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BUILDING PARTNERSHIPS FOR AN AGING COMMUNITY: 2006-2008 STRATEGIC PLAN FOR THE SCHENECTADY COUNTY LONG TERM CARE CONSORTIUM

Prepared for:
Schenectady County Long Term Care Consortium

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SUMMARY

One out of every four individuals in Schenectady County is currently age 55 and over. By the year 2020, approximately *one-third* of the County's total population is projected to be 55+. In recognition of this demographic reality, the changing needs of a growing senior community, and the challenges faced by seniors and their caregivers in navigating the present long-term care system, the Schenectady County Long Term Care Consortium (SCLTCC) was formed in 2002 to better disseminate information about seniors and their needs and develop initiatives to promote the long-term health of Schenectady County residents.

To set clear directions for its work over the next two years, the SCLTCC embarked on a strategic planning process with the assistance of the Center for Governmental Research (CGR). Based on CGR's analysis of the demographic characteristics of the senior community in Schenectady County, and the findings from consumer and provider focus groups concerning the most important issues facing seniors in the County, the SCLTCC reached agreement on four strategic priorities to guide its work. These strategic priorities are embodied in the Consortium's first-ever Strategic Plan.

The Plan includes goals and milestones in three service priority areas – Information and Assistance, Service Coordination, Transportation – and one directive designed to ensure the

continuation of a high functioning collaborative. The Consortium will form workgroups to provide leadership for advancing each strategic priority and will use these groups as an opportunity to involve additional community stakeholders, especially seniors, in the efforts of the Consortium. By advancing these priorities, the Consortium believes that Schenectady County will make significant strides toward becoming a “healthy aging” community.

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ACKNOWLEDGMENTS

CGR gratefully acknowledge the members of the Schenectady County Long Term Care Consortium, listed in Appendix A, for their vision, commitment, and active participation in this project, and The Schenectady Foundation for providing the funding support that made this strategic planning possible. We would like to especially thank Vicky Rizzo, current chair of the Consortium, for her inspired leadership and for providing us with excellent guidance as our contract manager. We are also particularly grateful to Bill Koester, the vice-chair of the Consortium, for all he has done to bring this project to fruition.

Staff Team

Susan Lepler served as the project director. Chris Grill provided assistance with data gathering and analysis and in writing this report.

SECTION I: INTRODUCTION

About the Consortium

The Schenectady County Long Term Care Consortium (SCLTCC) was formed in 2002 to promote the long-term health and well-being of Schenectady County residents. Spurred by findings of a Junior League of Schenectady County survey of informal caregivers of frail elders that underscored the complexities and challenges in navigating the long term care system, Schenectady County government and the United Way of Schenectady County joined forces to form the Consortium. The Consortium is an ongoing partnership that currently includes over 40 individuals representing health networks, local government, provider agencies, community foundations, consumers and their caregivers, and institutions of higher education throughout the County. The unique roles of the Consortium are to:

- ❖ Gather and disseminate information to educate the community about seniors, their needs, available services, and how to access them; and,
- ❖ Advance initiatives to respond to current and emerging needs of seniors and their caregivers that can best be achieved through the collaborative effort of multiple stakeholders.

The SCLTCC envisions Schenectady County as a community with the necessary services and supports to help seniors lead healthy, engaged lives and to age comfortably and securely in place for as long as possible. Since its inception, the Consortium has significantly expanded its active membership, mobilized its volunteers, and garnered funding from the United Way of Schenectady County and The Schenectady Foundation to support its work. Accomplishments include: partnering with the Albany Guardian Society and Senior Services of Albany to produce *Housing Options for Senior Adults*; and working with the Elder Network of the Capital Region and the County's Single Point of Entry Initiative to conceptualize a new framework for information and assistance services. To further promote its vision of a

“healthy aging” community, the Consortium recognized the need to take stock and develop a strategic plan to set clear directions for its work over the next two years.

CGR’s Charge

The Center for Governmental Research (CGR.) was selected through a competitive process to assist the Consortium to develop its first-ever strategic plan. As part of this effort, CGR staff:

- ❖ Gathered, analyzed, and synthesized existing demographic data on the senior population in Schenectady County;
- ❖ Conducted five focus groups with service providers and consumers to define the major issues facing seniors in the County and identify potential recommendations to address these concerns;
- ❖ Facilitated a collaborative process with the Consortium to review the data and focus group findings and establish key strategic priorities; and,
- ❖ Produced this strategic plan document to guide the work of the Consortium.

Throughout this process, CGR’s work was constructed in a way as to increase participation and build ownership in the Consortium. As such, Consortium members were actively engaged in shaping CGR’s data gathering efforts and assumed primary responsibility for developing the recommended priorities and goals that are included in the Strategic Plan.

Report Organization

This document has two main sections. Section II describes the key findings from CGR’s data analysis, summarizes the most pressing issues facing Schenectady County seniors as articulated by our focus group participants, and describes the process for selecting strategic priorities. The third section contains the 2006-2008 Strategic Plan, including the Consortium’s vision, mission, customers, core values, and strategic priorities.

SECTION II: FROM DATA GATHERING TO SETTING PRIORITIES

Demographic Profile

In order to gain a better understanding of the demographic characteristics of the senior community in Schenectady County, as well as to provide context and guidance for the strategic planning efforts of the Consortium, CGR gathered and analyzed a variety of data on Schenectady's senior population and presented the results to the Consortium for its review. The resulting *Demographic Profile of Schenectady County Senior Population* is included as an appendix.

The *Profile* examines a range of demographic variables for both Schenectady County and its six major municipalities: the City of Schenectady and Towns of Duanesburg, Glenville, Niskayuna, Princetown, and Rotterdam. Recognizing the importance of distinguishing between younger and older seniors, the data set was broken down into four age brackets (55-64; 65-74; 75-84; 85+). The *Profile* has been posted on the United Way of Schenectady County's website and is already being used as community resource for planning.

CGR also distilled a one-page "Did You Know?" fact sheet of the high-level key findings from the *Profile*. This document was distributed to focus group participants to inform their discussions and to increase awareness of demographic trends for seniors in the County. The fact sheet is presented on the following page.

Did You Know?

Key Facts from the *Demographic Profile of Schenectady County Seniors*

- ❖ One out of every four individuals in Schenectady County is 55 or older (37,500 residents).
- ❖ The City of Schenectady has the largest number of seniors 55+ (nearly 14,000).
- ❖ The municipalities with the largest percentages of seniors are Glenville, Rotterdam, and Niskayuna.
- ❖ Females make up a growing percentage of the senior population as it ages. For example, seven out of ten seniors 85+ are female.
- ❖ Over 7,500 seniors in Schenectady County live alone. One-quarter of males and nearly *half* of all females age 65+ in the City of Schenectady live alone.
- ❖ More than three times as many females than males age 65+ live alone in the County of Schenectady.
- ❖ The senior population in each municipality is less diverse than the population as a whole. But given the increasing diversity of the County, especially in the City of Schenectady, minorities will likely make up a growing share of the senior population in the future.
- ❖ In 2000, nearly 2,400 seniors age 55+ were living in poverty; approximately 60 percent of these seniors were living in the City of Schenectady.
- ❖ In Schenectady County, the proportion of seniors living in “near poverty” (e.g. income range of \$7,990 - \$17,247) increases dramatically as they get older – from **10.3%** of those age 55-64 to **23.3%** of those age 75+.
- ❖ While the total population of Schenectady County is projected to *decline* by 14% from 2000 to 2030, the total senior population is expected to *increase* by 11% over the same period.
- ❖ As a result, those 55+ will make up a growing percentage of the total County population – about *one-third* from 2020 onward.

Focus Group Findings

Following preparation of the *Profile*, CGR conducted five focus groups from March 2006 to May 2006 with the assistance of the Consortium to gain a better understanding of what stakeholders perceived to be the primary issues facing seniors in Schenectady County as well as priorities for immediate action. Separate focus groups were held with two types of participants: “consumer” groups, made up of seniors themselves; and “provider” groups, composed of representatives from county agencies, non-profit organizations, retirement homes, hospitals, and other entities that provide services and resources to the senior population.

Two consumer focus groups were conducted: at the Scotia-Glenville Senior Center (made up of approximately twenty “younger seniors” with an age range from 55-75); and at the Rotterdam Junction Senior Center (with twelve “older seniors” ranging in age from 65-90+). Two consumer groups were also planned for the City of Schenectady but failed to materialize. Three provider groups were held: one with ten members of the Consortium itself; and two with attendees at a Community Forum sponsored by the Consortium in May. Taken together over 50 individuals representing more than 35 organizations that serve seniors in Schenectady County participated in these provider groups. The list of organizations that attended the Community Forum is attached as an appendix.

The most striking overarching finding from these groups was the tremendous concordance with regard to what was identified as the most pressing issues, and to a large degree, suggested priorities for immediate action. Another notable result was the palpable interest in and enthusiasm for the work of the Consortium. What follows is a summary of major findings from these sessions.

Most Pressing Senior Issues/Needs

- ❖ ***Transportation*** – Transportation was a major emphasis for each of the focus groups, especially given its importance for a

wide range of purposes (e.g. medical appointments, running errands, social engagements), the County's geographic size, and its lack of a comprehensive public transit system. A key recurring theme was that while current transportation is generally good, "there's not enough of it." Other major aspects of the issue mentioned by the groups included:

- Inconvenience or lack of accessibility of existing options, especially at off hours and for seniors off traditional transit routes
- Lack of a mechanism to ensure that existing transportation providers and services are fully utilized (such as central dispatch system)
- Need for more individualized "assisted transportation" – for frail elderly who need help getting out of house and in and out of stores and offices
- Need to recruit more volunteer drivers, especially for medical transportation, and for a coordinated approach to identify and train volunteers

❖ ***Home Assistance Services*** – The importance of services to help seniors maintain their independence and remain comfortably and securely at home for as long as possible was a second prominent issue raised in all of the focus groups. Major dimensions of this issue included:

- Having affordable, reliable in-home assistance services available – e.g. home maintenance and repair, bill paying, legal aid, and related services
- Reaching out to the homebound and reducing social isolation (especially those lacking family or other support system) – need for more groups to make connections with homebound seniors and make them feel part of community
- Encouraging more volunteerism among seniors – making it easier for "seniors to help seniors"

- Increasing caregiver supports, including financial assistance, to respond to the increasing strain on working families to handle the needs of parents
- Ensuring sense of security for seniors living alone, e.g. through police patrols and neighborhood watch or phone system
- Helping seniors remain at home when disabled – need for home modifications

❖ ***Access to Information*** – Another issue frequently identified in all the focus groups was having accurate and timely information about available services, options, and alternatives, as well as easier ways to obtain this information. In addition, participants emphasized the importance of:

- Dispensing information on available resources for in-home assistance, affordable housing, transportation, health care, general assistance (taxes, applications, etc.), and recreational or social activities in a variety of forms and in multiple venues, especially places where seniors tend to go (pharmacies, doctor’s offices, grocery stores, senior centers, etc.)
- Getting information to more isolated or home-bound seniors, particularly those that don’t attend senior centers or meal sites
- Developing a single-source information line – with live assistance available
- Helping seniors understand eligibility requirements (for Medicare, Medicaid, etc.) and other program related questions

❖ ***Housing*** – The lack of varied and affordable housing in the County was raised as a significant issue in most of the focus groups. This included:

- Expanding alternative housing options – e.g., more enriched housing for low income seniors with home

assistance, housekeeping, and personal care services; “pre-assisted living” facilities that offer a communal center and social programs; and shared housing opportunities for seniors that no longer want to live alone.

- Maintaining affordability – continual increase in costs, both for those living at home on fixed incomes and those residing in senior living facilities
- Addressing housing needs in rural areas

❖ ***Service Coordination*** – The need for enhanced collaboration, coordination, and communication among human service agencies, medical systems, county government, religious organizations, and other, non-traditional service providers was a common refrain in the provider focus groups. Other key aspects of this theme included:

- Need for greater coordination and better communication at the client service delivery level – e.g., for seniors with multiple diagnoses and/or service needs and to facilitate effective discharge planning
- Importance of continued efforts to improve systems level planning – the “silo” nature of government programs fosters and reinforces the development of single system approaches, yet the senior population has needs that cross program and agency boundaries

❖ ***Preventive Health Care*** – The value of programs and services to help seniors take personal responsibility for their well-being and maintain an active lifestyle was highlighted in several focus groups. This emphasis included:

- Providing better education to promote healthy living – programs that educate seniors about the importance of diet, exercise, socialization, and mental stimulation
- Changing behaviors to promote healthy aging and prevent debilitating conditions
- Expanding preventive services for younger seniors

- Improving access to recreational and exercise facilities
- ❖ **Health Care** – The following health care concerns were also raised by the focus groups, although not with the same emphasis as the issues described above:
 - Offering at-home care and medical supports (including mental health services) to help seniors maintain their independence
 - Ensuring seniors (especially those with moderate incomes) and their families have sufficient resources to pay for long term care options, either at home or in nursing facility
 - Reducing shortage of nursing and home health aides/paraprofessional caregivers
 - Ensuring seniors have adequate understanding of their problems, treatments, and medications – need for third person support at appointments, etc.

When asked to identify 1-2 priorities for immediate action that would make Schenectady County a better place for seniors to live, the same three topics were identified most frequently by both consumers and providers: information and assistance; transportation; and housing. Providers also identified service coordination and caregiver supports as top priorities, while consumers included home assistance services and preventive health care on their priority list.

In addition to the service needs described above, participants also suggested ways to strengthen the Consortium itself, in full recognition of the need for and value of this community partnership. Participants suggested expanding participation on the Consortium in order for it to become more fully inclusive. In particular, it was recommended that the Consortium continue to develop creative opportunities to engage seniors themselves in shaping the direction and initiatives of the Consortium and to involve community partners that reflect the diversity of the current and anticipated senior community in Schenectady County.

Priority Selection Process

CGR's summary of focus group results served as the foundation for the selection of strategic priorities by the Consortium. After consideration of the most important issues and priority action areas identified by the groups, the Consortium moved to establish its strategic priorities for the next two years. Several criteria were used to determine the priority areas, including:

- Can the SCLTCC realistically have an *impact* in this area?
- Can we concentrate enough *effort* to succeed given the current volunteer nature of the Consortium?
- Is there *consensus* that this is a priority for the greater good of seniors?
- Are there *resources* that can be garnered to support the initiatives?

Based upon these criteria, four service priority areas were initially selected by the Consortium:

- ❖ **Information and Assistance** – having access to reliable information regarding services for aging and long term care;
- ❖ **Service Coordination** – coordinating services for individuals with multiple issues who may be involved with several service areas (e.g. mental health, aging services network);
- ❖ **Transportation** – ensuring there are enough transportation options for seniors and fully utilizing what is already available;
- ❖ **Home Assistance Services** – helping seniors maintain their independence by having affordable, reliable in-home services available (e.g, home repair, etc).

While all four areas were considered important, the first three priority areas were chosen for immediate action and inclusion in the Strategic Plan. There was agreement that work would be initiated on home assistance services once sufficient progress has been made on the three other priorities. In addition to these service priorities, the Consortium agreed to a strategic direction focused on strengthening the overall functioning of the Consortium itself.

Workgroups were formed to identify goals and milestones for the strategic priorities that could be incorporated into the Strategic Plan. Using a common template developed by CGR, workgroups met independently to develop 1-3 goals for their area and at least one milestone per goal, highlighting what should be achieved by the end of the 2007. Workgroups presented their proposals to the full Consortium for review, refinement, and endorsement. The strategic priority areas and their accompanying goals and milestones are presented in the following section.

Moving Forward

The Strategic Plan will guide the work of the Consortium through the close of 2008. The Consortium will form workgroups to provide leadership for advancing each strategic priority and will use these groups as an opportunity to involve additional community stakeholders. Workgroups will develop an implementation plan that lays out the necessary action steps, responsible parties, and timeframes to achieve the goals and milestones. Full Consortium meetings will provide the venue for workgroups to provide updates and seek input and direction as needed, and to ensure effective cross-fertilization and alignment of strategic priorities.

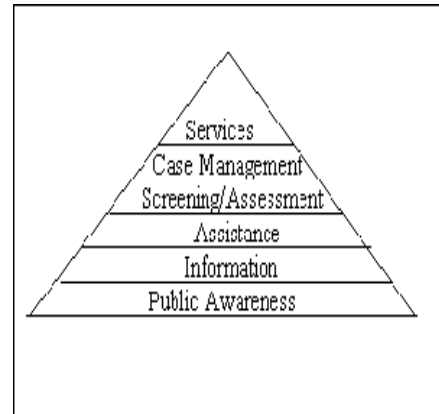
SECTION III: 2006-2008 STRATEGIC PLAN

- Vision** Schenectady County will be a community that promotes “healthy aging” by ensuring that the necessary services and supports are in place which enable seniors to fully engage with life.
- Mission** To maintain a strong consortium of consumers, caregivers, providers, government agencies and businesses to promote the long term health and well-being of Schenectady County residents, by: 1) disseminating information to educate the community about seniors, their needs, available services, and how to access resources; and 2) advancing initiatives to respond to the current and emerging needs of seniors that can best be achieved through the collaborative effort of multiple stakeholders.
- Customers** The work of the Consortium will be targeted to Schenectady County seniors age 50+, their families, caregivers, and the agencies that provide services to the senior community.
- Core Values**
- ❖ Efficient and effective service provision
 - ❖ Data-driven and best practice strategies
 - ❖ Inclusive partnerships
 - ❖ Commitment to consumer choice
 - ❖ Widespread access to accurate, comprehensive information

Strategic Priority I: Information and Assistance

Priority Area Description

The SCLTCC's Information and Assistance (I&A) Workgroup is charged to recommend steps to create an Information and Assistance system that is easily accessed, comprehensive and unbiased. The Consortium's I & A "Pyramid Model" provides a framework for these efforts. As it proceeds, the I&A Workgroup will remain aware of the progress of related undertakings such as individual agencies' I&A efforts, the New York State Point of Entry program and 211 New York.



Goals and Milestones

Goal 1: Strengthen the ability of staff in Schenectady County organizations to provide accurate and timely information about long term care services and programs.

- **Milestone 1:** Establish contact with ongoing service provider networking groups.
- **Milestone 2:** Develop mechanism to collect and disseminate information about programs and program changes among service providers.
- **Milestone 3:** Describe skills essential to the provision of information about long term care services in our community.

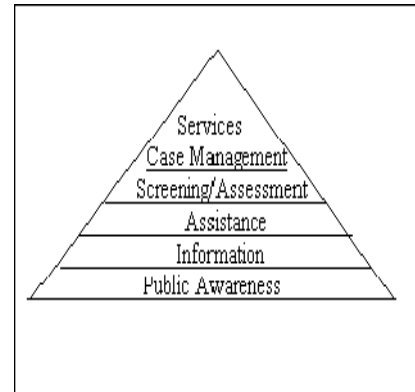
Goal 2: Increase public awareness of long term care services in Schenectady County.

- **Milestone 1:** Develop a concise description of Information and Assistance and how it can be accessed.
- **Milestone 2:** Identify community venues and media through which this message can be shared with the Schenectady County service users.

Strategic Priority II: Service Coordination

Priority Area Description

Service providers perceive that they occupy multiple roles on the Consortium's Information and Assistance "Pyramid Model". Consumers with long term care needs face multiple decisions regarding a complex array of services and providers. Providers need to improve the coordination of their service delivery with others assisting the same client, and refine communication and information exchange to assure a seamless system of care. The coordination of access and utilization of community services to people in need of long term care is key to elderly and disabled persons seeking to maintain themselves in the community. The Service Coordination Workgroup will advance the following:



Goals and Milestones

Goal 1: Breakdown the barriers to effective communication and service coordination between agencies that hinder and impede consumer access to services and care.

- **Milestone 1:** Identify all providers of case management and service coordination in Schenectady County.
- **Milestone 2:** Identify gaps in both the service continuum and the availability of service coordination.
- **Milestone 3:** Analyze and address high priority referral and coordination issues based on findings from milestone 2.

Strategic Priority III: Transportation

Priority Area Description

Transportation services are essential for seniors to be able to access needed community resources and supports while living at home. The Transportation Workgroup will work to improve accessibility of transportation services for seniors living in Schenectady County.

Goals and Milestones

Goal 1: Identify community transportation services available to seniors in Schenectady County and develop strategies to maximize existing resources and address service gaps.

- **Milestone 1:** Identify agencies that provide transportation to seniors in Schenectady County.
- **Milestone 2:** Contact agencies to get updated information on transportation services available to seniors in Schenectady County, including limitations.
- **Milestone 3:** Analyze available transportation resources and develop 1-2 strategies to maximize existing resources and/or respond to service gaps for implementation in 2008.

Goal 2: Develop and disseminate comprehensive information about transportation services for seniors in Schenectady County.

- **Milestone 1:** Work with the Information and Assistance Workgroup to determine how best to package and disseminate transportation information for both seniors and service providers and develop materials.
- **Milestone 2:** Identify and procure the resources to distribute the transportation information through various venues.

Strategic Priority IV: Effective Collaboration

Priority Area Description

To promote the long term health and well-being of Schenectady County residents, the Consortium must continue to strive to function at the highest levels of collaboration. As such, an essential strategic direction for the Consortium is to continue to nurture and assess the functioning of the collaborative body itself, so that members stay fully engaged in the process of working together to achieve shared vision, mission, and goals. The Consortium's Organizational Work Group will be charged with the following goals:

Goals and Milestones

Goal 1: Ensure that the Consortium has a membership with the necessary leadership, skills, expertise, authority, and commitment to advance its mission.

- **Milestone 1:** Develop and institute a process for reviewing current membership and recruiting additional stakeholders to enhance the capacity of the Consortium.

Goal 2: Conduct ongoing evaluation of the level of collaboration among Consortium members using the United Way of Schenectady County's framework for effective collaborations.

- **Milestone 1:** Obtain feedback regarding collaboration through on-line survey and/or individual interviews.
- **Milestone 2:** Summarize findings of survey and make organizational adjustments based on the feedback with consensus of the Consortium membership.

APPENDICES

**Schenectady County Long Term Care Consortium
Membership (Effective October 2006)**

Pat Abel
Junior League of Schenectady

Laurie Bacheldor
United Way of Schenectady County

Michelle Baldwin
Schaeffer Heights Housing

Pat Bridgeford
Discharge Planning, Ellis Hospital

Carolyn K. Callner
Schenectady County Public Health Services

Patrick Ciraulo
Duanesburg Area Community Center

Deborah Damm O'Brien
DePaul Housing Management

Cheryl Diglioramo
Schenectady ARC

Barbara Dragon
Living Resources Home Care Agency

Lisa A. Ferretti
Center for Excellence in Aging Services, University at Albany,
SUNY

Yvette Gebell
Schenectady County Senior & Long Term Care Services

Irene F. Grey
St. Clare's Hospital

Alycia Gregory
Sunnyview Hospital & Rehabilitation Center

Kathy Haddon
Ellis Hospital Lifeline

Bernadette Hallam
Eddy Senior Care

Ken Harris
New York Association of Homes & Services for the Aging

Mary Helbinger
Catholic Charities

David Hornick
Homemedical Associates

Kelly Horton
Schenectady Municipal Housing Authority

Margaret Hunter
Schenectady Municipal Housing Authority

Christina Knee
Catholic Charities of Schenectady County

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Denise Kolankowski
Cornell Cooperative Extension, Schenectady County

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Patricia Maxon
Elder Network of the Capital Region

Carolyn Micklas
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Ann Moore
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Liz Neill
Glen Eddy

Dennis Packard
Schenectady County Department of Social Services

William E. Reynolds
Community Member

Beth Ricker
West Rotterdam Senior Center

Susan Ripley
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Victoria M. Rizzo
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Kathy Rooney
Schenectady County Manager

Kathleen Rubin
Visiting Nurse Association of Schenectady

Elaine Santore
Umbrella of the Capital District

Susan Senecal
Northwoods Health Systems

Mark Seth
Schenectady County Community College

Mark Sheehan
Schenectady ARC

John Steele
Catholic Charities of Schenectady County

Maria Sunukjian
Family & Child Services of Schenectady

Maryellen Casey Usis
Capital District Transportation Authority

William Van Hoesen
Schenectady County Emergency Management

**Agencies Represented at the May 2006 Forum
Sponsored by the Schenectady County Long Term
Care Consortium**

1. All Metro Home Care
2. Anytime Home Care
3. Better Neighborhoods Association
4. Bull Services
5. Capital District Transportation Authority
6. Catholic Charities of Schenectady County
7. Center for Governmental Research
8. Community Care Physicians, PC
9. Consumer Directed Choices
10. Cornell Cooperative Extension
11. Duanesburg Community Center
12. Eddy Senior Care
13. Elder Network of the Capital Region
14. Ellis Hospital
15. Ellis Hospital Lifeline
16. Ellis Hospital Mental Health
17. Family and Child Services of Schenectady
18. Gentiva Health Services
19. Glendale Home
20. Glen Eddy Retirement Community
21. Heritage Home for Women
22. Living Resources Home Care
23. Northwoods Rehabilitation Center
24. Rotterdam Police Community Service Unit
25. St. Clare's Hospital Department of Geriatrics
26. Schaffer Heights Housing
27. Schenectady ARC
28. Schenectady County Department of Health
29. Schenectady County Library
30. Schenectady County Manager's Office
31. Schenectady County Senior and Long Term Care Services
32. Schenectady Emergency Management
33. Schenectady Foundation
34. Schenectady Housing
35. School of Social Welfare, University at Albany, SUNY
36. Umbrella of the Capital District Inc.
37. United Way of Schenectady County
38. Visiting Nurses Home Care
39. Visiting Nurses Services
40. West Rotterdam Senior Center

DEMOGRAPHIC PROFILE OF SCHENECTADY COUNTY SENIOR POPULATION

Background:

- ❖ The Schenectady County Long Term Care Consortium was formed to promote the long-term health of residents of Schenectady County.
- ❖ The Consortium includes individuals representing health networks, local government, provider agencies, community foundations, consumers and their caregivers, and institutions of higher education.
- ❖ With grant support from The Schenectady Foundation, the Consortium has secured the services of the Center for Governmental Research Inc. (CGR) to assist with the development of a strategic plan to guide the future work of the Consortium.
- ❖ CGR prepared this profile to: improve understanding of the demographic characteristics of the senior community (age 55+) in Schenectady County, and provide context and guidance for strategic planning.

Focus of Analysis:

- ❖ *Levels of Geography:* Schenectady County: City of Schenectady; Towns of Duanesburg, Glenville, Niskayuna, Princetown, and Rotterdam; Census Tracts within County
- ❖ *Age Brackets:* 55-64; 65-74; 75-84; 85+
- ❖ *Demographic Measures:* Population by Age; Race and Ethnicity; Gender; Poverty and Near Poverty; Living Arrangements; County Population Projections
- ❖ *Census Tract Analysis:* Population by Age and Poverty/Near Poverty
- ❖ *Data Sources:* Census 2000 and Cornell University NYS Statistical Information System

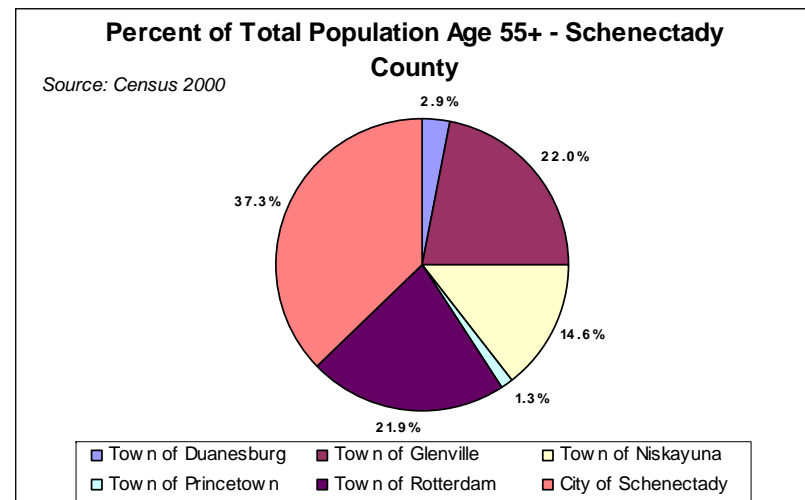
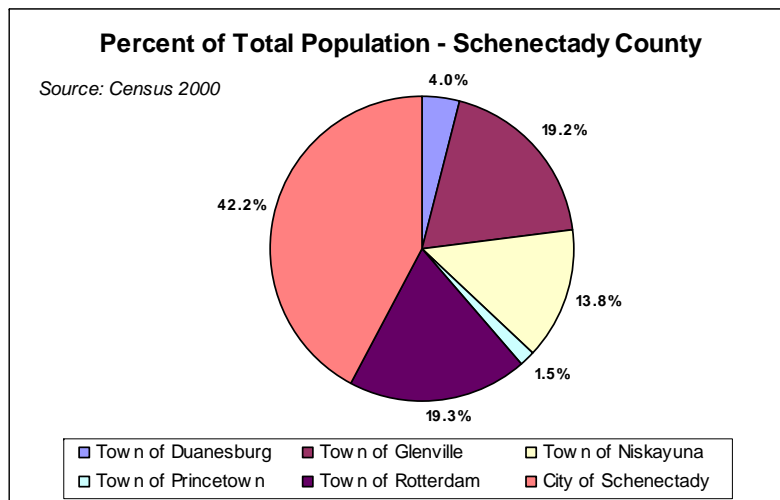
Total Population and Population by Age: Key Findings

- ❖ In Schenectady County, one out of every four individuals is age 55+
- ❖ There is significant variation in the number of seniors by municipality; the number of residents age 55+ ranges from a low of 493 in the Town of Princetown to a high of nearly 14,000 in the City of Schenectady
- ❖ By municipality, the proportion of the population age 55+ ranges from a low of 18.9 percent in the Town of Duanesburg to a high of 29 percent in the Town of Rotterdam
- ❖ While the City of Schenectady constitutes about 42 percent of the total population in Schenectady County, the City makes up a slightly lower percentage of those age 55+ because of its relatively small proportion of residents age 55+ (22.6 percent)
- ❖ The Towns of Rotterdam and Glensville have the highest percentages of seniors age 55+

Population Totals by Municipality

Population	Schenectady County	Town of Duanesburg	Town of Glensville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
Total Population	146,555	5,808	28,183	20,295	2,132	28,316	61,821
Total Pop. 55+	37,488	1,095	8,242	5,467	493	8,205	13,986
% Total Pop. 55+	25.6%	18.9%	29.2%	26.9%	23.1%	29.0%	22.6%

Source: Census 2000

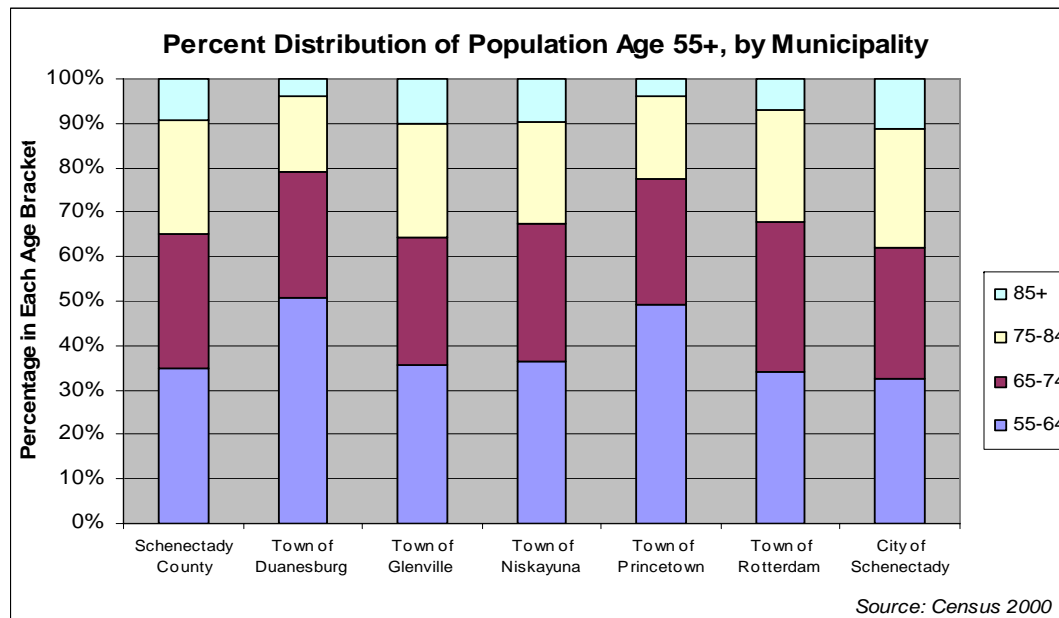


- ❖ There is a fairly significant range of percentages by municipality within each age bracket; for example, the percentage of those age 55-64 varies from a low of 7.4 percent in the City of Schenectady to a high of 11.4 percent in Princetown
- ❖ Glenville, Niskayuna, and the City of Schenectady have the highest percentages of residents age 85+
- ❖ The most rural municipalities, Duaneburg and Princetown, have the highest proportion of residents age 55-64 as a percentage of the total senior population (age 55+)

Percent Distribution of Population Brackets, By Municipality

Age Bracket	Schenectady County	Town of Duaneburg	Town of Glenville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
55-64	8.9%	9.6%	10.4%	9.8%	11.4%	9.9%	7.4%
65-74	7.8%	5.3%	8.4%	8.4%	6.6%	9.8%	6.6%
75-84	6.5%	3.3%	7.5%	6.1%	4.3%	7.3%	6.1%
85+	2.4%	0.7%	2.9%	2.6%	0.9%	2.0%	2.5%
55 and up	25.6%	18.9%	29.2%	26.9%	23.1%	29.0%	22.6%

Source: Census 2000



Age by Gender: Key Findings

- ❖ Females make up a growing percentage of the senior population as it ages; for example, while males and females each make up approximately half of the total population age 55-64 in Schenectady County, males make up less than 30 percent of those age 85+
- ❖ Duanesburg is the major exception; the ratio of males and females in the town is roughly equal across age brackets
- ❖ By municipality, however, there is significant variation in the proportion of males and females within each age bracket; for instance, the percentage of males age 75-84 ranges from a low of 35.9 percent in the City of Schenectady to a high of 48 percent in the Town of Duanesburg while the proportion of females ranges from 51.9 percent to 64.1 percent

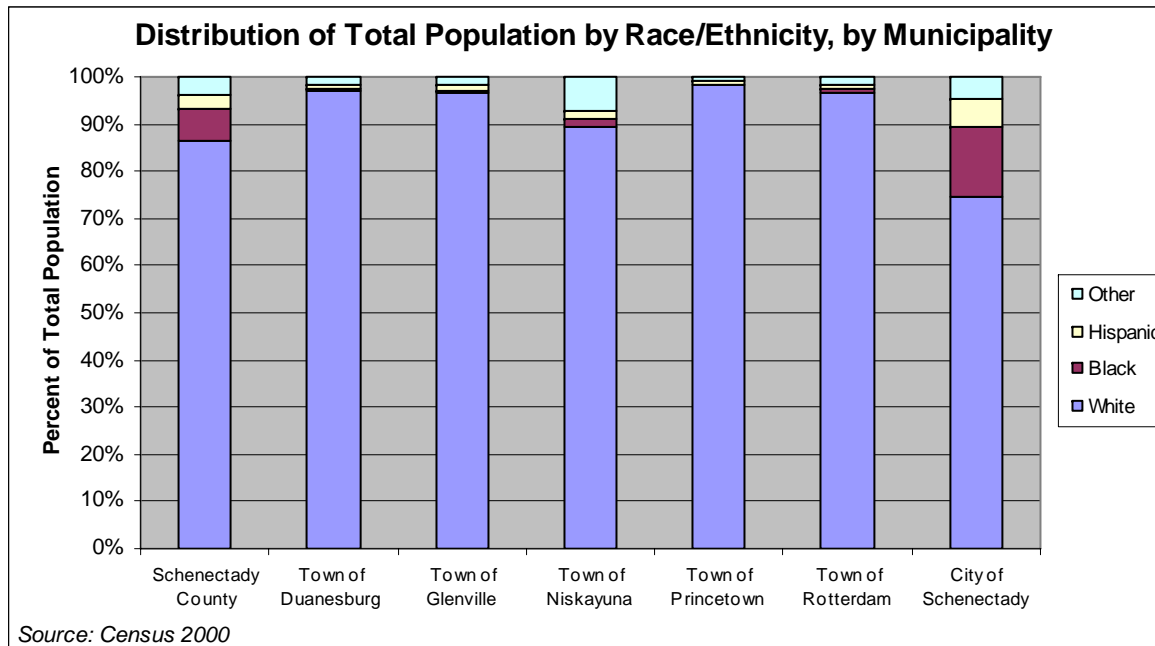
Percent Distribution of Population Brackets, By Gender

Age Bracket and Gender	Schenectady County	Town of Duanesburg	Town of Glensville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
55-64							
Male	47.4%	53.9%	48.6%	47.4%	46.7%	46.9%	46.3%
Female	52.6%	46.1%	51.4%	52.6%	53.3%	53.1%	53.7%
65-74							
Male	44.3%	50.8%	45.6%	45.6%	56.4%	44.9%	41.8%
Female	55.7%	49.2%	54.4%	54.4%	43.6%	55.1%	58.2%
75-84							
Male	38.5%	48.1%	38.6%	41.3%	44.6%	40.1%	35.9%
Female	61.5%	51.9%	61.4%	58.7%	55.4%	59.9%	64.1%
84+							
Male	29.1%	50.0%	24.9%	30.6%	26.3%	33.7%	28.6%
Female	70.9%	50.0%	75.1%	69.4%	73.7%	66.3%	71.4%

Source: Census 2000

Race and Ethnicity: Key Findings

- ❖ The City of Schenectady is by far the most diverse municipality in Schenectady County; whites make up only about three-quarters of the total population in the City, compared to over 85 percent in the County as a whole and roughly 95 percent in the rest of the County
- ❖ African-Americans constitute approximately 15 percent of the total population in the City of Schenectady, while Hispanics constitute about 6 percent of the City’s total population
- ❖ The Town of Niskayuna is the only other municipality with a sizable minority population
- ❖ The senior population in each municipality is less diverse than the population as a whole, particularly in the City of Schenectady (see table on page 6)
- ❖ This tendency is most pronounced among older seniors; whites make up the vast majority of those age 75-84 and age 85+ in Schenectady County and all its municipalities, including the City of Schenectady (see page 6)
- ❖ This finding is a demographic reflection of the “aging in place” of older cohorts in Schenectady County; given the increasing diversity in the County, especially in the City of Schenectady, whites will likely make up a diminishing share of the senior population over time



Percent Distribution of Population in Age Brackets, by Race & Ethnicity

Age Bracket and Ethnic Group	Schenectady County	Town of Duanesburg	Town of Glenville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
55-64							
White	92.3%	97.1%	97.5%	91.3%	97.9%	97.9%	85.0%
Black	3.9%	0.9%	0.5%	2.1%	0.0%	0.6%	9.3%
Hispanic	1.2%	0.4%	0.6%	0.7%	0.8%	0.6%	2.4%
Other	2.6%	1.6%	1.3%	5.9%	1.2%	0.9%	3.2%
65-74							
White	94.7%	98.7%	98.4%	95.7%	98.6%	98.6%	89.0%
Black	2.9%	0.3%	0.3%	1.5%	0.0%	0.3%	7.2%
Hispanic	0.9%	0.3%	0.4%	0.5%	0.0%	0.4%	1.8%
Other	1.5%	0.7%	0.9%	2.3%	1.4%	0.7%	2.0%
75-84							
White	96.9%	98.9%	98.8%	97.0%	100.0%	99.0%	94.6%
Black	1.7%	0.0%	0.4%	1.1%	0.0%	0.1%	3.5%
Hispanic	0.5%	0.5%	0.1%	0.2%	0.0%	0.4%	0.8%
Other	0.9%	0.5%	0.7%	1.6%	0.0%	0.5%	1.1%
85+							
White	96.5%	97.6%	99.0%	97.1%	100.0%	98.1%	94.2%
Black	2.1%	0.0%	0.4%	1.9%	0.0%	0.5%	3.9%
Hispanic	0.5%	0.0%	0.5%	0.0%	0.0%	0.3%	0.7%
Other	0.9%	2.4%	0.1%	1.0%	0.0%	1.0%	1.2%

Source: Census 2000

Senior Poverty: Key Findings

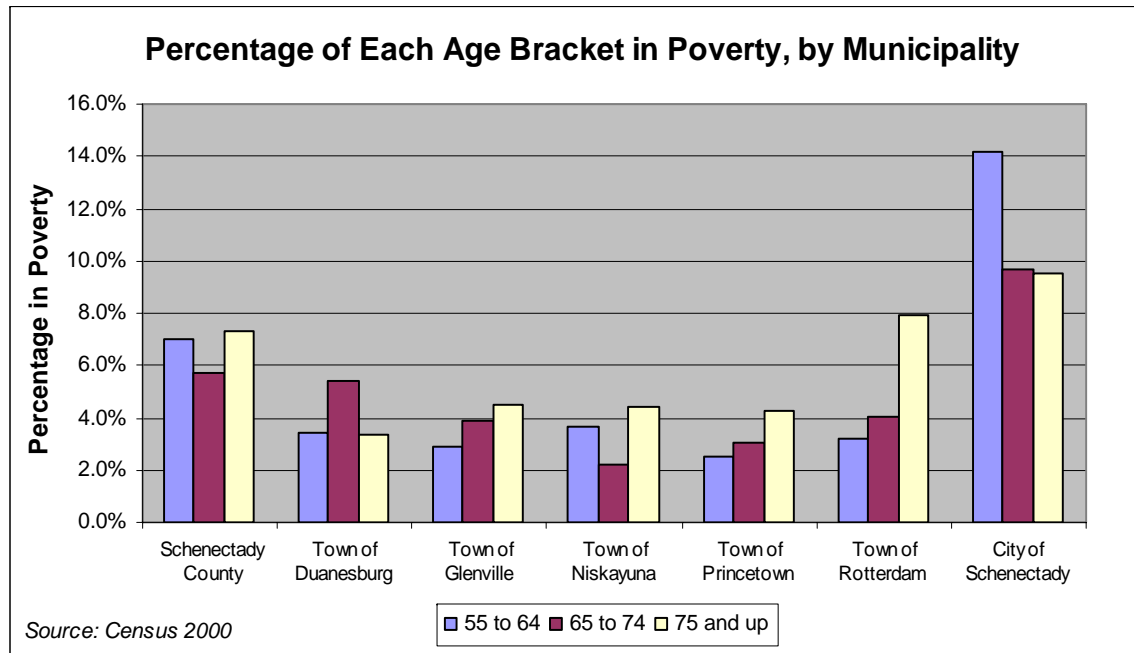
- ❖ In 2000, nearly 2,400 seniors age 55+ in Schenectady County were living in poverty; approximately 60 percent of these seniors were living in the City of Schenectady
- ❖ The percentage of seniors living in poverty varies widely across municipalities for all age brackets
- ❖ For the County as a whole, seniors age 75+ have the highest proportion of those living in poverty
- ❖ Senior poverty is a particular concern in the City of Schenectady; the City has the highest percentage of seniors living in poverty in each age bracket, with 14.2 percent of its residents age 55 to 64 living in poverty (double the County average)
- ❖ Unlike many of the municipalities in the County, where poverty tends to increase with age, poverty rates in the City decline significantly between age 55-64 and age 65+ (see graph on page 8)

Number and Percentage of Each Age Bracket in Poverty

Poverty Status	Schenectady County	Town of Duanesburg	Town of Glenville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
55 to 64:	12,976	557	2,850	2,018	236	2,844	4,471
In Poverty	907	19	83	74	6	91	634
% in Poverty	7.0%	3.4%	2.9%	3.7%	2.5%	3.2%	14.2%
65 to 74:	11,279	351	2,412	1,695	131	2,689	4,001
In Poverty	647	19	93	37	4	108	386
% in Poverty	5.7%	5.4%	3.9%	2.2%	3.1%	4.0%	9.6%
75 and up:	11,513	181	2,364	1,594	117	2,600	4,657
In Poverty	838	6	107	71	5	206	443
% in Poverty	7.3%	3.3%	4.5%	4.5%	4.3%	7.9%	9.5%
55 and up:	35,768	1,089	7,626	5,307	484	8,133	13,129
In Poverty	2,392	44	283	182	15	405	1,463
% in Poverty	6.7%	4.0%	3.7%	3.4%	3.1%	5.0%	11.1%

Source: Census 2000

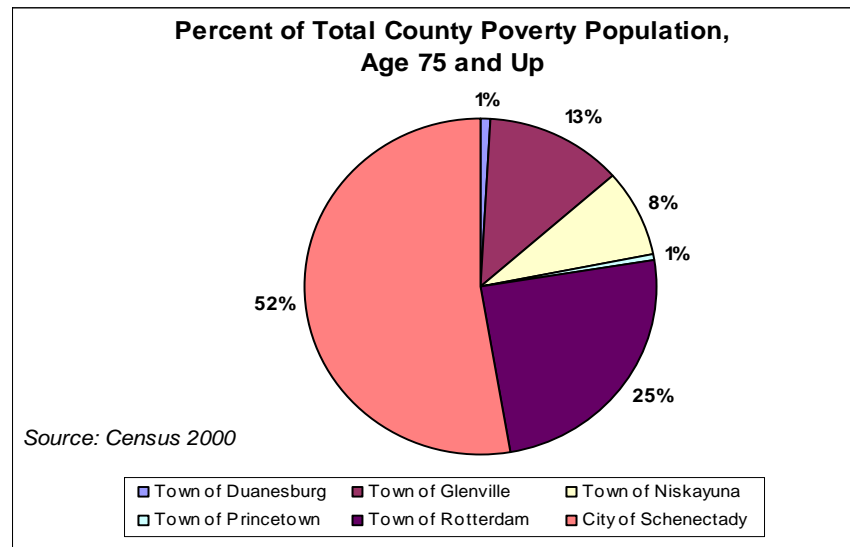
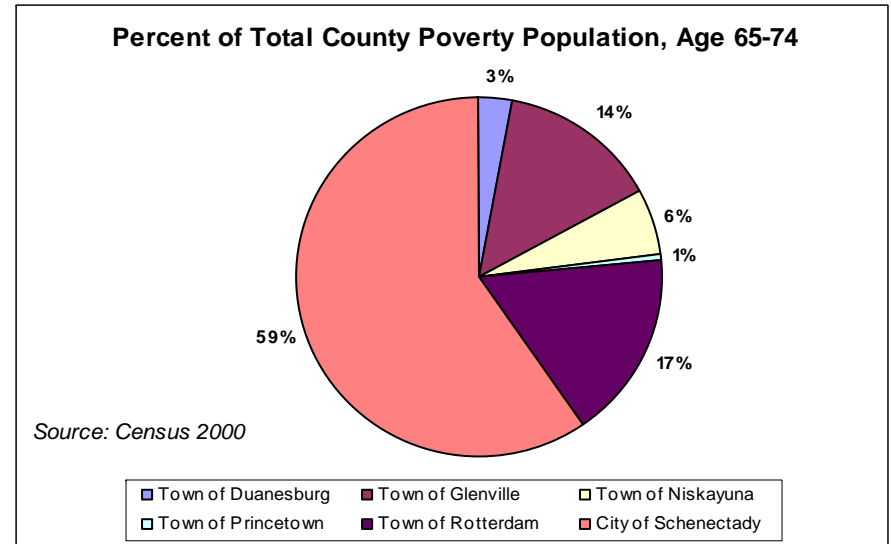
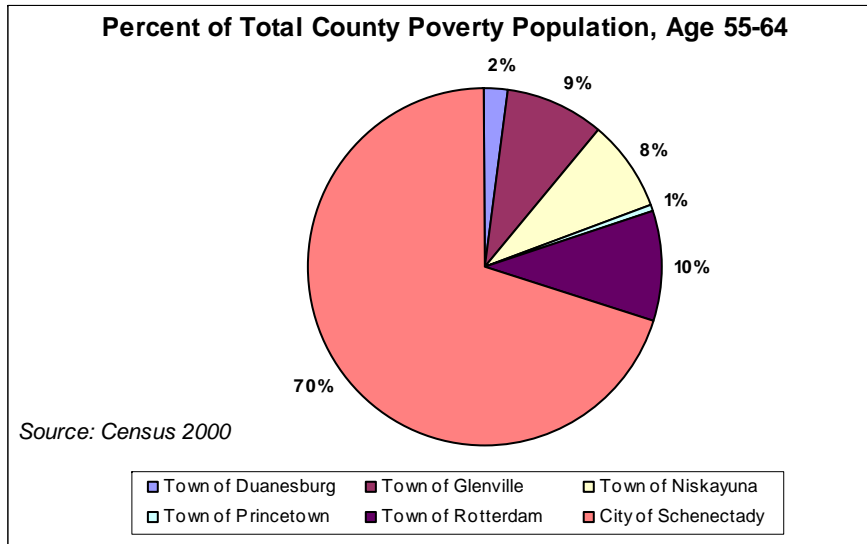
- ❖ With this decline in its poverty rates, the City of Schenectady makes up a smaller share of the total County poverty population among those age 65-74 (59%) and 75+ (52%) than among those ages 55-64 (70%); see charts on page 9
- ❖ The Town of Rotterdam’s proportion of the total County poverty population increases substantially between age 55-64 (10%) and age 75+ (25%)



- ❖ The income thresholds used by the Census Bureau to determine poverty and near poverty for individuals are as follows:

1999 Census Poverty Thresholds		
	Individuals Under 65	Individuals 65 and over
Poverty	\$ 8,667	\$ 7,990
Poverty 149%	12,914	11,905
Poverty 199%	17,247	15,900

Source: Census 2000



Senior Near Poverty (100-199% Poverty): Key Findings

- ❖ Substantial percentages of seniors in all age brackets live in “near poverty” in Schenectady County
- ❖ The percentage of seniors in near poverty varies markedly between age brackets and among municipalities; for example, the percentage of seniors age 65-74 with incomes 100-199 percent above the poverty line ranges from 8 percent in the Town of Duanesburg to nearly 24 percent in the City of Schenectady
- ❖ As seniors age the proportion living in near poverty increases dramatically; for Schenectady County as a whole, the percentage of seniors living in near poverty increases from 10.3 percent of those age 55-64 to 23.3 percent of those age 75+
- ❖ As with poverty, the City of Schenectady has the highest rates of seniors in near poverty, especially among those age 65-74

Percentage of Age Bracket in Near Poverty Levels, by Municipality

Age Bracket and Near Poverty Level	Schenectady County	Town of Duanesburg	Town of Glenville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
55 to 64							
100-149%	4.9%	5.2%	3.1%	2.2%	4.2%	5.0%	7.2%
150-199%	5.4%	4.1%	2.8%	3.1%	3.8%	4.6%	8.8%
100-199%	10.3%	9.3%	5.9%	5.3%	8.1%	9.6%	16.0%
65 to 74							
100-149%	6.8%	4.8%	4.6%	4.4%	4.6%	4.7%	10.8%
150-199%	8.7%	3.1%	5.7%	4.7%	5.3%	8.6%	12.8%
100-199%	15.5%	8.0%	10.3%	9.1%	9.9%	13.3%	23.6%
75 and up							
100-149%	10.8%	9.9%	9.9%	4.0%	10.3%	9.3%	14.5%
150-199%	12.5%	17.1%	11.6%	8.8%	17.1%	10.5%	15.0%
100-199%	23.3%	27.1%	21.5%	12.7%	27.4%	19.8%	29.4%

Source: Census 2000

Senior Living Arrangements: Key Findings

- ❖ Nearly 95 percent of seniors in Schenectady County (age 65+) live in households, with about one-third of this total living alone
- ❖ The majority of seniors in Schenectady County live in family households, although the percentage varies widely by municipality (from a low of 52.6 percent in the City of Schenectady to a high of 76.6 percent in the rural municipalities of Duanesburg and Princetown – see table below)
- ❖ Over 7,500 seniors in Schenectady County live alone; the percentage living alone varies by municipality, from a low of 19.4 percent in Princetown to a high of 38.8 percent in the City of Schenectady
- ❖ Glenville, Niskayuna, and the City of Schenectady all have substantial numbers of seniors living in some type of group quarters (while the definition of group quarters encompasses living arrangements ranging from correctional institutions to college dormitories, for seniors it primarily refers to those living in nursing homes, defined by the Census as facilities that provide continuous nursing and other services to patients)
- ❖ Female seniors are much more likely than male seniors to live alone: more than three times as many females than males age 65+ live alone in the County of Schenectady (see table on page 12)
- ❖ Almost half of female seniors age 65+ live alone in the City of Schenectady

Household Type - Age 65 and Older

Household Type	Schenectady County	% of Total	Town of Duanesburg	% of Total	Town of Glenville	% of Total	Town of Niskayuna	% of Total	Town of Princetown	% of Total	Town of Rotterdam	% of Total	City of Schenectady	% of Total
Total:	24,347		534		5,387		3,522		248		5,365		9,291	
In households:	22,739	93.4%	532	99.6%	4,769	88.5%	3,285	93.3%	248	100.0%	5,289	98.6%	8,616	92.7%
Family households	14,820	60.9%	409	76.6%	3,277	60.8%	2,372	67.3%	190	76.6%	3,682	68.6%	4,890	52.6%
Nonfamily households	7,919	32.5%	123	23.0%	1,492	27.7%	913	25.9%	58	23.4%	1,607	30.0%	3,726	40.1%
Living alone	7,573	31.1%	113	21.2%	1395	25.9%	879	25.0%	48	19.4%	1535	28.6%	3603	38.8%
In group quarters:	1,608	6.6%	2	0.4%	618	11.5%	237	6.7%	0	0.0%	76	1.4%	675	7.3%

Source: Census 2000

Residents Living Alone - Age 65 and Older

Living Alone	Schenectady County	Town of Duanesburg	Town of Glenville	Town of Niskayuna	Town of Princetown	Town of Rotterdam	City of Schenectady
Male	1,757	39	320	194	17	329	858
Total Male Pop.	9,720	268	2,104	1,454	125	2,262	3,507
% of Total Male Pop.	18.1%	14.6%	15.2%	13.3%	13.6%	14.5%	24.5%
Female	5,816	74	1,075	685	31	1,206	2,745
Total Female Pop.	14,678	270	3,209	2,024	126	3,143	5,906
% of Total Female Pop.	39.6%	27.4%	33.5%	33.8%	24.6%	38.4%	46.5%

Source: Census 2000

Age Distribution and Poverty by Census Tract: Key Findings

- ❖ The Towns of Niskayuna and Glenville contain seven of the ten census tracts with the largest number of residents age 55+
- ❖ The census tracts with the largest senior populations are located in the more developed towns bordering the City of Schenectady
- ❖ Although it contains only one census tract that ranks in the top ten for the overall number of senior residents, half of the census tracts with the highest percentage of residents age 55+ are located in the City of Schenectady

Ten Census Tracts with the Most Residents Age 55+

Census Tract	Municipality	Number Age 55+
218	Schenectady	2,145
324.04	Glenville	2,007
319	Niskayuna	1,843
320	Niskayuna	1,567
321.01	Niskayuna	1,497
322	Glenville	1,373
329.02	Rotterdam	1,330
325.02	Glenville	1,254
325.03	Glenville	1,248
329.01	Rotterdam	1,239

Source: Census 2000

Ten Census Tracts with the Highest Percentage of Residents Age 55+

Census Tract	Municipality	Percentage Age 55+
211.02	Schenectady	49.7%
330.03	Rotterdam	35.6%
201.1	Schenectady	35.2%
204.02	Schenectady	35.2%
216	Schenectady	34.0%
324.04	Glenville	33.2%
325.02	Glenville	32.9%
325.03	Glenville	32.4%
218	Schenectady	31.9%
329.01	Rotterdam	31.8%

Source: Census 2000

- ❖ Six of the census tracts with the largest number of residents age 55+ living in or near poverty are located in the City of Schenectady, including the top five tracts with the most senior residents
- ❖ The Woodlawn, Hamilton Hill/Vale, Central State Street, and Mont Pleasant neighborhoods in the City contain the largest number of seniors living in or near poverty
- ❖ Nine of the ten census tracts with the highest percentage of residents living in/near poverty are located in the City of Schenectady; the percentage of seniors living in poverty in these tracts is quite high, with seven of the tracts having percentages approaching or exceeding 50 percent (and one with nearly 85% of its seniors living in or near poverty)
- ❖ The census tracts with the highest proportion of seniors living in or near poverty are located in the Hamilton Hill/Vale, North End, Central Business District, and Bellevue neighborhoods of the City

Ten Census Tracts with Most Residents Age 55+ Living In/Near Poverty

Census Tract	Municipality	Residents Age 55+ In/Near Poverty
218	Schenectady	555
210.02	Schenectady	484
217	Schenectady	356
216	Schenectady	309
202	Schenectady	276
330.04	Rotterdam	267
324.04	Glenville	259
322	Glenville	257
329.02	Rotterdam	250
214	Schenectady	247

Source: Census 2000

Ten Census Tracts with Highest Percentage of Residents Age 55+ Living In/Near Poverty

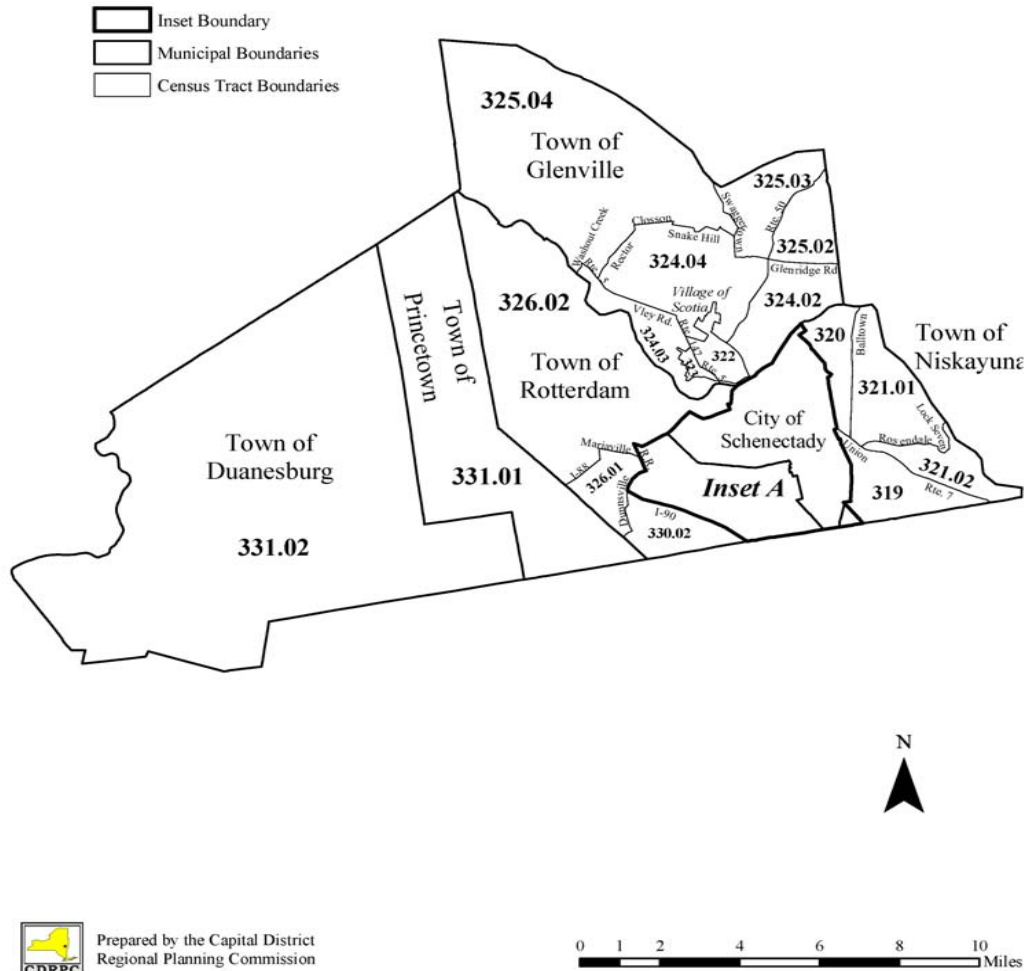
Census Tract	Municipality	% of Residents Age 55+ In/Near Poverty
210.02	Schenectady	84.3%
202	Schenectady	61.1%
210.01	Schenectady	59.0%
211.02	Schenectady	57.1%
214	Schenectady	49.3%
209	Schenectady	48.5%
217	Schenectady	48.0%
201.01	Schenectady	37.3%
328.01	Rotterdam	36.4%
213.01	Schenectady	34.7%

Source: Census 2000

Neighborhoods Used by City of Schenectady for Planning



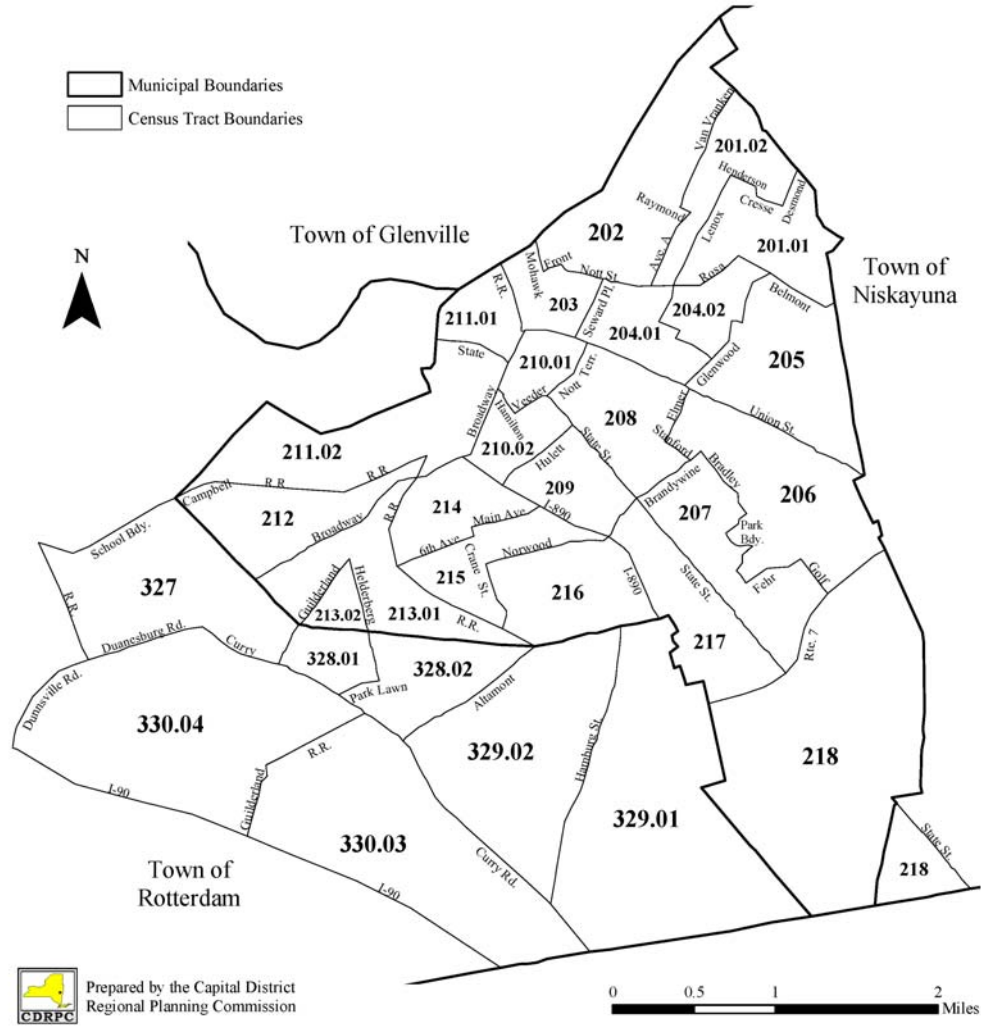
Schenectady County 2000 Census Tracts



Schenectady County 2000 Census Tracts

Inset A

City of Schenectady & Urbanized Areas of the Town of Rotterdam



Population Projections: Key Findings

- ❖ While the total population of Schenectady County is projected to decline by 14 percent from 2000 to 2030, the total senior population is expected to increase by 11 percent over this same period. As a result, those 55+ will make up a growing percentage of the total County population, about one-third from 2020 onward
- ❖ By 2020, all of the baby boomer cohort (those born between 1946 and 1964) will be 55 or older
- ❖ The number of “younger seniors” (age 55-64) is expected to increase dramatically in Schenectady County between 2000 and 2015 before dropping to roughly 2000 levels by 2030
- ❖ The number of “middle seniors” (age 65-74) is expected to increase significantly from 2010 to 2030, particularly after the year 2010. Similarly, seniors aged 75-84 will drop by 2010, but then grow substantially by the year 2030.
- ❖ Overall, the number of “older seniors” (age 85+) is projected to increase between 2000 and 2030, with a high point around the year 2010
- ❖ The aging of the baby boomers will be largely responsible for the projected overall growth of the senior population. The aging of the boomers through the decades is apparent in the first table on page 19 with their percent changes over time shown in bold.

Projected Population by Age Bracket, Schenectady County

Age	2000	2005	2010	2015	2020	2025	2030
55 to 64	13,090	15,956	17,727	18,432	17,696	15,426	13,412
65 to 74	11,376	9,913	10,828	13,019	14,325	14,783	14,037
75 to 84	9,484	9,011	7,868	7,129	7,945	9,403	10,226
85+	3,538	3,841	3,972	3,873	3,598	3,490	3,833
Total 55+	37,488	38,721	40,395	42,453	43,564	43,102	41,508
Total County Pop.	146,555	143,392	140,145	137,023	133,795	130,100	125,755
% Total Pop. 55+	26%	27%	29%	31%	33%	33%	33%

Source: Cornell University NYS Statistical Information System

Change in Projected Population by Age Bracket, Schenectady County

Age	2000	2010	% Change 2000-2010	2010	2020	% Change 2010-2020	2020	2030	% Change 2020-2030	% Change 2000-2030
55 to 64	13,090	17,727	35%	17,727	17,696	0%	17,696	13,412	-24%	3%
65 to 74	11,376	10,828	-5%	10,828	14,325	32%	14,325	14,037	-2%	23%
75 to 84	9,484	7,868	-17%	7,868	7,945	1%	7,945	10,226	29%	8%
85+	3,538	3,972	12%	3,972	3,598	-9%	3,598	3,833	7%	8%
Total 55+	37,488	40,395	8%	40,395	43,564	8%	43,564	41,508	-5%	11%
Total County Pop.	146,555	140,145	-4%	140,145	133,795	-5%	133,795	125,755	-6%	-14%

Source: Cornell University NYS Statistical Information System

