Elder Care in the Finger Lakes Region: A Decade of Change

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

In 2011, Common Ground Health (then Finger Lakes Health Systems Agency) convened the Sage Commission to develop a comprehensive, long-range plan for aging health services in the nine-county Finger Lakes region of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates counties. Central to the plan was a series of objectives aimed at creating a person-centered health system that accommodates the 65 and older population’s preference to live in the least-restrictive settings, delays institutional care and allows older adults to remain in the community for as long as possible.

Another goal of the commission was to rebalance the long-term-care system. The commission created detailed estimates of future demand for aging services, utilizing an interactive modeling tool developed by its consultant, LarsonAllen, LLP.

Successes following the Sage Commission’s plan include the New York State Department of Health accepting and endorsing it as a model in the establishment of Certificates of Need; creation of a new neurobehavioral unit for long-term care residents; and neighborhoods being designed to emulate Naturally Occurring Retirement Communities (NORCs). Other developments, such as the expansion of Programs of All-Inclusive Care for the Elderly (PACE) aligning with Sage recommendations and expansion of home- and community-based services for older adults have been difficult to scale to meet ongoing needs for services.

The Sage Commission projected that five overarching issues would dramatically affect health-care services for older adults: 1) a projected aging population boom; 2) a decline in the availability of family caregivers; 3) fragmented and unsustainable methods to pay for care; 4) a workforce shortage; and 5) health-care disparities that exist among elders.

Fast-forward a decade later. What happened in the 10 years since the commission issued its report and made its projections? The following issue brief – the first in a series – explores how these projections stack up against today’s reality.

Overall, while the commission correctly identified the key issues impacting older adult long-term health care, it underestimated the severity of their impact.

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1 EY, "How will we disrupt aging before aging disrupts economic growth?" 2017
Population boom
Projecting a burgeoning older-adult population was on target; however, the projection was not high enough. Using U.S. Census Bureau statistics, the Sage Commission expected a 38% increase in the older-adult population from 2007 to 2025 – comprising 21% of the region’s population. The latest older-adult population forecasts from 2019 are significantly higher than population projections from the original study: 10% higher for 65 to 84-year-olds and 15% higher for those 85 and older.

The ever-increasing aging population demands creation of a system that provides care across the spectrum of needs. As the COVID-19 pandemic has demonstrated, communities need to find ways to keep older adults safe in their homes instead of institutional care.

Caregiver decline
With more women entering the work force, families having fewer children, and the needs for dual responsibility to care for aging parents and children contributing to the stress of caregivers, the informal caregiver ratio in the region was expected to decline from 6.6 caregivers to 1 older adult in 2007, to 5.6 caregivers to 1 older adult in 2025 — an overall decline of 15.2%. As the 85 and older population has grown at almost 3 times the rate of females 45-64 — the population most frequently identified as family caregivers — the caregiver ratio has declined further. Because the aging population growth was underestimated, the amount of care provided by the family also was underestimated.

Reductions in caregiver availability also resulted from a decline in nursing-home usage.
• 2020 estimated nursing home average daily census is running 4% lower than the original projection (LarsonAllen).
• 1,017 nursing home beds have been removed from the system during the past 10 years.
• Nursing home usage adjusted for population is 13% to 16% less than the original projection.

Financial instability and uncertainty
Persistent underfunding illuminated and exacerbated long-standing systemic shortfalls during the COVID-19 pandemic. Long-term-care institutions are overwhelmed with regulations and reimbursement cuts as Medicaid and managed long-term-care plan enrollment status impact residents’ return to nursing homes after hospitalization, while having to bear tremendous costs of PPE and COVID testing There is not adequate Medicaid funding to support pay raises in home care and nursing homes, the two most costly Medicaid long-term-care services and funding uncertainty continues to negatively impact the current long-term-care system. Assisted living, which supports older adults and enables them to stay out of a hospital or skilled nursing facility, remains inadequate and too expensive for most
older adults. The original Sage report indicated that, as a region, institutional options were disproportionately relied upon compared to other regions of New York state. While strides were made to direct more funding into home and community-based services/options, it did not meet the needs to scale.

Services tend to follow available funding:

- Statewide, current data suggest long-term-care home- and community-based services spending is significantly higher than Sage projected.
- Population-adjusted, per-capita Medicaid nursing home funding is 13% less than the original projections (while overall spending is 4% less than originally projected, spending among the 65+ population is 10% higher than originally projected).
- Data indicate that 672 licensed Assisted Living units have been added through 2020 vs. the original projection of 1,074 additional A/L units (37% less)
- Estimated current 2020 Assisted Living/Adult Day Care is running 25% less than projected (population adjusted AL/ADC is running 28% below the original projection).

As predicted, more people received care at home through certified home care. Estimated Medicare-certified agency home care episodes in 2020 were 22% more than original projections.

**Workforce shortage**

Heightened demands from the growing proportion of older adults in the region is outpacing homecare employment trends. Challenges facing the long-term-care workforce continue to exist. Rates have not kept pace with cost of living increases, resulting in people working full-time in direct care positions only to live in poverty; physically demanding work; high burnout rates; and difficult working conditions, which were exacerbated during the COVID-19 pandemic. Older adults are staying in their homes longer, delaying institutional care and increasingly relying on home and community services. The need remains for more skilled and home-health-care nurses/aides to meet the needs of home and community service delivery, in addition to institutional care.

**Health-care disparities**

The number and percentage of people of color in the older population is increasing dramatically. Despite the growth, serious health-care disparities continue to exist among older people of color throughout our region. Forty six percent of Rochester’s
U.S.-born older adults are non-white, the most diverse U.S.-born older adult population in the state, in addition to having the highest poverty rate (31 percent) of any city or county in New York state. Older adults were impacted disproportionately by COVID, with increased death rates, risk for infection and severity. The number of older adults living in poverty in Rochester increased by 38% in the past 10 years, prior to COVID-19.

Meeting Older Adults’ Health Needs: A New Vision for the Future
To address the ongoing issues affecting long-term health care, Common Ground Health convened a follow-up Sage II Commission that reviewed projections from 10 years ago to gauge where the region is today and update recommendations to improve the system. This work is ongoing as preferences of the increasing aging population are to remain in the community as long as possible.

The Commission is considering new ways of redirecting dollars for adequate, affordable, home-based services and creating sustainable funding mechanisms that support the continuum of care needed for our aging population. This begins with care that is designed for services prior to older adults having more acute and medically complex needs that require institutional care.

Potential solutions that align with local, state and federal funding opportunities include:

- **Reimaging long-term care.** More than 40% of COVID-19 deaths occurred in long-term care, revealing inadequacies in the system as a whole. With COVID as a backdrop, the Sage II Commission has discussed and reviewed various options for adequately funding the delivery system to support high-quality medical care and community-based services that promote dignity and independence. Long-term care would be person-centered, coordinated and seamless across various care delivery sites, with a focus on transitions of care to ensure quality of care and safety.

- **Addressing the Social Determinants of Health.** The social determinants of health refer to the conditions in the places where people live, learn, work, and play that affect overall health and well-being. Current programs aimed at addressing the determinants among older adults include Lifespan’s Community Care Connections program, which is proving that addressing them saves health-care dollars and increases satisfaction among older adults, health care providers and family members. A coordinated approach to overall health is best for the patients/older adults, yet funding mechanisms do not exist to support an integrated model of care.

- **Addressing racial disparities.** Common Ground Health is dedicated to addressing the racial disparities that exist in health outcomes. These efforts, such as its long-standing African American and Latino Health coalitions
dedicated to improving health equity for Black and Hispanic residents, will continue to further address disparities among the aging population.

- **Expanding proven programs.** Care models like Program of All-Inclusive Care for the Elderly (PACE) — in which dually Medicare- and Medicaid-eligible older adults have access to health care, services and community supports to avoid going to a nursing home or other care facility — have proven effective at providing care and services.

- **Promoting health and encouraging the use of evidence-based, community programs.** Many older adults want to be active participants in their own care. There are national, evidenced-based programs that have proven to work, such as Matter of Balance developed by Boston University, Living Healthy with Diabetes and Chronic Disease Self-Care Management developed by Stanford University. By becoming participants in their own care, patients can improve their health, reduce unnecessary treatments and reduce reliance on formal or informal caregivers.

- **Supporting caregivers.** More older adults are taking care of other older adults, demonstrating the need for additional caregiver support.

- **Increasing direct-care worker salaries.** As noted earlier, many direct-care workers live in poverty despite working full-time — and many put their lives at risk during the COVID-19 pandemic. Addressing the wage issue for direct-care workers is essential to close the workforce gap and to help people age in their community.

- **Developing more stable long-term care payment options.** Long-term-care costs are unsustainable for governments, and the vast majority of people lack the resources to pay privately. Other payment models need to be explored. For instance, the recently approved Washington State Long-Term Care Trust Act created essentially a public long-term-care insurance program ($.58 for every $100 earned through payroll deduction).

- **Better utilizing technology.** The viability of telehealth services was proven during the COVID-19 pandemic. In fact, mental health providers report an increase in people keeping their appointments and numerous studies have demonstrated its effectiveness. Other technologies, such as telemonitoring and GPS tracking, can also support a person living in the community.

- **Recognizing social isolation and loneliness as serious public-health issues.** Isolation/loneliness equates to smoking 15 cigarettes per day in terms of mortality. Lonely older adults are twice as likely to be diagnosed with dementia. The work other communities around the world are undertaking on isolation and loneliness should be examined further. For

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example, the United Kingdom has a Minister of Loneliness at the Cabinet level.

- **Alleviating poverty of older adults.** The city of Rochester experienced a 36% increase in its older adult population over the past decade - the highest rate of increase of any major city in New York state. Rochester also has the highest poverty rate of any city in the state, at 31%, and the number of older adults in poverty in Rochester increased by 38%. While poverty among older adults is rarely discussed, there needs to be a focus on supporting older adults living in poverty.

- **Expanding neighborhood-based programs.** Services should be brought to people in their community. For instance, Episcopal Senior Life is developing neighborhood services around their affordable housing complexes to serve their entire communities.

- **Developing more affordable housing.** One of the primary reasons older adults seek help in our community is to find affordable housing. We need to encourage New York state to continue to fund affordable housing development so people can live in the community.

- **Understanding that NORCs are developing throughout our region.** The strict government NORC definition does not allow the infusion of older neighborhoods with services and supports. We need to find ways to support the development of neighborhood-based services.

**Conclusion**

Over the last 10 years, many changes have occurred in elder health-care services. As this population continues to increase dramatically, health care, housing, and home- and community-based services will need to be better integrated.

The Sage I Commission set the stage for creating least-restrictive environments for older adults. Building on the success of Sage I, the Sage II Commission encourages the reimagining of a system for older adults that meets their health-care needs and supports their desire to remain independent and to live in the community for as long as possible.

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These efforts will support and align local efforts to enact AARP’s livable communities recommendations. Communities that are livable are communities that do not require a car to get around, are places where people can spend time outdoors enjoying public places, have
access to healthy food and needed services, enjoy activities and live safely. Following a commitment to develop livable communities, New York state was named the nation’s first age-friendly state by AARP and the World Health Organization in 2017.

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**About Common Ground Health**

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