Opportunity

Experience

Ideas

This issue:

• Featured Organization: The Albany Institute of History & Art
• The Changing Landscape of New York’s Long Term Services and Supports
• Long-term Care: A Key Hallmark of the Region’s New Healthcare System
• Program Backed by $2.5 Million Loan Fund Launched to Grow Small Businesses in the Capital Region
• Tenders of the Legacy Flame Adirondack Community Trust
• Personal Essay: Now, What?
• Guest Column: Senior Advocacy Has to be Reinvigorated by Every Generation

~ Albany Guardian Society, Albany, New York, USA ~
Table of Contents

Issue No. 3 • Vol. 6 • October 2012

01. Publisher’s Corner

03. Editor’s Comment

05. Featured Organization: The Albany Institute of History & Art
   By David Carroll
   The Albany Institute of History & Art is a landmark institution serving Albany and the upper Hudson River region. Its new Director, David Carroll, writes about its exhibitions, education programs, library, research projects, publications and other programs including a special partnership exhibit scheduled for the fall with art works from the Florence Griswold Museum in Old Lyme, Connecticut.

07. The Changing Landscape of New York’s Long Term Services and Supports
   By Neal Lane
   The implementation of the Patient Protection and Affordable Care Act and changes in New York State’s Medicaid program resulting from the NYS Medicaid Redesign Team established by Governor Cuomo are going to have significant effects on the delivery of long term care services and supports for seniors and the disabled. This article highlights prospective areas for change so that interested parties can have their voices heard by those preparing the changes.

10. Long-term Care: A Key Hallmark of the Region’s New Healthcare System
    By Jo-Ann Costantino
    The recent merger of healthcare institutions to create St. Peter’s Health Partners will lead to new partnerships and new service delivery models to serve residents in our region. Jo-Ann Costantino, who will continue to lead the long term care continuum in the partnership, describes the overall change and desired outcomes.

12. Program Backed by $2.5 Million Loan Fund Launched to Grow Small Businesses in the Capital Region
    By Ryan Busch
    SEED (Small Enterprise Economic Development) Program is an innovative, collaborative micro-lending program to assist underserved entrepreneurs with good character and business ideas to finance projects.

15. Tenders of the Legacy Flame Adirondack Community Trust
    By Cali Brooks
    The Adirondack Community Trust (ACT) has blossomed in the last fifteen years in the Adirondack Park region to foster assistance for charities. ACT’s Director, Cali Brooks, describes how ACT helps meet the needs of communities in the Adirondack North Country.

18. Now, What?
    Personal Essay by Anne Decker
    Anne tells us her experiences to prove her point that “you’re never ‘finished,’ until you are literally finished and are no longer with us.” She now has a blossoming career as a writer.

20. Senior Advocacy Has to be Reinvigorated by Every Generation
    Guest Column by Michael J. Burgess
    Former Director of the New York State Office for the Aging, Michael J. Burgess, knows firsthand about public policy and programmatic realities when it comes to meeting the needs associated with aging. He shares his thoughts about the “great senior advocates” whose vision and commitment made them change agents for the benefit of seniors.
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.
Publisher’s Corner

The Fork in the Road

When this publication was conceived six years ago, much thought went into what to call it. Plenty of clever names were tossed about, and eventually our Advisory Committee settled on the one you see on the cover. But one component of the name was easy to agree on: The Dynamics of Aging in Our Communities. Our Advisory Committee and our editor Paul Bray approached it with the conviction that it was necessary to convey the true DYNAMICS of aging when looking at this topic.

Over the years we have published articles covering a wide range of topics that touch on aging. Some did a better job than others in displaying this concept, but we never worried too much because readers understand that this aging thing is a moving target. Want proof? I’m writing this in mid-August and the presidential election coverage is absolutely saturated with aging-related issues. What do we do with Medicare? What do we do with Social Security? We can’t turn on a radio or a television without hearing about this. Most of what we hear or see about this is so sensationalized that some of us start to tune out. This 2012 presidential campaign season has, to date, had all the charm of a root canal with none of the benefits.

We get it. The nation is older. The world is older. Technology has sped-up our lives. Money moves faster than ever before and the concept of aging held by our parents and grandparents is no more. That’s the true dynamic we are struggling with. Perhaps we could be comforted if we remind ourselves that few things are permanent. We just need to take a deep breath and think how we can make changes in our own life that help us remain reasonably content. Whether you are a conservative or a progressive, hanging on to the past is an exercise in future disappointment. Previous generations adapted to the world as it unfolded before their lives. Think of what many of our ancestors faced. Think of the challenges they accepted and think about how magnificently successful they were. Well, the good news is we are up to the challenges before us.

How can we demonstrate our resilience? By recognizing that passivity is our enemy. Thought without action isn’t going to get it done. While there appears to be no shortage of “Big Picture” people, some days I fear we are lacking a few spark plugs. You know who I’m referring to. It’s that person who organizes something. It’s that person who goes out and sweeps the sidewalk and a little bit of the neighbor’s.

In the field of aging services, there are so many examples of people who adapted, and while crafting their own solutions, made it better for others. Locally grown transportation systems, care teams developed and maintained by members of a faith community, volunteers at the local library—all are examples of actions that make a community better. Be a spark plug. Do something.

So that leads me to our own examples of the dynamics of this business. Albany Guardian Society was incorporated in 1852, making it one of the oldest charitable organizations in the region. A
look at its history shows us that a group of spunky women from the Dorcas Temperance Society saw the need for a home for the friendless and needy so they built one. I feel guilty stating that in a single sentence because I have read the organizational archives and I know how long and hard they worked to make it happen. And then they changed. They moved several times in the early years and periodically shifted their focus among women, children, and the elderly. Eventually they ended up on Clinton Avenue and stayed there until the facility closed in 2000. When I look at the history of Albany Guardian Society, I see generation after generation of spark plug people who did something. I like to think we are infused with that corporate DNA and that change is readily accepted. Over the past twelve years, we have started and ended some very good programs—and then started something else.

Change can often be challenging, but it also can be invigorating. So Albany Guardian Society is making another change. The December CCQ will be the last issue. In its place we hope to develop a shorter, monthly, online publication that will remain true to the dynamics of aging in our community by focusing on the organizations and people who are building and maintaining our region’s aging services network. Coordination and service integration are essential if the organizations that currently serve older citizens and persons with disabilities hope to do more with uncertain and often diminishing resources. We hope to do our small part in helping these fine organizations work more collaboratively with each other.

Going to an online publication means the loss of a very nice feeling CCQ publication. I love how it feels. I love the size of it and how easy it is to toss into my briefcase. It’s a very comfortable document. Walking away from it is not easy and perhaps there will be some type of hard copy publication in our future. I don’t know if a printed product will be needed to supplement the online publication. It’s something we’ll have to wait and see.

In our December issue of CCQ we hope to be able to share more details with you about our upcoming publication. We haven’t selected a name yet, but we think we’re close. We also are looking to make our next publication more easily accessible. Everyone seems to be carrying a “smart” device of some sort and we hope our content delivery system will be “friendly” to you regardless of how you get your information.

It’s so easy to focus on what we ourselves are doing that we sometimes forget to look over the fence and see what our neighbor is doing. Maybe we could do something together. That’s why we’re changing.

Rick Iannello
Executive Director
Albany Guardian Society
Editor’s Column

Attitude Toward Aging

A profile in the June 26, 2012, Science Times of Dr. Linda P. Fried, an epidemiologist and geriatrician who is Dean of the Mailman School of Public Health at Columbia University, begins by declaring, “The signal public health achievement of the twentieth century was the increase of the human life span.” While raising the proportion of the aged around the world once was regarded as a blessing, it is now “too often regarded as a burden—a financial burden, a health care burden, even a social burden.”

The effects of aging can be difficult for both the aged and their family and friends. But most of the older people I know appreciate the capacity of having a longer life span. I know many who have a disability and have managed to handle it so they can continue to enjoy life. Sadly, there are others who have neither the necessary will power nor the support to handle their disability.

Until relatively recently, aging has been addressed at the personal, family and community levels. Now it is becoming a national policy issue as we can see from a recent column from foreign affairs columnist Thomas L. Friedman. He wrote about the growing prospects of the financial burden coming from an aging population unprepared to meet the costs incurred “after they stop working—in an age in which they will be living longer, the government will have less to offer, they each will have fewer kids to care for them and social service agencies will be swamped with demand.”

Friedman sees us approaching a “big trade-off”—“as baby boomers age, we can pay for nursing homes or for nursing Afghanistan.”

This so-called big trade-off would not be so daunting if we knew how we are going to educate young people, foster a real growth spurt that will generate jobs, successfully address global warming, and maintain peace in the world.

Let us not just hope for the best but also work for an attitude towards aging that recognizes that our aging population makes a valuable contribution, along with other age cohorts, to enrich our society.

This Issue
We feature the Albany Institute of History & Art, in part, to welcome its new Director, David Carroll, and let him highlight the Institute’s valuable role in our region and the exhibits he is excited about.

The implementation of the federal Patient Protection and Affordable Care Act and the redesign of New York State’s Medicaid program set in motion by Governor Cuomo are both complex and meaningful to senior and disabled beneficiaries of long term care and supports as well as their providers. Neal Lane points out the likely areas of change that we should all be aware of.
The merger of Northeast Health, St. Peter’s Health Care Services and Seton Health into St. Peter’s Health Partners (SPHP) is a significant change in our region’s healthcare landscape. Jo-Ann Costantino, Vice President of Continuing Care for the new partnership, provides an introduction to the how and why this partnership has happened and what it is going to mean for continuing care.

The SEED (Small Enterprise Economic Development) Program is a collaborative and innovative local program for funding and social support for underserved entrepreneurs looking to start their own business. Its program coordinator, Ryan Busch from UAlbany, describes how the program works. SEED offers an opportunity for seniors and others to contribute to real economic growth in the Capital District.

Meeting charitable needs in rural areas is often a challenge. The Adirondack Community Trust was established in 1977 to bring the community trust model to a vast and lowly populated area. The Adirondack Park is the back yard for the Capital Region.

Anne Decker writes about life’s changing experiences, such as her husband’s late stage Alzheimer’s disease that made her a caregiver and her emergence as a writer, which she willed to happen. As she wrote, “As long as the mind keeps working, the world remains an oyster.”

Our Guest Column is by senior advocate Michael Burgess who was Director of the New York State Office for the Aging. He writes about the senior advocates who inspired him and contributed to the quality of life and human dignity of older persons.

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.
The Albany Institute of History & Art

By David Carroll

The mission of the Albany Institute of History & Art is to collect, preserve, interpret, and promote interest in the history, art, and culture of Albany and the Upper Hudson Valley region through its exhibitions, education programs, library, research projects, publications, and other programs offered to the general public.

Founded in 1791, the Albany Institute of History & Art is one of the oldest museums in the United States. It was established before the Smithsonian Institute, the Metropolitan Museum in New York City, and the Louvre in Paris.

The genesis of the Albany Institute of History & Art was The Society for the Promotion of Agriculture, Arts, and Manufactures, founded in New York City in Federal Hall. Supported by the New York State Legislature, to which it served as an informational advisor, the Society’s purpose was to improve the State’s economy through advances in agricultural methods. In accordance with the condition that they meet where the legislature convened, the Society moved to Albany in 1797 when it became the state capital.

AIHA’s collections are comprised of over 35,000 objects and over 1,000,000 documents in the library. Together these collections document the people and events that shape our region and are used to interpret its rich and complex history.

The museum’s exhibitions balance the Institute’s dual mission as an art and history museum; our exhibitions, most of which transcend single disciplines, examine the roots of our region as well as today’s history, and showcase current scholarship in art and art history.

AIHA’s education programs serve over 30,000 families, students, and adult learners every year. Our programs help people of all ages connect to their shared histories and the arts and culture of the Upper Hudson Valley, especially in our public schools. Arts and humanities courses have been eliminated as the Institute’s role becomes even more amplified.
In August, the Institute presented the first museum exhibition and catalogue of portrait paintings by artist Stephanie Rose. The Eternal Return featured twenty-three stunning portraits of distinguished poets, novelists, art critics, filmmakers, photographers, performers, art collectors, and philanthropists. Best known for her large-scale painterly abstractions, Rose began painting a series of remarkable portraits in 1996. To set the stage, the exhibition included several abstract works by Rose with chairs as central subjects that reveal the deep relationship between her abstractions and portraits. Rose’s sitters are classically rendered with subjects surrounded by theatrical scenes of invented imagery, hallmarks of the artist’s style. Through her emphasis on the gaze, her portraits directly engage the audience.

The exhibition was accompanied by a fully illustrated catalogue with essays by Elizabeth C. Baker, Editor-in-Chief at Art in America from 1974 to 2008, and currently Editor-at-Large; and Carter Ratcliff, author, poet, art critic, and Contributing Editor at Art in America. Other essays are by distinguished art historian James K. Kettlewell, Curator Emeritus, The Hyde Collection, Glen Falls, New York, and Professor Emeritus of the History of Art, Skidmore College, with a forward by the museum’s Deputy Director and Chief Curator, Tammis K. Groft, who also organized the exhibition.

“AIHA’s education programs serve over 30,000 families, students, and adult learners every year.”

This fall the museum has developed a partnership with the Florence Griswold Museum in Old Lyme, Connecticut, and will showcase select paintings from the Griswold Museum’s Collection. The highly anticipated Artistic Impressions: American Paintings from the Florence Griswold Museum will be on display from September 15, 2012, through January 6, 2013, and will focus on the vibrant history of the Old Lyme Art Colony, often referred to as the home of American Impressionism.

The Albany Institute relies on volunteers, including retirees, to help with educational programs, special events, and administrative support. Docents provide programs for K-12th grade school groups, lead gallery tours for adult groups, and contribute assistance for special events. Through gallery interpretation and programming, docents make the objects and exhibitions in the museum relevant to visitors. Our volunteers are involved in many aspects of the Albany Institute and are essential to our success. Please contact Barbara Collins at (518) 463-4478, ext. 405, or collinsb@albanyinstitute.org with questions. Those who are specifically interested in the docent program may contact the Museum Education Office at (518) 463-4478.

David Carroll is Executive Director of the Albany Institute of History & Art.
The Changing Landscape of New York’s Long Term Services and Supports

*By Neal Lane*

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) became law. The ACA puts in place comprehensive health insurance reforms that will roll out over four years and beyond, with most changes taking place by 2014. The impact of the Affordable Care Act on the well-being of older adults and those with disabilities will lead to two significant outcomes as this landmark legislation is implemented.

Within its primary goal of decreasing the number of people without health care coverage, older adults will benefit in a very substantial way. The 45–64 year-olds represent nearly 30 percent of the adult uninsured population. By 2014, this cohort will have access to affordable health insurance for the first time. Secondly, major initiatives within the ACA will affect older adults to a far greater extent than other populations. These include: (1.) reducing hospital readmissions; (2.) moving people from nursing homes back to their communities; (3.) preventing unnecessary institutionalization; (4.) improving the coordination of care for the dual eligible population (consumers who have Medicare and Medicaid); (5.) closing the “doughnut hole” thereby reducing out-of-pocket prescription drug costs for Medicare beneficiaries; (6.) paying for prevention (medical and services); (7.) creating healthy and livable communities; (8.) strengthening people’s choice in how and where they receive long term services and supports; (9.) expanding the number of individuals with long term care insurance (though this component of the ACA is in doubt with the suspension of the Community Living Services and Supports Act); and (10.) increasing the availability of home and community based services.

At the same time that the ACA is being implemented, New York State (along with many other states) began a process to redesign the State’s Medicaid program. The Governor selected a team/committee versus a Board model structure for this process. The NYS Medicaid Redesign Team (MRT) was created and is charged, by the Governor, to reformulate the delivery of Medicaid services in New York State. New York is spending an estimated $54.2 billion in SFY 2011-12; comprised of $21.1 billion in state funds, $24.5 billion in federal funds and $8.6 billion in local funds. The intent is to limit growth in Medicaid expenditures to no more than 4 percent annually beginning with the SFY 2013-14.

In addition to containing costs, the goal of the redesign initiative is to achieve two principal outcomes: increased quality and improved efficiency. Its work encompasses the entire Medicaid program,
including home and community based services (HCBSs) for recipients in need of long term services and supports (LTSS). It is anticipated that the redesign of Medicaid long term services and supports will be complete in all of the major urban areas of the state by the end of 2013, with the balance of the counties coming on line in 2014. The following link allows the reader to review the redesign changes contained in the adopted SFY 2012-13 Budget:  www.health.ny.gov/health_care/medicaid/redesign/.

The implementation of the ACA and the redesign of New York’s Medicaid program have far ranging implications for health care and long term services and supports. Older adults, and those with disabilities, will be affected in ways, and by degrees, far in excess of their representation within our state community. The delivery systems for health care and for long term services and supports are now, and forever, changed. The full impact of these changes is yet to unfold and be understood. However, we do know that the landscape for persons in need of long term care services and supports will be profoundly impacted. ACA and the redesign of how Medicaid in New York State provides long term services and supports are very complicated undertakings. Both of these change initiatives are still emerging and interested parties will need to stay up-to-date on their cycles of implementation.

We know that many of the goals and objectives of these two change initiatives can be met, in part, through the involvement of the existing network of long term services and supports (known as the aging services network). The aging network is consumer centric, focusing on consumer needs, preferences, and choice. Both change initiatives have common goals of increasing the quality of care, increasing the coordination of care, improving consumer outcomes, and containing costs. The aging services network is well equipped to address commonalities of both:

- Both need to reach hard to serve populations and engage them
- Both increase a focus on prevention
- Both need service delivery mechanisms that are very cost effective
Both are concerned about costly system shortcomings such as unnecessary readmissions to hospitals. They also have common challenges for the aging services network. The most important challenge is a lack of awareness of the aging services network, on the part of the implementing organizations, and the network’s ability to contribute to the goals of these initiatives. The aging services network has a rich history in, and considerable capacity for, improving health and long term care consumer outcomes in a cost effective manner. Yet the principals in the emerging system do not fully understand the aging services network or how its relationships, services, and outreach can play significant roles in achieving the goals of the coming change. Further complicating the field for the aging services network is the orientation of these principals. It has not been their history, training, or their philosophical orientation to utilize non-medical oriented providers and services.

Examples of roles for which the aging services network can efficiently and effectively play are:

- Partnering to conduct multi-disciplinary assessments
- Conflict free assessments and care planning
- Integrating caregiver supports into Managed Long Term Plans
- Hospital to community transitions
- Participant directed care
- Facilitation activities
- Outreach to hard to reach populations
- Advocacy
- Serve as contract entities to provide services such as home delivered meals, adult day services, and transportation

The redesign of Medicaid long term service and supports has implications far beyond the obvious. This “sea-change” will restructure how and what long term services and supports are available in any locality. Though the redesign applies only to the Medicaid program, it will change all long term services and supports regardless of payer. In New York State, Medicaid dwarfs any other payer of long term services and supports. It is an old, but accurate, truism that form follows financing. Providers of long term services and supports will change how, and what, they deliver to be part of the redesigned Medicaid system. They simply cannot afford not to. We have yet to understand what this change will look like, but change is now inevitable.

Neal Lane, former Director of the New York State Office for the Aging, is President of OP Consulting, which provides technical assistance to states, counties and organizations as they implement the ACA and Medicaid redesign. Mr. Lane was the lead partner for the white paper “The Changing Landscape of New York’s Long Term Services and Supports; Implications for the Aging Services Network.” He can be reached at: neallane_opc@yahoo.com.
Long-term Care: A Key Hallmark of the Region’s New Healthcare System

By Jo-Ann Costantino

Last fall, the future of healthcare delivery in the Capital Region changed forever.

The merger of Northeast Health, St. Peter’s Health Care Services, and Seton Health—nearly four years in the making—became final on October 1, 2011, when St. Peter’s Health Partners (SPHP), a new not-for-profit organization, became operational. This merger represents an historic step forward for health care in our region. The three organizations began the process back in 2007, exploring collaborative ways to improve quality, cost-effectiveness, and accessibility of health care in the Capital Region and beyond.

The merger has created the region’s largest and most comprehensive not-for-profit network of high-quality, advanced medical care, primary care, rehabilitation, chronic disease management, and senior services provided through Albany Memorial Hospital and St. Peter’s Hospital in Albany; Samaritan Hospital and St. Mary’s Hospital in Troy; as well as The Eddy’s extensive system of continuing care, including Sunnyview Rehabilitation Hospital in Schenectady and The Community Hospice.

With nearly 12,000 employees at more than 125 locations in seven counties of northeastern New York, St. Peter’s Health Partners is the region’s largest private employer in the Capital Region and has an annual budget of nearly $1.1 billion.

The combined strength of St. Peter’s Health Partners means that all three organizations are now better positioned to forge new partnerships and design new service delivery models to ensure our communities have easy access to high quality, state-of-the-art care.

While an important component of the new system is acute care hospital services, long-term care is an integral part of the new organization. With an aging population, and the baby boomer generation putting added stress on an already overburdened healthcare system, there’s no doubt that long-term care will be the “differentiator” of the new system.
Furthermore, the federal and state governments are intensifying focus on value, payment reform, and stewardship. At the same time, healthcare reform is facilitating the creation of solutions that support vulnerable people at home through innovative programs and services, while “bending the healthcare cost curve.” These are among the driving forces shaping the future of long-term care, and The Eddy, as part of St. Peter’s Health Partners, is well positioned to respond.

“While an important component of the new system is acute care hospital services, long-term care is an integral part of the new organization.”

The Eddy, Northeast Health’s long-term care continuum, includes skilled nursing homes; retirement communities with independent and enriched housing; multiple-site adult day programs; in-home healthcare, including visiting nurses, home health aides and therapists; rehabilitation; respite care; Alzheimer’s services; and a nationally modeled Program of All-Inclusive Care for the Elderly (PACE). Some of the earliest integration initiatives within the new system have involved long-term care, including:

• During the summer of 2011, we organized all home care services under Eddy Visiting Nurses Association (VNA); Seton Health’s home care agency closed in August 2011 and St. Peter’s Hospital Home Care ceased operations at the end of November. Most patients and employees of the two closed agencies were transitioned to Eddy VNA.
• In late 2011, St. Peter’s Hospital closed its inpatient physical rehabilitation unit and Sunnyview Rehabilitation Hospital in Schenectady became St. Peter’s Health Partners’ sole provider of acute inpatient rehabilitation.
• St. Peter’s Nursing and Rehabilitation Center and Our Lady of Mercy Life Center, both formerly under the St. Peter’s Health Care Services skilled nursing umbrella, and Seton Health’s Schuyler Ridge Residential Healthcare were organized under The Eddy’s residential care division in the fall of 2011.

It’s a very exciting and energizing time for all of us in continuing care. The merger means bringing together 4,000 long-term care professionals all working for a common goal—to care for the more than 48,000 senior and chronically ill individuals in our region who come to us each year.

The creation of St. Peter’s Health Partners opens up new avenues of communication between providers and allows us enhanced opportunities to learn from each other, develop best practices, and provide a true continuum of care in a more creative and resource-efficient way than ever before.

Jo-Ann Costantino is Chief Executive Officer of The Eddy, and Vice President, Continuing Care for St. Peter’s Health Partners.
Program Backed by $2.5 Million Loan Fund Launched to Grow Small Businesses in the Capital Region

By Ryan Busch

The SEED (Small Enterprise Economic Development) Program is one of the first University character-based micro-lending programs in the country and is providing character loans for underserved “unbankable” entrepreneurs who deserve a second chance. SEED eliminates the reliance on credit, collateral, and cash flow and provides business loans based on character and capacity. This character assessment is done by a program application, review of credit issues, and a character-assessing interview.

“To qualify for the program, participants have to be un-fundable for small business loans by traditional lending practices based on cash, credit, and collateral.”

The SEED program continues to evolve into a model that could be replicated throughout the country. To date, this character-based lending model has helped underserved entrepreneurs access $825,000 in capital and retained or created over ninety-two jobs in the Greater Capital District.

To qualify for the program, participants have to be un-fundable for small business loans by traditional lending practices based on cash, credit, and collateral. These entrepreneurs receive one-on-one professional business counseling, comprehensive training, and ongoing mentorship—all at no cost.

During the training, program participants learn the key components of small business ownership such as business planning, legal issues, marketing, and financial management. The SEED training team consists of a program coordinator, UAlbany interns from the Schools of Social Welfare and Business, and business community volunteers who serve as mentors (assisting candidates with the development of their business models) and provide social support, including capacity-building.

The program is all about collaboration and public-private partnerships between the University’s Small Business Development Center (SBDC), Schools of Social Welfare and Business, SEFCU, and Empire State Development. The

New York State Capitol - 1907
Walter Launt Palmer (1854-1932)
Albany Institute of History & Art
SBDC has developed and delivers the training curriculum, counseling, and vetting of participants. Other key components include mentoring and peer support networks provided by graduate students from the Schools of Social Welfare and Business. SEFCU has pledged a $2.5 million dollar revolving loan fund and Empire State Development has provided two years of grant funding for the infrastructure.

“During the training, program participants learn the key components of small business ownership such as business planning, legal issues, marketing, and financial management.”

This program benefits anyone with good character and business ideas. The diverse group of SEED participants of all ages includes minorities, women, and persons with disabilities. With more and more senior citizens looking to start new careers after retirement or having been dislocated from the workforce, this program is an ideal alternative business funding source for them.

In April, SEED was named a 2012 Tribeca Disruptive Innovation Award recipient. The Tribeca Film Festival, in association with Harvard Business School Professor Clay Christensen and the Disruptor Foundation, recognizes individuals and organizations for “innovative ways of looking at—and often dramatically changing—the world we live in.” Other 2012 recipients include Jack Dorsey, founder of Twitter and Square; music icon Justin Bieber and manager Scooter Braun; Def Jam Records founder Rick Rubin; and noted oncologist Steven A. Curley.

“As we predicted, the SEED program is proving to be a success in creating a positive economic ripple in the Capital Region. It is great for the program to receive national attention. We’ve only seen the tip of the iceberg with this program. Great things are yet to come,” said Michael J. Castellana, SEFCU President and CEO.
“Many older workers are looking for a chance to test some entrepreneurial ideas and to move into innovative micro-businesses. SEED may prove to be a valuable resource for our Capital Region’s older workers,” said School of Social Welfare Dean Katharine Briar-Lawson.

To view a January 2012 press release video presentation of the program’s progress, go to www.albany.edu/news/20646.php.

Individuals may apply to participate in the SEED program by contacting Ryan Busch, Program Coordinator, at 518-380-5076, or via email at rbusch@albany.edu.

Ryan Busch is at the Small Business Development Center at the UAlbany School of Business. He is Program Coordinator of SEED.
Tenders of the Legacy Flame Adirondack Community Trust

By Cali Brooks

Tucked behind two blue silos at Heaven Hill Farm in Lake Placid is a tiny office that has a big impact on the human landscape of the Adirondacks.

“The lion’s share of the funds at ACT have been established by mature people who have served the communities they love and want to make sure the good work continues.”

That big impact comes of the generosity of people who care deeply about a particular cause, organization, field of interest, or town. The Adirondack Community Trust (ACT) is their agent for good, keeping legacies alive by fulfilling the charitable intentions of donors.

If community foundations can ever be considered to have “territory,” ACT is focused on all of the 6-million-acre Adirondack Park, save the western stretch, which lies under the Oneida Herkimer Community Foundation’s umbrella. This immense territory is larger than the state of Vermont, yet the year-round population is smaller than 150,000 souls dotted across the landscape in small, struggling villages. Millions of visitors and seasonal residents enjoy the Park’s natural splendor while enlivening its communities. Many of our donors are seasonal residents who use ACT to contribute to causes around the world. ACT’s reach is as boundary-free as its donors’ generous intentions.

One of 700 community foundations across the nation, ACT was created to help philanthropically-inclined, tax-wise people and families maximize and sustain the impact of their giving on the Adirondack region, and beyond. ACT administers a collection of 200 charitable funds totaling $30 million that were established through gifts and bequests. Funds are pooled and invested for long-term stability and growth. ACT tracks them separately, so each can make grants independently.

The wonderful thing is that these funds generate charitable gifts: since its founding in 1997, ACT has sent over $15 million in grants and scholarships outward across the region. Its annual average is now in the $2 million range, supporting health and human services, the arts, women’s issues, environmental protection—you name it.

Sybil Pickett Veeder, who established a fund with her mother’s bequest to support the arts in Lake Placid, said, “It’s amazing! People just don’t realize that you can create a legacy that keeps on giving, and it doesn’t take a huge amount of money.”

It’s no secret that nonprofit organizations thrive with excellent volunteer leadership and contributors. And it is common knowledge that retired professionals fulfill those roles. The lion’s share of the funds at ACT have been established by mature people who have served the communities they love and want to make sure the good work continues.
“The same idealism that inspired civic engagement now is leading boomers to consider giving to causes and organizations that they believe in,” says Cali Brooks, ACT’s Executive Director. “As a result, we work with people who want to explore their philanthropic desires, goals, and options. Savvy retirees recognize that, handled correctly, philanthropy can support good causes and provide donors with retirement income and tax deductions.”

Elise and Woody Widlund have dedicated decades of post-career volunteer time and wisdom to the Gore Mountain Region. To make sure their favorite charities receive significant gifts yearly, the Widlunds set up an endowed fund at ACT. From now on, ACT will make grants as they have directed.

Health care, particularly for the elderly, ranks high for many of ACT’s contributors. The Widlunds and many other ACT donors support the Hudson Headwaters Health Foundation’s 14 primary and urgent health care centers. Mercy Care for the Adirondacks, which sees to the health education, spiritual, and friendship needs of elders living in their own homes, receives ACT grants through another donor. ACT administers the endowment of the Tri-County Nursing and Rehabilitation Center in the southern Adirondacks. Last year, we provided a matching challenge grant to help Tri-County build its endowment in response to increased need for long-term care and habilitation services.

Farther along the spectrum of health care provision is another ACT partner, High Peaks Hospice & Palliative Care—for people at the end of life in Warren, Essex, and portions of Franklin and Hamilton counties. They, too, won a matching grant from ACT last year to build their endowment.

Some donors engage their families for future grant making decisions. Caroline Lussi, a long term Board member of Paul Smith’s College, created an endowed fund that will make scholarship awards for Paul Smith’s students for the first five years. After that, Mrs. Lussi’s family will jointly determine how and where grants will be made.

Yet another donor, Robert Damoth, left his entire estate to ACT to support four fundamentally-important organizations in the Cranberry Lake area. Recognizing that he couldn’t predict what the community might need in fifty years or more, he set aside an unrestricted portion. Consulting with local civic leaders, ACT will award annual grants from the unrestricted portion according to the priorities of the time.
Community foundations got their start in Cleveland, Ohio, in 1914, and today are the fastest growing sector of philanthropy in America. An estimated $276 billion has been entrusted to community foundations across the country—funds that will do good work well into the future.

If you would like to learn more about making the most of your philanthropic dollars, contact Cali Brooks at cali@generousact.org. As ACT seeks to address the unmet needs of communities in the Adirondacks, its Board and staff appreciate hearing from the people and nonprofits we serve. Your feedback is welcome. Visit ACT’s Face Book page, our Website Generousact.org, or send us an email at info@generousact.org.

Cali Brooks has been Executive Director of ACT since 2001. After working with nonprofit organizations in Southeast Asia, Central America, and the United States, Cali returned to the Adirondacks on the staff of the HKH Foundation where she conducted a survey to assess the economic, social, cultural, and environmental strengths of the Adirondack region. She co-founded the Wildlife Conservation Society’s Adirondack Communities and Conservation Program.
Now, What?

By Anne Decker

For those of you who don’t know it, you’re never “finished,” until you are literally finished and are no longer with us. As long as the mind keeps working, the world remains an oyster, yours and mine. In my case, it was my husband’s mind that stopped working and he is now in a nursing home with late stage Alzheimer’s disease.

I have already written about Joe’s decline, my previous life as a frustrated writer in the body of a pharmacist, and the serendipitous events that led to my going back to school for a Master of Fine Arts degree in writing and literature. Suffice it to say that the planets aligned in such a way that I had time, money, energy and desire, all at the same right moment.

Bennington College had a low residency program, with people ranging in age from thirty to seventy, with me at the high end of the continuum. I didn’t feel old; to the contrary, I felt young, energized by these people meeting each other and talking about what they were doing. I could do that. We had a welcome gathering the first day, during which we introduced ourselves and told why we were here. I said, “My husband’s in a nursing home, my kids are grown and the dog died, so here I am.” Technically, the dog is still alive, but I needed the rhythm and have never been shy about poetic license. Anyway, everyone laughed and I was in. In truth, I was there to add depth to my writing, to go beyond observational humor, where I was stuck, and to learn to write about the hard things—Alzheimer’s, addiction, infidelity. I said that, too.

It was glorious. It was the liberal arts school I had missed as a young adult, the dorm life I had never lived, the creative kick in the pants for which I was looking. I made friends, read and wrote. I graduated and spoke at graduation. Since my genre was non-fiction, I warned everyone in the room they were fair game. They giggled and squirmed. My children and grandchildren were there and my grandchildren looked at me as though they had never seen me before.

“As long as the mind keeps working, the world remains an oyster, yours and mine.”

One of the writers I discovered while there was Diana Athill, a British publisher and editor who lives in London, and who spent her whole life around books. She started writing full-time when she retired from publishing, and it was not an early retirement. Several of her books were already in print, but her best-selling, award winning memoir, Somewhere Towards the End, won her sudden fame in 2009, when she was eighty-nine years old. She just published another book, Letters to a Friend, at the age of ninety-three. Her writing is elegant and witty, and, above all, truthful. Needless to say, she is my new heroine. Even at my age, I can still grow up to be like her!
Now, the degree is hanging on the wall in my office. I have a writing group in New York City and take the train down every month to swap criticism and support. I have written reams of new material and have polished some of the old. I have read my work at out of town venues—Brooklyn, Manhattan. I gave a paid presentation in New Jersey, to a professional group wanting to know how to get the word out about their services. Someone else handled the electronic end; I spoke about getting things into print. I stood there in my black suit and high heels, feeling poised and natural. I had a handout. The audience treated me like a pro and accordingly, I behaved like one. They applauded and asked questions. It was thrilling. Later, I went upstairs to bed in the hotel for which they picked up the tab and flew back home in the morning, also on them. I’m looking for another gig like that!

Right now, I’m working on getting a collection of personal essays together and plan to pitch a few to some literary magazines. I know who might publish my work and I’m thinking an agent might be in order. Every place I go, I see stories—true stories. For instance, everyone in my nail salon is from China, and each has a staggering story about how he or she got to this country—I want to tell those stories. There is a hundred-and-one-year-old pharmacist still walking around—briskly—remembering things like terpin hydrate and heroin cough syrup. I have already interviewed him and want to tell you what he remembers about pharmacy. I think about helping older people compile their memories for their families—casual memoirs, if you will. I’d like to go to one of the artists’ colonies around the area and just write for a month; hang out with other writers and compare notes, while someone else does the cooking.

Friends who know how to succeed in this business have urged me to get a Web presence and I’m working on that. I have a domain name and people willing to help—my children are talented and work for food, for me.

My pulse races when everything there is to write about looms large, and I get frantic when the thought comes I might die before it’s all written. Well, Diana Athill didn’t die, and neither will I.

Now, I want to meet her. For my next possibly life-changing project, I’m going to try to do that. Why not? I’ve been to London and it’s not that far away. She’s not that far away. Stranger things have already happened, and if that door opens, I’m charging through it!

Anne Decker is no longer a pharmacist; she is a WRITER!
Senior Advocacy Has to be Reinvigorated by Every Generation

By Michael J. Burgess

I have often thought about how every great social advancement in our country has come from the advocacy of committed people. Of course, there have always been legislative and Congressional leaders who have pushed great causes, but they were almost always responding to a movement of committed citizens seeking change.

The same can said of advocacy work for older Americans. The Townsend Clubs’ advocacy for public pensions in California in the 1920s stimulated the push for Social Security. Advocacy by labor and community groups supported Medicare and universal health care. Here in New York State, senior organizations had a broad coalition that won passage of a ban on mandatory retirement and the Elderly Pharmaceutical Insurance Coverage (EPIC) Program in the 1980s.

“The whole notion of our society embracing health care and retirement security for everyone seemed a given, but now has to be defended against those who question it.”

Advocacy has not been focused just on legislative issues. It has been aimed at the quality of life and human dignity of older persons. The inspiration and advocacy of Dr. Bill Thomas along with the Pioneer Movement has literally changed the concept of nursing homes as more and more providers are adopting the “green house” concept of small cottages for residential type living rather than institutional facilities.

Here in the Capital District, Catholic Charities and the Diocese of Albany converted the Vincentian Institute in the late 1970s into senior housing and through DePaul Management, embarked on the construction of numerous senior housing complexes in the region. Jewish Family Services, along with community partners, developed the first neighborhood NORC (naturally occurring retirement community) in the Capital District in the Whitehall Road area of Albany. Colonie Senior Services has been a leader with its partnership with the nonprofit group Umbrella to provide home repair and aging in place support for seniors in the area and Community Caregivers was launched to help families remain at home through volunteer and social supports.

Indeed, all of these efforts have been motivated by a vision and inspirational of a better quality of life for our elders. What we have learned as advocates is to translate that vision, that desire for caring, into public policy and programmatic reality. Senior organizations and advocates are continuing that process today. It is not always easy. It is often frustrating. Despite all these great examples of success, society and the media too often don’t want to talk about aging. They don’t want to have that discussion, so the needs of advocacy are even greater.
In fact, the needs are never ending. Even past successes need to be defended as we are finding out now that Medicare and Social Security are under assault not just in terms of their cost, but a questioning of the concept of social insurance itself. The whole notion of our society embracing health care and retirement security for everyone seemed a given, but now has to be defended against those who question it.

Every generation has to continually refresh and reinvigorate advocacy actions and continue to articulate a vision and social values. That comes from older persons themselves and we will see even more activism as Baby Boomers reach retirement age. It also comes from younger people who choose selflessly to devote themselves to the field of aging and gerontology because they too have inherited or gained that “compassion bug” that dreams of a world that respects elders and all persons and treats them with dignity. In fact, these younger professionals will be the advocates in the future who will extend their careers in the field into advocacy working with a new generation of retirees.

When I think of great senior advocates, I like to always recount stories of my friend and mentor Rose Kryzak who got up early in the morning in Queens and would take a bus to Albany to advocate for senior causes. She led the fight for EPIC in the 1980s and lived to ninety-nine as an indefatigable force for social change. After her great accomplishments she received a letter of admiration from Governor Mario Cuomo which had a quote from Socrates. Not to be outdone by a Governor, she responded saying she preferred Cicero’s view that “Old age is honored on the condition that it defends itself, maintains its rights, is subservient to no one and to the last breath rules over its own domain.”

Lake Winnepesaukee
Thomas Cole (1801-1848)
Gift of Dorothy Treat Arnold Cogswell, Jr.

Michael J. Burgess is former Director of the New York State Office for the Aging and currently is a Public Policy Consultant at the Statewide Senior Action Council.
The Sculpture Gallery
Albany Institute of History & Art

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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 Coliseum, located on South Pearl Street in Albany, New York; a photo of the Albany Institute of History & Art; and the 18th century Johnson Map. This issue of CCQ uses images received from the Albany Institute of History & Art, Albany, New York, that include the image In Voorhees’s Garden from the Florence Griswold Museum, Lyme, CT.

CREDITS: The cover photograph of the Coliseum, located on South Pearl Street in Albany, New York, is courtesy of the New Netherland Museum. The cover photograph of the Albany Institute of History & Art and all other photographs throughout the issue are courtesy of the Albany Institute of History & Art, Albany, New York.

This and past issues of CCQ are available in pdf format on www.albanyguardiansociety.org.
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.