

**Master Plan for Aging Town Hall**

September 7, 2023

Lincoln Memorial United Methodist Church

**Language:** English

**Audio Length:** 01:49:56

Timecode	TRANSCRIPT (English)
George Nicholas (00:00)	<p>Our team will give you direction around if you have to use the bathroom. There's some little challenges because we have a daycare center that's on the other side here, and so, we'll work some things out. We're a full-service church here.</p>
	<p>I, first, want to commend you guys. You guys are much better than the people who attend church here. And let me tell you why. Because you guys are all sitting up front. You can tell this is a non-church crowd, right? Because usually, Sunday morning, right, usually, the folks will all be way back there, there would be nobody... am I right about that? We got some church folks here, so we're just so grateful that you're here.</p>
	<p>I have the privilege of being on the committee for the Master Plan for Aging. And I got to tell you, there's some great people all across the state that are engaging in some really important conversations about how we can better care for all the seniors in this state.</p>
	<p>And your input into this conversation today is so, so important. Right? It's so, so important. As we have our presentations, and then, when there's these moments that you can give your input, please, just say what's on your heart, say what's in your mind. Because there's no way that we can change the system, and the system does need to be changed, and there's no doubt, no doubt, and I can say this, not only am I a member of this task force, but in real time, I'm living out a lot of these issues, because my mother, right now, has dementia and she's currently in the hospital for some other health issues and whatever.</p>
	<p>So, we've been navigating the services for dementia, rehabilitation, hospitalization, right? Then, possibly, nursing facilities or bringing her back home or doing the Medicare or the insurance, or getting rid of the Medicare and insurance to get the... You know what I'm talking about, right?</p>
	<p>And I know a couple of people, and it's just amazing to me how difficult this is, right? And how good meaning people who interface with us under things have no connections to other people who are interfacing with us, right? And unknowingly, will tell us to go left, and then, the next person we talk to tell you to go right because they don't know you had the conversation with the other person that told you to go left, right? This makes sense to some folks, right?</p>
	<p>So, we have to do our best here to make sure those who took care of all of us, who changed our diapers, who fed us, who housed us, who helped us get through college, all these folks in our lives who sacrificed so much for</p>

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	<p>us, so much, things that we don't even know. One of the things about my mom having dementia is that she's telling me stories that I didn't even know these things ever happened, right? But now, she's just kind of... Sometimes, people go back and they think, and I say, wow. Right?</p> <p>And so the level of sacrifice and giving, so many people have given to us over the years. I think we all have a moral obligation to make sure that when they're in the august of their years, that they're safe, they're comfortable and well cared for. And I know that that's what all of us want to do.</p> <p>And so, we'll have some really good conversation today and we don't want this to be a monologue. It's very important that it's a dialogue. So, again, welcome, and as soon as we work out a couple other things that we're working out... Are we close to working those things out? Well, we're working them out.</p> <p>I don't have my choir here or my musicians, so we would do some filler here, but... So, just... Yeah, just get to know... No, no, no, no, no, no. One thing, you got to learn how to stay in your lane, right? And so, you got to understand your gifts. And I have some gifts, a couple, maybe one or two, but one of those gifts is not the gift of singing. So, I will spare you that torture today.</p> <p>So, again, welcome. We're so glad that you're here. You still have an opportunity maybe to text some folks to tell them to come on down, to come or it'll be broadcast, because we really, really want to hear from you today. So, thank you and welcome.</p> <p>So, there is a survey that we're asking for people to fill out for the Master Plan for Aging. Excuse me. It's on an iPad that's in the back of the room, or here to the welcome center. While we wait for a couple of things, if you want to go ahead and try to get that survey done, it doesn't take but a few minutes because we want to maximize our time. But we can do that now.</p> <p>I'm not saying... We're going to start in a few minutes, right? Okay. All right. Thanks.</p>
Speaker 1 (06:29):	Testing one, two. Testing one, two. We're good.
Speaker 2 (07:59):	Okay. Good morning. I just wanted to give a notation for those that haven't been in the building before. The restrooms, we need to make sure we cover the logistics, but the restrooms, you're going out that aisleway and you're going to go through those double doors, and you'll see a sign that will lead you to the restroom just a little bit down the hall on that side, just so you're not scrambling trying to figure it out. Thank you.
Adam Herbst (11:42):	<p>I'm just waiting for a thumbs up. Can I get started? I'm just going to use that being ignored as the go ahead to get started.</p> <p>Good morning, ladies and gentlemen. Distinguished guests, participants joining us in person and online, a warm welcome to this Town Hall for the New York State Master Plan for Aging. My name is Adam Herbst, I'm the chair of the Master Plan for Aging.</p> <p>In addition to my work on the Master Plan, I'm also serving at the Department of Health as Deputy Commissioner. And I'm deeply, deeply</p>

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	<p>grateful for your presence here today as we embark on this crucial journey of drafting the core recommendations that will shape the Master Plan for Aging.</p>
	<p>I want to first express my gratitude to the Lincoln Memorial United Methodist Church for all their support in letting us use their space today in this meeting. I also want to extend my deep appreciation to you, Pastor George Nicholas for the community's leadership. A critical partner in the Master Plan for Aging since our creation, and you've been such a strong voice in helping us develop this. Thank you so much.</p>
	<p>I want to thank Joyce Markiewicz, the new CEO for Catholic Health in Buffalo for joining us, and she'll be sharing some thoughts with us this morning. Thank you for joining us.</p>
	<p>And finally, Doris Green from the New York State Caregiving Respite Coalition managed by Lifespan coming from Rochester joining us, who will also be giving a few opening remarks. Thank you so much for joining us, Doris.</p>
	<p>Unfortunately, the vice chair of the Master Plan, Greg Olsen from the New York State Office of Aging has had some back issues, so he will not be joining us this morning. But he sends his remarks through us and his appreciation for all of you joining us today.</p>
	<p>Before we get started, I want to first let everyone know that today's town hall and all future town halls are intended to be as accessible as possible. We are looking for an ASL interpreter, and I apologize for those online if there's any challenges with the support and the participation today.</p>
	<p>But I want to make sure that everyone realizes that, as part of the Master Plan for Aging, we're trying to make every reasonable accommodation request possible, either visiting our registration here in the church, or if you're online, if you can raise your hand or send an email to the staff, we will discuss your needs, and we will strive to accommodate you.</p>
	<p>At the end of today's session, if you have any recommendations for improving accessibility, please speak with our staff or send an email in to <a href="mailto:mpatownhall@health.ny.gov">mpatownhall@health.ny.gov</a>. And that email address will be posted at the end of our presentation today.</p>
	<p>So, we're here today to talk about our first Master Plan for Aging in New York State. New York State's Master Plan process reflects all the things that are great about New Yorkers. It's ambitious, it's effective, and it's unique. But most importantly, the Master Plan for Aging is designed to honor the older adults of New York State.</p>
	<p>As older New Yorkers deserve to be recognized for the tremendous role in our state, we need to ensure that the services and supports that we provide to older New Yorkers and to New Yorkers with disabilities, address their needs and facilitate their continuing ability to thrive well past the age of 60. And we need to make sure that everyone knows that New York is a great place to age, so that people here will continue to provide and live in the state for all the benefits that we have to offer.</p>
	<p>The Master Plan is designed to build on decades of work that the state has done to live up to our responsibility to older adults. In 2017, that work was</p>

	<p>recognized when AARP named us in New York as the first age-friendly state in the country. But we have not rested in six years since then. Our ongoing work has led to the creation of the Office of Aging and Long-Term Care last year, centralizing many of the Department of Health’s resources for older adults in one location.</p>
	<p>And now, with the Master Plan, we’re bringing that work beyond the Department of Health, to recognize that older adults need a holistic approach to all the factors that influence quality of life past the age of 60. In collaboration with the State Office for Aging, we’re bringing together agencies from across New York State government, to take all the work that the state is doing for older adults and people with disabilities, and uniting that into one coordinated system.</p>
	<p>Today, you’re going to hear about the prevention agenda as a core part of our public health agenda for the Master Plan. But I want to make it clear, that we’re not trying to prevent aging. We’re not trying to prevent aging. I want to repeat that. We’re all aware that ageism and isolation are problems that persist in undermining all of our society, but aging is natural, and it brings with it so many things that we want to celebrate.</p>
	<p>What we need to do to ensure that the resources we have and the supports that we want to develop together work as a coordinated whole, so that we can support people living the way they want to live in the communities they want to live, in the lifestyles they want to live with dignity and independence.</p>
	<p>So, let me pause there. I’m going to invite... I think the pastor already made some opening remarks, so I’m going to allow either the pastor to say any closing remarks at the end. But I want to invite Joyce to come up from Catholic Health Buffalo, to give some opening remarks. Thank you.</p>
<p>Joyce Markiewicz (18:16):</p>	<p>So good morning, everyone. As Adam mentioned, I’m Joyce Markiewicz. I’m the new President of Catholic Health. And I just want to share a few opening remarks with you. So obviously, as I share this information, a lot of it will have a slant towards healthcare, because that’s really what I’ve done most of my career. But this is an area that I have tremendous passion for.</p>
	<p>And when I started thinking about what I would talk about, I’m a bit of a storyteller. So I’m going to give you a little bit of information that is data and information that I think we all need to know, but I also want to tell you a little bit of a story.</p>
	<p>So when I started my career, I was a bedside nurse, and I’ve always had a real passion for the elderly and for marginalized individuals. I used to work at the old Columbus Hospital on Niagara Street. I don’t know if any of you remember that place. It doesn’t even exist anymore. But many of the patients that we took care of, they essentially lived there, because month after month, they were in that hospital because they were without a home, a family, or they were unable to access a bed in a long-term care facility.</p>
	<p>So then this morning, I reached out to one of our discharge planners and I asked the question, “On any given day at Catholic Health, can you tell me</p>

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	<p>how many alternative level of care patients we have?" And that's really just a fancy name for people experiencing the same type of circumstances that these people did. And on any given day, we have five to 10 of those patients in our hospital that are essentially living there because there's no place for them to go.</p>
	<p>So when I was doing this care, it was almost 40 years ago, and that makes me sad that we're still struggling with the same type of issues. In November of last year, obviously why we're here today, Governor signed the executive order, Governor Hochul, calling for the creation of a statewide Master Plan for Aging, with the goals of having all older New Yorkers have fulfilling lives in good health with freedom, dignity and independence, and aging in place.</p>
	<p>The timing of this order coincides really, though, with one of the most significant demographic trends in the history of the United States and is the unprecedented growth of the population of the age 65 and older. Baby boomers, those born between 1946 and '64, accounted for 35 million of the US population at age 65 back in 2000. But in the past seven years, we've seen these numbers just grow tremendously. And by 2030, that number will nearly double to 69.7 million. And by 2050, it's going to reach 81 million.</p>
	<p>And what compounds this issue even more is that when you take a look at working adults, and these are people normally that are under the age of 65, when you look at the ratio of how many people under the age of 65 in comparison to those of us that will be over 65, and I'm right on the tail of that, the reality is that back in 2000, that ratio was five to one. But when we hit those numbers in 2030, the number of caregivers drops to 2.8, which is very significant.</p>
	<p>So this is not just about a growth in the aging population, but it's also compounded by a lack of caregivers. So it becomes a very daunting issue for us to solve for.</p>
	<p>So most of my professional career has been spent in home and community-based care, including long-term care and PACE programs. And as part of a health system, I've had the opportunity to work with physician groups, governmental agencies, and many different community partners to improve the health and wellbeing of our community, all with good intentions, but often hitting barriers of a restrictive regulatory environment or a lack of funding that allows us to sustain some of the incredible programs that are out there.</p>
	<p>So one of the most important and innovative opportunities in my career came from an experience, a personal experience that I had 10 years ago with the Franciscan Sisters of St. Joseph who live in Hamburg. I received a call from one of the sisters who asked if I would visit the convent on South Park Avenue. And when I arrived, I was shocked to see a beautiful modern building that was built in a household model with large private rooms off of a central living room and a kitchen. There were private sitting areas and washers and dryers on each of the units, and the sisters were able to prepare their own meals in their kitchen or they could attend group dining.</p>

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	<p>There was a library, a small gym, and even a swimming pool that had a lift. I learned that the average age of the sisters was 78 and a large number of the sisters were well into their 80s.</p>
	<p>On one of the wings of the facility, it was designated for sisters that were in need of extra assistance. The unit was managed by a registered nurse, and there was additional personnel that was hired by the religious order. I even learned that when the sisters were at the end of life, they were enrolled in hospice care, and they passed with their fellow sisters standing vigil beside them. Their wake and funeral service took place in the building's chapel. This really made me pause because this was something very beautiful to me. This was the purest example of aging in place that I had ever seen in my entire career.</p>
	<p>When I asked the sisters why they wanted me to visit, it was to ask how they could open their doors and share this experience with the community. You see, for many years, the sisters had lived across the street in a very large building. But as the congregation grew smaller, they decided to sell their facility and build a campus that would be designed as a future site for community members to live.</p>
	<p>And so representing Catholic Health, I went on a journey to create an adult care facility. And the vision was to continue to allow the sisters to live in a non-regulated environment while opening the doors to community seniors who wish to downsize and maintain their independence in a safe environment.</p>
	<p>We knew that for some, this would mean a short stay as aging began to take a toll. So we also wanted to be able to offer enriched housing for those in need of assistance with activities of daily living. But we were also very concerned for residents that were no longer able to pay the room and board fees. The sisters were adamant that we find a way to subsidize those payments so no one would be forced to leave for monetary reasons.</p>
	<p>So our thought was to add Medicaid [00:24:05 ALP] beds. We believed we had the perfect model. We would modify the building to the most stringent requirements, we'd meet the staffing guidelines, and we would be able to create an environment for true aging in place, replicating what the sisters were living.</p>
	<p>Unfortunately, as we started down this path, we learned that there were three different sets of rule books that pertain to what we wanted to do and that we were not able to turn the building into one type of a facility. And by the time we got to the end of all of this, what we learned was that only certain rooms could be designated. So we never were able to really truly live out the vision that we had for this building.</p>
	<p>Now, the building is filled. We have a waiting list. It's a beautiful place to live. The sisters live among the community members in this building, which is something I don't think I'd ever see in my lifetime. So we got partway there. But I want you to just think about how wonderful it would've been if we would've been able to do this the way that we really envisioned it, because it truly would've been a pure example of aging in place.</p>

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	<p>So I have no doubt, as we look across our state, we will find many examples of innovative approaches of addressing the needs of our aging adults that go beyond healthcare into prevention, transportation, caregiver support, safety and security, and also the prevention of social isolation. The Master Plan on Aging is our opportunity to do our very best thinking, share what is already working, identify the barriers, and develop a path forward for supporting older New Yorkers.</p>
	<p>Your presence here today is important, as it speaks to the commitment that is needed to move upstream to find solutions to the challenges that our community is facing. So thank you all for being here and for providing me this opportunity to give opening remarks. Thank you.</p>
<p>Adam Herbst (27:13):</p>	<p>Thank you, Joyce. May I please ask Doris Green to join us for a few opening remarks as well? Thank you, Doris.</p>
<p>Doris Green (27:22):</p>	<p>Oh, this is high. Good morning, everyone. My name is Doris Green. I'm the Director of the New York State Caregiving and Respite Coalition. I reside in Rochester, New York. The coalition is managed by Lifespan of Greater Rochester in partnership with the New York State Office for the Aging. So thank you, Adam, for inviting me to speak. It's really an honor to be here, and I'm so thrilled to see all of you.</p>
	<p>The coalition really works to build a sustainable system of respite care across the state. Respite is simply a break for caregivers. How many of you in this room are caregivers or have been caregivers? Oh, I bet it's more than that.</p>
	<p>So, I just... Whoa. So an informal caregiver, I serve on the Informal Caregiver Committee, is a family member or friend who provides care for someone with a disabling condition. It doesn't have to be an older adult. It could be a child. It could be somebody in middle age. It doesn't matter. The key is that they provide this care without any compensation. They do it because they love the people that they're caring for.</p>
	<p>And this is why the Master Plan is important. There is approximately 4.1 million caregivers who provide 2.68 billion hours of unpaid care to support and assist family members with significant needs in New York State. If paid at market rate, the cost of care would be 32 billion dollars annually. Family caregivers deliver approximately 80% of all the long-term supports and services in the state while balancing care, work, and other family responsibilities. Additionally, approximately 427,000 children, 10%, one in 10 children, are living in grandparent or other relative homes.</p>
	<p>The current program model of the New York State Elder Law is limited to caregivers of older adults, leaving many caregivers without services or supports, which is why it's important to note that the governor's executive order states that the Master Plan will address all New Yorkers as they age. The needs of caregivers will continue to grow in the coming decades. Factors such as an aging baby boom generation, an increase in those with chronic conditions, and the demand for home and community-based living all foreshadow an expected rise in the caregiver population. Our long-term care support and services system would collapse if not for the work and the love and the care provided by our informal caregivers.</p>

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	<p>The Master Plan is addressing the growing contributions of informal caregivers, especially those outside of the Medicaid system who have little financial support, social support, training opportunities, and respite options. Respite is the number one requested service of informal caregivers, and yet the options and support for it are few and far between. If caregivers are unable to get a break, just some relief from the pressure of providing care, their own health suffers, relationships suffer, and the caregivers become isolated. Caregivers are everywhere. They're across the age and disability spectrum. We need to see them. We need to lift them up.</p>
	<p>I've been a caregiver for most of my adult life, first with my daughter, who, at the age of seven, began having hallucinations. By the time she was 16, she had nine mental health diagnoses. And she was in and out of the hospital. I was a single mother caring for two daughters. I was lost, I was isolated, and I didn't recognize that I was a caregiver, which is what is so common among the caregiver population.</p>
	<p>My mother, during those really difficult years, was my rock. But then dementia came and frailty came, and I found myself juggling care for my daughter, who still needs support, and my mother, who ultimately needed full-time care. My husband and I went and bought a house where we could bring her to be with us to age in place with dignity and respect, where she died with me at her side.</p>
	<p>Then my daughter got consumed by a heroin addiction, a horrible experience for her and for me and mostly for her daughter, who landed in my care at the age of six years old, traumatized, lost, and bereft. And for two years, I nurtured that little girl and I worked hard within the mental health system to support and care for my daughter so that she could beat the addiction, which she did. And my granddaughter has been back with her mother for the last year, for a year.</p>
	<p>And then ultimately and currently, I provide care and support for my husband who spent 23 days in the hospital, 11 of which were on a ventilator. This was just in the last few months due to a bizarre sepsis infection that nearly took his life. And often, caregiving happens in an instant, leaving the caregiver, bewildered, blindsided, and lost.</p>
<p>Joyce Markiewicz (33:32):</p>	<p>Through all those experiences, I received support and services from mental health, aging, kinship, and the medical systems. And I can tell you this, there are unbelievable services in this state. There are passionate and knowledgeable and caring people delivering those services.</p> <p>And yes, the systems are not perfect and people do fall through the cracks. We need to dwell when we are doing this process not on the faults, but rather build on the strengths that already exist. We need to strengthen the coordination of services between these systems to better serve all New Yorkers. I am confident that the hard work of all the people across the state that are involved in the work of the Master Plan will ensure better outcomes for caregivers of the future and all New Yorkers.</p>



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	I thank you for being here and taking the time to share your thoughts through this forum, because your voice matters and we're glad that you are here. So thank you so much.
Adam Herbst (34:50):	<p>Thank you, Doris, for those powerful and very important remarks. Most importantly, we're also going to give an opportunity for all of you here in the room and those online an opportunity to voice your hopes and comments for the Master Plan. So after we give these opening remarks, we're going to open it up for everyone to make one- to two-minute statements, which we will at the state team take note of and provide to the participants in the Master Plan drafting process for review. So your comments are critical for us in the development of the state's Master Plan.</p> <p>And for those of you online, you can also go to the email address, which we'll provide at the end of the lecture. But also, I'll continue to offer it now. It's <a href="mailto:MPATownHall@health.ny.gov">MPATownHall@health.ny.gov</a>. That's <a href="mailto:MPATownHall@health.ny.gov">MPATownHall@health.ny.gov</a>. And you can email those comments that you have online if you're not in the room with us today, and we'll be sure to make sure those comments are seen by the state team.</p> <p>So once again, as we get started, I want to provide some opening thoughts and my gratitude for your presence here today and your dedication in shaping a better future for aging individuals in New York State. So if we could start with the first slide, please.</p> <p>The first slide, once it comes up, is an essential place to start in order to grasp the conception and the intended essence of the Master Plan for Aging. So on November 4th, 2022, Governor Hochul took a significant step in New York State by signing Executive Order Number 23, which established a comprehensive process for drafting the New York State Master Plan for Aging. This executive order assigned the individuals entrusted with the responsibility of developing the Master Plan that would facilitate this ongoing endeavor.</p> <p>In addition, the executive order laid out the specific milestones along the path to ensure that both the governor and the public are well-informed about the progress that we're going through in the development of the Master Plan.</p> <p>So as the executive order highlighted, and as we've seen through the implementation, the successful implementation of our process so far in other states like California and Massachusetts, New York State's Master Plan is not a singular policy. Instead, it encompasses a series of interrelated ideas and policies that will be enacted by the state and local levels through legislation, through regulation, and public and private partnerships. And these proposals are designed with two-year, five-year, and 10-year horizons to develop the different goals that we're right now thinking about as part of our process.</p> <p>And the fundamental concept behind our plan is to evaluate how to effectively coordinate aging support services across all sectors. And this really will allow us to have a genuine whole of government effort that embraces all our approaches across different sectors and settings.</p>

	<p>So if we can go to the next slide. I want to ask the question, and many of you probably have an answer for me. Why now? Why does New York State need a Master Plan for Aging? Some of us have already discussed some of the facts, but New York already houses the fourth-largest population of people over the age of 65, and that number is going to grow significantly over the next 10 years. We are also having an influx of older New Yorkers come into our state, which continues to reshape the demographic landscape here in our state of New York. And as our state ages, we're encountering shared challenges that transcend all of the generations. More people are choosing to remain in the workforce as they get older.</p>
	<p>Many of our neighbors, unfortunately isolated, and significantly economic security alludes way too many of us. Each of these trends presents unique opportunities and demands a significant response. So the motivation behind the creation of a Master Plan for Aging now becomes clear. Our New York State Master Plan serves as the construction of a comprehensive framework that's capable of addressing both our current and our future demographic realities along with the associated needs that they entail. It will identify the different strategies and partnerships across the state government, the local government, and the private sphere to help promote healthy and equitable aging for every New Yorker.</p>
	<p>Next slide, please. As I mentioned, AARP named New York as the first state to be age-friendly, and we received that designation because we have done so much work to get to an extensive part of our aging domains, and we are now looking to build upon that aging infrastructure we have in New York. We have an ambitious agenda and it encompasses many ideas that are beyond just healthcare. They go to transportation and housing and protections against ageism and isolation and abuse and fraud, and the rising demand for healthcare services and Medicaid services and Medicare service funding. Obviously, workforce challenges for paid and informal caregivers and that enabling meaningful choice for community-based living. All of these ideas are we're being intentional about how we're considering, how our systems in New York are capable to make impactful ideas that support these different systems to make this Master Plan successful. And we are very intentional of how we're acknowledging these ideas and how we're trying to conceptualize our plan for the next 10 years. Next slide, please.</p>
	<p>So it's essential that the comprehensive response to all those different ideas from both the government and from the private sphere are morally imperative to supporting older adults. As we look at this project, we know that this is a set of diverse ideas and issues that needs to be coordinated to make long-lasting improvements at the system to interact with older adults. And that is why we are so focused on public health and ideas that relate to all of us in different spheres of our life. Next slide, please.</p>
	<p>Over the course of long-lasting change, we're laying a foundation of systematic principles that will enable all the reforms that this plan will be putting into place. That must include integrated and age-friendly community health systems, a public-private relationship that we are interconnected, and a person-centered planning. We talk about fair pay,</p>

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	<p>we talk about better information about available services, an effort to expand on the services that already exist, these health systems, these different settings of public and private relationships makes it person-centered. And I want to talk about this idea of the prevention agenda, which is something that we are very proud about in New York State. It's the core of how we're thinking about the development of the Master Plan.</p>
	<p>Anecdotally, housing affects so many aging people's lives in different ways. Community involvement affects us in so many different ways. Housing, community involvement. These are ideas that the prevention agenda is considering because this is truly a master plan which aims to address the whole experience of aging. We've looked at public health and the prevention concepts that help us think about how these can relate to each other and prevent and manage chronic disease or delay or reduce the need for costly acute care. That's something that we're considering as part of this process. And conveniently, the prevention agenda also guides us in the types of supports that people most want, those supports that let them age in their homes or their communities for as long as possible to remain independent. The Master Plan for Aging helps ensure that a long-term care system in our state is accessible for all of us, is effective, and is affordable. And that's what we're trying to accomplish here by designing the unique needs and values that we're hearing from across the different settings and communities we're speaking with. So if we can move to the next slide, I'll provide a visual representation of the key players that the Governor's executive order set out and understand how we are really working across different layers of state government and the public sphere as well.</p>
	<p>The executive order of the governor signed designated the Department of Health and the State Office of Aging to develop, coordinating together a Master Plan with two bodies guiding the establishment, a council of agencies that report to the governor. These are all the various agencies that make up the Stakeholder Advisory Committee. And this State Agency Council consists of 20 commissioners or their delegates from various agencies that work with the governor in various capacities. Their responsibilities include connecting the concepts of the Master Plan to existing programs and structures.</p>
	<p>And then we have a Stakeholder Advisory Committee, which is made up of experts and professionals, Doris being one, the pastor being another. The experts in aging and disability, and really local leaders that can bring ideas and prioritize the different initiatives, working with the state partners to assess our efforts and coordinate our initiatives. And what we've done is we've created work groups and subcommittees so we can hear out all the different ideas. And I'll go through the different subcommittees in a moment that make up the ideas that we are focusing on as our pillars and the responsibilities that each of us try to put in prioritizing our work. It's the best way of organizing our work and aligning the outcomes that we want to put into our proposals. Next slide, please.</p>
	<p>Throughout our journey, we've dedicated an immense amount of time and effort to build and scale this huge undertaking. Recognizing the scope of the Master Plan, we've organized it into eight distinct subcommittees, and</p>

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	<p>this is deliberate to allow us to address comprehensively every aspect that should be considered as part of our plan to be inclusive and effective. And these subcommittees cover a range of critical areas: long-term services and supports, home and community-based services, informal caregivers, formal caregivers, health and wellness, housing, community development, transportation, safety, security, technology, and economic security. So I'm thrilled in the next slide to share that the subcommittees and their corresponding work groups are fully engaged and are actively working to identify the priorities and the recommendations within their focus areas.</p>
	<p>During this process, the ideas have coalesced around 10 core pillars that have become our way of organizing the proposals of the Master Plan. And those pillars are housing access and community planning, informal caregiver and workforce supports, affordability of basic necessities for older adults and those living with disabilities, access to services in and engagement with historically marginalized communities throughout our state, the modernization of the financial sustainability of our healthcare system and our residential facilities and community-based aging network service providers, social engagement with older adults, and promoting health and access services in rural communities, combating elder abuse, ageism, and isolation, technology access related to that and the prevention and wellness promotion and access.</p>
	<p>So by actively considering these themes throughout our work, we're aiming to create a Master Plan that embodies the principles of inclusivity, of compassion in our progress. And I believe that our collective efforts will pave the way for a future we're aging individuals and their communities will thrive, supported by a comprehensive and responsive New York State system that respects and addresses our diversity for aging in the State. Next slide, please.</p>
	<p>So we've recently completed an important milestone in our journey. As we close out the summer, we are proud to announce that the governor has accepted a preliminary report on the Master Plan's development. This report serves as a testament to our progress thus far, showing the diligent efforts of the subcommittees and the workgroups. And within the pages of this preliminary report, we provide an overview of the discussions that I'm providing to you today and setting the stage and the agenda for the groups that we'll pursue in the forthcoming year. And we're providing preliminary recommendations to the governor that are currently under consideration that we'll put towards a final report in January 2025. And that will allow us, obviously an ambitious timeline to commit to the objectives that we're working on with these committees that I mentioned before and hopefully with all of you as partners. The importance of these town halls again is to hear from you so you can be a partner in the development of the Master Plan for Aging.</p>
	<p>And we look forward to engaging with you and rolling out a public-facing dashboard where if you can go online, or if you can email and communicate with us in person like we are today, you can offer your ideas, suggestions, and questions that can help us develop the Master Plan for Aging's proposals that we will give to the governor next year. And then</p>

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	<p>ultimately it will take legislative regulation and private sector partnership to help us follow through on the recommendations that we'll give over to the governor. Next slide, please.</p> <p>So we're going to invite now people who registered ahead to provide statements, and then we'll be calling, if you'd like to raise your hand, please give your name and let us know where you're from if you'd like. And we can bring the microphone over to you and you can provide any comments, or questions, or thoughts that you have. The only thing is I ask if you can limit your time to two minutes or less so this way we can have an opportunity to hear from everybody. And for those online, again, you could submit your questions to that email address that I provided before. It was MPATownHall@health.ny.gov. That's M-P-A-T-O-W-N-H-A-L-L, MPA TownHall@health.ny.gov. And we'll again, put that email address up on the final slide for everyone to see and join us to submit a comment or a question. So again, I'd like to open it up now. If you have any comments or questions, just raise your hand and we'll bring the microphone over to you.</p>
Speaker 3 (51:31):	Hey, I have a list of people who had pre-registered, so I'll go through that list first, and then if you didn't already register, you could certainly raise your hand and I'll bring the microphone over to you. So the first person on my list is Collette Graham from Transitional Services.
Collette Graham (51:50):	Hi, I'm from a residential mental health agency and we have two units that specifically serve older adults.
Speaker 3 (51:58):	A little bit more.
Collette Graham (51:59):	<p>Okay. All right. So we have two units that serve older adults, 55 and older who are diagnosed with a mental health diagnosis. And what we run into is once our residents exceed our capabilities that they need additional medical care. We have difficulties referring them someplace else. What ends up happening is that a lot of the nursing homes don't accept or they limit the number of folks with a mental health diagnosis. And in addition to that, our folks are on Medicaid, and so there are Medicaid constraints, so have difficulties finding placements for them after they exceed our abilities.</p> <p>We might be able to serve them in our group homes provided that a couple constraints could be addressed. So the first is we are primarily a rehabilitation agency and we are under the Office of OMH. And so that would need to be changed, so we would not have the same regulations. So the regulations are one of the keys. And then secondarily, we would need medical staff. Right now, all of our staff has a mental health psychology social work background, and we would need to have a nurse on staff, that type of thing. So we would have the capability of keeping our residents and allowing them to age in place if some of those constraints were removed.</p>
Adam Herbst (53:32):	Thank you.
Speaker 3 (53:37):	Thank you. I next have Laura Harris, a community member.

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<p>Laura Harris (53:45):</p>	<p>Good morning everyone. The reason why I'm here is because of my friend here who just spoke about caregiving. I'm so happy you're still standing because I have a friend that left this world because of taking care of her mom. And I have one who lost her mom yesterday, and I thought she was going to lose her mind because of what was happening to her from her mom being so ill. And I'm hoping that she's going to survive after her mom because she's just that sick now from the caregiving. The Master Plan sounds great to me. You touched on all areas that we need to touch upon. I think somewhere that when we go to our physicians, they start sending you here, there, and everywhere. People get confused, they get discouraged. As you heard our pastor say, Pastor George, "The left hand doesn't know what the right hand is doing."</p>
	<p>I've been down that road too with my grandma. The same things were happening, and I was losing faith in the system. And is it by design? What is going on? Why can't we address our seniors? It's not another pill. I go in my aunt's home who's going to be 100 on October 20th, she has all these pills and it's another pill, and she refuse to take them, and she's still living, thank God, because she's not going to take all the medications that the doctors are throwing at her. So what I'd like to leave you thinking is what my thoughts are, the providers. It starts with the healthcare providers, the doctors. They should have the plan in place right away, the Medicaid, the Medicare, the prescriptions, all that should be in place as soon as we start aging because I'm aging, I'm aged. And they said to me, "Oh, it's not fun aging, Laura." But yeah, no, it's no fun aging. But help me through the process. That's what I expect of them. Thank you.</p>
<p>Adam Herbst (56:08):</p>	<p>Thank you.</p>
<p>Speaker 3 (56:11):</p>	<p>Thank you. Thank you. Rebecca Gusmann, from Belmont Housing.</p>
<p>Rebecca Gusmann (56:17):</p>	<p>... Of these. Hi, I am Rebecca Gusmann. I am a social worker for Belmont Housing. I have three buildings, over 350 people, all 62 and over. This is my first stint in my career with seniors over the last couple of years. I did a change. I used to always be in administration, so I started doing ... I fell in love with it. The Master Plan, you have touched, I agree on all areas of need that I can think of. My concern is the process of it. How available are these people going to be for suggestions, comments, concerns? I'm very interested in [inaudible 00:18:53] in our church.</p>
<p>Adam Herbst (57:10):</p>	<p>Can we take this microphone, Jackie?</p>
<p>Rebecca Gusmann (57:12):</p>	<p>[inaudible 00:18:59]. Is it good? Is it good? I got a big mouth.</p>
<p>Adam Herbst (57:15):</p>	<p>We can hear you.</p>
<p>Rebecca Gusmann (57:15):</p>	<p>Right.</p>
<p>Adam Herbst (57:17):</p>	<p>But we'll get another mic over here.</p>

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Rebecca Gusmann (57:18):	Is that ... I got a big mouth.
Adam Herbst (57:19):	We're going to bring you another mic.
Rebecca Gusmann (57:20):	<p>Is that so? My biggest concern right now is the New York State Independent Assessments. It is a mess. Thank you. Oh, yes. The New York State Independent Assessments, the NYIAP Assessments. A lot of my colleagues already know this because we're in a fight right now about that. I see a process that is egregious, inept. And it's just absolutely fallen apart. Now, that doesn't mean that we don't have great assessments, because we do, and people do get services, but the amount of people that are not getting aide services and are getting denied because their first assessment was done through a Zoom, or an online Zoom call, which is outrageous.</p> <p>You cannot possibly evaluate someone like that. Is it me? I mean, you just can't do that. You can't fully see the person. But if you want to do a face-to-face assessment, if you're a senior want to, you have to wait. So it's almost like you're punished, and you are waiting a long time in some cases. Got a guy waiting five weeks now. I've had so many appeals going on right now with the state that I actually petitioned a letter to the governor about this. It can't continue. I've got people going to nursing homes because they can't get aide services in their home because their evaluation, their first one was online, and they were turned down. And these people need help. We're supposed to be preventing them from going to nursing homes. So this is my biggest, this is my thing right now, my biggest issue that I will continue to fight for. Thank you.</p>
Adam Herbst (59:16):	Thank you. And once again, we have people taking notes with all the comments and questions that are being presented. And this will be brought back as part of our Master Plan process development. Thank you.
Speaker 3 (59:31):	Thank you. The next on my list is Erin Brunelle from the Center for Assistive Technology.
Erin Brunelle (59:37):	<p>Hi. I'm here representing the University at Buffalo Center for Assistive Technology, and we actually operate for the Western region, the New York State TRAIID Program, TRAIID. I guess my comment is twofold. One, to spread awareness because we always find people don't know enough about us. And two, hopefully, a comment on how people can know more about us as part of the Master Plan.</p> <p>So TRAIID stands for Technology-Related Assistance for Individuals with Disabilities, and our center operates for Erie, Niagara, Orleans, Genessee, and Wyoming counties. The center provides free assistive technology, demonstration, and loan programs, so we have a huge variety of equipment. We have things like walkers, and wheelchairs, and shower chairs, and Hoyer lifts, and also things for safety. We have things like bed alarms, and wander alarms, and personal pagers, and things for hearing and vision, and feeding, and anything you can possibly think of. We do receive funding each year to purchase new equipment.</p> <p>So we're always interested in what the community is in need of, and if it's something we are able to house in our program, we can consider</p>

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	<p>purchasing it. People with disabilities, caregivers, family members, professionals, agencies, they can all borrow from us for free. I do have some postcards, if it's all right, I can leave up front. We unfortunately have to leave at 12:30, so I want to leave some information behind, but I'm assuming almost everyone in this room would be eligible to use our services.</p>
	<p>My secondary comment in that case is we find that no matter how much public awareness we try to do, not everyone knows about us. So we have a lot of frequent flyers and people who have used us for years, and then we get calls all the time from family members and caregivers who say, "Well, I've been caring for my mother for three years, and how did no one tell me about you guys?"</p>
	<p>So going back to this person in front of me, I forgot your name, I'm sorry, her comment about being able to reach out to physicians and that first step of who is the very first provider. If that first provider can say, "Oh, I know where you can get a shower chair or a walker or a wheelchair for free, here it is," that would be a really amazing way to catch people at the beginning.</p>
	<p>And to finish off, the last thing that I really see across the board, and I'm sure nearly everyone in this room does, is, of course, there's a lot of things addressed within this Master Plan. And I have found through a lot of services that we've seen in our area that we may have funding to purchase things like equipment, but the staffing is the problem. So being able to fund good staff, everyone is always overworked, and we're all doing the best we can, but being able to actually fund the staff to go out and provide the outreach and connect people to resources that tends to be a challenge.</p>
	<p>And I know it can be a challenge within really any community service program, but I think... especially when it comes to aging, trying to connect people to the resources they need in a way that works for them. Our information may be on our website, but when it comes to sitting down and having a discussion with someone, and sharing resources, and trying to get them connected with what they need to do, that can be an extra challenge in this demographic, who may not have things like internet, or technology, or the experience to do so.</p>
	<p>So I'll leave some flyers up front, but feel free to reach out to our center. We have an email address that's <a href="mailto:cat-traid@buffalo.edu">cat-traid@buffalo.edu</a>. And that's probably one of the easiest ways to get a hold of us to go through the loan program with New York State TRAIID.</p>
	<p>And, sorry, one last moment. For anyone that's on the video call who might be outside our counties, every county in New York State is essentially supported by a TRAIID center. So if you're interested, you can search New York State T-R-A-I-D, and you'll make it to the [inaudible 00:05:18] website that shows where all the TRAIID centers who support every county in New York State are located.</p>
<p>Adam Herbst (01:03:39):</p>	<p>Thank you. Thank you.</p>



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Speaker 3 (01:03:41):	Thank you. Next on my list is Sherri Schultz. Oh, excuse me, I'm sorry. Cynthia Eaton, a community member.
Cynthia Eaton (01:03:56):	<p>I am a volunteer with the Long-Term Care Ombudsman program here in Buffalo. A volunteer. I don't get paid to go into the stinking, vermin-infested long-term care facilities. That is elder abuse on a statewide scale. And our only enforcement arm is the New York State Department of Health, who comes in behind us and tells us what we've reported is unfounded. When they do find something that they think is founded. The sanctions against the nursing homes are so small that they can just stop serving the residents coffee and say it's because it makes them too agitated, when in fact, it's that coffee costs too much, so they're saving that money to pay their little bitty sanction they're getting from the state. So I would like to see better sanctions on these nursing homes for having mice, bed bugs. These are supposed to be healthcare facilities. So that's my comment.</p> <p>And then, just for myself, it is that I've worked my entire life, therefore, I don't get Medicaid, therefore, I don't get any transportation to doctors. And this is not just a food desert around here. It's a healthcare desert as well, because all the doctors are in Orchard Park, and Amherst, and Williamsville. And now, after working all my life, I've been turned into a beggar in order to get transportation to get the healthcare that I need. I realize these are all things that are on your Master Plan, but time is ticking, and I'm not getting any younger, and neither are the people in these long-term care facilities.</p>
Adam Herbst (01:05:57):	Thank you.
Speaker 3 (01:06:07):	Thank you. Now, Sherri Schultz from the Western New York Mito Group.
Sherri Schultz (01:06:19):	<p>Hi. I want to thank everyone that's participated to bring us to this point. It's amazing to even have this opportunity to have these discussions because it does hit from childhood all the way through end of life, and there's so many issues and so many layers. So I want to thank everybody who spoke today. My heart goes out to you.</p> <p>I represent the Western New York Mito Group. Mito being shorthand for mitochondrial disease. It's a very complex, poorly understood disease, and we don't have a drug treatment for this yet. It's so considered new. And we rely on dietary supplements to help our cells and our bodies to function better because this is based on energy, and without the energy, our bodies begin to fail. And it is part of normal aging too. It also is part of that. So I have been a support group leader in this area for 13 years, and it ranges across because it starts... We have children diagnosed very early, and you can also be diagnosed well into adulthood, and it's based on energy.</p> <p>We have a lot of needs. So it's understanding needing an advocate who can help navigate somebody through Medicare, Medicaid, what's available, what's not available. As I said, because our treatment currently just rests on dietary supplements, none of that's covered. And it can be six, seven, \$900 a month, and we have to pay for that out of pocket. That's</p>

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	<p>another huge issue. But along with that, what we struggle with is the ability to get mobility aids, and I thank the lady from UB for being here because that is a resource I didn't know about. I've been in this community for a very long time, did not know. And yes, I will.</p>
	<p>So forgive me if I lose my thoughts. I have a bucket list. So, I think in brevity, I'm going to give you my bucket list. And some of it might not seem like it belongs. I don't know. I would like to see... I live here in the city. And I live on a postage stamp-size lot, but I also have great difficulty getting out to shovel snow and finding somebody who will help me with that because I live on such a small lot. They don't want to come and shovel a small lot. So I would love to see the city, especially given the logistics of the city, how it's laid out, and we all live on small pieces of land, that there'd be sliding scales, subsidized snow removal from the door to the sidewalk so that we don't get trapped in our homes in the wintertime. I would like to see therapeutic pools on the north, south, east, and west side of Buffalo like they have in Hamburg. There's only one that I know of. It's in Hamburg. And that breaks isolation. It helps continue with mobility. It reaches across all age groups.</p>
	<p>In-home aides, oh my gosh, yes. I do understand the struggle with that. Not only does it not give relief to caregivers, but even the young adults who are on their own struggle to keep an aide. They're constantly having the turnover problems. I would like to see more grant money for making homes accessible such as ramps, things that Medicare, Medicaid don't pay for. Especially when you're talking to a community that has to basically fund their own treatment because there is no other option at this point. So it's a huge... And I'm sure everyone here who has dealt with health issues understands the huge financial burden. No matter where you're at in the system, it is a huge burden.</p>
	<p>The other thing that I learned, and this is more personal to me, I've been diagnosed with mitochondrial disease since 2007. Around 2015, I started carrying a cancer diagnosis. And because of the mitochondrial disease, no one wanted to touch me. Even our local cancer treatment center said no. I will get to the good part. The good part is I did get a doctor who said, "Let's try." So I am now cancer-free as of March of this year. So that's phenomenal. And I have my life back. It's huge.</p>
	<p>But what I learned in that journey is that there is... It's crazy to me. There is no end-of-life counseling for the person going through it. There is for the family, but there's not anything in the mental health community that addresses this. And it's devastating to be at that point in your life where you have to be putting your affairs in order and starting to say your goodbyes to family, because that was the point that I was at, and I was seeking help. And I finally had mental health professionals saying, "It just doesn't exist." And to me, that's crazy. And I don't know how to fix that. I know that that's a huge problem.</p>
	<p>But lastly, the thing on my list, I do want Zoom calls for everything. When you're disabled and you're sick and you can't get there, and with mitochondrial disease one day you're okay the next day, forget it. And</p>

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	that's really very unpredictable, and I think that's true across a lot of disabilities. Even with Alzheimer's, they have good days and bad days. That's just a feature of chronic illness. So those Zoom calls are really, really important for all services. And thank you.
Adam Herbst (01:12:34):	Thank you.
Speaker 3 (01:12:52):	I next have Susan Fenster from the New York State Long-Term Care Ombudsman program.
Susan Fenster (01:13:01):	Hi, yes, my name is Susan Fenster, and I am the program director for four counties for the New York State Long-Term Care Ombudsman program. We cover four counties, which is Erie, Niagara, Chautauqua, and Cattaraugus. There are 120 nursing homes and assisted living facilities in that footprint that house 14,000 residents. And I'm here to support those individuals who are suffering in these facilities, as Cynthia made note of.
	Right now, the Department of Health, who is the regulatory agency, is required to be in these facilities one week a year to do a survey. And they can, when they have the manpower return to handle individual complaints, but sometimes they just roll them up with the annual survey. So who covers those 51 other weeks? And we were designed back in the '70s as a volunteer corps to provide the oversight that the Department of Health cannot provide.
	We need more oversight in these nursing homes. We need weekly visits to work with these residents. We need... Right now, to be a volunteer, you have to go through a 35-hour certification training with 18 additional in-service hours a year just to be a volunteer. There is very limited staff that manages the volunteers. We are built on a sort of an AmeriCorps Peace Corps concept in the '70s, but we need more than that. We need local ownership, or, in the best-case scenario, the not-for-profits coming back with incentives to work in these facilities as a mission and that not as a dollar line item. So I encourage everyone to think about these 14,000 residents just in these four counties. I know we had somebody from Rochester here today, from Region 13, and they even have more facilities. Our state, of course, which is expansive and includes downstate institutions that can house up to 1200 residents each.
	We have no mental health support in these facilities. There's only one nursing home in our region that has a very small mental health unit, and that is Terrace View out of ECOM. In every other population and every other facility, they're integrated in with the general population. And we need to figure out how to manage that because people are getting hurt, not just the people that are not the mental health resident, but the mental health residents themselves.
	So anyway, I encourage you to contact me should you need me, but I just wanted to be sure that those individuals are recognized as well.
Adam Herbst (01:16:17):	Thank you.
Speaker 3 (01:16:22):	The last person I have registered is Ericka Miller. This meeting. Oh, I'm sorry. Whatever you want. Yeah. Wherever you're comfortable. Do you

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	want to go closer to the table to put your phone down? Would that be easier?
Ericka Miller (01:16:44):	<p>Hi, I am Ericka Miller. I work for the Western New York Independent Living Center out of Niagara Falls. I'm the systems advocate over there, which means that I'm supposed to be an agent for change.</p> <p>I've been listening to all the commentary, and throughout the presentation, and I kept hearing "aging in place, aging in place, aging in place," but there's significant barriers to aging in place today, right now. I'm only 37, and I'm already having to think about these things as I continue to age. One of the bigger barriers in this area that I have seen and experienced myself is housing. There isn't enough housing to go around, let alone anything that would be accessible, wheelchair-accessible, or not. So how on earth do you expect someone to age in place if there isn't enough support to make their own home accessible? The state could help with that.</p> <p>What on earth do you expect people to do if they can't get attendants to come to assist them? This has already been brought up multiple times today. But we really are dealing with an attendant crisis. Most people want to stay in their home, period. The only reasons that they can't is because they no longer can get the care that they need in their own home. But with this attendant crisis happening as it is, it's not helping things. We need to make sure that people who are considered aging right now have the support that they need to be able to have that choice, or for the people who are coming down the line, people have birthdays every day, they're going to need care.</p> <p>I need care right now. I, as a disabled person, I have 42 hours a week. Am I going to expect that I'm going to have consistent care throughout the years over the next 20-year period? Or is it going to be much, much worse? This is what I think about every day and it's really scary not just for myself or people having to have nursing home conversations today. So, if it were up to me, I would make housing and attendant services, my priorities. Thank you.</p>
Speaker 3 (01:19:56):	Those are all who have registered to speak, but I was going to say you could raise your hand and I see we have one individual that I'll bring the mic over to.
Paul Pérez (01:20:07):	Thank you. Good morning, everyone. How you all doing? Good. Good. Good. My name is Paul Pérez. I wear multiple hats. I serve as the site director for Home Headquarters. It's a CDFI. We provide home financing for those that need grants and loans for home repairs throughout New York State. In addition, we also provide primary mortgages. Lastly, we're also a developer. I also have my own development company as a Afro-Latino and we're planning right now we're putting in a proposal to produce 20 homes in the city of Buffalo that will have aging in place as our real primary focus to try to have installed into those properties. So, we're looking at potentially two floors where the master bedroom can be in the downstairs that can allow the parents or the individuals to live there for

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	<p>the life of their property, excuse me, for their lives in the property and also a ranch style house as well to be afforded in the city of Buffalo.</p> <p>So, we're looking at partnering with New York State for the HCR Credit. Home HeadQuarters was the first company awarded for that subsidy and we're looking to try to do that in Buffalo, and Erie County, abroad, and throughout New York State. So, really for me, as a developer working on this project and multiple projects, how can New York State specifically the Master Planning for Aging help provide some type of financial assistance for these new development projects so that we can build in the city of Buffalo to assist all of the residents that live here. Came with solutions today.</p>
Speaker 3 (01:22:03):	Thank you. And I see a few hands here, but I'm going to go over to this individual who had her hand up first.
Carol Speser (01:22:10):	Thank you. Hi, my name is Carol Speser and I'm a long-time community organizer in the LGBTQ community locally. Excuse me, I haven't talked for a few minutes. Yeah. Anyway, so I'm the president and founder of Rainbow Seniors Western New York, which is the only LGBTQ senior organization in Western New York. And I know that the governor signed the executive order in November of '22, but in October of '22 she signed legislation that designated LGBTQ seniors a greatest social needs status. So, I am wondering how that will be integrated into the Master Plan. So, I should say our organization, we are the seniors. I'll be 75 next week. So yeah, thank you. But anyways, we are concerned on how we will be integrated into that and I'd be glad to help. We'd all be glad to help, but I'd be glad to help. So, thank you.
Adam Herbst (01:23:18):	Thank you.
Ann Converso (01:23:35):	Ann Converso, registered nurse, worked at the Buffalo VA for 35 years and have done union work all my life. Just one pinpoint on the attendant or aide or home care crisis, you should put it in the plan that they get paid what they are worth. They are not working in the industry because they can fill bags at Target at night and make more money and just fill a bag, the right oatmeal, a banana and nobody is on their back and they're not lifting or anything. We need to pay these people what they are worth to take care of, not only our elderly, our disabled, or whoever needs them. There is no reason to be in that job title right now. None. There's no incentive except to hurt your back and not be able to work for the rest of your career. So please pinpoint that when we're talking about that crisis. Thank you.
Adam Herbst (01:24:38):	Thank you.
Karen Craig (01:24:46):	Hi, good afternoon. I'm Karen Craig and I work for an organization Western New York HEALTHeLINK. If you're not familiar with HEALTHeLINK, we're a Western New York Information Exchange. So, it exchanges clinical information from provider to provider, but one of the things that we're starting to do at HEALTHeLINK is utilize our health-related data that we have for community health purposes.

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	<p>And so, just as I was listening to the Master Plan today, and this is my first meeting and my first exposure to the Master in Aging Plan. So, on the surface, this seems great and as a public health practitioner for 25 years, you seem to cover a lot of the information that needs to be covered and I appreciate everybody's comments today. The community engagement is great. I'm very curious at the details of a lot of the things that you covered. So, I'm wondering if I just made a couple of notes in that advisory report that's due out in 2024. Is that where the details are going to be coming in about all of the points that you brought up today and the different subcommittees? What the subcommittees are working on and getting some granular objectives to the goals that you have set.</p>
	<p>Also, will that be publicly available? I'm sure that it will be. Also, what is the... Again, as a public health practitioner, I'm curious about metrics and evaluation and analysis. You mentioned the New York State Prevention Agenda. Is that what you're using or are there other mechanisms in place? Are you looking at individual level? Are you looking at chronic disease? Are you looking at behavioral health? Are you looking at SDOH factors, social need factors, or all of the above? And if so then what are you utilizing for those measures? Are you familiar with the data lake that's being developed right now? Which is a statewide data lake, if you will. All of the information from the different HEALTHeLINKs of the state are going to be funneled into this big lake is what we're calling it, where we can have access to a number of thousands of metrics.</p>
	<p>And so, yeah, are you looking at individuals? Are you also looking at skilled nursing facilities and long-term care facilities? What exactly are you looking at within those? Are you looking at quality metrics? If so, what are they? Are we looking at urban versus rural? Like how are we analyzing what is your baseline and what are your goals? So, I know you probably can't answer that right now, but just wanted to pose those questions out there. So, thank you.</p>
Adam Herbst (01:27:16):	<p>Thank you. And I encourage everyone to go to our website, the Master Plan website at <a href="http://mpa.ny.gov">mpa.ny.gov</a>. A lot of those questions that you just posed should be answered simply on that website, but I also encourage you to reach out to us and we'll share our information at the end of today as well.</p>
Tammy Owen (01:27:37):	<p>Hi, I am Tammy Owen. I run the agency that serves people who are blind and visually impaired here in Western New York. So, I guess just a plug on that, just as you showed the aging population, certainly there's an escalation of individuals who will have vision impairment. The New York State Commission for the Blind does provide decent funding for individuals mostly though to return to work. So, the over 55 population is absolutely underfunded and there's so many things that can be done just to keep people from experiencing isolation and depression and medication errors just by some common interventions. Individuals that are not legally blind, which there are far more, are not funded at all, and the health insurance does not cover services for those individuals. So, there's a huge gap where seniors really don't have any coverage at all for really preventive kinds of things. Just addressing a lot of the comments that were made about services that we have available that nobody knows about.</p>

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	<p>Let's think about 211 please and not reinvent something else that we underfund and don't publicize. So my agency, actually 211 provides employment for 35 people who are vision impaired and it's available around the clock, so please advertise 211. Don't create another redundant service. We also, Department of Aging created NY Connects great program. It's about services for the aging, it's information and referral. It's a crime that we have all the great services that we have, but we don't tell people about how to access them. So, fund some level of ongoing communication about what's available and what could be easier than call 211 period. And we'll answer your questions. So take that away today, please.</p>
<p>Kate Rebhan (01:29:52):</p>	<p>Hi, my name is Kate Rebhan and I work with the Center for Elder Law and Justice. Our services are wide, but I'm actually going to just talk about the 211. It's great if you live in the area, but a lot of our seniors have family members that are outside of this area. And so, when they need... right, but if they're calling from San Francisco, it makes it... A lot of people don't realize... What I'm saying is I have family members that are outside of the area and if they were trying to call on behalf of my mom who lived here, it becomes a difficult thing. And we have a lot of kids in their 50s that have left Buffalo, and we all know that, and they've left elderly parents here. They're also of a generation that uses the internet and looks for information online.</p> <p>And if there is a way to tie 211 and Connects into a platform, but that can be used in a way that's listed as a one-stop shop for children that are looking for information for their aging parents. It's all about how you... from the internet's perspective, it's all about how you plug that information online. And if you don't have the right code words, that's not going to be the first thing that comes up. And so, it would just be from a technology perspective, having the analytics on a website that allows that to be the first thing that is raised can also be really important from a technological perspective.</p>
<p>Amanda Bender (01:31:46):</p>	<p>Thank you. Hi, Amanda Bender with Erie County's Department of Senior Services. We actually house our NY Connects call center in Erie County Senior Services. I would like to give that number out, 716-858-8526. We partner with the Western New York Independent Living Center all over the state. We help people of various abilities. Through senior services, we do offer transportation for 60 and older for people who are not on Medicaid to get to medical appointments. So, I just believe that there's probably a host of information and services. Please give us a call, pass along caregivers, clients just so we can get the word out there and help everyone be better informed. The NY Connects hotline is 716-858-8526 and we have case managers who answer from 8:30 to 4:30 Monday through Friday.</p>
<p>Tammy Owen (01:32:50):</p>	<p>Thank you. Kudos to everybody who is here and no disrespect to anyone. I'm not here to throw shade at anybody but let me give you a different perspective on this situation. I am an organizer. I am an advocate in the Fruit Belt community where of course we are surrounded by the medical campus, right? And when I tell you that I have residents who will not go into those buildings, as a matter of fact, I got to go with someone next</p>

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	<p>Tuesday to Millard Fillmore Suburban because they will not go into those buildings. They have seen, and I have personally seen what has happened with some of our seniors with this healthcare system. And it's good to look at all the great things that are going on, but you have to pay attention to the people who are falling and have fallen through the cracks. It's important to do that.</p>
	<p>My mother, I have been through such a horrendous time with healthcare with my mother. She is in a facility where I have had to go and file a grievance with the attorney general because of what has happened to her. In social justice work, we use that phrase that I can't believe what you say because I see what you do. And I'm not here to bring anybody down, but let's have a realistic conversation about the fact that people of color and poor people in this city are falling through those cracks, have been falling through those cracks and will continue to fall through those cracks as long as we gloss things over and make it look like everything is great and everything is nice. Yes, kudos to the work that you're putting in. But somebody has to be accountable, there has to be some system that is in place that is accountable to go and look at what is happening with these people who are not getting what they're supposed to be getting and land in nursing homes where they have no business being.</p>
	<p>My mother should have been taking a four-to-six-week stint in a rehabilitation center and she should have gone home. And that is not what happened. They bankrolled her to stay in that building and what has happened to her since, but never mind that. Aside from that, I'm telling you, people in my own community and the things that they've had to go through to navigate this healthcare system, even for myself, right? Being on Medicare now, I mean, all the doctors who won't accept your healthcare, I called for my eyewear doctor who I'd been going to for years. "Oh, we can look at your eyes, but we can't service you under Medicare." I'm like, "Are you kidding me?"</p>
	<p>So, there's a lot of flaws that really have to be dealt with because as long as we continue to skip and jump over things and just look at what is nice and what is good, we are losing a lot of people to healthcare that they should be provided. We have veterans. I live in a community where we have veterans and they have been treated so badly and continue to be left behind. And so, I say all of that to say, yes... To all of you, I am grateful, right? But when are we going to talk about what's happening with our people in inner city and our people of color? Thank you.</p>
<p>Adam Herbst (01:36:54):</p>	<p>Thank you.</p>
<p>Shadequa Coad (01:36:55):</p>	<p>Hi, my name is Shadequa Coad, I'm the family services specialist for Osborne Association. So, Osborne is one of the largest and oldest criminal justice organizations in New York State. We service about 10,000 people a year and help with everything from arrest to reentry. We have an extensive program for formerly incarcerated elderly folks. And what we find when they come home, they usually experience a lot of discrimination just because of their charges, their past incarceration. And one of the</p>



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	<p>things we were concerned about with the MPA is will that include that population of formerly incarcerated elderly people? And if Osborne can assist with that, in any way, we'll be more than happy to.</p>
<p>Megan Corey (01:37:46):</p>	<p>Thank you. Hello everybody. My name's Megan Corey and I work at the Institute on Trauma and Trauma-Informed Care. I also have a background in community and neighborhood planning. So, a lot of the key points on here are a huge interest for our organization and just some of my background work. I think pointing out, and what I really appreciate hearing from a lot of community members is this idea of historical, systemic and structural trauma, and how it's been playing out in our community, especially in Buffalo.</p>
	<p>We just saw it on 5/14 and what happened here. And just making sure that when we use terms like "accessible" and "affordable," who are those terms for? Because historically, we have not been seeing it for everybody in our community. And I think it causes a distrust in politics, in healthcare systems in general because we can historically pinpoint all of the moments in time where it has not actually been accessible and affordable for people. And so I guess my best hope and what I wanted to comment on is when we're looking at these key points, are we going to do it in a trauma-informed way where we're really looking at what has happened here throughout New York State and I'm going to speak for Buffalo. That's where I'm from. Are we looking at what has happened in Buffalo? And are we actually going to work towards justice instead of just inclusion so that people can get the aid that they need?</p>
	<p>And then also on the workforce wellness side, the amount of people that we work with that are experiencing burnout, compassion fatigue, vicarious trauma, secondary post-traumatic stress because they are underfunded, not having enough money, as we said, making sure people get a paycheck that's livable, not just what we call the baseline of how we can afford to live in our city. The prices are skyrocketing for everybody. So my best hope is just that we look at things in a trauma-informed way when we make these policies and procedures so we can rewrite history and the harm that has already been done in our community and the greater New York State. Thanks.</p>
<p>Speaker 3 (01:39:52):</p>	<p>Is there anyone else to... I'm sorry.</p>
<p>Brittany Perez (01:39:58):</p>	<p>Hi there. My name's Brittany Perez. I work at Local Initiative Support Corporation. We're a community development financial institution. My comment is somewhat related to my job, but not really. Just in the respect of, we see at the state and federal level, I'm going to casually use gajillions of dollars invested in certain things that are priorities, right? So when we think about energy efficiency, investment in reduction of carbon emissions, investment in certain kinds of housing facilities and things like that, I am hopeful that this process will help integrate the values of aging across statewide investments so that when we have developers, whether small or large, like Paul has talked about here in Buffalo or large scale, that you can't build in New York state without these values instilled. Even if it's</p>

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	<p>not a “aging project,” there should be no such thing unless it really is targeted for a very specific need or service and population.</p>
	<p>But we should be investing in housing that is whole life housing. We should be investing in housing repair that is holistic. That doesn’t just remediate lead and asbestos and roof repair, but that equips the family to live there for their life. And it feels like we have all the pieces. It’s just that those pieces need to be, or could be aligned and leveraged investment-wise so that we don’t miss the opportunity to help people age in place, help people have access to quality, long-term housing that works for their needs across their lifespan. When we are building those places, we’re just leaving out this value set from the criteria to access tax credits or other statewide incentives to build. So I hope these values will be integrated across other state department access to funding in the development space.</p>
<p>Nicole (01:42:30):</p>	<p>Hi, my name’s Nicole. I work at Venture Forthe, which is a home care agency that covers most of Western New York. I wanted to speak to the [01:42:40 NIA] process. We’re seeing a very dramatic increase in denials. It doesn’t seem like they could all just be mistakes. There’s so many denials we’re seeing now compared to even a year ago. I help people facilitate their online assessments when they need that. And I see the assessors, they’re not asking all the questions. They’re not documenting correctly. They’re not asking the people to stand up and walk for them. They’re not seeing the environment and then they’re getting denials. And then when we ask for a fair hearing and we ask for the UAS, we can see that things were documented incorrectly. So even if the person goes through a fair hearing and then gets approved, I’m seeing people pass away or reenter the nursing home because it puts them out so far. Six months to a year sometimes to get home care.</p>
	<p>And these are people that definitely qualify. They’ve had strokes, they’re in wheelchairs, they can’t walk, and we’re seeing them get denied. The other thing I wanted to speak about was we get a lot of people approved, but because our pay rate is so low across the board for home care aides, unless you’re on the bus line, it’s pretty hard to staff those cases. So we can get tons of people approved, but we can’t staff because aides can’t even afford a car of their own. And then lastly, when people are getting approved, the UASs are done so poorly that then when the insurance plans are deciding how many hours they’re going to award the person, they’re giving them two for six hours a week. Agencies also can’t afford to staff that. They can’t send somebody here two hours, three days a week. A, nobody wants to work there and they can’t afford the transportation.</p>
<p>Speaker 3 (01:44:35):</p>	<p>I think we have time for one more comment. I’m going to go with the firsthand I saw.</p>
<p>Jerry Bartone (01:44:44):</p>	<p>Hi, my name is Jerry Bartone. I’m retired. So I’ve heard some themes here today. Lack of access to healthcare and transportation, lack of funding for desperately needed services and even redundancy of services between NY Connects and 211. New York State spends more than any other state per Medicaid recipient. We spend an awful lot of money. We got huge</p>

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	<p>bureaucracies, and yet people in need don't get the services they need. So my question to you is with regard to the 1115 Medicaid Waiver? For those of you that don't know, New York State is going to spend \$5.8 billion over the next three years on the very same issues that we're talking about today. \$5.8 billion. That means likely hundreds of millions of dollars will come to Western New York. So my question is to you, what role does the Office of Aging have with regard to the 1115 Waiver?</p>
<p>Adam Herbst (01:46:07):</p>	<p>I'll respond to that in the sense that the 1115 Waiver is still developing. And the Department of Health and Medicaid director is currently negotiating that with CMS. So please stay tuned and more information will be forthcoming with respect to the waiver. Thank you. I think we're going to, in the interest of time, we are going to finish the town hall. Again, on the screen here, for those people online, you can send your email, questions, comments, thoughts, or anyone in the room here as well to that email address. And we'll be sure to consider it as part of our development. We'll upload additional information with some of the questions that have been presented here, and then anything you might be asking online on our website so you can continue to engage with us. And that's really what we encourage you to do, is stay engaged and continue an open dialogue with us.</p> <p>This is only going to be successful with your input, with your partnership. I encourage you to continue to please participate in the development of the Master Plan here in New York and also beyond the development, the continuation, because this is a living document, although we're going to give the governor next year a final set of recommendations that you'll learn about over the course of the next year, if you stay engaged with us. We intend to make annual updates to that plan over the next 10 years or so. So we continue to have a living, breathing Master Plan for aging that reflects changes, challenges over the course of the next decade. And this way with your input, if you want to engage with us with a public survey, come to our website, send us emails, come to other town halls, which by the way, we have two upcoming town halls. October 17th in Long Island and October 18th in Flushing, New York, Queens.</p> <p>And we also having sessions in Binghamton and Ithaca over the next couple of months. And we'll send information and put information on our website. But again, your engagement is critical to the success of this process. And I am deeply grateful for your presence here today, for your engagement, your thoughts, your questions, your comments. A lot of it will be certainly digested by us and included to the extent that we possibly can include it in the development of the Master Plan. I want to thank the governor for her leadership and her commitment to the health and wellbeing of aging New Yorkers. And it's her vision of a Master Plan that can support New Yorkers across different communities and different lifespans.</p> <p>And I want to thank our speakers here today again for joining us, each of you with very powerful comments from your personal lives and your partnership in the development of our Master Plan. And of course, I would like to thank Pastor George and Lincoln Memorial United Methodist</p>

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	<p>Church for hosting us and your support in what we're trying to accomplish today. I believe together we can build an age-friendly New York that every one of us deserves. And I hope the Master Plan gives us a way of getting there. Thank you so much.</p>
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