STRATEGIC PLAN AND GAPS ANALYSIS FOR LONG TERM CARE SERVICES

NY Connects Niagara County supports self-determination and promotes consumer choice regarding long term care services for the senior, physically disabled and developmentally disabled populations of Niagara County. NY Connects Niagara County will provide accessible, coordinated, unbiased and person-centered information and referral services responsive to the long term care needs of Niagara County residents and caregivers, regardless of payor source.
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Introduction

This report summarizes the results of the 2009 Long Term Care survey developed and conducted by the NY Connects Niagara County Long Term Care Advisory Council. The report includes data collected from a cross section of the variety of groups served by long term care services in Niagara County, reflects the diversity of needs being addressed by the long term care system currently in place and includes recommendations for future planning.

NY Connects Niagara County
Long Term Care Advisory Council

The NY Connects Niagara County Long Term Care Advisory Council was formed in September 2007 and is comprised of 33 individuals and professionals representing a wide array of agencies and programs that serve the aging and disabled populations of Niagara County. The Long Term Care Advisory Council membership includes residential and comprehensive care service professionals, in-home and inpatient health care services staff, educational and social service workers and community members comprised of caregivers and clients of services.

New York State offered the option to include developmentally disabled services and the Council, at its inception, made the determination that long term care services for the disabled cover the lifespan from birth to death, and thus has included services to this population in the scope of its work.

It is the mission of the Long Term Care Advisory Council of Niagara County to objectively consider and evaluate the needs of Niagara County residents who are seeking long term care and assistance. The Council identifies gaps in the current service delivery system and makes recommendations to the NY Connects Niagara County Long Term Care Coordinator, related to program development and service implementation, to best meet the needs of the aging and disabled populations in Niagara County.

Through collective vision and collaboration, the NY Connects Niagara County Long Term Care Advisory Council has adopted, embraces and actively promotes its mission statement.
Long Term Care System Analysis Survey

NY Connects Niagara County’s Long Term Care Advisory Council (LTCAC) was charged with conducting an analysis of Niagara County’s long term care system. Through collaboration and teamwork, the LTCAC created a survey that was designed to collect information from caregivers, consumers, family members and professionals about care needs and issues, use of currently available long term care services and input regarding the existing long term care system in Niagara County. The survey inquired about both current and future health care needs.

The survey was distributed to three main populations and through a variety of methods. The targeted populations were older adults, disabled residents of any age and the general public. Methods of distribution included home delivered meals clients, congregate dining participants, senior centers, the Nioga Library System, and agencies represented on our LTCAC that service developmentally disabled residents, older adults and caregivers throughout Niagara County. As a result, the sample size was 2,250 and 488 surveys were returned (22%). The survey results are reported on pages 5 - 18.
Survey Results

Demographic Information:

Respondents Identify Themselves As:
- Consumer 40%
- Caregiver 60%

Zip Code Breakdown:

*All graphs are based on 488 total survey responses.*
Demographic Information:

### Age

- Under 40: 5%
- 40 - 49: 9%
- 50 - 59: 14%
- 60 - 69: 16%
- 70 - 79: 21%
- 80 - 89: 16%
- 90 and Over: 14%
- No Answer: 1%

### Gender

- Male: 122
- Female: 354
- No Response: 8

### Lives Alone

- Yes: 48%
- No: 49%
- No Response: 3%

*All graphs are based on 488 total survey responses.*
Demographic Information:

Veteran

- Yes: 63
- No: 398
- No Response: 23

Race/Ethnicity

- African American/Black: 34
- American Indian: 1
- Asian: 1
- Hispanic: 1
- Caucasion/White: 422
- Other: 2
- Prefer Not To Answer: 4
- No Answer: 5

Income - Family Size 1

- Under $10,400: 24%
- Under $13,000: 28%
- Under $15,600: 11%
- Under $19,240: 17%
- Over $19,240: 10%
- No Response: 10%

*All graphs are based on 488 total survey responses.
Demographic Information:

*All graphs are based on 488 total survey responses.*
Health Status Information:

**Health Status**

- **Excellent**: 15
- **Very Good**: 81
- **Good**: 166
- **Fair**: 140
- **Poor**: 42
- **No Response**: 40

**Impairments/Disabilities**

- Breathing Problems: 113
- Developmental Disabilities: 27
- Hearing Impairments: 88
- Intellectual/Cognitive: 21
- Mental Illness: 55
- Mental Retardation: 16
- Memory Impairment: 67
- Mobility Impairment: 88
- Physical Disability: 104
- Speech Disability: 17
- Visual Impairment: 58
- Other: 33

*All graphs are based on 488 total survey responses.*
**Health Status Information:**

### Assistance Needed Now and in the Future

![Bar chart showing assistance needed now and in the future for various activities.]

- **Bathing**: Now: 40, 3-5 Years: 60
- **Cleaning**: Now: 57, 3-5 Years: 107
- **Dressing**: Now: 10, 3-5 Years: 20
- **Eating**: Now: 31, 3-5 Years: 65
- **Grooming**: Now: 65, 3-5 Years: 107
- **Handling Personal Business**: Now: 156, 3-5 Years: 104
- **Housework**: Now: 156, 3-5 Years: 104
- **Laundry**: Now: 104, 3-5 Years: 156
- **Managing/Taking Medications**: Now: 104, 3-5 Years: 156
- **Mobility**: Now: 104, 3-5 Years: 156
- **Preparing Meals**: Now: 104, 3-5 Years: 156
- **Shopping/Errands**: Now: 104, 3-5 Years: 156
- **Toileting**: Now: 104, 3-5 Years: 156
- **Transferring**: Now: 104, 3-5 Years: 156
- **Transportation**: Now: 104, 3-5 Years: 156

*Now vs 3-5 Years*

### Expectation of Who Will Provide Assistance

- **Spouse/Partner**: 104
- **Adult Child**: 156
- **Other Relative**: 65
- **Friend/Neighbor**: 36
- **Agency**: 65
- **Other**: 31
- **Don’t Know**: 107
- **No Response**: 57

*All graphs are based on 488 total survey responses.*
**Health Status Information:**

*All graphs are based on 488 total survey responses.*
Health Status Information:

Not Enough Money In The Past 12 Months For:

- Buying Food
- Modifying Home
- Paying Bills
- Rent/Mortgage/Taxes
- Utility Bills
- Assistive Devices
- Dental Care
- Medication
- Eyeglasses/Hearing Aids
- Needed Medical Care

Barriers To Services

- Age
- Availability of Services in Residence Area
- Cultural
- Health
- Language
- Money
- Transportation
- Unsure Of What Is Appropriate/Available
- Need To Contact Multiple Agencies
- No Response

*All graphs are based on 488 total survey responses.*
Health Status Information:

*All graphs are based on 488 total survey responses.*
Target Areas of Need and Strategic Plan

*Introduction*

The Long Term Care Advisory Council (LTCAC) identified seven Target Areas of Need to be addressed in this Strategic Plan. This was accomplished by working cohesively during one LTCAC meeting. Following this session, smaller groups analyzed each target area and identified assets/strengths and issues/challenges and developed goals and strategies to address them. To conclude the process, each target area was reviewed by the LTCAC as a whole at a subsequent meeting.

The LTCAC has agreed that a “working” strategic plan is the best approach to addressing the fluid needs of the residents of Niagara County. As a result, the plan effectively addresses the ongoing long term care needs of our community. As progress is made in implementing our strategies and achieving our goals, the Strategic Plan will be periodically revised to reflect our achievements and the needs of our residents as they evolve.
Target Area: Education

Assets and Strengths:
- Community access television provides vehicle to educate the public as to available services.
- Five local hospitals and other healthcare providers offer public health education programs.
- Personal Care Aide (PCA) and Home Health Aide (HHA) training is provided through licensed and certified agencies.
- Orleans/Niagara BOCES, Niagara County Community College and Niagara University provide degree/certificate programs for the workforce.
- NY Connects Niagara County’s Long Term Care Advisory Council works cooperatively with a diverse group of agencies to reach all sectors of the population.
- Niagara County Office for the Aging actively promotes awareness of services and provides access and funding.
- New York State and Niagara County Departments of Health support educational services and public education programs.
- Local coalitions of agencies (C.A.S.E., Association of Human Services, Network in Aging, etc.) sponsor educational programs and networking opportunities.
- Niagara County’s service providers sponsor a variety of health fairs for the public.

Issues and Challenges:
- Misperception of cost of needed services and how they will be paid for.
- Consumer’s access to information is limited by a wide array of issues, such as transportation to and from educational events and the cost of marketing educational programs.
- Consumer’s denial of future health care needs and fear of interference in lifestyle and loss of independence.
- Shortage of direct care professionals and primary care physicians, especially geriatricians, causes lack of time to educate individual patients.
- Consumers and advocates are overwhelmed by the complexity of the service system and associated funding.

Goals:
- Coordinated effort to bring education to underserved areas.
- Centralized, coordinated access to information, i.e. NY Connects.
- Enhance community’s knowledge of and access to long term care resources.
- Promote self-reliance by encouraging members of the community to be proactive in planning for their future health care needs.

Strategies:
- NY Connects Niagara County will act as an assertive leader in coordinating and disseminating information to residents of Niagara County.
- Seek ways for the Long Term Care Advisory Council to disseminate information to constituents, including the use of pharmacies.
- Schedule public information opportunities with caregivers on evenings and weekends for larger participation of working caregivers.
- Develop and utilize a generic template that can be used by various persons on the Long Term Care Advisory Council for community presentations.
Target Area: Healthcare Services Availability

Assets and Strengths:
- There are a significant number of individuals seeking services (asset and challenge).
- Niagara County has a large aging population (asset and challenge).
- Institutional settings, such as hospitals and nursing homes, are geographically distributed throughout Niagara County to serve both urban and rural areas.
- Rehabilitation services are readily accessible throughout the county.
- Nursing homes and sub-acute rehabilitation beds are available to meet current needs.
- Home health care providers are actively working to meet the demands for service.

Issues and Challenges:
- There are a significant number of individuals seeking services (asset and challenge).
- Niagara County has a large aging population (asset and challenge).
- Lack of services for homebound individuals such as in-home blood draws.
- Transportation affects accessibility - aides do not have transportation to clients and clients do not have transportation to services.
- Lack of specialists practicing in rural areas and the northern part of the County and the challenge of drawing physicians into these areas.
- The need for dialysis service – only one free-standing facility.
- Individuals are not aware of available services.
- Challenge of insurance and billing that limits accessibility to participating service providers, requiring consumers to travel long distances or to seek out-of-county services.

Goals:
- Attract providers, especially direct care staff, into rural areas to offer needed services.
- Increase and improve in-home services for homebound individuals.
- Bring Immediate Care Facilities into Niagara County.
- Make public more aware of available services.

Strategies:
- Explore services that are lacking and develop a plan to attract new providers into the community and centrally locate healthcare services.
- Educate public on services currently available.
- Initiate a dialogue with insurance companies to work collaboratively toward reaching stated goals.
Target Area: Housing

Assets and Strengths:
- Several information and assistance programs are in place, such as NY Connects, the Niagara County Office for the Aging and 2-1-1, to advise seniors and/or disabled residents of housing options.
- Shared aide sites throughout Niagara County that provide safe housing accessible to services.
- Apartments are available through the private sector that can accommodate senior and/or disabled resident’s needs.

Issues and Challenges:
- Increasing need for home modification to allow senior and/or disabled residents to remain in their homes as long and safely as possible.
- The need to transition seniors to senior-friendly, affordable housing that is accessible to area services, activities and businesses.
- The need for comprehensive listing of presently available housing which best meets the needs of senior and/or disabled residents including information on area shops, services and grocery stores.
- The need to educate seniors and disabled residents on options regarding the above.

Goals:
- Identify present resources which address the issues cited above.
- Increase awareness to allow eligible senior and disabled residents to access safe, affordable housing that meets their needs.
- Educate senior and disabled residents as to presently available options for home modifications.
- Identify areas lacking in senior-friendly housing and pursue ways to fill in gaps.
- Address shortages in available funding for home modifications for the economically disadvantaged.

Strategies:
- Develop and circulate manual detailing available senior and disabled-friendly housing with information on local restaurants, shopping centers, grocery stores and convenience centers.
- Meet with private sector and/or volunteer groups to explore possible options/resources/grants for home modifications.
- Work with private sector to identify and fill-in gaps for affordable, safe housing accessible to services, churches, supermarkets and activities.
- Establish a subcommittee to meet regularly to address issues, implement strategies and monitor progress.
Target Area: In-Home Care

Assets and Strengths
- Community interest and demand for in-home care.
- Community agencies and programs are focusing on in-home care.
- There is a willingness among agencies to collaborate to provide services.
- Introduction of the P.A.C.E. (Program for All-inclusive Care for the Elderly) model in the county.
- Senior services and day programs are available.

Issues and Challenges
- The growing demand and reduced reimbursement for homecare services.
- Need for additional consumer education and awareness of services.
- Workforce shortage for in-home service providers.
- Workforce ability to get to those needing care, esp. a lack of rural transportation.
- Consumer’s lack of confidence in those providing the services.
- Inadequate salaries for those providing services.
- Old housing stock that would require extensive modification to provide handicap accessibility.

Goals
- Increase workforce by improving wages, training, and transportation availability.
- Improve service availability by improving transportation.
- Increase education in the community about available in-home care options.
- From a public policy perspective, negotiate with the State to increase provider home-care reimbursement rates.

Strategies
- Convene local in-home care providers into a “coalition” in order to work together to develop transportation alternatives for home care workers to get to rural areas – i.e. join resources/money to purchase a van to be used by this coalition to drive home care workers to/from rural locations.
- Have this coalition develop community-wide free workshops to prospective customers and their family caregivers to increase awareness and understanding of the benefits, safety and confidence of using home care.
- This local coalition to work with New York State associations to continue to lobby for restoring funding cuts made to home care and to lobby for increased funding.
**Target Area: Nutrition Services**

**Assets and Strengths**

- Niagara County Office for the Aging provides approximately 400 home delivered meals daily for residents age 60 and older. Nutritious lunches, cold suppers and weekend meals are available. An assessment is done by outreach workers to determine other needs in the home.
- Meals on Wheels programs exist in the cities of Lockport, Niagara Falls and North Tonawanda.
- The Niagara County Office for the Aging Congregate Dining Program serves approximately 600 meals daily to seniors at 20 nutrition sites across Niagara County.
- Other programs in Niagara County, such as WIC, food stamp programs, food pantries, soup kitchens, Farmer’s Markets coupons, grocery stores that deliver, Cornell Cooperative Extension’s Eat Smart New York Program and child nutrition programs (Head Start, school food service including summer programs, etc.) are also available.
- Nutrition counseling and education are available through various programs.
- Senior Companions, families, neighbors and service workers are sources for grocery shopping and cooking for those who cannot prepare a meal for themselves.
- Senior centers and nutrition sites link seniors to other needed services in addition to providing a social outlet for people.

**Issues and Challenges**

- More volunteers are needed for all home delivered meals programs.
- Better coordination of nutrition services between programs is needed.
- Need for home delivered meals and in-home nutrition counseling for individuals under age 60 who have a need to change or improve their nutritional intake. Meals programs are not readily available to serve disabled individuals under age 60 who are having difficulty.
- The need for increased visibility of existing meals programs in the community.
- More transportation needed to bring residents to sites and local grocery stores.
- More grocery shopping services are needed.
- Poor nutritional intake due to inadequate finances, knowledge or poor habits leading to obesity, diabetes, cardiovascular disease and other diseases.

**Goals**

- Each resident that needs delivered meals is able to access the service.
- Improved and enhanced transportation system to nutrition sites and grocery stores.
- Senior Centers and nutrition programs are advertised so residents are aware of the services offered.
- Expanded registered dietician services and meal planning assistance in the community for individuals of all ages.

**Strategies**

- Nutrition programs establish a committee to brainstorm ideas, such as county wide blitz for volunteers using the assistance of HANCI’s volunteer center, businesses, churches, community organizations and others.
- Provide incentives for volunteers, such as gas cards or other reimbursements.
- Promote public education regarding nutrition resources currently available.
- Promote the creation of a comprehensive Volunteer Center with enough staff to coordinate the volunteers, linking individuals to volunteers and tracking the tasks volunteers would like to perform.

- Approach local grocery stores, i.e. Budweys, Tops, Wegmans, regarding sponsoring/purchasing a van that utilizes a volunteer driver(s) to pick up seniors and take them to the sponsoring grocery store on a certain day of the week. Suggest that the store could assign store staff members to 1 – 2 seniors when they arrive to assist them with gathering their groceries.

- Utilize a volunteer group of grocery shoppers to pick up lists/money from homebound seniors and go to stores to purchase and deliver the groceries.
Target Area: Transportation

Assets and Strengths

- NFTA Hub is planned in Niagara County.
- ParaTransit access is available within one mile from established bus route.
- NFTA is willing to create stops for special needs population and reduced transportation rates are available.
- Several providers are available for the special needs population.
- Some agencies have their own ability to transport.
- Medicaid offers transportation as a program benefit.
- Open discussion between consumers, providers and regulatory agencies regarding issues and potential solutions through collaboration with groups such as the Center for Transportation Excellence (CTE), Special Needs Population Sheltered Workgroup and Emergency Preparedness Group.

Issues and Challenges

- Public transportation in rural areas is extremely limited. Niagara County is largely rural.
- Fragmented schedules for existing routes do not complement each other.
- Current reimbursement rates do not support the development of enhanced transportation resources.
- Incentives for caregivers to provide transportation are very low, i.e. low mileage reimbursement.
- Reimbursement for caregivers providing medical transportation is limited to individuals with Medicaid.
- ParaTransit access is very limited.
- Leisure activity transportation is almost non-existent.
- Lack of coordination between transportation providers.

Goals

- Creation of “rural hubs” to facilitate realistic development of routes for public transportation. Local townships could develop a plan to bring the residents of their community to these rural hubs.
- Work with the Center for Transportation Excellence to develop a comprehensive plan which includes all transportation providers in Niagara County.
- Survey local providers to see availability for after-hours activities, connecting with local service provider programs that include activities for residents that have limited transportation.

Strategies

- Draft letter to villages, towns and city leadership to inform them of recent development in planning for transportation in Niagara County and invite them to a “working” meeting to follow up to Center for Transportation Excellence Workshop scheduled for September 22, 2009.
- Participate in Center for Transportation Excellence Workshop on September 22, 2009 to ensure the needs of individuals receiving long term care services in Niagara County are included in the master transportation plan.
- At the September 22, 2009 Center for Transportation Workshop, ensure that the “after-hours” leisure-type transportation needs of the long term care population are included in the master transportation plan.
Target Area:  Workforce

Assets and Strengths

- Many resources for initial and ongoing education and workforce development, such as
  - Center for Independent Living
  - Department of Health, Department of Social Services and Office for the Aging
  - Orleans/Niagara BOCES, Niagara University and Niagara County Community College
  - Hospitals: Niagara Falls Memorial Hospital, Mount St. Mary’s Hospital and Health Center, DeGraff Memorial, Eastern Niagara Hospital, Lockport Site and Intercommunity Site
  - Nursing Homes: Absolut Care at Gasport, Briody Health Care Facility, DeGraff Skilled Nursing Facility, Elderwood Health Care, Fairchild Manor Nursing Home, Newfane Rehabilitation & Health Care Center, Niagara Rehabilitation & Nursing Center, Northgate Health Care Facility, Odd Fellow & Rebekah Rehabilitation & Health Care Center, Our Lady of Peace and Schoellkopf Health Center

- Certified Nursing Aide (CNA) training is state reimbursable.
- Most home care agencies provide Home Health Aide (HHA) and Personal Care Aide (PCA) training.

Issues and Challenges

- Interest, recruitment and retention in the healthcare field of qualified staff at all levels, especially direct care staff. Recruitment and retention are limited by salary and/or benefit structure, which is ultimately limited by state and private insurance reimbursement levels.
- There are fragmented and overlapped levels of training within the healthcare system.
- Due to existing shortages in workforce, it is difficult to release employees for educational advancement, especially at off-site locations. In addition, family obligations and child care issues contribute to an imbalance between education advancement and employment.
- Education access can be cost prohibitive and held back by a shortage of instructors.
- Lack of transportation for staff to and from training and education classes.
- Overall nursing and health care worker shortage.

Goals

- Strengthen retention and recruitment capacity of local health care providers.
- Bring education to the workforce (paid while being educated).
- Market health care worker as a desirable profession.
- Develop a county-wide effort to enhance the recruitment and retention of professional and paraprofessional health care workforce to care for the elderly and disabled.
- Document and share best practices in the area of professional and paraprofessional workforce recruitment and retention.
- Offer meaningful incentives to candidates for training.

Strategies

- Develop nursing programs onsite at employer locations.
- Offer low or no cost tuition and/or bonus incentives for completing nursing programs.
- Work with local high schools to identify potential health care students.
- Guaranteed employment with willingness to rotate throughout different healthcare sectors.
- Seek out avenues, grants, or programs to pay for education and training.
- Explore the development of partnership with local educational institutions with health care curriculums which link provider with educational institutions.
- Work with the transportation authority to ensure transportation for training and education and then employment, possibly partnering with other employers or educational and training institutions to share the cost, if necessary.