Medicare recipients to use “accountable care organizations”; increased cost-sharing for more affluent Medicare recipients; or flexibility for the federal government to negotiate lower drug prices. Another option may be to establish benchmarks for future Medicare costs—such as keeping spending down to some measure of overall economic growth (e.g., the “GDP+0” proposal)—and giving some federal entity the responsibility to propose changes in Medicare if the spending curve exceeds those targets.

In brief, there will be changes in both Medicare and Social Security. But since the past election was essentially a “confirming” election, one in which a majority of voters clearly rejected major shifts from the status quo, fundamental changes are unlikely. Nor are they justified.

However, there is one dark cloud for elderly citizens: the future of Medicaid, a program jointly funded by the federal and state governments and administered by the states. Although most Medicaid beneficiaries are low-income, non-elderly people, most of the money spent under the Medicaid program goes to elderly and disabled people, in long-term care or in home and community-based care settings. Access to Medicaid services is subject to many state and federal policy and administrative decisions. As the Rockefeller Institute’s reports on state fiscal conditions bear out, most states remain in weak fiscal conditions and are still cutting their budgets. Until state governments overcome their fiscal problems, many elderly people may see more barriers to long-term care, lower quality care, or both.

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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 has an image of: the Assembly Staircase in the New York State Capitol, Albany, New York; a photo of the Arbor Hill/West Hill Branch of the Albany Public Library at 148 Henry Johnson Boulevard in Albany, New York; and the 18th century Johnson Map. This issue of CCQ uses images received from the Albany Public Library, Albany, New York.

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## Organizations and their Websites that may be of interest to CCQ readers

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## 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.