

# Rural Aging Summit

September 20–21, 2007

Final Report



Hosted by  
Ithaca College Gerontology Institute  
Division of Interdisciplinary and International Studies

In collaboration with  
New York State Assembly and Senate Committees on Aging  
New York State Legislative Commission on Rural Resources  
New York State Office for the Aging  
Cornell University  
AARP

# ITHACA



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Acknowledgements	IBC



# New York State Rural Aging Summit

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Hosted by the Ithaca College Gerontology Institute  
Ithaca, New York

## Executive Summary

The New York Rural Aging Summit was a very successful and productive collaboration among several institutions of higher education, service providers and practitioners, rural advocates, state agency staff, elected officials, and the private sector. It brought individuals from some 27 rural New York counties together to engage in a guided participatory process that focused on solutions to the problems facing rural elders and identified organizations that should be involved in their implementation. The dual role played by state agency leaders and key legislators as both presenters of existing policy initiatives and receivers of summit recommendations was both unique and particularly valuable.

Summit participants worked over one and a half days to identify recommendations for policy action to address the problems of older rural New Yorkers and the challenges faced by the informal and formal networks dedicated to solving them. Six major areas were addressed by the attendees: **income and economic security, informal care, health promotion and services, long-term care, social and supportive services, and transportation and access.** While some of the identified problems were unique to a particular topic, a core set of challenges emerged that cut across the six areas and were addressed in the recommendations. These included the following:

- **Fragmentation, inflexibility, and multiplicity of New York State funding sources** is a barrier to directing resources to the areas of greatest need and inhibits collaboration between service providers. The lack of communication between funders and service providers creates an additional barrier to meeting the needs of rural elders.
- **The workforce crisis in long-term care and aging services** is impacting the quality of care and the availability of appropriate services. Recruitment and retention are major challenges that require multiple approaches such as a livable wage, health insurance benefits, accessible and affordable training, scheduling flexibility, mentoring, etc.
- **The economic needs of rural elders and their communities** need to be addressed. Outdated skills and the scarcity of job opportunities in many rural communities make it difficult for rural elders to find employment.
- **Lack of, or inadequate, public transportation** is a barrier to rural elders accessing services. The cause is insufficient funding and support for innovative and

flexible transportation services geared to the needs of the older rural population.

- **Affordable and accessible education/training opportunities** need to be developed in rural communities for both formal and informal care providers. Lack of education/training result in poor quality of care and high turnover rates for professional and paraprofessional caregivers.
- **A rural technology infrastructure needs to be developed** to bring tele-medicine and other cutting-edge assistance devices to rural elders. This should include education of users.
- **The inability to recruit, train, and retain volunteers** is a barrier to the provision of services to rural elders. This is in part due to a lack of incentives to volunteer and the high cost of insurance to utilize volunteers for some positions.

Not surprisingly, summit participants identified a need for more dollars to support existing and new programs. But they also noted the importance of a need for the better use of the many resources that exist in New York (such as our higher education system) and to ensure that existing programs already in place pay greater attention to rural issues.

A large number of state agencies were identified as appropriate for refining and instituting the many policy recommendations. As expected, the agency most frequently mentioned was the State Office for the Aging. Also noted were the Offices of Health, Mental Health, Education, Transportation, Labor, Alcoholism and Substance Abuse, Taxation and Finance, Social Services, and Technology. The Governor's Office, New York State Legislature, and local governments were also noted, as were educational systems such as SUNY, BOCES, and Cornell Cooperative Extension, and other governmental organizations such as the Public Service Commission, area health education centers, geriatric education centers, and rural health networks.

Clearly the implementation of the summit's recommendations presents a new challenge to all these entities to work together to coordinate information, resources, and programs to address the needs of rural elders. This report has identified a number of "next steps" that we hope will assist them in this work.

## Statement of Intent

In 2000, New York had about three million residents living in rural counties, 555,274 of whom were age 60 and over (17.98 percent of the population). With this relatively large and growing population of older adults, rural communities face opportunities as well as challenges in providing supportive services in such areas as income assistance, transportation, wellness education, health care, employment, chronic care, recreation, and supportive housing or institutional care. The large number of older adults living in rural areas is a resource offering opportunities to develop strategies that can involve them in civic engagement and volunteer roles, including mentoring, transportation and other support, and community service activities.

Rural areas in particular face problems in recruiting professional and paraprofessional workers, including physicians and specialists with knowledge of the particular needs of older adults. Such challenges are caused by a general lack of resources coupled with the scarcity of population and relative isolation from urban centers. Service providers and advocates for older adults in rural communities have begun to engage state and local policymakers to help them understand the unique challenges rural areas have in helping older adults age in place.

As legislative, fiscal, and regulatory policies to address the unique needs of older adults in rural communities are considered in Albany, it is critical that discussions be informed by the reality that the state is geographically diverse, and rural issues need special attention. Moreover, it is essential that input be received from a broad spectrum of interests and resource experts so that policymakers may consider the full ramifications of the challenges as well as alternatives and priorities for dealing with them.

It is for this reason that a summit focusing on older adults in rural New York was held at Ithaca College in September 2007. It was the first such event ever held in the state. It was designed as a working conference to identify the unique challenges and opportunities presented by a growing elder population in rural areas. In addition, the conference developed a comprehensive report of policy recommendations to address these concerns at the state and local level. The 142 attendees represented an impressive array of knowledge and expertise related to home care, long-term care, transportation, nursing, social services, case management, assisted living, rural health, social work, disabilities, health promotion, public health, economic development, and law. These attendees also represented 27 of the 43 rural New York State counties.



Pamela Mayberry, facilitator of the social and supportive services topic group, reports policy recommendations to the Rural Aging Summit panel on day 2. Left to right are, Robert Herz, director, NYS Senate Committee on Aging; Joe Baker, assistant deputy secretary for health and human services, NYS Governor's Office; Michael Burgess, executive director, NYS Office for the Aging; Assemblyman Jim Bacalles, member of NYS Legislative Commission on Rural Resources; Assemblywoman Barbara Lifton, member of NYS Legislative Commission on Rural Resources; and Senator George H. Winner Jr., chair, NYS Legislative Commission on Rural Resources.

## Rural Aging Summit Steering Committee



The Rural Aging Summit was attended by 142 individuals representing 27 New York State rural counties.

A special thank you is extended  
to the following sponsors:

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## Introduction

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While there may be many similarities in the needs of elders residing in rural and urban areas, professionals and laymen alike recognize that the very nature of “rural” encompasses unique and interrelated challenges to developing policies and services for older adults and their families including the following:

- Lower population sizes and densities
- A lack of economies of scale
- A lack of adequate transportation services
- Unmet mental and physical health needs
- Issues of environmental quality
- Economic, educational, and technological infrastructures that support fewer services
- Opportunities for long-term population and economic development

However, we first need to recognize that overly romanticized notions of rural life and thus, rural elders, still exist. These notions would have us believe that in comparison with urban elders, rural elders are homogeneous, healthier and more self-sufficient, and have less need for services, partly because they have large informal helping networks. These “myths” of rural aging deflect us from the realities of higher rates of income insecurity and poverty, older housing and a lack of housing options, lack of family support as young adults move away in search of jobs, lack of transportation and access to services, poorer health and nutrition, and a narrower range of proximate health and long-term care choices.

Many rural health and social services are seen as less available, accessible, affordable, appropriate, and adequate. Access to services due to large distances between where people live and where services are offered is often identified by service providers and elders alike as a major problem. Unfortunately, to take care of even basic needs, most rural elders must drive themselves or rely on family or friends because of inadequate public transportation. The closure of rural hospitals, shortage of medical professionals trained in geriatrics, and the difficulty rural areas face in attracting and retaining health care professionals contribute to concerns about the adequacy of care available to rural elders. This situation extends across the continuum of care, and many rural elders face the prospect of having to move from communities in which they have spent their entire lives in order to obtain health and long-term care.

Yet all is not gloom and doom. Rural communities have resources that can play an important role in addressing these challenges. These include dedicated volunteers and professionals who work every day to meet the needs of rural elders, an attachment to place that in many communities supports efforts to identify and meet community needs, and a strong work ethic and value placed on self-sufficiency. Various committees of the New York State legislature, the Legislative Commission on Rural Resources, agencies such as the State Office for the Aging and Department of Health, and assorted professional organizations also recognize the need to develop policies and regulations that encourage and support solutions to rural challenges. This was amply demonstrated by the New York Statewide Summit on Rural Aging held in the fall of 2007 at Ithaca College. All of these entities along with service providers and practitioners, rural elders and their families, community leaders, and the private sector will need to work together if the challenges of aging in rural New York are to be met.





## Rural County Profiles

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In preparation for the summit, data from a variety of sources were compiled as county profiles and placed on the summit website. This information, which can be viewed at [www.ithaca.edu/gerontology/ruralsummit](http://www.ithaca.edu/gerontology/ruralsummit), was intended to provide a glimpse of rural demographics in New York State and as background information for topic group discussions.

The table on the following page provides 2000 population data for rural New York State counties. It shows that almost

half of rural counties experienced negative growth from 2000 to 2006, and that 36 of the 43 rural counties show a median age above the statewide average of 35.9. Also worthy of mention is that rural counties show lower household incomes for all age groups, higher rates of elder poverty, and a much lower ratio of physicians/100,000 population (statewide it's 259, while most rural counties have half that).

*Data source: U.S. Census Bureau and NYS Department of Health, Vital Statistics.*



## New York Rural Counties 2000 Population

County	Total Population	Age 65+	Percent 65+	Median* Age	Total Population Percent Growth** 2000-2006
Allegany	49,927	6,960	14.0	35.0	0.68
Cattaraugus	83,955	12,257	14.6	37.4	-2.88
Cayuga	81,963	11,803	14.4	37.3	-0.88
Chautauqua	139,750	22,360	16.0	37.9	-3.14
Chemung	91,070	14,207	15.6	37.9	-2.67
Chenango	51,401	7,659	14.9	38.4	0.75
Clinton	79,894	9,507	11.9	35.7	2.84
Columbia	63,094	10,347	16.4	40.5	-0.22
Cortland	48,599	6,075	12.5	34.2	-0.24
Delaware	48,055	8,938	18.6	41.4	-2.24
Essex	38,851	6,216	16.0	39.4	-0.52
Franklin	51,134	6,545	12.8	36.3	-0.32
Fulton	55,073	8,977	16.3	38.6	0.66
Genesee	60,370	8,633	14.3	37.4	-2.55
Greene	48,195	7,567	15.7	39.1	3.38
Hamilton	5,379	1,076	20.0	45.4	-4.03
Herkimer	64,427	10,824	16.8	39.0	-1.07
Jefferson	111,738	12,626	11.3	32.5	2.26
Lewis	26,944	3,718	13.8	36.8	-0.96
Livingston	64,427	7,333	11.4	35.3	-0.24
Madison	69,441	8,680	12.5	36.1	1.09
Montgomery	49,708	9,544	19.2	39.7	-1.20
Ontario	100,224	13,230	13.2	37.9	4.12
Orleans	44,171	5,477	12.4	36.2	-2.17
Oswego	122,377	13,829	11.3	35.0	0.57
Otsego	61,676	9,251	15.0	37.1	1.47
Putnam	95,745	9,192	9.6	37.4	5.07
Rensselaer	152,538	20,745	13.6	36.7	1.81
Schenectady	146,555	24,328	16.6	38.6	2.65
Schoharie	31,582	4,705	14.9	38.0	1.94
Schuyler	19,224	2,808	14.6	38.8	0.99
Seneca	33,342	5,035	15.1	38.2	4.14
St. Lawrence	111,931	14,551	13.0	35.4	-0.58
Steuben	98,726	15,006	15.2	38.2	-0.50
Sullivan	73,966	10,577	14.3	38.8	3.54
Tioga	51,784	6,784	13.1	38.0	-0.96
Tompkins	96,501	9,264	9.6	28.6	4.05
Ulster	177,749	23,641	13.3	38.2	2.81
Warren	63,303	9,622	15.2	39.0	4.40
Washington	61,042	8,546	14.0	37.5	3.81
Wayne	93,765	11,439	12.2	36.9	-0.93
Wyoming	43,424	5,298	12.2	36.7	-1.87
Yates	24,621	3,816	15.5	37.9	0.45

\*Statewide median age 35.9

\*\*Statewide average growth 1.8%

## The Summit Process

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### Topics

The steering committee selected six topics for discussion. These topics covered major areas of concern to the well-being of elders living in rural areas. Topics were **long-term care, informal care, income and economic security, health promotion and services, social and supportive services, and transportation and access.**

Two panels were convened.

**On day 1**, updates on recent New York State initiatives and programs were addressed by Jennifer Best, legislative analyst, NYS Assembly Committee on Aging; Robert Herz, director, NYS Senate Committee on Aging; and Marcus Harazin, deputy director, NYS Office for the Aging. The moderator was Senator George H. Winner Jr., chair, NYS Legislative Commission on Rural Resources.

**On day 2**, facilitators representing the six topic groups verbally presented policy recommendations to a panel consisting of Assemblywoman Barbara Lifton; Senator George H. Winner Jr.; Jennifer Best, legislative analyst, NYS Assembly Committee on Aging; Robert Herz, director, NYS Senate Committee on Aging; Michael Burgess, director, NYS Office for the Aging; and Joe Baker, assistant deputy secretary for health and human services, New York State Governor's Office.

### Discussion Groups

Each attendee chose a topic group in which they participated throughout the summit. Each group was assigned a facilitator and a recorder. Topic groups were asked to consider **strengths and challenges, priorities and goals, strategies**, and finally to **identify policy recommendations.**

### Core Challenges

While some of the identified problems were unique to a particular topic, a core set of challenges emerged that cut across the six areas and were addressed in the recommendations. These included the following:

- **Fragmentation, inflexibility, and multiplicity of New York State funding sources** is a barrier to directing resources to the areas of greatest need and inhibits collaboration between service providers. The lack of communication between funders and service providers creates an additional barrier to meeting the needs of rural elders.

- **The workforce crisis in long-term care and aging services** is impacting the quality of care and the availability of appropriate services. Recruitment and retention are major challenges that require multiple approaches such as a livable wage, health insurance benefits, accessible and affordable training, scheduling flexibility, mentoring, etc.
- **The economic needs of rural elders and their communities** need to be addressed. Outdated skills and the scarcity of job opportunities in many rural communities make it difficult for rural elders to find employment.
- **Lack of, or inadequate, public transportation** is a barrier to rural elders accessing services. The cause is insufficient funding and support for innovative and flexible transportation services geared to the needs of the older rural population.
- **Affordable and accessible education/training opportunities** need to be developed in rural communities for both formal and informal care providers. Lack of education/training result in poor quality of care and high turnover rates for professional and paraprofessional caregivers.
- **A rural technology infrastructure needs to be developed** to bring tele-medicine and other cutting-edge assistance devices to rural elders. This should include education of users.
- **The inability to recruit, train, and retain volunteers** is a barrier to the provision of services to rural elders. This is in part due to a lack of incentives to volunteer and the high cost of insurance to utilize volunteers for some positions.

# Policy Recommendations

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**Note:** In order to maintain the authenticity of the policy recommendations the policy recommendations are presented as written by the topic groups.



# Economic Security and Income

## Economic Security and Income

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### Problem #1

There is a lot of information available to consumers regarding maintenance of their economic security throughout their life—some good, some bad, and some potentially dangerous. As a consequence, many individuals and families, including seniors, are confused, fearful, or overwhelmed and do not have the tools to make informed decisions to ensure their economic security. Additionally, many young people are not informed or have no sense of urgency around this issue.

### Recommendations:

With a goal of empowering people, especially older adults, to make informed decisions to ensure long-term economic security, New York State should do the following:

- Raise awareness of the issues connected to lifelong economic planning, including avoiding scams and impoverishment in later life.
- Initiate a campaign to disseminate information through printed materials, television and radio advertisements, a centralized website, and local support.
- The campaign should be clear, concise, and target a broad range of groups.

### Change Agents

- NY State Office for the Aging
- Cornell Cooperative Extension
- Schools K-12
- Colleges

### Problem #2

Employment is a key component to economic security for many older adults. Older adults often face barriers or challenges when continuing employment or reentering the workforce, including age discrimination, outdated skills, inadequate training and the scarcity of good employment opportunities, particularly in rural areas. Therefore, many older adults face the scenario of relying on Social Security income, supplemented by low paying jobs, if any. Particularly vulnerable are those without safety net protections including pension, Social Security, health insurance, etc.

### Recommendations:

In order to reduce the perceived risk that employers often face when hiring older workers, the following recommendations are proposed:

- Create an incentive program to encourage employers to hire older adults at a living wage with benefits.
- Augment existing public and private training programs with particular emphasis on those age 55+.
- Fund the expansion of educational opportunities via New York State’s many colleges and universities to enhance older adults’ employability. This should include long-distance learning and training, particularly in remote rural areas.
- Organize and host a summit similar to the “I Live New York” summit, (which focused on young workers) to highlight the assets and needs of older workers in the state, an overlooked resource in an aging society.

### Change Agents

- NY State Department of Labor
- NY Mature Worker Taskforce
- NY State Department of Education
- NY State Office for the Aging
- Cornell Cooperative Extension



# Transportation and Access

## Transportation and Access

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### Problem #1

Many rural areas have limited public transportation or none at all. Where public transportation does exist, rural elders may live in remote areas that prohibit them from being able to access it. A lifetime of independence makes it difficult for some elders to accept using public transportation. Fears of not knowing how to ride the bus inhibit its use. Public transportation may not go where elders need to get—medical appointments, groceries, or to maintain their social connections, etc. Added to this is a lack of coordination of public transportation and planning, too few volunteer drivers, and insufficient funding and support for innovative and flexible transportation services geared to the needs of the older rural population.

### Recommendations:

- Appoint transportation coordinators to coordinate transportation services within and across jurisdictions, eliminating barriers to coordination and allowing for the creation of flexible and innovative transit systems. (See page 7 of *A Vision for Rural New York* report by the NYS Legislative Commission on Rural Resources.)
- Support an increase in the volunteer base through recruitment campaigns, training, incentives, and a reduction in the cost of liability insurance coverage for volunteer drivers.
- Increase funding to match increasing population of rural elders.
- Connect land use planning and transportation (including housing options).
- Identify and eliminate potential barriers of rural aging transportation (i.e., trip-specific transportation for medical appointments rather than a comprehensive senior transportation system).
- Update New York State laws and regulations to support and provide incentives for innovative, flexible transportation services. (Look at Iowa model.)
- Develop an education and marketing campaign aimed at rural elders and their families about community transportation services.

### Change Agents

- NY State Department of Transportation
- NY Rural Transportation Association
- NY State Connects
- NY State Legislature
- Local governments

### Problem #2

Higher levels of technology are becoming an integral part of everyday life, and rural areas are being left behind. Developing the technology infrastructure is necessary for a strong economy.

Assistive technology can help aging individuals to gain and maintain independence. While some community elders at present may not be using these services, it is anticipated that the upcoming aging population will increasingly rely on such technology.

New forms of technology are evolving at a rapid pace and hold great potential for meeting safety, independence, and communication needs of rural elders.

Many aging services staff are not receiving training about assistive technology options.

### Recommendations:

- Encourage public-private partnerships to develop the technological infrastructure in order to improve access, educate staff, and encourage dissemination of technology in rural areas.
- Develop technological innovations to improve accessibility (e.g., a universal EZ Pass for use on all transportation systems, trip planning software for rural areas, and low floor/small buses).

### Change Agents

- NY State Office for Aging
- NY State Public Service Commission
- NY State Office for Technology
- NY State Department of Health
- NY State Office of Mental Health
- Local governments

# Social and Supportive Services

## Social and Supportive Services

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### Problem #1

Funding for aging services is fragmented and restrictive and has not kept up with the increasing needs.

The current funding structure inhibits and sometimes prevents agency and programmatic collaboration, dissemination of best practices, and effective use of resources.

There is increasing evidence that social and supportive services can reduce costs related to illness and long-term care for elders.

### Recommendation:

- Coordinate and increase flexible state funding for social and supportive services to enable aging in place. Such an initiative should include increased communication among state departments, within and across county lines, and between public and private entities.

### Change Agents

- NY State Legislature
- NY State Office for the Aging
- NY Connects
- NY State Department of Health
- NY State Department of Social Services
- NY State Office of Mental Health

### Problem #2

There exists a shortage of adequately trained, well-supported staff to work with seniors, and this shortage will become more severe as the number of older adults increases. New initiatives are needed to recruit individuals in multiple disciplines to work in the field of aging.

Many students in health professions programs do not get adequate curriculum, including internships, focused on working with older adults.

Many direct care workers are not being paid a living wage.

Staff need additional continuing education training and cross-training on the topics of cultural competency and the special needs of older adults living in rural communities. Such training has been shown to enhance quality of care and improve job satisfaction.

### Recommendation:

- Create incentives to attract, train, and retain professional and direct care workers serving rural elders. Strategies should include a living wage, accessible and affordable training, academic and experiential learning opportunities, and career ladders.

### Change Agents

- NY State Office for the Aging
- NY State Department of Education
- NY State Department of Labor
- NY State legislature

# Health Promotion and Services

## Health Promotion and Services

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### Problem #1

There are not enough providers, both formal and informal, in rural areas to serve the aging population. Also, providers often do not have enough training in providing care to people 60+.

### Recommendations:

For formal caregivers, offer incentives including the following:

- Loan forgiveness program for health care providers with student loans
- Tax credits, education (use of AHECS)
- Fellowships for rural geriatric medical rotations in school and trainings
- Affordable continuing education (colleges, universities, etc.)
- Basic training—incorporate gerontology into professional curriculums
- Early training in high school/BOCES—provide exposure to older adult population
- Payment for front-line workers while receiving training
- Increased pay for front-line workers to a livable wage and benefits

For informal caregivers, provide the following:

- Free training that is tailored to the needs of informal caregivers
- Respite care so that caregivers do not burn out
- Other supports needed for these people who provide an estimated 80 percent of long-term care

### Change Agents

- NY State Department of Education
- SUNY
- BOCES
- NY State Department of Taxation and Finance
- NY State Department of Health
- Healthcare Association of New York State
- Community Colleges
- Area Health Education Centers
- Geriatric Education Centers
- Rural Health Networks

### Problem #2

There is an inadequate emphasis on programs and agencies focused on health promotion, disease management, and prevention for our elderly population. There is also fragmentation of programs that do exist; too often funding is restricted to a particular disease when, in fact, most older adults have multiple chronic conditions.

### Recommendations:

- Fund county offices for the aging to lead an integrated community-based coalition to evaluate service needs and resources available for health promotion, disease management, and prevention for seniors, and to coordinate these services and plans.
- Provide increased funding for each county to implement evidence-based practices and innovative programs.
- Encourage public and private health insurance plans to cover health promotion, disease management, and prevention services for our elderly population.

### Change Agents

- NY State Office for Aging
- NY State Connects
- NY State Department of Health
- Healthcare Association of New York State

### Problem #3

There is a complex web of multiple separate funding sources for individuals and agencies that have different regulations, forms, and gaps in services. This results in inefficient processing and creates barriers for people in accessing the amount and type of services that they need.

### Recommendations:

- Combine funding sources so that it appears to consumers and providers that there is one source of payment that is easy to use.
- Enable flexibility in the regulations to meet the individual needs of specific patients.

### Change Agents

- NY State Department of Health
- NY State Connects
- NY State Office for Long-Term Care
- Healthcare Association of New York State

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#### Problem #4

When large initiatives are being funded, for “efficiency” reasons the choice is often made to fund where the population is denser. Also cost per service can be a little higher in rural areas because of the geographic distances and barriers (such as mountains and large lakes).

#### Recommendations:

- Strengthen the capacity of rural health networks to provide assistance to local organizations in grant writing and obtaining and managing funds.
- Provide parity in funding for rural areas.

#### Change Agents

- NY State Legislature
- Healthcare Association of New York State

#### Problem #5

There is a lack of access to all health care services and supplies for primary care, wellness, and prevention.

#### Recommendations:

- Provide universal health coverage that is comprehensive and includes all people.
- Increase rural services for mental health and alcohol/substance abuse screening, making sure services are accessible to elders (e.g., often seniors will not go to clinics, so bring services to them).
- Increase use of technological solutions in rural areas (i.e., tele-medicine, in-home geriatric care, satellite clinics, mobile units, Life Line, and use of 211).
- Provide phone calls to help remind people of appointments and prevention tests, and to help to schedule appointments. (Fed Ex and commercial companies use technology in rural areas, why not health care providers?)
- Support innovative ways to provide transportation (e.g., allow seniors to ride on school buses with children to get needed health care services; school bus drivers to keep an eye on seniors).
- Use neighbors and volunteers to visit elders and help access care (e.g., Faith in Action). Use big print mailings to recruit older adults and connect with health advocates (e.g., Vermont pays caregivers tax credits for care giving).

- Provide incentives for people to access wellness and prevention services:
  - Have educational strategies that reach people.
  - Give elders coupons to punch for each preventive test they receive, and give them a property tax credit or gift.
  - Provide tuition credit to volunteers and encourage them to get preventive care.
  - Run health advocacy programs during the day and not at night.
  - Remove copays and deductibles for Medicare health screening benefits.

#### Change Agents

- NY State Office of Mental Health
- NY State Office of Alcoholism and Substance Abuse
- NY State Department of Health
- NY State Office for the Aging
- NY State Connects
- NY State Department of Transportation
- Healthcare Association of New York State





# Informal Care

## Informal Care

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### Problem #1

Eighty percent of long-term care for elders is provided by family or friends. In rural areas there are few formal services, and rural communities characteristically have limited formal support options. As the percentage of older adults increases, there will be a growing need for informal support in rural areas of New York State.

In support of New York State goals to maintain elders at the lowest and most cost-effective level of care, and in recognition of the limited options for many rural residents, and in order to provide optimal support for the informal care givers of these rural elders, we propose the following:

### Recommendations:

- Identify a variety of existing models of informal support initiatives for rural elders and invite submission of new program models. Existing models that can be refined or reformed should be included.
- Share best practices with the aging services network, community stakeholders, and public education campaigns and the media.
- Assess the feasibility of implementing similar programs in interested communities.
- Encourage the NY State Department of Education to lead in incorporating information on aging in all areas of study through all levels of education.

### Change Agents

- NY State Office for the Aging
- NY State Connects
- Governor's Caregiver Council
- NY State Department of Education
- NY State Department of Health
- Other state and local agencies and private, philanthropic, not-for-profit, and community networks as needed



# Long-Term Care

## Long-Term Care

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### Problem #1

Long-term care and aging services are funded and regulated by various state departments. This causes a fragmentation of services driven by the funding source, not by the assessed needs of the individual and the community. This complex method of providing services has a particularly negative effect upon rural communities, which are not homogenous and yet have a high demand for multiple services.

### Recommendations:

- Allow for flexibility in funding and regulation to create services that allow the assessment-driven needs of the individual and the community to be met.
- Within this system increase the variety of long-term care options to allow for both medical and nonmedical services driven by person-centered care with the incorporation of personal responsibility.
- Allow flexibility in the implementation of care models to meet the needs of small rural communities.

### Problem #2

Funding fragmentation and lack of specific mental health services for older adults is particularly apparent when it comes to providing care to individuals who, along with multiple other chronic conditions, have mental health or addiction disorders.

### Recommendations:

- Institute a flexible funding and regulatory system as a way to bridge the gaps between mental health and aging.
- Expand transitional living services, reimplement geriatric mobile teams, and increase access to state mental health hospitals and flexible nursing home programs for neuro/behavioral residents.

### Problem #3

Many older adults fall through the cracks because they are ineligible for Medicaid and yet have insufficient income to pay for home and community based services. Some who are unable to afford or access community based services are forced into institutional care.

### Recommendation:

- Within a more flexible funding pool, look at ways to increase, enhance, and expand services to the low-income, non-Medicaid-eligible older population. This broadening of services could ultimately delay or negate more expensive institutional care.

### Change Agents

Developing more flexible funding and regulations will require an extensive and thorough review of the regulations and funding streams driving the multiple programs and services that impact older residents of New York State.

- NY State Department of Health
- NY State Office for the Aging
- NY State Office of Mental Health
- Governor's Office for Long-Term Care
- Other departments

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#### Problem #4

The nationwide shortage of health care workers in long-term care, from certified nurse and home health aides to geriatricians, is no less critical in rural counties of New York State. Lack of a living wage, long hours, difficult work, and a negative perception of working with older adults, compounded by insufficient training and career opportunities, lead to burnout and incredibly high rates of turnover. Rural long-term care workers face additional challenges, such as the lack of public transportation, few local opportunities for ongoing education, and the absence of community supports to maintain employment.

A large percentage of care is informal care provided by family and friends. Many informal caregivers do not have access to, or cannot afford, support services, which leads to burnout, forcing the institutionalization of their loved ones.

The failure to address these issues contributes to a lower quality of care, which will be exacerbated by the increase in the aging population. It will also lead to higher utilization of inappropriate care. Efforts must be made to support incentives and creative solutions to recruit and retain professionals and paraprofessionals across the continuum of care and to provide support to informal caregivers.

#### Recommendations:

- Develop and support a statewide media campaign to improve the perception of aging and working in long-term care.
- Develop creative, affordable, and accessible educational options, such as distance learning, loan forgiveness, and dual certification (home health aide/certified nurse aide) for paraprofessionals. This should include curriculum development to cover clinical and psycho/social aspects of geriatric care.
- Develop educational career ladders in partnership with the State University of New York to support the expansion of skills and advancement for health care workers.
- Develop mentoring programs such as those available through AHEC and the Rural Health Networks.
- Expand the availability of education and other programs for informal caregivers.
- Offer tax credits for informal caregivers.

#### Change Agents

- NY State Department of Health
- NY State Department of Education
- NY State Department of Taxation and Finance
- NY State Office for the Aging
- Governor's Office for Long-Term Care

## Next Steps

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- Working with the NYS Assembly and Senate Committees on Aging and the NYS Legislative Commission on Rural Resources, this publication is being distributed to the NYS Legislature, governor and state agencies, local officials and summit attendees, and formally presented to the media corps at the NYS capital. The report will also be published on the Gerontology Institute website at [www.ithaca.edu/gerontology/ruralsummit](http://www.ithaca.edu/gerontology/ruralsummit).
- Members of the steering committee will work with staff of the NY State Office for the Aging and NY State Legislature to identify legislative priorities based upon the report's recommendations.
- Updates on activities emanating from the summit will be posted on the summit's website.
- Not all policy recommendations presented will require state legislative or regulatory action. Summit attendees are encouraged to, wherever possible, work toward making changes in their own communities. This can be a first step to helping make changes statewide.



## Acknowledgements

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