

Watertown Daily Times

Keeping elderly in their homes a healthy goal

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PUBLISHED: SUNDAY, SEPTEMBER 3, 2017 AT 5:15 AM

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Wayne Dennicort heads to his seat with a tray of food during St. Lawrence County Office for the Aging's Nutrition Program lunch at Potsdam Midtown Apartments.

By 2030, the number of people aged 65 and older is expected to double in the United States. That statistic is alarming to Andrea M. Montgomery, director of St. Lawrence County's Office for the Aging.

Mrs. Montgomery is concerned that funding and services won't be available to keep up with the growing number of older adults who will need help with housing, transportation, medical care and a range of other issues.

Over the past decade, she said federal and state funding for aging programs has either decreased or remained stagnant.

"In 13 years our (senior) population is going to double," Mrs. Montgomery said. "The country, the state, the county is nowhere near ready for this influx of all of our baby boomers. We're just not ready for our population to double."

Giving an example, Mrs. Montgomery said there's a severe shortage of personal care aides and home health aides in the county. These workers help seniors remain living in their homes by assisting them with tasks like laundry, meal preparation, shopping and house cleaning as well as hands-on care such as bathing, toiletry and grooming.

Many seniors who need help have mobility issues. Others may be dealing with dementia, Alzheimer's disease or the after-effects of a stroke.

By contrast, Jefferson County officials have seen an increase in the number of available home health aides over the past few years, according to Sheila M. Kehoe, coordinator of NY Connects Program for the Jefferson County Office for the Aging.

"At times there are shortages, but we don't have as much of a challenge as we used to," Ms. Kehoe said. "People like to stay in their own homes as long as possible. We support that, as long as it's a safe environment."

Jefferson County contracts with two companies, CareGivers Home Care and Seniors Helping Seniors, Northern New York In-Home Care Services, to link seniors with home health care services.

BETTER HEALTH AT HOME

In May, the United Hospital Fund and the Alliance for Home Health Quality and Innovation found that patients who refused home care services, like those offered by Hospice, once discharged from inpatient care have higher rates of hospital readmission and a lower quality of life.

The report, "'I Can Take Care of Myself!': Patients' Refusals of Home Health Care Services," includes a limited study of 495 patients in New York City and Philadelphia eligible for home care. According to researcher Kathryn Bowles of the Visiting Nurse Service of New York and the University of Pennsylvania, 28 percent of those patients refused services.

Patients who refused home care were twice as likely to be readmitted to the hospital within 30 to 60 days — an indicator of not just lower quality of life, but of higher healthcare costs overall.

According to the study, there are many reasons patients may wait to enter Hospice or refuse home care. The most common reasons cited by the patients themselves are they are managing fine at the moment or see it as an invasion of privacy; they don't think they need help, or have had bad

experiences in the past; they don't know enough about the services or the costs; and fear of the unknown.

Other barriers to end-of-life care the report found include misunderstandings on the part of family members, stories of abuse or neglect in the media, and undiagnosed or misattributed dementia or cognitive impairment.

Hospitals themselves may also lack information on "post-discharge services" or options for patients leaving inpatient care.

"We see this over and over again. The person the patient trusts to give information in real time is the physician. But someone else may play that role," President of the Medicare Rights Center Joe Baker said in the report. "Increasingly, it's someone with the ability and title and the training to do it."

AGING IN PLACE

For financial and other reasons, statistics show that a growing number of senior citizens across the country are opting to "age in place," meaning stay in their own homes rather than move into an assisted living facility or nursing home.

According to a survey of seniors aged 60 and older conducted in 2012 by the American Association of Retired Persons, 90 percent planned to continue living in their current home for the next five to 10 years. However, nearly a fourth said they couldn't afford to move or they didn't believe they could sell their home.

The survey also showed that nearly 20 percent of seniors 70 and older said they either can't live independently without assistance from caregivers or community resources or they find it difficult to do so.

With nursing home care costing between \$8,000 and \$10,000 a month, even spending \$1,000 a week for a home health aide would be half the cost of living in a nursing home, Mrs. Montgomery said.

"Having an aide come into the home is much more cost effective than nursing home care," she said. Her office contracts with three agencies to connect seniors with home care: United Helpers Home Health Services, CareGivers, and Health Services of Northern New York.

Lewis County Office for the Aging Director Brenda J. Bourgeois said her office contracts with US Care Systems Inc. to provide personal care, housekeeping and respite care services to county residents.

About 70 residents receive the services annually and the demand has grown in recent years, she said.

"About a year ago we started to experience a shortage of aides," Ms. Bourgeois said. "We do have a waiting list for in-home services. Right now we have eight waiting for personal care, 15 for housekeeping and four for respite."

Todd R. Amo, executive vice president for operations at United Helpers Inc., Ogdensburg, said the concept of aging in place is positive, but there's not enough people in the workforce to meet the growing demand of seniors looking for in-home assistance.

"In a city, you have more congregate housing for seniors where you can send a few employees up and down the elevator to serve 200 or 300 people," Mr. Amo said. "Here, we sometimes have 30 minutes or more between clients."

One of his greatest challenges is finding enough certified home health aides. Waiting lists are not uncommon, especially for seniors living outside the county's major population areas. Right now, his agency has roughly 10 people on a waiting list for services.

Personal care aides who handle things like housekeeping, cleaning and shopping are also in short supply. Certified home health aides can provide those tasks as well as hands-on care that can include taking a person's vital signs, weighing them and help with bathing, toiletry, grooming and similar tasks.

While the shortage is faced in both urban and rural areas, Mr. Amo said it's more problematic in sparsely-populated rural areas where clients may live miles apart and the available workforce is smaller.

HARD WORK, LOW PAY

Working as a home health aide can be difficult, while starting pay in the north country is roughly \$12 per hour. United Helpers Home Health Services has about 45 home health aides on staff and seeks to add more.

"Turnover is high and the pay is not where it should be," Mr. Amo said. "When people in the fast food industry make more an hour than caregivers, it seems backwards to me."

Although caring for an elderly person can be physically and emotionally challenging, Mr. Amo said employees often find it very rewarding and satisfying.

"You're taking care of a person. You're not making widgets in a factory," he said.

Stagnant reimbursement rates from the state for Medicaid clients keep agencies from being able to significantly increase employee wages, he said.

Clients who are not on Medicaid can pay for services out of pocket. Medicare — the medical insurance plan for people 65 and older — may cover some home health aide costs, but coverage varies depending which Medicare plan a person has and their medical diagnosis.

United Helpers provides a three-week training course for people interested in becoming a certified home health care aide. Two weeks of classroom training are followed by a week of shadowing a home health aide. There is no charge to take the course and those who successfully complete it are provided a \$250 stipend.

“We’re trying to entice people to enter the health care field at the entry level and then set up a successive plan for their career,” he said. “Many of our nurses started out as home health aides or certified nursing assistants. We don’t have enough professionals in the health care field as a whole.”