



Good Afternoon,

Senators May, Ramos, and Rivera.

I am Melissa Wendland, Director of Strategic Initiatives at Common Ground Health, formerly Finger Lakes Health Agency. We are the health research and planning organization for the nine-county Rochester-Finger Lakes region, collaborating with leaders from health care, education, business, government and community members to find **common ground** and address our region's most pressing health challenges.

Analysis of quantitative and qualitative data, the core of Common Ground Health's work, drives a fact-based understanding of issues to foster planning and programs. We track trends and raise awareness of the health inequities in our region, faced by marginalized communities in rural, suburban, and urban areas. This includes our growing aging population.

Ten years ago, in 2011, Common Ground Health (then Finger Lakes Health Systems Agency) convened the Sage Commission to develop a comprehensive, long-range plan for aging health services in the nine-county Finger Lakes region. Central to the plan was a series of objectives aimed at creating a person-centered health system that accommodates the 65 and older population's preference to live in the least-restrictive settings, delay institutional care and allow older adults to remain in the community for as long as possible.

Detailed estimates of future demand for aging services were developed utilizing an interactive modeling tool (by its consultant, Larson Allen, LLP.)

The Sage plan was successful and recommendations that were enacted include:

- The New York State Department of Health accepting and endorsing the Sage plan as a model to evaluate need in our region for Long term care CON applications
- Programs of All-Inclusive Care for the Elderly (PACE) were expanded,
- A new neurobehavioral unit for long-term care residents was created,
- Home- and community-based services for older adults expanded,
- And neighborhoods emulated Naturally Occurring Retirement Communities (NORCs).

The Sage Commission projected that five overarching issues would dramatically affect health-care services for older adults:

- 1) A projected aging population boom;
- 2) A decline in the availability of family caregivers;
- 3) Fragmented and unsustainable methods to pay for care;
- 4) A workforce shortage; and
- 5) health-care disparities that exist among elders.

The Commission correctly identified the key issues impacting older adult's long-term health care, and significantly underestimated the severity of the impact, even prior to the impact of COVID-19. The pandemic illuminated and exacerbated ongoing and longstanding systemic shortfalls in serving older adults.

I will briefly review how the projections 10 years ago stack up against today's reality.

- A 38% increase in the older-adult population was anticipated from 2007 to 2025 – comprising 21% of the region's population. It was not high enough. We are witnessing an age wave of historic proportions with data from 2019 showing 10% higher for 65 to 84-year-olds and 15% higher for those 85 and older, with consistent gains in life expectancy.
- The number and percentage of people of color in the older population is increasing even faster and serious health-care disparities exist among our black and brown communities of older adults. The city of Rochester experienced a 36% increase in its older adult population over the past decade - the highest rate of increase of any major city in New York State. Rochester also has the highest poverty rate of any city in the state, at 31%, and the number of older adults in poverty in Rochester increased by 38%. Poverty among older adults is rarely discussed and the impact to the community is magnified as these seniors are often caregivers for multi-generational families.
- The informal caregiver ratio in the region was expected to decline 15.2% by 2025. With more women entering the work force, families having fewer children, and the dual responsibility to care for aging parents and children, contributed to the stress of caregivers. As the 85 and older population has grown at almost 3 times the rate of females 45-64yrs of age — the population most frequently identified as family caregivers — the caregiver ratio has declined further. Because the aging population growth was underestimated, the gap in caregivers to need was multiplied.
- Increases in caregiver need also resulted from a decline in nursing-home usage. Nursing home usage adjusted for population is 13% to 16% less than the original projection.
- 2019 estimated nursing home average daily census was 4% lower than the original projection and over 20% lower in the past year.
- Funding uncertainty continues to negatively impact the current long-term care system. Assisted Living/Adult Day Care (population adjusted) is 28% below the original projection. Assisted living, which supports older adults and enables them to stay out of a hospital or skilled nursing facility, remains too expensive for many older adults, and Medicaid does not pay for it. Less than 37% of 2011 projections for Assisted Living units have been added pre-pandemic (672 licensed in 2019 vs. the original projection of 1,074 additional A/L units in 2011).
- The original Sage report indicated that, as a region, institutional options were disproportionately relied upon compared to other regions of New York State. Some strides were made to put more funding into home and community-based services but have not kept pace as options are limited for people with middle or lower incomes, or who live in high-cost or low-density locations. Currently, services tend to follow available funding.
- Statewide, 2019 data suggest long-term care home- and community-based services spending is significantly higher than Sage projected.

- Institutional services are overwhelmed with regulations and reimbursement cuts as Medicaid and managed LTC plan enrollment status impact residents return to NH after hospitalization. Population-adjusted, per-capita Medicaid nursing home funding was 13% less than the original projections, pre-pandemic, and over 20% during the past year (while overall spending is 4% less than originally projected, spending among the 65+ population is 10% higher than originally projected).
- As predicted, more people received care at home through certified home care. Estimated Medicare-certified agency home care episodes pre-pandemic (2019) were 22% more than originally projected. Wait lists to receive home care average 4-6 months in rural communities. Again, this is pre-pandemic.
- Older adults are staying in their homes longer, delaying institutional care and increasingly relying on home and community services. The need remains for more skilled and home-health-care nurses/aides to meet the needs of home and community service delivery, in addition to institutional care. This past April, Monroe County announced their commitment to support Monroe Community Hospitals complex care long term care healthcare workforce, and partner with Common Ground Health's Workforce Consortium to design a long-term care healthcare workforce plan in Monroe County to recruit, train and retain a skilled health care workforce that is representative of the community it serves.
- The highest demand (Annual and Projected Openings) in health care include: Home Health Aides (annual demand over 2600), Certified Nursing Assistants (annual demand over 600), Licensed Practical Nurses (annual demand over 300) and upwards of 1000 Registered Nurses. Significant funding is needed to provide competitive wages for these essential workers.

*“Nearly 4.6 million direct care workers—including personal care aides, home health aides, and nursing assistants—provide daily support to older adults and people with disabilities across a range of settings in the United States, predominantly in long-term care (LTC). Even as the population grows older and drives up demand for LTC, the sector **continues its decades-long struggle to fill direct care positions and stabilize this essential workforce.**”*

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We are reimagining our community vision for older adults.

Common Ground Health began convening the Sage II Commission during the COVID-19 pandemic to inform and understand where the Finger Lakes region stands relative to initial 2011 projections and agree on priorities for long-term care by 2030.

In addition to working with regional stakeholders, representative senior residents that are trained in qualitative data collection are engaging diverse senior residents through community focus groups. Throughout the 9-county Finger Lakes region these elders are eager to inform and shape recommendations. Their stories are compelling.

Resoundingly, older adults want to stay in their homes as long as possible. They are calling for adequate and affordable housing with access to community-based services that promote dignity and independence. Personal safety, in-home services and coordinated communication are among the top themes thus far.

We are working together to leverage what is working well. This includes:

- Addressing the Social Determinants of Health (SDOH) through Lifespan of Greater Rochester's Community Care Connections program. Lifespan is a community-based nonprofit dedicated to helping older adults and caregivers take on the challenges and opportunities of longer life. Their Community Care Connections program has demonstrated that when social determinants of health are addressed, such as food insecurity, housing, transportation, financial assistance, and caregiver support, for every dollar spent, an estimated \$1.75 is associated in reduced costs related to hospitalization and ED visits (using a 90-day analysis), saving health-care dollars, increasing satisfaction among older adults, health care providers and family members.
- Services need to be accessible and available to people in their community. Episcopal Senior Life is developing neighborhood services around their affordable housing complexes to serve their entire communities. Supportive housing and alternatives to institutions for the long-term care population that provide community-based options and coordinated information sharing.
- Older adults want to be active participants in their care. Evidenced-based programs that have proven to work, such as Matter of Balance developed by Boston University and Living Healthy with Diabetes and Chronic Disease Self-Care Management developed by Stanford University, have proven their efficacy. By becoming participants in their own care, patients can improve their health, reduce unnecessary treatments, and reduce reliance on formal or informal caregivers.
- Care models like PACE — in which dually Medicare- and Medicaid- eligible older adults have access to health care, services and community supports to avoid going to a nursing home or other care facility — have been proven effective at providing care and saving money. Although PACE programs are less expensive than Nursing Homes, this program is not an option for seniors with insufficient personal resources or savings, the working poor. Our June Senior Resident Engagement Focus group included a 72-year-old black woman living and caring for her 96-year-old mother in shared housing with a friend so that she can continue working.
- The viability of telehealth services was proven during the COVID-19 pandemic. In fact, mental health providers report an increase in people keeping their appointments and numerous studies have demonstrated its effectiveness. Other technologies, such as tele monitoring and GPS tracking, can also support a person living in the community.
- Long-term care costs are unsustainable for governments, and the vast majority of people lack the resources to privately pay. Other payment models, such as the recently approved Washington State Long-Term Care Trust Act, created essentially a public long-term care insurance program (\$.58 for every \$100 earned through payroll deduction).

Integrated care delivery that is designed for community- based services prior to seniors having higher acuity and medically complex needs makes fiscal sense. New ways of redirecting dollars for adequate, affordable, home based services require sound policy decisions. This can include a transfer of health care dollars to home and community- based services/SDOH, incentives for preventive care in home, or Medicare Advantage plans participating in coverage of SDOH. We are called to create a coordinated approach with funding mechanisms that support an integrated model of care.

New York State's commitment to funding livable communities and their aging policies resulted in New York State being named the nation's first age-friendly state by AARP and the World Health Organization in 2017. The ever-increasing aging population demands creation of a system that provides care across the spectrum of needs and keeps older adults safe in their homes instead of institutional care. The November 2018 Executive Order incorporating the Prevention Agenda, focusses on the social determinants of health to improve health and reduce health disparities. Health Across All Policies calls on State agencies to work together to improve population health, **promote healthy aging**, and **assist localities in implementing elements to create age friendly communities**. Smart Growth Principles are incorporated into the policies of government to improve the health/well-being of New Yorkers **across the lifespan**.

*"It is not hyperbole to say the costs of treating diseases of aging threaten to overwhelm health systems and the agendas of companies and government."*¹

LTC needs to be person-centered, coordinated, and seamless across various care delivery sites, with a focus on transitions of care to ensure quality of care and safety. As this population continues to increase, Finger Lakes partners are working together to coordinate, communicate and integrate health care, housing, and home- and community-based services.

"By creating livable communities for all ages, we are addressing health needs while promoting economic prosperity and social equity." - Governor Andrew Cuomo – May 2019

Thank you for your attention and consideration.

About Common Ground Health

Founded in 1974, Common Ground Health is one of the nation's oldest and most effective regional health planning organizations. Located in Rochester, N.Y., the nonprofit serves the nine-county Finger Lakes region. We bring together health care, education, business, government, and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.

¹ EY, "How will we disrupt aging before aging disrupts economic growth?" 2017