



**Allegany County
Community Partnership on Aging**

Strategic Plan April 2009

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Our Mission

The Allegany County Community Partnership on Aging is a collaboration of passionate individuals, service providers and community leaders working to take action and improve quality of life; while making Allegany County a good place to grow up, live and grow old through environmental transformation, policy advancement and system change.

Our Vision

To collaboratively inspire vitality and independence for Allegany County's senior residents

Goals

The Allegany County Community Partnership on Aging is committed to:

- ❖ Mobilizing our efforts to improve quality of life and care for older adults residing in Allegany County;*
- ❖ Identify gaps in services to be proactive in strengthening the aging service deliver system;*
- ❖ Strengthening our coalition to meet the diverse needs of our communities;*
- ❖ Leveraging public and private resources to generate change in practice and in policy;*
- ❖ Ensuring that community members have a voice in the decision-making process and are viewed as equal partners in our efforts;*
- ❖ Researching and instituting evidence-based interventions and strategies that are culturally sensitive and relevant to community priorities; and*
- ❖ Promoting transparency through evaluation and quality improvement strategies to share outcomes and lessons learned.*

The Value of Collaboration

The Allegany County Community Partnership on Aging has made tremendous strides toward creating an environment that embraces older adults and caregivers. By aligning organizational goals, principles and resources, an infrastructure has been created that can support and act as a framework for Nurturing Our Livable Communities; Allegany County's Community Empowerment Program for Aging in the Community.

Research has identified ten primary functions that can be carried out by partnerships or collaborations¹. Specifically, they have the potential to:

- ❖ Broaden the mission of member organizations and develop more comprehensive strategies*
- ❖ Develop wider public support for issues*
- ❖ Increase the influence that individual community institutions have over community policies and practices*
- ❖ Minimize duplication of services*
- ❖ Develop more financial and human resources*
- ❖ Increase participation from diverse sectors and constituencies*
- ❖ Exploit new resources in a changing environment*
- ❖ Increase accountability*
- ❖ Improve capacity to plan and evaluate*
- ❖ Strengthen local organizations and local institutions to respond better to the needs and aspirations of their constituents*

¹Chavis, D. M, "Building Community Capacity to Prevent Violence Through Coalitions and Partnerships," Journal of Health Care for the Poor and Underserved, Vol. 6, No. 2, 1995, pp. 234-245.

History

The Allegany County Community Partnership on Aging (CPA), is a collaboration of health and human service agencies, governmental agencies, aging service providers, non-traditional partners, community leaders, long-term care facilities, hospitals and community members. CPA was established in 2004, with three overriding goals:

(1) Access to Services: *developing a single point of access to aging services; while strengthening provider capacity through collaboration and networking.*

(2) Improved Communication: *ensuring provider-to-provider information sharing and networking, referrals and service coordination; while increasing community awareness and education through a multi-pronged marketing and communications system.*

(3) Wellness and Prevention Services: *establishing community education, professional development training and senior wellness programs based on findings from community health assessment data.*

As a result of the Community Partnership on Aging collaborative, specific improvements in Allegany County's aging services delivery system were achieved. These include:

- ❖ *Developed and implemented the Allegany County's Growing Stronger Initiative in ten sites across Allegany County supporting over one-hundred older adults, a strength training exercise program based on Tufts University StrongWomen Program;*
- ❖ *Launched the Allegany County Nurturing Livable Communities Institutional Culture Change Initiative to assist in the assessment and implementation of the culture change movement in local long-term care settings;*
- ❖ *Develops and operates as the Long-Term Care Council for NY Connects-Allegany County in order to provide accurate, unbiased information and referrals for Allegany County residents regardless of age or disability;*
- ❖ *Instituted the Direct Care Workers Recruitment, Retention and Training Initiative to formalize an action plan for workforce development in order to prepare for the imminent demographic shift and its impact on the health and home care industry;*
- ❖ *Plans and hosts the Allegany County Aging Conference (2004-2009) for professionals, community members and key stakeholders representing rural communities across New York State. The 5th Annual Aging Conference, entitled Nurturing Our Livable Communities, will focus upon planning tools, resources and best-practice models for improving livable communities; and*
- ❖ *Secured monetary resources through grant awards to establish and/or expand service delivery, community education programs and/or resources:*
 - *2005-2009 Sharing Your Wishes Advance Care Planning Initiative*
 - *2007-present Powerful Tools for Caregivers*
 - *2008 Institutional Culture Change Launch*
 - *2009-2010 Transitions in Care Initiative*

Membership

Absolut Care of Houghton
ACCORD Corporation, Inc.
Alfred Housing
Alfred State College
Alfred University
Allegany Arc
Allegany Council on Alcoholism & Substance Abuse, Inc.
Allegany County Board of Legislators
Allegany County Blind Association
Allegany County Cancer Services
Allegany County Chamber of Commerce
Allegany County Community Services
Allegany County Department of Social Services
Allegany County Department of Health
Allegany County Office for the Aging
Allegany County Office of Economic Development
Allegany County Rehabilitation Associates
Allegany County Senior Foundation
Allegany County United Way
Allegany Rehabilitation Associates-The Counseling Center
Allegany/Western Steuben Rural Health Network, Inc.
Alzheimer's' Association of WNY
Catholic Charities of Western New York
Cornell University Cooperative Extension of Allegany-Cattaraugus County
Cuba Memorial Hospital
Directions in Independent Living
Experience Works
Family Service Society, Inc.
Greater Allegany County Chamber of Commerce
Highland Day Services
Highland Healthcare Center
Homecare & Hospice
Jan & Bev's Home Care
Jones Memorial Hospital
Literacy West-Allegany County
Manor Hills Adult Care Facility
New York Connects- Allegany County
NYSDOH Nursing Home Transition and Diversion Program
Rural Adult Living
Rural Health Resources
Southern Tier Legal Services
Southern Tier Home Health Services
St. James Mercy Health
Veterans' Affairs-Bath and Wellsville Offices
Visiting Nurses Association
Wellsville Area Chamber of Commerce
Wellsville Manor Care Center
WILLCARE

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Introduction

Allegany County is a designated rural county located in the southwest corner of the Appalachian Region of New York State, or commonly referred to as the Southern Tier. An estimated 1,030 square miles, the county is generally agricultural with a number of isolated centers of population. Within its territory there are twenty-nine municipalities and ten villages. Population is concentrated in Alfred, Belmont, Cuba, and Wellsville. Allegany County is bordered by: Livingston County (north), Potter County (south), Steuben County (east), and Cattaraugus County (west).

According to 2000 census data, the total population is 49,921, a 1.1% decrease in population since the 1990 census figure of 50,470. The Census Bureau 'Annual Estimates of Resident Population, U.S., New York State and Counties, April 1, 2000 to July 1, 2006', released April of 2007, estimates a gain of 340 residents, or 68% during the reporting period, to 50,267, nearly back to the 1990 population level. The 'Components of Change' report for the same period shows 3,390 births and 2,984 deaths for a natural increase of 406, indicating a net in-migration of 66 individuals or an in-migration rate of .13% between April 1, 2000 and July 1, 2006.

The most significant changes in population over time have been the increase in the number of older citizens, particularly those aged 80 or more and the decrease in children, aged 0 to 17. From 1980 to 2000, a time in which the overall population fell from 51,742 to 49,927, the number of citizens over 80 years old rose from 1,295 (1980) to 1,753 (1990) to 1,956 (2000). As of 2000, 7,000 of the county's citizens, or 14.0% of the population, compared to a 12.4% national average, were 65 years of age or over, with 3,748 citizens being between the ages of 65 and 74; 2,328 between the ages of 75 and 84; and 924 age 85 and over. During the same period, the number of those under 18 years of age fell from 14,639 (1980) to 12,999 (1990) to 12,194 (2000). The percentage of the total county population under age 18 fell from 28.29% in 1980 to 24.42% in the year 2000.

Through community planning and assessment, the Allegany County Community Partnership on Aging found that older adults and service providers have identified eight priority concerns that affect older residents' ability to remain independent. These critical issues are:

- I. Access and Navigation of Community Resources and Services*
- II. Senior Mobility*
- III. Affordable Quality Healthcare*
- IV. Direct Care Workforce Investment*
- V. Universal Design, Home Repair and Modification*
- VI. Maintaining Health and Wellness*
- VII. Caregiver Supports*
- VIII. Environmental Strategies*

For our purposes, a community assessment is a systematic process for examining the current conditions of the community and to identify the level of risk and protection in the community. It is an on-going, evolving process that requires a long-term commitment by everyone in the community. This initiative directly examined senior priorities through the following means:

- ❖ Qualitative Community Survey Data*
- ❖ CPA Member Input*
- ❖ Agency Reports/Utilization Data Analysis*
- ❖ Quantitative Data Gathering and Analysis*
- ❖ Asset Mapping Strategies*

This Strategic Plan represents the community's response to the critical issues. The goals and objectives are the shared vision of consumers, service providers and community leaders. Our desire is to create an action plan that will improve the aging service delivery system, promotes senior wellbeing and maximizes independence and supports our communities become aging friendly. This document also reflects the Community Partnership on Aging's belief that we, the community, are responsible for addressing the needs of our elders, recognizing our senior population as essential assets to community well-being, and providing options and support for those requiring assistance and aide. In addition, we acknowledge that communities are a complex social ecosystem where fundamental principals of wellness, and the indicators, are all interconnected. Like in nature, modifying one process will have an impact on the others. For example, improving senior mobility will alter other social indicators, i.e., access to services, caregiver supports. All processes must work together to create a healthy environment.

It is our intention that this Strategic Plan will be a framework for action and is a permutation of varied best practice strategies identified through journals and research; including Blueprint for Action: Developing a Livable Community for All Ages¹, Community Partnerships for Older Adults², and Livable Communities: An Evaluation Guide³.

The Community Partnership on Aging encourages all entities to respond to the identified concerns by addressing the critical issues. This will be achieved through the goals and objectives outlined herein and by continuing to pursue a shared mission and vision, continuous monitoring and evaluation, and following the values of a true collaboration.

1. Blueprint for Action: Developing a Livable Community for All Ages; developed by n4a, Metlife and Partners for Livable Communities

2. Community Partnerships for Older Adults; produced through the Robert Wood Johnson Foundation

3. Livable Communities: An Evaluation Guide; Prepared for the AARP Public Policy Institute by the Arizona State University, Herberger Center for Design Excellence

Goals and Objectives

In response to the New York State Office for the Aging Project 2015 Status Report for 2005, and in recognition of the impending demographic shift, the Allegany County Community Partnership on Aging began an extensive assessment and planning process to identify goals and objectives for its Nurturing Our Livable Communities Initiative.

With the inception of NY Connects-Allegany County (2006), the Community Partnership on Aging, operating as the Long Term Care Council (LTCC), began examining the strengths and weaknesses of our service deliver system through an asset mapping exercise. Members assisted in the development of the Adult and Children's Long-Term Care Matrix of Services. On a monthly basis, LTCC members review current gaps and duplication of services and receive utilization reports from the NY Connects-Allegany County Coordinator. These meetings provide a forum for discussion about community needs and quantitative data analysis.

On June 24, 2008, Community Partnership on Aging members participated in a focus group activity to envision Allegany County's "Utopian Aging Community." Members were asked to respond to the following question:

"Based on the demographic predictions and disregarding services available today, if we could build a utopian community for seniors in the year 2030, what would it look like?"

Results included the following value statements:

- *Simplified, comprehensive aging services*
- *Accessible Assisted Living*
- *Cultural change in long-term care facilities*
- *Accessible transportation system*
- *Accessible businesses for older residents*
- *Neighborhood/community networking, engagement and natural supports*
- *Housing services for seniors not based on financial eligibility*
- *Intergenerational programming*
- *Improved communication system*
- *Intergenerational community centers*
- *Spiritual opportunities*
- *Value all people in the community; including elders*
- *Empowered and valued workforce*
- *Information and referral based on the whole person; i.e. social, recreational, medical/physical, psych/social, etc.*
- *Consumer empowerment*
- *Decreased regulations*
- *Access to healthcare; i.e. home visits for homebound seniors*
- *Workforce investment and opportunities for seniors*
- *Career ladders for healthcare professionals*
- *Recruit and retain quality employees/caregivers*
- *Eliminate Ageism*
- *Incorporate positive aging in education curriculum*
- *Intergenerational daycare*
- *Incorporate and emphasize in-county wellness programs and tourism*
- *Enhance caregiver/natural supports services*
- *Institute interactive dementia care units*
- *Improve legislation*

Next, committee members were asked the following:

"On a scale of 1-10, 1 representing 'poor' and 10 representing 'outstanding', please rank present-day Allegany County in comparison to the desired utopian community." Overwhelmingly, members ranked Allegany County a "1".

In the fall 2008, the Community Partnership on Aging sponsored a community-wide survey to capture residents' opinions and value sets regarding quality of life and livable communities' issues. The primary population was Baby Boomers; those age 40 years old and older. The survey was distributed and collected through three outlets: (1) Web-Based Survey, (2) Health & Human Service Agency Providers, (3) Print through local newsletters and agency newspapers. Coordinated target audience media campaigns assisted in survey promotion. Data was analyzed and compared to supplementary data sets; including but not limited to:

- ❖ NY Connects-Allegany County reports
 - Information Requests (18 Months)
 - 550- Insurance/Benefits Information & Counseling
 - 510- Home Based Services
 - 295- Caregiver & Consumer Support and Services
 - Information & Referrals Provided (18 Months)
 - 393- Home Delivered Meals
 - 303- Health Insurance Information
 - 234- Home Health Care
 - 210- Caregiver/Consumer Advocacy
 - 209- Medicare Information and Counseling
- ❖ Health Indicators' Data
- ❖ Focus Group Data

The Critical Issues highlighted within this Strategic Plan outline the findings from this process. Each topic will be defined in greater detail providing insight into:

- ❖ National, State and Local Trends
- ❖ Overriding Goals and Objectives to address Critical Issues
- ❖ Short-term, Intermediate and Long-Term Activities and Expected Outcomes

Critical Issues

I. Access and Navigation of Community Resources and Services

Although senior services are available in Allegany County and across New York State, frequently older adults and informal caregivers are confused and frustrated about how to access and navigate community resources and services. Easy access to services allows seniors to stay independent and make informed decisions about their care. When faced with life-changing events, seniors and caregivers must be able to find information, referrals and resources that are culturally sensitive, health literacy appropriate and available in senior friendly settings.

To help measure the communities' knowledge and familiarity with community services, the 2008 "Nurturing Our Livable Communities-Community Assessment Survey" asked participants to rate the following: "My family, friends and neighbors know where to go for help when they need services." Of the 294 respondents, sixty-one (61) indicated that they "strongly agree," one hundred eighty-two (182) stated they "agree," forty-three stated they "disagree" and eight (8) "strongly disagreed." These findings indicate that greater outreach and education is necessary to help individuals access and navigate the current service delivery system.

294 Respondents	#	%
Strongly Agree	61	21%
Agree	182	62%
Disagree	43	15%
Strongly Disagree	8	2%

NY Connects: Choices for Long Term Care is a first step toward achieving a shared vision of comprehensive information and referrals for long term care services. This state-funded program was developed to establish county level, consumer-centered access points to information and assistance for all individuals in need of long term care services, regardless of age, income, or payment source. NY Connects-Allegany County is a trusted resource for individuals seeking long term care information and services.

NY Connects-Allegany County is the central, one-stop information and referral service that connects people and caregivers to the appropriate services at the right time in an unbiased manner. This service must be promoted to all in an efficient, easy to access method. Since its launch in October 2007, 2,040 contacts have been made with NY Connects-Allegany County.

Goals

A) *People in need of long term care services and caregivers are aware of available services and community resources in the local long term care delivery system.*

B) *Individuals and caregivers receive unbiased information and are directed to services that meet their needs in a timely, efficient manner*

Objectives

Short-term Objectives

- *Coordinate a NY Connects-Allegany County awareness campaign utilizing local media outlets; including print advertisements, radio spots and CPA membership referrals*
- *Coordinate the Long Term Care Council by facilitating monthly, open meetings*

Intermediate Objectives

- *Research additional outreach and marketing strategies to increase awareness of NY Connects-Allegany County*
- *Solicit new members to serve on the Long Term Care Council; i.e. consumers, caregivers, traditional and non-traditional providers*

Short-term Objectives

- *Execute a quality assurance process that monitors the utilization of NY Connects-Allegany County; i.e. frequency of contacts, information and referral trends, gaps in long term care services, and consumer satisfaction*
- *Analyze cross-system collaboration opportunities to improve the existing long-term care system and identify strategies to fill potential gaps in services*

Intermediate Objectives

- *Co-locate NY Connects-Allegany County offices integrating local Office for the Aging, Department of Social Services, Veterans' Services and NY Connects-Allegany County personnel*
- *Develop a universal assessment instrument and release of information form in order to create a more efficient, timely long term care delivery system*

II. Senior Mobility

People need to have safe and easy access to services such as healthcare care and community resources, amenities such as shopping, groceries and banking, and access to support networks like family and friends. These basic components of daily life should be accessible to people of all ages and abilities, including children and youth, people with disabilities, and older adults. Mobility options supporting seniors must be comprehensive and respond to the complexities of Allegany County's rural nature; including a safe, affordable: public transit system; personal vehicle usage, and the assurance of walkable communities.

Older drivers have higher rates of fatal crashes, based on miles driven, than any other group except young drivers, according to the Insurance Institute for Highway Safety. The high death rate is due in large part to their frailty. Older people are less likely to survive an injury than younger people. By 2030 people age 65 and older are expected to represent 25 percent of the driving population and 25 percent of fatal crash involvements. According to the National Highway Traffic Safety Administration (NHTSA, <http://www.nhtsa.dot.gov>), 30 million, or 15 percent, of licensed drivers were age 65 and older in the United States in 2006 (latest data available). NHTSA says 5,932 people age 65 and older were killed in traffic crashes in 2007. This represents 14 percent of all Americans killed on the road.

High fatality rates of this age group reflect the fact that older drivers are more easily injured than younger people and are more apt to have medical complications and die of those injuries. According to the Governors Highway Safety Administration, impairments in three key areas—vision, cognition and motor function—are responsible for higher crash rates for older drivers. Vision declines with age; cognition, which includes memory and attention, can be impacted by medical problems such as dementia and medication side effects; and motor function suffers as flexibility declines due to diseases such as arthritis.

A recent AAA Foundation report notes seniors and their families face serious challenges in maintaining personal mobility, including determining whether they remain capable of safely operating a motor vehicle, whether their driving can be improved, or - if unable to drive safely - how they can continue to be mobile. Technological advancements, older driver assessment strategies, and targeted education can assist older drivers to compensate for functional declines.

Through the efforts of the Allegany County Transportation Task Force, the Allegany County Coordinated Public Transit-Human Services Transportation Plan was developed in 2007. This document serves as a framework for improving the public transit system (available on-line at www.myruralhealthnetwork.org) and has leveraged additional resource development, system analysis and establishing a collaborative action plan. Efforts are supported through the Allegany County Community Partnership on Aging, with numerous members active in the Allegany County Transportation Task Force.

Additional resources and planning are required to impact the remaining critical issue components under Senior Mobility in this Strategic Plan and are in no way a part of the Allegany County Transportation Task Force efforts:

(1) Personal Vehicle Usage- Senior Driver Assessment & Community Drivability

A recent AAA Foundation report notes seniors and their families face serious challenges in maintaining personal mobility, including determining whether they remain capable of safely operating a motor vehicle, whether their driving can be improved, or - if unable to drive safely - how they can continue to be mobile. Technological advancements, older driver assessment strategies, and targeted education can assist older drivers to compensate for functional declines. In addition, environmental changes in roadway construction and design can assist senior drivers and improve traffic safety conditions for everyone on our roadways.

(2) Assurance of Walkable Communities

Pedestrian Safety (including travel by wheelchair) is one of the most important means of travel for seniors; especially for short distance trips. Older pedestrians are at higher risk of falling or being hit by a vehicle, because mobility and perception deteriorate as part of the aging process. An injury can be more serious and recovery takes longer. Communities can become more pedestrian friendly, and a better place to live for people of all ages, by promoting a safe walking environment. Environmental assessments and comprehensive pedestrian planning can help maintain and improve communities and areas frequented by older adults. Allegany-Cattaraugus County Cornell University Cooperative Extension has received the New York State Department of Health Healthy Heart grant to implement the Complete Streets project. CPA will promote this process to include areas frequented by seniors.

Goals

A) Support the efforts of the Allegany County Transportation Task Force to help develop and maintain a public transit system that is efficient and effective for all residents of Allegany County; including seniors and individuals with disabilities.

B) Create the Allegany County Older Driver Assistance Network as a sub-committee of the Allegany County Community Partnership on Aging to provide support and access to older driver resources to anyone attempting to help a potentially at-risk older driver.

Objectives

Short-term Objectives

- Assist in the development of a senior friendly fixed-route system to enhance access to- from senior housing programs, community resources and service providers
- Assist in the development of senior friendly marketing and promotional materials that meet ADA guidelines and increase ridership
- Support public transit services through CPA membership and assist in sponsoring Senior Transit Education Programs

Intermediate-term Objectives

- Research model-based dial-a-ride programs that may be replicated in Allegany County to better support older adults and individuals with disabilities.

Short-term Objectives

- Invite healthcare providers, aging services representatives, criminal justice personnel and driver education programs to a forum on Older Driver Issues, Resources and Opportunities for Collaboration.
- Formulate the Older Driver Assistance Network to research Older Driver Assessment Instruments, Self-Assessment Tools, Older Driver Fact Sheets, and Older Driver Education Workshops
- Organize Professional Development Education for physicians and mid-level health care providers focusing on the providers' role in Older Driver Assessment and Safety

Intermediate-term Objectives

- Recruit a Certified Driving Rehabilitation Specialist to assist in Driver Assessments and Older Driver Education Program
- Secure Assessment Equipment; including Vision testing machine
 - Visual perceptual tests
 - Cognitive assessments
 - Brake-reaction timer

C) Create safe, pedestrian-friendly neighborhoods where older adults and people of all ages have access to their community through walking and/or bicycling.

Short-term Objectives

- *Conduct a walkable communities audit in three local communities utilizing community volunteers and students analyzing:*
 - *Infrastructure — sidewalks (widths, design and repair), curbs (design and repair)*
 - *Traffic and Street Crossings — streets, corners, crosswalks, traffic speed, visibility*
 - *Continuity — transitions; signals; grades, ramps and slopes; driveways*
 - *Land Use — retail location, commercial concentration, parking lots, public space, buffering*
 - *Safety Rules — visibility, right turn on red, shoulders*
 - *Security/Lighting — lighting, maintenance, pay phones*
 - *Streetscape — sun protection, visual interest, cleanliness, trashcans, trees and plants, atmosphere*
 - *Pedestrian Amenities — orientation, signage, seating, drinking fountains, restrooms*
 - *Topography — comfort, weather and uniformity*
 - *Seasonal Issues — drainage, snow*

Intermediate Objectives

- *Engage Key Stakeholder; i.e. Town and Village Boards, Zoning Boards, Economic Development, and Community Leaders in reviewing audit findings and create a plan of action to address results.*
- *Create a Public Education Campaign regarding walkable communities and key findings.*

D) Improve traffic safety conditions as they relate to drivers of all ages; including older drivers.

Short-Term Objects

- *Audit high traffic areas for safety improvements related to older adult drivers; including:*
 - *pavement marking revisions and restriping;*
 - *left turn-lane*
 - *new and revised signing;*
 - *traffic signal modifications (equipment and timings);*
 - *sidewalk replacement and/or additions;*
 - *landscape improvements;*
 - *sight distance clearing (trees and shrubs);*
 - *roadway sweeping;*
 - *lighting.*

Intermediate-Term Objectives

- *Engage Key Stakeholders; i.e. Town and Village Boards, Zoning Boards, Economic Development, and Community Leaders in reviewing audit findings and create a plan of action to address results.*

III. Affordable Quality Healthcare

Rural community-based healthcare delivery systems should cover the continuum of care, achieve optimal quality/performance standards, be financially viable, continuously improve performance and quality, and address population specific health measures. Older adults in Allegany County continuously face difficult challenges regarding costs and access to affordable quality healthcare including but not limited to the proximity to specialty care; the need for safer, more affordable use of pharmaceuticals; lack of continuity of care due to high professional turn-over; and difficulties affording and understanding health plans designed specifically for seniors.

*According to the National Coalition on Health Care, in 2008, health care spending in the United States reached \$2.4 trillion, and was projected to reach \$3.1 trillion in 2012 and \$4.3 trillion by 2016. According to the 2006 study by the Fiscal Policy Institute entitled **The Health Care Costs of the Uninsured in New York State**, it was estimated that 6,118 Allegany County residents (12%) were full-year, non-elderly uninsured. This number does not account for Allegany County's share of the 15,000 elderly uninsured reported through the NYSDOH, or those whose existing coverage does not sufficiently protect them from catastrophic medical expenses due to gaps in coverage and/or high deductibles and co-pays.*

National surveys show that the primary reason Americans are uninsured and/or underinsured is the high cost of health insurance coverage. In the 2008 "Nurturing Our Livable Communities-Community Assessment Survey" results, when participants were asked to rank quality of life indicators according to their importance to local seniors, respondents ranked "Affordability of Quality Health Care" as #1 and "Availability of Quality Health Care" as #3. In a separate question, respondents were asked to report on their own personal experiences and challenges within the last 12 months. The #1 issue respondents reported as a "Major Problem" was Cost of Prescription Drugs.

According to NY Connects-Allegany County data, in the previous 18 months the number one reason individuals' contact the local resource is for information concerning insurance benefits. Likewise, the #2 and #5 information and referral topics provided to community members are "Health Insurance Information" and "Medicare Information and Counseling" respectively.

Compounding these issues and impacting all residents' care, Allegany County is also a designated Health Professional Shortage Area (HPSA) in Primary Medical Care; Dental Care; and Mental Health Services. Individual feedback sites frequent physician turn-over as a stressor and serious area of concern that impacts patient confidence in the healthcare system.

Future technology is seen as one feasible strategy to overcome difficult obstacles within specialty care and a means to combat the provider shortage crisis; including increasing telepsychiatry and telemedicine services. Yet, broadband and the technological infrastructure needed to accommodate such services are not currently intact throughout the county and is often too expensive for providers to invest dollars.

Although Allegany County hosts two hospitals: Jones Memorial Hospital located in Wellsville, New York, a 70-bed facility; and Cuba Memorial Hospital located in Cuba, New York, a 20-bed acute care facility designated as a Critical Access Hospital, residents must travel great distances to receive many specialty care services; i.e. cancer treatment and dialysis services. Without appropriate supports, those in need of services may not have access to the level of services needed.

Goals

A) Support recruitment and retention efforts that build a strong healthcare infrastructure; including but not limited to professional healthcare providers, direct care workers and informal caregiver supports.

B) Increase local Professional Development Training Accreditation Opportunities

Objectives

Short-term Objectives

- Assist in the development of the Allegany County CORE Initiative (Creating Opportunities in Rural Education)
- Assist in efforts of the Western New York Rural A-HEC
- Research best practice models for healthcare recruitment and retention strategies; including but not limited to "Grow You Own" Workforce Pipeline, and Mentoring Programs
- Assist in the planning and implementation of Allegany County Health Care Job Fairs and targeted advertising efforts

Intermediate-term Objectives

- Advocate for competitive reimbursement rates through private and public payers
- Assist local healthcare facilities in their effort to predict future trends for workforce investment

Short-term Objectives

- Continue to provide a wide array of CME/CEU accredited professional development trainings that have major significance to healthcare priority areas
- Expand enrollment in web-based training services for Behavioral Health Professionals that are CME/CEU approved
- Nurture relationships with healthcare providers and local resources (i.e. Allegany County Medical Society) to access provider needs and areas of interest

Intermediate-term Objectives

- Research accreditation policies and application process to become an accredited CME provider through the Medical Society of the State of New York

C. Uninsured and under-insured residents will learn various cost savings strategies designed to improve access and affordability to prescription drugs

Short-term Objectives

- *Form a Task Force to explore prescription drug cost savings programs that will address the needs of the community*
- *Provide education and literature to seniors and caregivers about prescription drug discount programs; including efforts through NY Connects- Allegany County*
- *Support efforts of Allegany County Office for the Aging in their Medicare Counseling and Information Services*

Intermediate-term Objectives

- *Facilitate outreach to local pharmacists and health care providers to strategize best methods in reducing costs to community members*

D. All residents will know how to navigate the current healthcare delivery system and feel empowered to make informed decisions regarding their healthcare choices.

Short-term Objectives

- *Ensure educational materials and healthcare messages are health literacy appropriate*
- *Increase awareness about available services and promote NY Connects-Allegany County as a safe, reliable resource for information and referral*
- *Promote health education resources that are trust-worthy and evidence-based*
- *Assist uninsured residents learn how to enroll into public health insurance programs*

Intermediate-term Objectives

- *Research the role of Consumer Advocates in the healthcare delivery system*

IV. Direct Care Workforce Investment Initiative

*As the first of the 78 million baby boomers begin reaching 65 years of age in the year 2011, the healthcare workforce must be prepared. According to the National Academies April 2008 article entitled **Health Care Work Force Too Small, Unprepared For Aging Baby Boomers; Higher Pay, More Training, And Changes In Care Delivery Needed To Avert Crisis**, several reports show an overall shortage of health care workers in all fields, but the situation is worse in geriatric care because it attracts fewer specialists than other disciplines and experiences high turnover rates among direct-care workers – nurse aides, home health aides, and personal care aides. For example, there are just over 7,100 physicians certified in geriatrics in the United States today – one per every 2,500 older Americans. Turnover among nurse aides averages 71 percent annually, and up to 90 percent of home health aides leave their jobs within the first two years.*

A similar story holds true in Allegany County. According to the 2008 Direct Care Worker Recruitment, Retention and Training Initiative survey findings, local healthcare organizations reported an average turn-over rate of 48.33% in Certified Nurses' Aides. Collectively, "low wages" and "child care issues" tied as the #1 barrier that prevents individuals from entering into the workforce as Direct Care Workers (100% response). With the relocation of younger adults leaving the community to find employment, informal caregivers are being depleted and recruitment of direct care workers is limited.

According to the National Clearinghouse on the Direct Care Workforce, on average direct-care workers earn between \$7.91 and \$9.20 per hour; significantly less than the median wage of \$13.53 for all U.S. workers. For those who worked full-time all year, the average incomes in 2003 were \$21,050 for nursing aides, orderlies and attendants; \$19,180 for home health aides; and \$17,020 for personal attendants and home care aides. Many employers offer health insurance benefits, but not all do, and the premiums and co-pays are often too high for many eligible workers. As a result, one-third of home care workers and a quarter of nursing home workers do not have health insurance coverage.

Direct care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. The challenges of working with an aging population increase as well. The average 75-year-old American tends to have more complex conditions with three chronic conditions, such as diabetes or hypertension, and uses four or more prescription medications. Dementia, osteoporosis, sensory impairment, and other age-related conditions also create various challenges for all healthcare professionals; including direct care workers.

Major employers of direct care workers in Allegany County include four Nursing Homes (Cuba Memorial Residential Health Care Facility (Cuba), Wellsville Manor Care Center (Wellsville), Highland Health Care Center (Wellsville), and Absolut of Houghton (Houghton), one Adult Medical Day Care Provider (Highland Day Services) and two Adult Care Facilities (Manor Hills and Rural Adult Living).

Allegany County does not currently have an Adult Social Day Care provider. In addition, two Certified Home Health Agencies: WILLCARE and Visiting Nurses'

Association; and three Licensed Home Care Agencies; Southern Tier Home Health Services, Inc., Jan & Bev's Homecare, and Homecare and Hospice operate in Allegany County. Homecare and Hospice also provides Certified Hospice Care.

Goals

A) Improve the quality of jobs for direct-care workers, including addressing significant issues identified as needing improvement including low wages, lack of adequate benefits, lack of respect and professional fulfillment, scarce opportunities for continuing education and professional advancement, inadequate or punitive supervision, and unreasonable workloads

Objectives

Short-term Objectives

- *Facilitate the Allegany County Direct Care Worker Recruitment, Retention and Training Initiative; a sub-committee of the Allegany County Community Partnership on Aging*
- *Assist in the development of joint training workshops focused on common topics important for Direct Care Workers identified through the 2008 Allegany County Direct Care Workers Survey*
- *Sponsor management level training opportunities on supervisory techniques that ultimately empower Direct Care Workers; i.e. mentorship and shadowing programs*

Intermediate-term Objectives

- *Support job readiness skill building workshops and remedial literacy programs through local Adult Literacy Services*
- *Explore Career Ladder Initiatives that support advance education through financial aide and training grant opportunities*

V. Universal Design, Home Repair and Modification Program

Senior citizens fear moving into a nursing home and losing their independence more than they fear death, according to a study, "Aging in Place in America," commissioned by Clarity and The EAR Foundation. Study findings indicate that 89% of seniors want to age in place - or grow older without having to move from their homes - and more than half (53%) are concerned about their ability to do so. Some concerns stem from the fact that few seniors live in homes that were designed to accommodate their changing needs.

Allegany County seniors have similar ideas when it comes to "aging in place" in their homes. According to the Allegany County Nurturing Livable Communities-2008 Community Assessment, when asked about current living arrangements, the majority of respondents 230 (73.5%) answered that they "Live in my own family home", 37 (12%) stated that they "Live in my own apartment," 17 (5%) stated they "Live in my own mobile home", 14 (4.5%) indicated that they "Live with family or others in their home," 1 (.5%) stated they "Live in a Long-Term Care Facility," and 14 (4.5%) reported that they "Live in an Adult Home or Senior Housing." The survey sampling demonstrated a high degree of independence.

When asked "Where do you intend to live as you grow older?", The majority of respondents 291 (93%) answered that they "intend to stay where I currently live as long as possible", 13 (3.5%) stated that they "intend to move in with family or friends," 21 (6%) stated they "intend to move to another county/state", 28 (8%) indicated that they "intend to move to an Adult Home or Senior Housing," and 9 (2%) stated they "intend to move to a Long-Term Care Facility." With the overall desire to continue living independently, seniors will require an aging friendly community to meet their future needs and support their lifestyles; especially in reference to housing accommodations.

Individuals with mobility limitations often feel hostage in their own homes and are unable to fully participate in community life. A home with universal design features will have appeal for a wide range of individuals and families -- whether young or old, disabled or non-disabled. Universal design creates homes that are convenient, comfortable, and attractive for everyone.

Since most homes were not originally built using Universal Design features; adaptations or modifications must be considered to help seniors remain in their homes and stay independent. This is especially true in Allegany County where housing units are long-standing. According to the Allegany County 2007-2012 HUD Consolidated Plan, 2000 Census data show that Allegany County, as with New York state as a whole, has a high percentage of housing units that were built prior to 1940. Allegany County's housing stock includes 37.7% of its housing units that were built prior to 1940, compared to 31.23% statewide. This translates to 9,244 housing units, as of the 2000 Census, that were 60 or more years old. Allegany County's median year built is 1959, compared to 1954 statewide.

Furthermore, older residents frequently experience difficulties when trying to repair, renovate or modify their homes due to high costs of labor and/or materials. Costs for home improvements often prevent much needed adaptations and/or maintenance. Although restoration funding and grants are available, many low-income seniors cannot afford the standard 40% financial match.

Housing costs were viewed as a serious concern to those who participated in the Allegany County Nurturing Livable Communities- 2008 Community Assessment. As evidence, each respondent was asked the following: "In the past 12 months, have you experienced difficulties or had concerns with the following issues?" Respondents ranked "Home Repairs" and "Ability to Pay Utilities and other Household Expenses" both as a "Major Concerns," tying for #4 overall on the list of twenty-one possible priorities.

Seasonal maintenance can also be a challenge for older homeowners; including mowing, shoveling and ice removal. Although Allegany County Office for the Aging hosts a Handyman service, traditionally services include minor indoor tasks and do not include seasonal maintenance jobs or larger modifications and/or repairs.

Weatherization concerns continue to be a hardship for many older residents. Programs that reduce energy costs for the low-income elderly by improving the energy efficiency and comfort of their homes while ensuring their health and safety is essential to help seniors live independently. Weatherization programs enable low-income seniors to permanently reduce their energy bills by making their homes more efficient. Yet, funding is limited for weatherization programs and long waiting lists may discourage seniors from obtaining needed services. In 2008, the Allegany County Office for the Aging reports providing financial assistance through the Home Energy Assistance Program (HEAP) to 1,157 households.

For homeowners planning for the future and/or caregivers attempting to improve current living conditions for a loved-one, lack of knowledge about universal design and home adaptations can also be problematic. Often individuals must conduct their own research to find architects and contractors who understand and specialize in universal design planning and construction.

Goals

A) Residents will understand the importance of universal design in home construction in order to retain future independence

B) Residents will learn about financial strategies that can assist in home modifications, repairs and adaptations

Objectives

Short-term Objectives

- *Facilitate the Allegany County Senior Housing Consortium to review opportunities for home modifications, home repairs and universal design strategies*
- *Sponsor community workshops to increase knowledge and awareness about universal design and home modifications that can assist residents plan for future housing needs*
- *Sponsor professional training workshops for local architects and home builders focused on universal designs strategies and home modifications*

Intermediate-term Objectives

- *Assess the feasibility to construct a mobile exhibit that displays safe entrances, bathrooms, kitchens and lighting to be displayed at the Allegany County Fair*
- *Develop Fact Sheets on universal design, home modifications and adaptations to raise community awareness*
- *Investigate zoning ordinances that require universal design be a part of all new home construction projects*

Short-term Objectives

- *Provide residents with resources and information on how to hire a reliable, affordable and competent contractor*
- *Provide education to residents on how to secure home repairs with the income and resources available; i.e. reverse mortgage loans, volunteer programs*
- *Support and raise awareness about current weatherization programs to help ensure seniors live in comfortable, energy efficient homes.*

Intermediate-term Objectives

- *Support and recruit volunteers to join the Allegany County Office for the Aging Handyman Program*

V. Maintaining Health and Wellness

Improved medical care and prevention efforts have contributed to dramatic increases in life expectancy in the United States over the past century; as witnessed in the changes in Allegany County's demographics highlighted earlier in this document. They also have produced a major shift in the leading causes of death for all age groups, including older adults, from infectious diseases and acute illnesses to chronic diseases and degenerative illnesses. Currently, about 80% of older Americans are living with at least one chronic condition.

According to the **State of Aging and Health in America 2007**, produced by the Center for Disease Control and the Merck Company Foundation, maintaining health and wellness must be a priority issue for the healthcare delivery system in order to impact quality of life for seniors. Healthcare providers, community organizations and wellness programs can successfully assist seniors by encouraging them to adopt healthier behaviors such as increased physical activity, improved nutrition and reduced smoking; and obtain regular health screenings such as cancer screenings, diabetes and heart disease; to help reduce the risk for many chronic diseases, help decrease health disparities, and lower health care costs. The report also sites three key areas that can significantly improve the quality of life for older adults: reducing falls, maintaining cognitive health, and improving end-of-life care.

In reviewing Health Indicators Data from the New York State Department of Health and acknowledging the New York State Prevention Agenda toward the Healthiest State's ten priority areas, the CPA Wellness and Prevention Subcommittee has established key priority issues that parallel national and state statistics and trends. The following tables represent Allegany County's indicator data in comparison to New York State for issues found most vital in addressing local seniors' health and wellness.

Falls Related Injuries

Injury Mortality and Morbidity Indicators- 2004-2006 Allegany County

Indicator	3 Year Total	County Rate	NYS Rate	Ranking Quartile
Unintentional Injury Mortality Rate per 100,000				
Crude	56	36.9	22.0	4 th
Age-Adjusted	56	34.1	20.9	4 th
Unintentional Injury Hospitalization Rate per 10,000				
Crude	1,120	73.8	68.2	3 rd
Age-Adjusted	1,120	69.4	64.7	3 rd
65+ Years	596	282.2	253.7	3 rd
Falls Hospitalization Rate per 10,000				
Crude	634	41.8	38.0	3 rd
Age-adjusted	634	37.8	35.0	4 th
Age 65-74 Years	88	83.2	78.3	3 rd
Age 75-84 Years	195	261.9	217.7	4 th
Age 85+ Years	189	610.5	532.0	3 rd

Nationally, falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma among adults aged 65 or older. Fall-related injuries cause significant mortality, disability, loss of independence, and early admission to nursing homes. Fractures are among the most prevalent fall injuries. Each year, 360,000–480,000 older adults sustain fall-related fractures. Fall-related injuries also create a significant financial burden for the United States. Research has shown that many falls can be prevented by addressing personal risk factors (such as monitoring medications, improving balance, and correcting vision problems) and environmental risk factors (such as removing tripping hazards and installing safety features such as handrails). CPA Wellness and Prevention Sub-Committee members assert that the institution of a Comprehensive Falls Prevention Program is imperative to improving quality of life and ensuring aging in place for local seniors.

According to the American Geriatrics Society, falls are among the most common and serious problems facing elderly persons. Falling is associated with considerable mortality, morbidity, reduced functioning, and premature nursing home admissions. Falls generally result from an interaction of multiple and diverse risk factors and situations, many of which can be corrected. This interaction is modified by age, disease, and the presence of hazards in the environment. Frequently, older people are not aware of their risks of falling, and neither recognizes risk factors nor reports these issues to their physicians.

According to Centers for Disease Control and Prevention, one in three adults 65 and older falls each year. Of those who fall, 20% to 30% suffer moderate to severe injuries that make it hard for them to get around or live independently and increase their chances of early death. Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes. Among older adults, falls are the leading cause of injury deaths. They are also the most common cause of nonfatal injuries and hospital admissions for trauma. In 2005, 15,800 people 65 and older died from injuries related to unintentional falls; about 1.8 million people 65 and older were treated in emergency departments for nonfatal injuries from falls, and more than 433,000 of these patients were hospitalized. In addition to physical injury, falls can also have psychological and social consequences. Recurrent falls are common reason for admission of previously independent elderly persons to long-term care institutions.

The rates of fall-related deaths among older adults continue to rise significantly. According to the CDC, people who fall suffer moderate to severe injuries such as bruises, hip fractures or head traumas. Most fractures among older adults are caused by falls. The most common fractures are of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand. Many people, who fall, even those who are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and physical fitness, and increasing their actual risk of falling.

Hip fractures are the most frequent type of fall-related fractures, according to the Center for Disease Control and Prevention. More than 90% of hip fractures among adults ages 65 and older are caused by falls. These injuries can cause severe health problems and lead to reduced quality of life and premature death. Most patients with hip fractures are hospitalized for about one week. In addition, about one out of five hip fracture patients' dies within a year of their injury. Up

to one in four adults who lived independently before their hip fracture, has to stay in a nursing home for at least a year after their injury. In 1991, Medicare costs for hip fractures were estimated to be 2.9 billion dollars. In 1990, researchers estimated that the number of hip fractures would exceed 500,000 by the year 2040

The costs of fall-related injuries are often shown in terms of direct costs. Direct costs are what patients and insurance companies pay for treating fall-related injuries. These costs include fees for hospital and nursing home care, doctors and other professional services, rehabilitation, community-based services, use of medical equipment, prescription drugs, changes made to the home, and insurance processing. Direct costs do not account for long-term effects of these injuries such as a disability, dependence on others, lost time from work, and reduced quality of life.

The CDC states that in 2000, the total direct cost of all fall injuries for people 65 and older exceeded \$19 billion. The financial toll for older adult falls is expected to increase as the population ages, and may reach \$54.9 billion by 2020. On average, the hospitalization cost for a fall injury was \$17,500. In addition, in a study of people age 72 and older, the average health care cost of a fall injury totaled \$19,400, which included hospital, nursing home, emergency room, and home health care, but not doctor's services.

According to the New York State Department of Health, the unintentional injury mortality rate in New York State 2004-2006 was 22.0 per 100,000. The rate for Allegany County was 36.9 per 100,000 which is a significant increase. The unintentional injury hospitalization rate in New York State 2004-2006 was 68.2 per 10,000 while the county rate was 73.8 per 10,000. The Wellness & Prevention Sub-Committee recognizes the impact this has on Allegany County residents and is moving forward with implementing a comprehensive falls prevention program in Allegany County.

Chronic Disease Screening and Self-Management

Diabetes Indicators- 2004-2006 Allegany County

Indicator	3 Year Total	County Rate	NYS Rate	Ranking Quartile
Diabetes				
Mortality rates per 100,000 (ICD10 E10-E14)				
Crude	41	27.0	20.4	3 rd
Age-Adjusted	41	24.1	18.8	4 th
Hospitalization rate per 10,000 (Primary dx ICD9 250)				
Crude	226	14.9	20.7	3 rd
Age-Adjusted	226	15.2	19.77	3 rd
Hospitalization rate per 10,000 (Any dx ICD9 250)				
Crude	3,499	230.5	235.6	3 rd
Age-adjusted	3,499	217.1	220.6	3 rd

According to the American Diabetes Association, diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. There are 23.6 million children and adults in the United States, or 7.8% of

the population, who have diabetes. While an estimated 17.9 million have been diagnosed with diabetes, unfortunately, 5.7 million people (or nearly one quarter) are unaware that they have the disease. Those at greatest risk for diabetes include individuals over the age of 45, those who are over weight, those who lead inactive lifestyles, and those with low HDL cholesterol or high triglycerides, high blood pressure. Total annual economic cost of diabetes in 2007 was estimated to be \$174 billion. Medical expenditures totaled \$116 billion and were comprised of \$27 billion for diabetes care, \$58 billion for chronic diabetes-related complications, and \$31 billion for excess general medical costs. Indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability, and loss of productive capacity due to early mortality totaled \$58 billion. This is an increase of \$42 billion since 2002. **This 32% increase means the dollar amount has risen over \$8 billion more each year.** Efforts to link patients to proper screening, diabetes self-management strategies and life-style changes is vital for quality of life and aging in place.

Heart Disease and Stroke- 2004-2006 Allegany County

Indicator	3 Year Total	County Rate	NYS Rate	Ranking Quartile
Cardiovascular Disease				
<i>Mortality rates per 100,000 (ICD10 I00-I99)</i>				
Crude	497	327.4	320.8	3 rd
Age-Adjusted	497	282.0	285.2	2 nd
Premature death (ages 35-64)	77	144.2	108.2	4 th
<i>Hospitalization rates per 10,000 (ICD9 390-459)</i>				
Crude	3,217	211.9	198.4	3 rd
Age-Adjusted	3,217	196.4	184.2	4 th
Disease of the Heart				
<i>Mortality rates per 100,000 (ICD10 I00-I99, I11, I13, I20-I151)</i>				
Crude	393	258.9	198.4	3 rd
Age-Adjusted	393	223.0	237.3	3 rd
Premature death (ages 35-64)	61	114.2	89.0	4 th
<i>Hospitalization rates per 10,000 (ICD9 390-398, 402, 404-429)</i>				
Crude	2,421	159.5	139.8	4 th
Age-Adjusted	2,421	147.7	129.6	4 th
Coronary Heart Disease				
<i>Mortality rates per 100,000 (ICD10 I11-I20-I25)</i>				
Crude	299	197.0	223.3	3 rd
Age-Adjusted	299	169.7	198.3	3 rd
Premature death (ages 35-64)	49	91.8	73.9	4 th
<i>Hospitalization rates per 10,000 (ICD9 390-398, 402, 404-429)</i>				
Crude	1,200	79.0	65.8	4 th
Age-Adjusted	1,200	73.9	61.2	4 th
Congestive Heart Failure				
<i>Mortality rates per 10,000 (ICD10 I50)</i>				
Crude	39	25.7	14.6	4 th
Age-Adjusted	39	21.5	12.7	4 th
Premature death (ages 35-64)	3	5.6	1.8	4 th

<i>Hospitalization rates per 10,000 (ICD9 428)</i>				
Crude	528	34.8	35.4	3 rd
Age-Adjusted	528	31.1	32.4	3 rd
<i>Cerebrovascular Disease (Stroke)</i>				
<i>Mortality rates per 100,000 (ICD10 I60-I69)</i>				
Crude	80	52.7	34.2	4 th
Age-Adjusted	80	45.4	30.5	4 th
Premature death (ages 35-64)	12	22.5*	11.4	4 th
<i>Hospitalization rates per 10,000 (ICD9 430-438)</i>				
Crude	410	27.0	28.9	2 nd
Age-Adjusted	410	24.7	26.7	2 nd

*Fewer than 20 events in the numerator; therefore the rate is unstable

According to the American Heart Association, heart disease is the leading cause of death for older adults. Strategies to improve senior heart health include recognizing early warning signs of heart attack and/or stroke, embracing healthy lifestyles and proper self-management for those diagnosed with a heart condition.

Adult Immunization and Infectious Disease Indicators- 2004-2006 Allegany County

Indicator	3 Year Total	County Rate	NYS Rate	Ranking Quartile
<i>Pneumonia/flu hospitalization in adults 65+ years per 10,000 (ICD9 480-487)</i>	562	266.1	172.8	4 th
<i>Behavioral/Risk Indicator (2003) Allegany & Wyoming County</i>				
<i>% of adults 65+ years with flu shot in last year</i>		73.5	68.0	3 rd
<i>% of adults 65+ years that ever received pneumonia shot</i>		70.9	61.7	3 rd

Adults age 50 and older and anyone else who wants to be protected from influenza should get an annual flu vaccine. With an estimated average of 36,000 annual deaths and 200,000 hospitalizations from influenza-related causes, older adults are especially vulnerable. CDC reports that adults age 65 and older comprise 90 percent of deaths that occur each year from complications related to influenza and pneumonia. Approximately 63 percent of the 200,000 hospitalizations from influenza-related causes involve people age 65 and older. In addition, 2006 data from CDC show that 5,000 people die from invasive pneumococcal disease each year; nearly half are older adults.

Vaccinations can reduce the risk for or the severity of illness, yet one-third of people age 65 and older do not get their influenza shots and more than one-third have never been vaccinated against pneumococcal disease, according to CDC data. Vaccination rates for both vaccines are lower among persons who need the vaccines the most, those with chronic illnesses like diabetes, heart disease and kidney disease. This information — despite the fact that public health experts have long recommended both vaccines and that Medicare pays for both vaccines — highlights the need for continued public and physician education and incentives. CPA Wellness and Prevention Sub-Committee members are committed

to raising awareness about the importance of adult immunizations; especially for individuals age 50 and older.

Respiratory Disease Indicators- 2004-2006 Allegany County

Indicator	3 Year Total	County Rate	NYS Rate	Ranking Quartile
<i>CLRD (COPD) mortality rate per 100,000</i>				
<i>Crude</i>	107	70.5	34.3	4 th
<i>Age-Adjusted</i>	107	61.3	31.3	4 th
<i>CLRD (COPD) hospitalization rate per 10,000</i>				
<i>Crude</i>	601	39.6	37.8	3 rd
<i>Age-Adjusted</i>	601	38.7	36.7	4 th
<i>Asthma Hospitalization rates per 10,000</i>				
<i>Total Population-Crude</i>	165	10.9	21.0	2 nd
<i>Total Population- Age-adjusted</i>	165	12.0	21.0	3 rd
<i>65+ years</i>	38	18.0	30.0	3 rd

According to the National Heart, Lung and Blood Institute, COPD (Chronic Obstructive Pulmonary Disease) is a serious lung disease that, over time, makes it difficult to breathe. It is the 4th leading cause of death in the United States and causes serious, long-term disabilities. COPD kills more than 120,000 Americans each year. That's one death every 4 minutes. The number of people with COPD is increasing. More than 12 million people are currently diagnosed with COPD and an additional 12 million likely have the disease and don't even know it. COPD most often occurs in people age 40 and over with a history of smoking (either current or former smokers), although as many as 1 out of 6 people with COPD never smoked. Smoking is the most common cause of COPD-it accounts for as many as 9 out of 10 COPD-related deaths. Other risks include environmental exposure and genetic factors.

CPA Wellness and Prevention Committee members stress the importance to increase awareness and understanding of COPD and its risk factors and to underscore the benefits of early detection and treatment in slowing the disease and improving the quality of life.

Cancer Indicators- 2001-2005 Allegany County

Indicator	5 Year Total	County Rate	NYS Rate	Ranking Quartile
<i>Age-Adjusted Incidence (per 100,000)</i>				
Oral Cavity and Pharynx	28	10.4	9.8	2 nd
Colon and Rectum	171	62.2	51.4	4 th
Lung and Bronchus	228	83.4	64.8	3 rd
Female Breast	175	124.9	124.8	2 nd
Cervix/Uteri	14	12.1*	8.9	4 th
Ovary	21	14.5	14.4	2 nd
Prostate	210	165.6	166.3	2 nd
<i>Age Adjusted Mortality (per 100,000)</i>				
Oral Cavity and Pharynx	6	2.2*	2.4	2 nd
Colon and Rectum	77	27.8	19.1	4 th
Lung and Bronchus	180	65.7	47.1	4 th
Melanoma of Skin	5	1.8*	2.2	1 st
Female Breast	29	20.1	25.5	1 st
Cervix/Uteri	6	4.6*	2.6	4 th
Ovary	11	7.4*	8.8	1 st
Prostate	29	25.9	25.7	2 nd

*Fewer than 20 events in the numerator; therefore the rate is unstable

In 2008, the American Cancer Society estimates that 1,437,180 new cancer cases will be diagnosed in the United States, including 97,130 in New York State. In addition, 565,650 cancer deaths are estimated to occur nationally, including 34,870 in New York. Each week more than five Allegany County residents are diagnosed with cancer and more than two die. The burden of cancer on Allegany County residents, caregivers, and the healthcare system is staggering. Although the annual incidence rate has increased by 13.8% since 1991-1995, the annual mortality rate has decreased by 14.2%, demonstrating gains in early detection and enhanced treatment.

The financial burden of cancer can be devastating to the uninsured, underinsured or those on limited incomes. In the year 2008, the National Institutes of Health estimated overall annual costs of cancer in 2007 were as follows:

- **Total Cost:** \$219.2 billion
- **Direct Medical Costs:** \$ 89.0 billion (total of all health expenditures)
- **Indirect Morbidity Costs:** \$ 18.2 billion (cost of lost productivity due to illness)
- **Indirect Mortality Costs:** \$112.0 billion (cost of lost productivity due to premature death)

According to Cancer Facts & Figures 2008:

- 1 in 5 people with health insurance who are diagnosed with cancer use all or most of their savings because of the financial cost of dealing with cancer.
- Cancer patients who have no insurance or not enough health insurance have higher medical costs, poorer outcomes, and higher rates of death.

CPA Wellness and Prevention Sub-Committee has stressed the need to assist local cancer efforts in raising awareness about early detection, healthier life style choices, and community education.

Social/Emotional Wellness

Research supports the holistic approach to wellness with evidence indicating that social supports significantly influence the ability to cope with life's stressors. Social networks also help to protect older people against harm and promote emotional and physical wellbeing. For older adults, social connectedness is often a priority need and helps people find a balance between quality of life and compromised health. In contrast, a lack of social support has shown an increased risk of physical illness, depression and substance abuse.

Social supports can be both formal and informal. Older adults living in Allegany County may attend social activities and events sponsored by the Allegany County Office for the Aging, local Senior Centers, libraries, churches, service organizations and other community-based agencies. Informal gathering sites, such as restaurants and coffee clutches, are viewed as important venues for social interaction and connections.

Yet, for many older adults social isolation is a serious concern. Many factors can influence senior disconnect; including costs and transportation barriers. Currently in Allegany County, there are no certified Social Adult Day Services. According to the New York State Office for the Aging, a Social Adult Day Service is defined as "a structured, comprehensive program which provides functionally impaired individuals with socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance and case coordination and assistance." For many, a Social Adult Day Service could provide caregiver respite, socialization and emotional wellness.

In addition, service providers need to identify current at-risk communities and populations that are vulnerable for isolation and find methods to engage seniors in community programming, interaction with friends and loved-ones, and professional supports.

Exercise Opportunities

According to the State of Aging and Health in America 2007, being physically active contributes substantially to healthy aging. Regular physical activity can help prevent or control many of the health problems (e.g., high blood pressure; depression; obesity; and diabetes) that often reduce the quality and length of life for older adults. Strength training is of particular importance to older adults, as it can provide relief from arthritis pain; improve balance and reduce the risk of falling; strengthen bones; and reduce blood glucose levels. Physical Activity opportunities also are an excellent form of social activity and help seniors with weight management. Adults in the United States, however, tend to become less active as they age.

The Center for Disease Control, Behavioral Risk Factor Surveillance System, Allegany County 2006 data set, illustrates the importance of physical activity and nutrition to our county's adult population health and wellness.

Indicator	Prevention Agenda 2013 Objective	US	NYS	Allegany County
PHYSICAL ACTIVITY/NUTRITION				
% of adults who are obese (BMI>30)	15%†	25.1% (2006)	22.9% (2006)	24.4% (2003)
% of adults engaged in some type of leisure time physical activity	80%†	77.4% (2006)	74.0% (2006)	74.1% (2003)

Physical activity opportunities must be convenient, safe and low-cost for Allegany County's senior population. Research indicates that walking programs have been shown to be extremely beneficial for seniors; yet seasonal conditions and environmental settings can impede some seniors from walking in Allegany County. Indoor facilities, such as public school districts, have been successful in prompting seniors to walk in a clean, safe location when weather prevents outdoor opportunities.

In 2005, the Allegany County Community Partnership on Aging identified and committed to Growing Stronger, a strength-training program developed by experts at Tufts University and the Centers for Disease Control and Prevention (CDC). As certified trainers, CPA members promote this evidence-based exercise program based upon sound scientific research involving strengthening exercises—exercises that have been shown to increase the strength of muscles, maintain the integrity of bones, and improve balance, coordination, and mobility. In addition, strength training helps reduce the signs and symptoms of many chronic diseases, including arthritis. Continued support of this program is vital in promoting senior independence and quality of life.

Goals

A) Develop the Allegany County Comprehensive Fall Prevention Initiative to assist seniors to remain healthy, live independently and avoid falls through a multi-disciplinary approach; especially balance and mobility training, medical management, and environmental/home assessments and modifications

Objectives

Short-term Objectives

- *Identify best practices in fall prevention and facilitate the Allegany County Fall Prevention Task Force; including local healthcare providers, home health agencies, governmental agencies, emergency personnel, hospital representatives, public health, community members and key stakeholders*
- *Offer fall prevention programs and resources to older people who are at risk of falling*
- *Sponsor professional training workshops for local physicians and pharmacists regarding fall prevention assessment and intervention strategies*

Intermediate-term Objectives

- *Market Allegany County Fall Prevention Initiative to seniors and caregivers*
- *Develop Fact Sheets on fall-related issues to raise community awareness on how to prevent falls in homes and other environments*
- *Conduct community education sessions for seniors providing information about fall prevention issues and self-assessment tools*
- *Evaluate Allegany County Fall Prevention Initiative utilizing Emergency Room Data, SPARCS data and NYSDOH Health Indicators data*

B) Seniors will have access to local resources, activities and materials needed to maintain a healthy lifestyle and prevent and/or manage chronic diseases

Short-term Objectives

- *Conduct asset mapping of local recreational and low-cost physical activity programs that will help seniors with strength training, cardio-vascular training and weight management*
- *Research chronic disease self-management models that demonstrate positive outcomes for those diagnosed with diabetes, heart disease, and COPD*
- *Support the local cancer services program for early detection of breast cancer, cervical cancer and colorectal cancer*
- *Promote tobacco cessation programs that specifically target the aging population*
- *Promote fresh fruit and vegetable programs, i.e. Farmers' Market Coupon Program, to increase the number of older adults eating at least five servings of fresh fruits and vegetables per day*
- *Continue to promote and build community awareness around advance care planning and end-of-life decision making*

Intermediate-term Objectives

- *Research social marketing campaigns to increase the number of older adults who receive flu and pneumonia immunizations*
- *Research funding opportunities to hire Chronic Disease Health Coaches to assist patients better understand their health condition, navigate the healthcare system, and decrease the number of patient re-admissions to local hospital facilities and non-emergency ER visits*

C) Older adults will participate in formal and/or informal social support networks to help strengthen connectivity and decrease isolation

Short-term Objectives

- *Promote current social functions through local media outlets and agency websites*
- *Conduct outreach and interest inventories in communities currently without a formal senior center to identify potential levels of interest*
- *Implement social activities that encourage physical activity, cognitive function and life-long learning; i.e. walking clubs, spelling bee, gardening clubs*
- *Research cross-generational social activities to increase interaction between older adults and youth*

Intermediate-term Objectives

- *Research best practice models for planning and operating a Social Adult Day Service*
- *Explore funding opportunities to build, cover start-up costs and sustain a Social Adult Day Service*
- *Build a Partnership with the Allegany County Business Center and Allegany County Community Development Program to help parties interested in operating a Social Adult Day Service with development and management assistance for all stages of business planning and ownership; from the feasibility study through start-up and expansion efforts*

D) Older adults will participate in leisure time physical activity to help encourage healthier lifestyles.

Short-term Objectives

- *Promote the Allegany County Growing Stronger Program to expand participant enrollment*
- *Promote senior friendly facilities that allow safe, clean and low-cost/no-cost community exercise*

VII. Caregiver Support Services

As sited on the New York State Office for the Aging website, Informal caregivers, recognized as the bedrock of community care, provide between 75% and 80% of the daily assistance to those who need long term care. Caregivers are husbands, wives, partners, daughters, sons, other relatives, friends, neighbors, a grandparent caring for a grandchild, parents caring for a child with special needs, a teenager helping his parents care for his grandfather, and others. Caregivers assist with tasks of everyday living so their loved ones may remain at home in the community; maintain their independence and the quality of their lives. Caregivers help can range from grocery shopping or driving someone to a medical appointment to taking care of someone 24 hours a day, seven days a week. And, the caregiving role can change over time.

*According to the US Department of Health and Human Services' publication **Informal Caregiving: Compassion in Action**, one in three Americans voluntarily provide unpaid informal care each year to one or more ill or disabled family members or friends. 52 million Americans (31 percent of the adult population age 20 to 75) provide "informal care" to a family member or friend who is ill or disabled. About 37 million of these caregivers provide help to family members and about 15 million provide help to friends. Eight percent of these caregivers reported providing help over the last year to more than one care recipient. 30% of family caregivers caring for seniors are themselves aged 65 or over; another 15% are between the ages of 45 to 54.*

In 2006, the value of the services family caregivers provide for "free" is estimated to be \$306 billion a year. That is almost twice as much as is actually spent on homecare and nursing home services combined (\$158 billion). In NYS, there are an estimated 2.2 million family caregivers providing care at an estimated value of \$24 billion. This unpaid care saves billions of dollars in scarce state and federal funds.

The impact of family caregiving is significant for those providing care. Studies show that stress of family caregiving for persons with dementia can impact a person's immune system for up to three years after their caregiving ends thus increasing their chances of developing a chronic illness themselves. In another study, family caregivers reported having a chronic condition at more than twice the rate of non-caregivers.

Family caregiving can also carry a financial burden. Reports indicate that 59% of family caregivers who care for someone over the age of 18 either work or have worked while providing care. And 62% have had to make some adjustments to their work life, from reporting late to work to giving up work entirely. 10% of employed family caregivers go from full-time to part-time jobs because of their caregiving responsibilities. Both male and female children of aging parents make changes at work in order to accommodate caregiving responsibilities. Both have modified their schedules (men 54%, women 56%). Both have come in late and/or leave early (men 78%, women 84%) and both have altered their work-related travel (men 38%, women 27%).

Goals

A) *The Allegany County Caregivers Coalition will educate, support, and empower individuals who care for loved ones with a chronic illness or disability or the frailties of old age.*

Objectives

Short-term objectives

- *Establish the Allegany County Caregivers Coalition to facilitate a coordinated approach in providing services to Allegany County Caregivers*
- *Conduct an asset map exercise of all agencies and service providers who provide caregiver support and education in Allegany County; including respite care, advocacy, education and support services*
- *Produce a community presentation to raise awareness about caregiving, provide an overview of caregiver opportunities and issues, and promote caregiver resources; including the New York State Kinship Navigator website*

Intermediate-term Objectives

- *Market community presentation opportunities to non-traditional partners; i.e. churches, civic organizations, PTA/PTO groups and school districts*
- *Develop and/or research Fact Sheets on Caregiver Issues and build a caregiver resource library*
- *Conduct community education sessions for healthcare providers and school district personnel regarding caregiver issues and resources*
- *Evaluate Allegany County Caregiver Coalition utilizing satisfaction survey data*

B) Improve quality indicators for transitions in care focusing on high-risk patients diagnosed with Congestive Health Failure utilizing the Care Transitions Model developed by Dr. Eric Coleman, University of Colorado Health Sciences Center

Short-term objectives

- *Support efforts of the Allegany County Transitions in Care Team including Jones Memorial Hospital, ACOFA, Allegany County Sharing Your Wishes Program and AWSRHN*
- *Coordinate activities, marketing and educational messages utilizing the Next Steps in Care: Family Caregivers and Health Care Professional Working Together program through the United Hospital Fund*

Intermediate-term Objectives

- *Assist identified patients and family caregivers to institute a patient-centered record that consists of the essential care elements for facilitating productive interdisciplinary communication during the care transition; hospital-based services to home/community-based services.*
- *Assist identified patients, with medication reconciliation to clarify medications and to avoid and respond to medication discrepancies*
- *Assist identified patients, and their caregiver, have a more structured approach to medical appointment designed to empower patients to enlist interdisciplinary collaboration through the transition*
- *Assist identified patients and family caregivers understand red flags or trigger symptoms that require a change in care or medical attention*
- *Evaluate and quantify overall cost savings to the healthcare delivery system*

C) Informal caregivers will receive support to help decrease stress and burn-out from their roles and responsibilities associated with family caregiving

Short-term Objectives

- *Develop a core of volunteers for supervised respite services and assist with instrumental activities of daily living (IADL); i.e. Neighbor to Neighbor Programs*
- *Market volunteer services through the Allegany County Caregiver Coalition and NY Connects-Allegany County*

Intermediate-term Objectives

- *Research greater opportunities to support caregivers through Personal Emergency Response System, assistive technology, home modifications, Home Delivered Meals, and transportation*

VIII. Environmental Strategies

Broadly defined, individual strategies are short-term actions focused on changing individual behavior, while environmental strategies involve longer-term, potentially permanent changes that have a broader reach. Environmental strategies improve quality of life for everyone in a community or in society by changing social norms, regulations and policies. Environmental Strategies can also focus on specific issues that improve services, land use, zoning, and are directed at the shared environment that all community members live in.

An environmental approach brings a shared focus to individual strategies, providing a community response that may encompass reaching out to all community members:

- *Youth and adults*
- *Consumers, sellers and marketers*
- *Health providers, clients and the public*
- *Constituents and policymakers*
- *Faith leaders and their congregations*
- *Community leaders and their neighborhoods*
- *Law enforcement, the courts and legal systems*

For the purposes of this document, the Allegany County Community Partnership on Aging will be addressing four environmental priorities; emergency preparedness, public safety, local commerce and institutional culture change.

People over the age of 65 comprise 11 percent of the U.S. population but represent roughly 30 percent of scam victims, according to the U.S. Subcommittee on Health and Long Term Care. According to the 2008 Allegany County Nurturing Livable Communities Survey results, respondents were asked "In your opinion, please rate the following issues according to its importance to older adults living in Allegany County." The second highest priority cited was "Safety Programs and Services; i.e. ambulance, police, etc." When asked about personal experiences, respondents were asked to rank quality of life indicators according to their overall importance. Again, "Safety of the Community" was the #1 issue cited as being "Essential" to quality of life. At the same time, seniors are vulnerable.

Freed from the constraints of raising a family and with more time of their own, mature consumers seek products, services, and activities that compliment their desire to live life to the fullest still living within their budget. The mature market has over \$1.6 trillion in spending power and a net worth that's nearly twice the U.S. average. With the on-coming demographic shift, businesses must prepare for the mature market and develop plans to embrace elder shoppers through senior friendly customer service strategies, environmental modifications and product selection. According to www.onmagazine.com, the mature market:

- *Account for 60% of all healthcare spending*
- *Purchase 74% of all prescription drugs*
- *Buy 51% of all over-the-counter drugs*
- *Spend \$7 billion online annually*
- *Spend more than one trillion dollars on goods and services*
- *Spends more per capita on groceries, O-T-C products, travel and leisure than any other age group*

Goals

A) Allegany County will be prepared to assist our vulnerable populations; including seniors, in case of a natural or human-caused disaster

Objectives

Short-term objectives

- *Support Allegany County Office for the Aging and the Allegany County Department of Emergency Services in the development and review of the Allegany County Senior Disaster Plan*
- *Support efforts to enhance emergency technology and home devices that can assist seniors stay safe in their homes; i.e. emergency beacon lights, lifeline, carbon monoxide detectors, etc.*
- *Promote the use of "Personal Health Files" and educate EMS regarding their existence and proper use*
- *CPA members will work collaboratively to implement the Allegany County Senior Disaster Plan through resource sharing, community awareness efforts and referrals*

Intermediate-term Objectives

- *Develop and/or research Fact Sheets on Emergency Preparedness specifically focused on senior and caregivers*

B) Allegany County seniors will feel protected and safe in their homes and communities

Short-term objectives

- *Support Allegany County Consortium of Domestic Violence and the Elder Abuse Prevention Committee efforts to help protect seniors against elder abuse, fraud and other forms of crime against seniors*
- *Assist in structuring the Allegany County TRIAD to help law enforcement leaders, aging providers and seniors to implement a comprehensive crime prevention and education program*
- *Assist in recruitment and Development of the Allegany County S.A.L.T. Council (Seniors and Law Enforcement Together)*

Intermediate-term Objectives

- *Develop and/or research Fact Sheets on Emergency Preparedness specifically focused on senior and caregivers*
- *Sponsor community education and awareness about senior safety issues*
- *Sponsor professional training updates for local police departments on elder abuse and fraud issues*

C) Allegany County seniors will feel welcome and have access to stores, goods and services in an elder friendly environment.

Short-term objectives

- *Establish an Elder Friendly Business Certification Program through Elders in Action*
- *Assist local businesses and chambers of commerce learn strategies to become elder friendly establishments*
- *Provides older adults with improved access to local businesses through marketing and awareness efforts*

Intermediate-term Objectives

- *Conduct local business marketing about Elder Friendly Business Certification Program opportunities*
- *Partner with local Chamber(s) of Commerce to raise awareness about Elder Friendly Business Program*

D) Long-term care services will be based on person-directed values and practices where the voices of elders and those working with them are considered and respected.

Short-term objectives

- *Continue to support long-term care facility efforts for institutional culture change*
- *Assist long-term care facilities with organizational assessments; including management level, full-staff, and caregiver/resident surveys*
- *Provide long-term care facilities with professional development training opportunities; including webinars, workshops and best-practice resources*

Intermediate-term Objectives

- *Support deep system change in long-term care facilities by forming an Institutional Culture Change Team to share success stories, identify joint training efforts and research cost-sharing opportunities*

Committee Structure and Strengths

The Allegany County Community Partnership on Aging (CPA), is a collaboration of health and human service agencies, governmental agencies, aging service providers, non-traditional partners, community leaders, long-term care facilities, hospitals and community members. CPA is reliant upon each organizations' input, shared-resources and professional expertise. Quantitative data gathering, analysis and shared visioning between committee members is essential to guiding CPA's Goals and Objectives. In addition, qualitative data from Allegany County seniors and family caregivers is the foundation for "aging in place" planning and evaluation.

Currently, Allegany County Community Partnership on Aging provides various opportunities to assist member agencies build infrastructure and increase services for Allegany County seniors and caregivers. This is accomplished through:

- Supporting efforts of member agencies to secure resources and grant funding in their pursuit of assisting older adults and caregivers*
- Serving as an umbrella organization to apply and secure funding that is relevant to the Goals and Objectives of CPA*
- Promoting collaborative agency programs, activities and services with limited regard to territorialism, but rather emphasis on person-centered care and personal choice*
- Supporting intra-agency referrals*
- Sharing resources; including personnel, volunteer services, applicable funds, data and expertise*

In April 2005, the Allegany County Senior Foundation, on behalf of the Allegany County Community Partnership on Aging, applied and received funding through the Community Health Foundation of Western and Central New York to institute the Allegany County Sharing Your Wishes Initiative. The goal of the program was to increase awareness of advance care planning and the importance of health care decision-making for older adults. From 2006-present, the Allegany/Western Steuben Rural Health Network, Inc. was named lead agency on this project, reporting to the Community Partnership on Aging monthly. In addition, the Sharing Your Wishes Coalition, a sub-committee of CPA, provided program guidance, strategic planning, marketing and community outreach assistance, community and organizational capacity assessment assistance, and professional development venues. Since its inception, Allegany County Sharing Your Wishes expanded efforts to mentor Cattaraugus and Chautauqua Counties to our west (2008-2009) and facilitate Steuben and Schuyler Counties' projects for Year 1 (2008-2009) to the east.

In 2006, the Allegany County Office for the Aging, Allegany County Department of Social Services and Allegany County Department of Health, jointly applied and received funding through New York State Office for the Aging to implement NY Connects- Allegany County. Since its inception, the Community Partnership on Aging has operated as the Long-Term Care Council whose role is to assist in quality assurance activities, identifying gaps in local

services, assist in marketing and community awareness campaigns to improve information and referral services to individuals in need of long term care.

In 2008, the Allegany/Western Steuben Rural Health Network, Inc., on behalf of Allegany County Community Partnership on Aging, applied and received funding through the Community Health Foundation of Western and Central New York to train six CPA representatives from five different agencies to coordinate Powerful Tools for Caregivers Program, a research-based curriculum furnished through Mather LifeWays.

In March 2009, Jones Memorial Hospital, in conjunction with the Allegany/Western Steuben Rural Health Network, Inc. and Allegany County Office for the Aging, applied and received funds from the Community Health Foundation of Western and Central New York to implement the Transitions in Care Initiative. Monies from this grant will be used to improve outcomes for high-risk patient diagnosed with Congestive Heart Failure to transition from hospital services to home. This initiative will also assist the Community Partnership on Aging to establish a new sub-committee entitled Allegany County Caregiver Coalition to build a collaborative approach to caregiver services.

In April 2009, Allegany/Western Steuben Rural Health Network, Inc., on behalf of the Community Partnership on Aging-Wellness and Prevention Sub-Committee, applied and received funding to expand the Allegany County Growing Stronger Program. A strength training program based on Tufts University research and best-practice approach.

The Community Partnership on Aging holds open meetings monthly with a set schedule publicized on the Allegany/Western Steuben Rural Health Network, Inc. website (www.myruralhealthnetwork.org). Standing Committee meetings and Ad-Hoc Committee meetings are scheduled by chairs and notices are electronically distributed via AWSRHN personnel.

Currently, the Community Partnership on Aging committee structure allows members to join work groups according to their professional and personal interests, talents and strengths. For example, the Wellness and Prevention Committee is comprised of organizations and individuals who have a vested interest in the health and wellness of area seniors. This includes representatives from long-term care organizations, public payers (Allegany County Department of Social Services), the local area agency on aging, private and public health providers and consumers.

The following illustrates committee structure that will comprise the Allegany County Community Partnership on Aging; either as Standing Committees or Ad-Hoc Committees.



** Blue font indicates new initiatives, standing committees and/or ad-hoc committees determined through the 2009 Strategic Planning Process.*

Next Steps

On April 28, 2009, the Allegany County Community Partnership on Aging officially adopted the 2009 Allegany County Strategic Plan. Through a systematic prioritization exercise via evidence-based computer software, CPA members determined the Critical Issues via the following means:

Step 1: Identified Current Gaps in Services and Existing Projects/Initiatives

Step 2: Weighed Critical Issues/Goals using the following rating scale and criteria:

- *Risk for target population:*
 - Is the target audience segment currently at-risk for unhealthy behaviors addressed by the intervention?
 - How serious is the risk?
- *Impact*
 - Does the new initiative/project reduce risk?
 - Will addressing this audience/behavior have a useful, lasting impact on the problem?
 - How effective will the proposed project/intervention be at reducing overall negative outcomes or improving positive ones?
 - Is the audience/behavior being effectively addressed by anyone else?
- *Feasibility Changing Behaviors/Engaging Target Audience*
 - How effective will the proposed project/intervention be at engaging the target audience?
 - How compatible is the proposed initiative/project with the audience's current practices (is the intervention socially approved)?
 - Are there major barriers to engaging the target audience in the intervention? What information, skills, resources and/or access must the audience segment and service delivery system acquire to overcome barriers?
- *Feasibility of Success with Current & Impending Resources*
 - Is the community likely to adopt and support the initiative/project? Is the current behavior seen as a problem?
 - How costly is it (time, effort, resources) for the audience segment to engage in the new initiative/project?
 - How complex is the new initiative/project (does it involve few or several elements)?
- *Potential Political/Community Support*
 - How effectively can we reach the target audience segment given our available resources?
 - How effectively can we influence the target audience behaviors given potential resources?
 - Is there political, community and organizational support for the intervention?

The following represents identified gaps in services that CPA will address in the next 1-3 years:

Audience/Intervention Comparison and Review

Goal	Score	Risk	Impact	Behavior	Resources	Political Support
<i>Allegany County Falls Prevention Initiative</i>	125	5	5	5	5	5
<i>Elder Friendly Business Certification Program</i>	115	5	5	5	3	5
<i>Universal Design-Senior Housing Consortium</i>	115	5	5	5	3	5
<i>Older Driver Assistance Network</i>	115	5	5	5	3	5
<i>Community Drivability</i>	115	5	5	3	4	5
<i>Social Adult Day Services</i>	110	5	5	5	1	4