

**ULSTER COUNTY
BLUE RIBBON HEALTHCARE SERVICES ADVISORY PANEL
LONG TERM CARE COMMITTEE REPORT**

BED NEED ANALYSIS

The Committee reviewed information about nursing homes in Ulster County, including the Golden Hill facility. It was determined that there are approximately 1,220 beds in the County. However, the Committee determined that the beds at the Northeast Center for Special Care are for a very specific population of traumatic brain injured patients and would not meet the need of the traditional nursing home patient. Therefore, the beds at the Northeast Center for Special Care have been excluded from this analysis.

There are six (6) active nursing homes in Ulster County. Please refer to Table I below for the Names, Locations, Number of Beds, Occupancy Percent, Occupied Beds, Approximate Age and Average Aged Bed.

TABLE I

Ulster County Blue Ribbon Healthcare Services Advisory Panel-Long Term Care Committee						
AGE OF FACILITIES						
Existing Nursing Homes	Location	Beds	% Occupancy	Occupied Beds	Facility Age	Aged Beds
Hallmark	New Paltz	79	96.50%	76	40	3,160
Hudson Valley Rehab	Highland	203	97.70%	198	38	7,714
Ten Broeck Commons	Kingston	258	98.75%	255	16	4,128
Wingate At Ulster	Highland	120	95.20%	114	6	720
Golden Hill Health Care Center	Kingston	<u>280</u>	<u>98.50%</u>	<u>276</u>	<u>36</u>	<u>10,080</u>
		<u>940</u>	<u>97.70%</u>	<u>919</u>		<u>25,802</u>
				Average Bed Age		<u>27.45</u>

Northeast Center for Special Care is a 280 bed licensed facility that serves a different population than the traditional senior population served by Golden Hill and other homes above.

SOURCE: Sheree Cross, Administrator, Golden Hill Health Care Center

Since all six nursing homes are running close to capacity based on the current population and current demographics, this analysis demonstrates that Ulster County is not overbedded, as would be the case if there were large vacancy rates.

AGE OF FACILITIES

The Committee felt that nursing homes, like most buildings, have a life cycle, after which the original assumptions, related regulations, community standards, etc. change, and that a facility becomes somewhat outdated, particularly barring major renovations and changes. The Committee reviewed the long term care facilities in Ulster County, their location, bed component and their age. The Average Bed Age was used to highlight a county wide need for replacement of beds. The Committee multiplied the age of each facility times the number of beds in the facility, for a total number of Aged Bed Component for that facility. The committee then added the Aged Bed Components for the entire County, as well as the total years of the facility ages. Finally, the total Aged Bed component was divided by the total number of years to determine the Average Bed Age. Currently, the Ulster County Average Bed Age is 27.45 years (see Table I on the previous page).

Based on this analysis, the Committee felt that there should be a conscious plan of redevelopment for new beds as the old ones age out and as changes in construction specifications and new ways of caring for residents emerge, so that the community can be served in the best possible manner, rather than using antiquated facilities (see Table I on the previous page).

The Committee received information from the County Planning Department, the U.S. Census Bureau, Cornell University and other sources regarding projections of what population changes might look like for the Hudson Valley, and for Ulster County specifically. While the overall State of New York has a near flat population growth, the Hudson Valley has been experiencing an approximate 5% annual growth, and Ulster County's growth has been approximately 2.3% annually. The population over 85 years of age and age 75-85 has been growing much faster than that, and is projected to have an even greater increase over the next twenty (20) years.

Using the increases in the age 75 and over population, which are projected to be 6-7% annually (vs. the 2.3% overall population growth projection for Ulster County), the Committee performed a simple linear extrapolation to project the increased number of beds that would be required to service the increasing elderly population, who are most likely to need nursing home care. That analysis is shown on Table II (see Page 11).

TABLE II

**Ulster County Blue Ribbon Healthcare Services Advisory Panel-Long Term Care Committee
ANALYSIS OF ULSTER COUNTY BED NEED**

2000	Age Cohort	75 - 84	85 >	Combined 75 >	Population Total
State					
	New York State (2000 census data)	860,818	311,488	1,172,306	18,976,457
	%	4.54%	1.64%	6.18%	
County					
	Ulster County (2000 census data)	8,130	2,985	11,115	177,749
	%	4.57%	1.68%	6.25%	
2006					
State					
	New York State	886,343	371,607	1,257,950	19,306,183
	%	4.59%	1.92%	6.52%	
	Change 2000 - 2006	0.05%	0.28%	0.34%	
2005					
County					
	Ulster County	8,446	3,541	11,987	183,976
		4.59%	1.92%	6.52%	

Year	County Population	County Population > 75	Projected Total Bed Need
2005	183,976	11,987	940
2010	190,389	12,405	973
2015	197,153	12,846	1,007
2020	203,871	13,284	1,042
2025	210,096	13,689	1,073
2030	215,719	14,056	1,102

*SOURCES: U.S. Census-2000; Ulster County Health Department Community Health Assessment 2005;
"US Census Bureau Estimates of New York State Population County Estimates from Vintage 2006",
Cornell University-Cornell Institute for Social and Economic Research*

The Committee also reviewed population by town and compared that to the availability of nursing home beds to service those populations. The preponderance of beds is in the river communities, such as Kingston, New Paltz, Highland and Lake Katrine. There are no nursing home beds in southwestern Ulster County. Since 24% of Ulster County's population lives in southwestern Ulster County, the Committee is recommending that this issue be addressed as part of the overall solution. This analysis is shown in Table III on Page 13.

In the past, New York State has done some very broad need analysis projections. However, those are no longer available. The State is no longer able to offer us assistance with our needs analysis. But based on actual observations of the current high occupancy rates and the growing demographics, it would not be prudent to recommend closing beds at this time.

TABLE III

**Ulster County Blue Ribbon Healthcare Services Advisory Panel-Long Term Care Committee
ANALYSIS for REDISTRIBUTING NURSING HOME BEDS to UNSERSERVED AREAS of ULSTER COUNTY**

Ulster County Growth Rate 2000 - 2030

21.4%

County	Age Cohort	75 - 84	85 >	Combined 75 >	Population Total
Ulster County	2005	8,446	3,541	11,987	183,976
	2010	8,741	3,665	12,405	190,389
	2015	9,051	3,795	12,846	197,153
	2020	9,360	3,924	13,284	203,871
	2025	9,645	4,044	13,689	210,096
	2030	9,904	4,152	14,056	215,719
	%	<u>4.59%</u>	<u>1.92%</u>	<u>6.52%</u>	

Southwestern Ulster Population 2000

Town	Population Total	Total Avall Beds	Population %
Marbletown	5,854		3.29%
Olive	4,579		2.58%
Rochester	7,018		3.95%
Shawangunk	12,022		6.76%
Warwarsing	13,936		7.84%
Total Southwestern Ulster	<u>43,409</u>	-	<u>24.42%</u>
All Other	134,340	940	75.58%
Total County	<u>177,749</u>	<u>940</u>	<u>100.00%</u>

Projected Population Growth 2030

Town	Age Cohort	75 - 84	85 >	Combined 75 >	Population Total	Population %
Marbletown		326	137	463	7,105	3.29%
Olive		255	107	362	5,557	2.58%
Rochester		391	164	555	8,517	3.95%
Shawangunk		670	281	951	14,590	6.76%
Warwarsing		776	326	1,102	16,913	7.84%
Total Southwestern Ulster		<u>2,419</u>	<u>1,014</u>	<u>3,433</u>	<u>52,682</u>	<u>24.42%</u>
All Other Ulster		7,485	3,138	10,623	163,037	75.58%
Total Ulster County		<u>9,904</u>	<u>4,152</u>	<u>14,056</u>	<u>215,719</u>	<u>100.00%</u>
%		<u>4.59%</u>	<u>1.92%</u>	<u>6.52%</u>		

	County Population Over 75	Total Projected Bed Need	Southwestern Ulster Projected Bed Need
2000	11,115		
2005	11,987	940	230
2010	12,405	973	238
2015	12,846	1,007	246
2020	13,284	1,042	254
2025	13,689	1,073	262
2030	14,056	1,102	269

SOURCES: Ulster County Health Department Community Health Assessment 2005;
"US Census Bureau Estimates of New York State Population County Estimates from Vintage 2006",
Cornell University-Cornell Institute for Social and Economic Research