

Annual Plan Summary
April 1, 2010 – March 31, 2011

For

The Older Americans Act (OAA)

**The New York State Community Services
for the Elderly (CSE) Program, and**

**The Expanded In-Home Services for the
Elderly Program (EISEP)**

September 2009



NEW YORK CITY DEPARTMENT FOR THE AGING
2 Lafayette Street
New York, New York 10007

Michael R. Bloomberg
Mayor

Lilliam Barrios-Paoli
Commissioner

ANNUAL PLAN PUBLIC HEARINGS SCHEDULE

The Department for the Aging encourages comment upon its Annual Plan Summary and looks forward to receiving testimony at its Annual Plan Public Hearings, to be held from **October 22 through October 30, 2009**.

Hearings are scheduled for each borough as follows:

STATEN ISLAND

Thursday, October 22, 2009

10 a.m. – 12 noon
All Saints Episcopal Church
Community Center
2329 Victory Boulevard
Staten Island, NY 10314

BRONX

Wednesday, October 28, 2009

10 a.m. – 12 noon
Lincoln Medical and Mental Health Center
Auditorium
234 East 149th Street
Bronx, NY 10451

MANHATTAN

Friday, October 30, 2009

10 a.m. – 12 noon
220 Church Street
Room 328
New York, NY 10013

BROOKLYN

Tuesday, October 27, 2009

10 a.m. – 12 noon
Brooklyn Borough Hall
Courtroom
209 Joralemon Street
Brooklyn, NY 11201

QUEENS

Thursday, October 29, 2009

10 a.m. – 12 noon
Queens Borough Hall
Room 213
120-55 Queens Boulevard
Kew Gardens, NY 11424

The Annual Plan Summary was prepared by Cara Saunders, Planning Analyst, LaTrella Penny, Director of Planning, and Joyce Chin, Director, Office of Management Analysis and Planning. Juxin Di, Planning Analyst prepared demographic analyses. To receive a copy of the Annual Plan Summary, please visit our website at www.nyc.gov/aging.

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I. INTRODUCTION

A. NEW YORK CITY DEPARTMENT FOR THE AGING

The New York City Department for the Aging (DFTA) was established to represent and address the needs of elderly residents of New York City. DFTA is the lead Mayoral agency addressing public policy and service issues for the aging and is also the largest agency in the Federal network of Area Agencies on Aging (AAA).

DFTA's mission is to work for the empowerment, independence, dignity and quality of life of New York City's diverse older adults and for the support of their families through advocacy, education, and the coordination and delivery of services. DFTA continues its long history of collaborative partnerships with community-based organizations for the provision of programs and services, which aim to foster independence, safety, wellness, community participation, and quality of life. DFTA's various programs and initiatives pursue the following strategic goals:

1. To foster independence and individual choices, confront ageism and promote opportunities for older people to share their leadership, knowledge, and skills;
2. To inform and educate the general public about aging issues, including services, supports, and opportunities for older New Yorkers and their families;
3. To be a catalyst for increased resources to enhance and expand programs and services for older New Yorkers;
4. To ensure the provision of quality services fairly and equitably to older New Yorkers;
5. To enhance and expand effective, productive partnerships with consumers, advocates, private and public organizations; and
6. To recognize the value of all staff and encourage their creativity in building the Department's capacity for continuous improvement.

B. PURPOSE AND SCOPE OF THE ANNUAL PLAN SUMMARY

The Older Americans Act (OAA), Section 306(a)(6)(D), requires AAAs to develop an area plan. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York State Office for the Aging (NYSOFA) on programs funded through state and federal resources, the New York State Community Services for the Elderly Program (CSE), and the Expanded In-Home Services for the Elderly Program (EISEP). The Annual Plan Summary is a synopsis of the AIP and presents DFTA's strategic goals, budget and service levels, and programming. This Plan represents the third year of a four year plan covering the period April 1, 2008 to March 31, 2012.

The OAA requires the provision of various services for older adults, including access to nutrition, benefits counseling, employment opportunities, legal assistance, and in-home services. The CSE and EISEP require the provision of community-based services for the frail elderly. The Department works with its Senior Advisory Council, Interagency Councils on Aging, consumers, advocacy and provider groups, elected officials, and community boards to identify and address local needs. The allocation of Department resources is

determined by legislative mandates and directives, the availability of funding, the results of demographic analyses, assessment of unmet needs, recommendations from local communities, and the availability of services through alternate sources.

C. PUBLIC HEARINGS

Each year, the Department for the Aging conducts public hearings in all five boroughs to obtain recommendations and comments on its Annual Plan Summary. The public hearings provide an opportunity for older persons, service providers, and advocates to identify priority needs, recommend ways to enhance services, and suggest an agenda for legislative advocacy to DFTA and its Senior Advisory Council. The Department welcomes written and oral testimony on the Annual Plan Summary. This input will help DFTA update its plan for Fiscal Year 2011 and enhance its long-term efforts on behalf of the city's elderly. The Department provides a written summary and response to public comments following the hearings, which will be available on our website.

D. COMMUNITY DIALOGUE AND FEEDBACK

In addition to an ongoing dialogue and meetings with community partners, who provide invaluable feedback and input regarding DFTA services and programs, the Department provides opportunities for constructive engagement through its Senior Advisory Council and public forums:

- **DFTA's Senior Advisory Council** is mandated by the OAA, Section 306(a)(6)(D), New York State, and the New York City Charter to advise DFTA and its Commissioner on all matters relating to the development, administration, and operations of its area plan. The Council is comprised of 31 members serving three-year terms, at least half of whom are service recipients and half of whom are community partners, all of whom offer a unique perspective on aging issues and services.
- **Public Forums** encourage service providers, community leaders and the public to share their views and recommendations on aging services, including the Annual Plan Summary Hearings and Borough Budget Consultations. Last year, Modernization Workgroups, Forums and Presentations with aging network providers, advocates, elected officials, Interagency Councils, community boards, Borough President cabinets, and, most importantly, older New Yorkers were held to assist DFTA with modernizing and strengthening its core community-based service models.

E. DEPARTMENT WEBSITE – WWW.NYC.GOV/AGING

The Department invites visitors to the DFTA website, which includes information and resources about older adult programs and services, publications, and a calendar of events. Each year the Annual Plan Summary and Hearings schedule is posted on the site. All written testimony and DFTA's response will also be posted on the website.

II. ASSESSING THE CURRENT AND FUTURE NEEDS OF THE ELDERLY

New York City's large older adult population is ethnically, culturally, and economically diverse with broad and wide-ranging service needs. Needs assessment is the first step to ensure appropriate and effective services. The Department identifies these needs through ongoing consultation with consumers, providers, advocates, and elected officials, an examination of the potential impact of policy and legislative changes on New Yorkers, and an analysis of changing demographic patterns.

The results of the 2007 American Community Survey (ACS), the 2000 Census, and population projection trends through 2030 provide a foundation to determine the current and future needs of New York City's elderly. As the city addresses the challenges and capitalizes on the opportunities presented by an aging population, knowledge becomes critical in formulating policy, planning for services, and effectively allocating resources.

In the next few decades, the composition of New York City's population will change dramatically as a result of the aging of the "Baby Boom" population, continuing increases in life expectancy, and the City's increasing diversity. As these demographic shifts occur, the needs of the elderly will expand and change.

A. THE AGING POPULATION, 2000-2030

The Age and Gender Pyramid shows an overall profile of New York City's 2007 population. The area shaded in black reflects the age 60+ population: 1.39 million adults, or 16.7% of the City's population. The gray area represents those 40 to 59, the majority of whom are the "Baby Boom" population: 2.3 million, or 27.3% of the population. The first group of baby boomers has already entered the 60+ age group, and as they continue to age, the demand for aging services will increase.

Chart 1. Age and Gender Pyramid for New York City, 2007¹

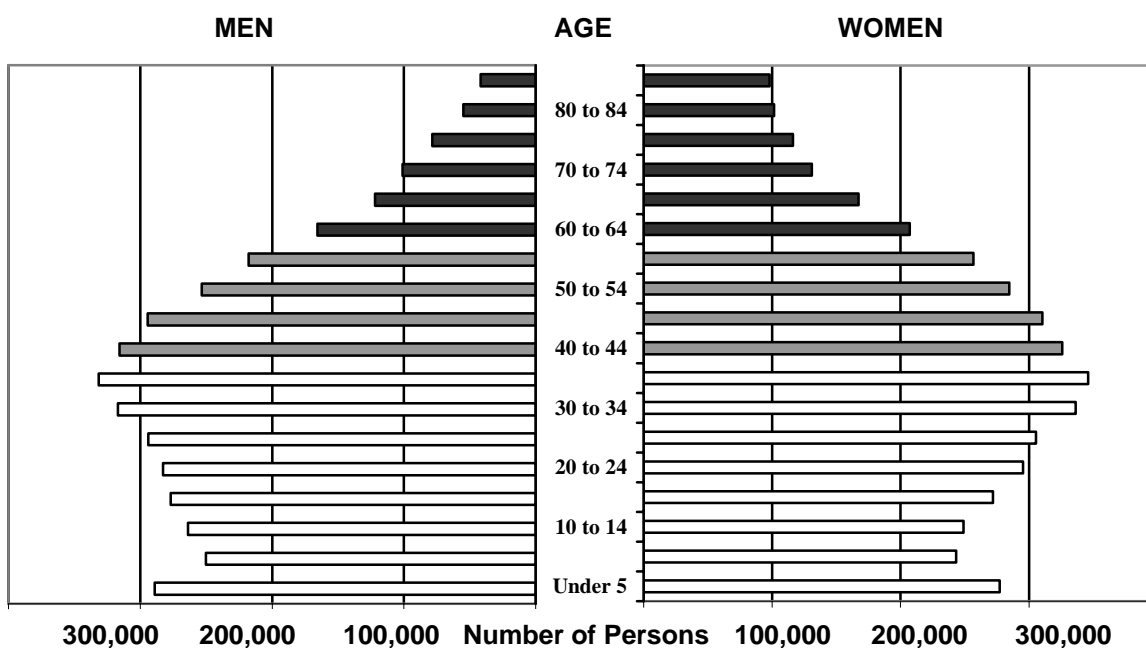
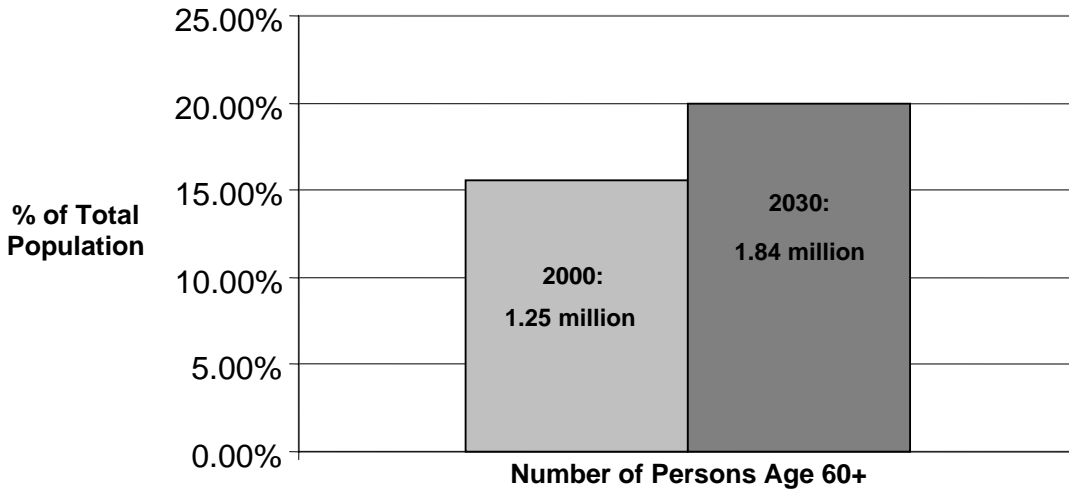


Chart 2. New York City's 60+ Population, 2000-2030²

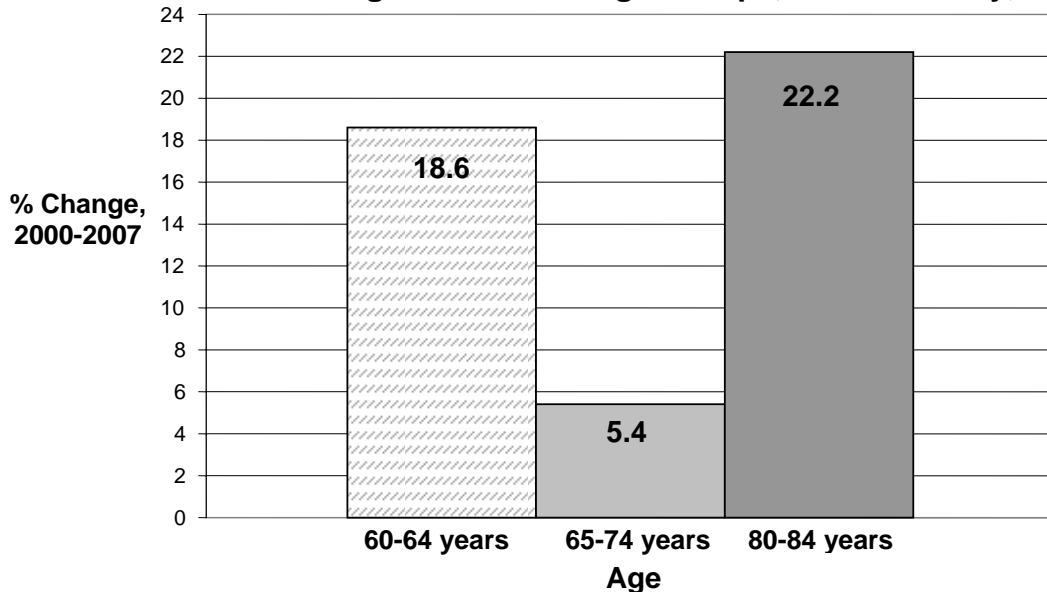


By 2030, New York's 60+ population will significantly increase to a projected 1.84 million, a 47% increase from 2000. This group will comprise 20% of the total population compared with 15.6% in 2000. Consequently, the elderly, who were only 1 in every 6 New Yorkers in 2000, will make up 1 in every 5 in 2030.

B. AGING WITHIN THE ELDERLY POPULATION

The City's total elder population, which increased from 1.25 million in 2000 to 1.39 million in 2007, significantly changed in age composition.

Chart 3. Percent Change of Selected Age Groups, New York City, 2000-2007³



From 2000 to 2007, the number of young elderly (age 60-64) increased by 18.6%, and those 80 to 84 years old increased by 22.2%. The 85 and older group will see a 25% increase from 2000-2030, after which baby boomers start to join this group. By 2050, the cumulative growth of this group will be nearly 200%, and will constitute 4% of the

total population, compared with 1.5% in 2000. Disability is prevalent among the oldest elderly, which creates a growing need for long-term care services, including case management, home care, adult day services and home delivered meals.

Increase in Life Expectancies

Declining mortality rates among the middle-aged and elderly have resulted in increases in life expectancy in the United States. Life expectancy in New York City has increased significantly for both men and women from 1980 to 2005 – 4.9 years for women and 7.2 years for men.⁴ Current contributing factors include the decline in infant mortality, smoking-related deaths, motor vehicle crashes, homicide and HIV.⁵ However, life expectancy gains are not shared uniformly across gender or race:

- In New York City and across the U.S., women continue to experience longer life expectancies at birth compared to men. In 2006, New York City women had a life expectancy of 81.7 years, while men had an average life expectancy of 75.9 years.⁶
- In 2000, the white population in New York City had an average life expectancy at birth of 77.6 years, while the average life expectancy for the black population was 72.7 years. Generally, this is due to a higher prevalence in poverty resulting in early-life differences including lower birth weight and poorer childhood nutrition, and mid-life differences including less access to employer-provided health insurance and more physically demanding work. This leads to a greater demand for health care but less access and utilization of health care resources.⁷

Since increases in life expectancy are not experienced equally, service planning must address these existing inequalities.

Increase in the Older Female Population

Not only do women have a greater life expectancy than men, but as of 2007, women continue to outnumber men by nearly 3 to 2. This ratio increases to 7 to 3 among those 85 and older.⁸ By 2030, the sex ratio (number of females per 100 males) for New Yorkers is projected at 118 for those 55-64, 131 for those 65-74, 159 for those 75-84, and 213 for those 85 and older.⁹ Thus, women 85+ will outnumber men their age by more than 2 to 1, and this higher longevity results in more women living alone during their later years.

Women comprise 69% of the frail elderly population.¹⁰ Frailty can lead to functional impairments, which may require long-term care. Women are also more likely to have incomes below the poverty level, since women tend to receive lower Social Security payments, due, in part, to time spent out of the paid workforce, as well as a prevalence of lower paying salaries than their male counterparts during their years of employment.

Increase in Diversity

American Community Survey (ACS) data shows that from 2000 to 2007, the non-Hispanic white elderly population decreased whereas the number of minority elderly grew rapidly.

Table A. Minority Elderly (65+) in New York City, 2000-2007¹¹

Race/Ethnic Profile	2000 Census	2007 ACS	% Change 2000-2007
Non-Hispanic White	533,982	513,755	- 3.8%
All Minorities	403,875	497,671	+ 29.9%
➤ Hispanic	138,840	185,469	+ 33.6%
➤ Asian/Pacific Islander	59,056	91,429	+ 54.8%
➤ Black	185,088	220,773	+ 19.3%

In 2007, 49% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2007, the Black population increased by 19%, the Hispanic population by 34%, and the Asian population by 55%. There are also significant linguistic differences: English is not the primary language of 25% of New Yorkers, and almost 50% speak another language at home.¹²

Racial, cultural, and linguistic differences coupled with the challenges of aging and disability can result in different help-seeking patterns. The quality of communication between patients and clinicians can have a significant impact on health outcomes, and limited English proficiency can interfere with effective communication. A review of health literature found that language barriers have a demonstrably negative impact on access, quality, patient satisfaction, and, in some instances, cost, and that language assistance, including bilingual clinicians and interpreter services, is effective in improving care.¹³ Therefore, clear, concise and reliable information and assistance about benefits, services, rights and options in multiple languages is essential.

In July 2008, Mayor Bloomberg signed Executive Order 120 requiring the city's social service agencies to provide translation and interpretation services in the top six languages spoken by their consumers; each agency, including DFTA has developed a Language Access and Implementation plan. 3-1-1, New York City's 24-hour information and services number, provides services to callers in more than 170 languages.¹⁴ In addition, the New York City Coalition on Aging and Vision has hired a team of interpreters representing 11 languages to work with vision rehabilitation service staff to help facilitate the delivery of services to older adults (see page 22.)

C. THE NEEDS OF THE ELDERLY

The increase in the older adult population will present challenges in planning and developing future services. The aging network must expand and adapt to the needs of a

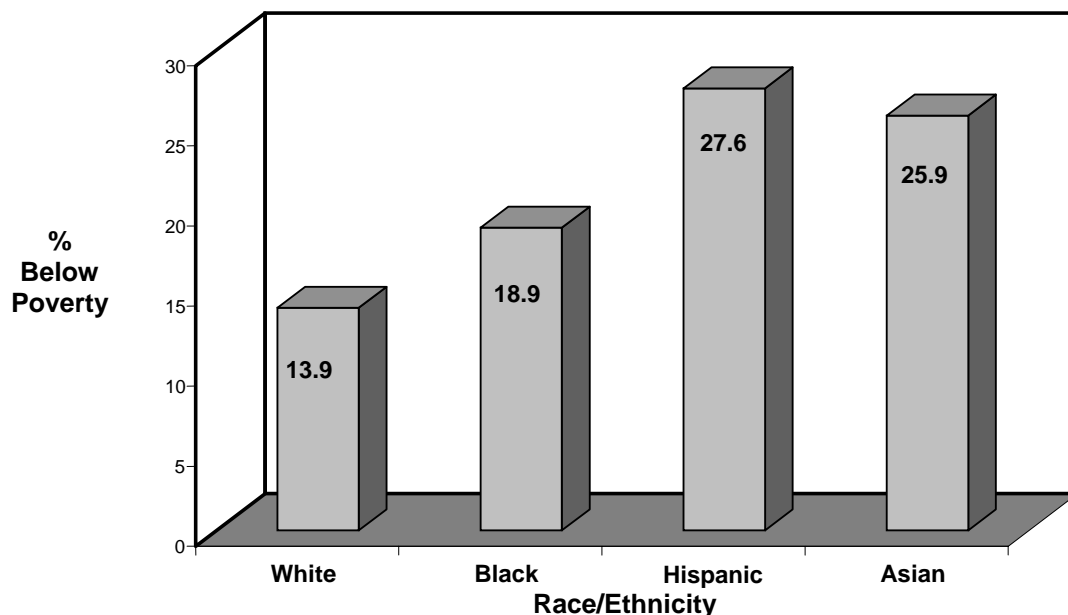
new cohort of well elderly while balancing the service needs of the increasing number of frail elderly. Planners must also consider, among other issues, diminishing income as people age, a growing percentage of elderly living alone, and affordable and equitable health care.

Income and Poverty

Inadequate income continues to be a critical problem facing the elderly in New York City. Whereas the United States has experienced a decline in the elderly national poverty rate from 12.8% in 1990 to 9.5% in 2007, New York City’s older adults have experienced a 12% increase in poverty to nearly one-fifth of all those 65 and older. Approximately 18% of all elderly-headed households earned an annual income below \$10,000. The Federal poverty guidelines for 2009 – \$10,830 for a single person and \$14,570 for a couple – are so low that many who are in financial need do not qualify for most public benefits.

The number of elderly women living below the poverty level has increased by 8.6 percent since 2000,¹⁵ and the number of minority elderly living in poverty is significantly higher than the white population.

Chart 4. Poverty by Race and Ethnicity for New York City’s Elderly (65+), 2007¹⁶



	Total Elderly*	Number Below Poverty	% Below Poverty Level, 2007
White	494,717	68,686	13.9
Black	210,493	39,692	18.9
Hispanic	179,379	49,487	27.6
Asian	90,254	23,339	25.9

*Note: Totals do not match Table A, p. 8 as poverty information was not available for all persons.

This data indicates that a large proportion of minority elderly live in poverty – 28% of Hispanic, 26% of Asian, and 19% of black elderly. Individuals who became functionally impaired during their working lives are also more likely to suffer from poverty during retirement.

Based on data from the Employee Benefit Research Institute (EBRI), the three major sources of income for people 65 and older in New York City are:

- 1) Social Security, received by 85% of older persons (38% of their total income),
- 2) Assets, received by 47% of older persons (18.5% of their total income), and
- 3) Pensions, received by 25% of older persons (14% of their total income).

Social Security accounts for approximately 80 to 90% of income for people in the lowest two-fifths of the income spectrum, yet the current average Social Security benefit is \$1,158.10 a month for a retired worker. Social Security is often inadequate to cover the high cost of living in New York City, and with less income for other necessities such as food, transportation and health care, the elderly who depend primarily on Social Security are vulnerable to poverty.

In 2007, the median household income for older New Yorkers was \$25,409, only slightly higher than the 2000 median of \$23,388, and continues to remain lower than the nation's median of \$31,185. Median income also varies significantly by race. The median household income of both the Asian and Hispanic populations was \$17,500, 46% less than the White population; and the median household income of the Black population was \$22,500, 31% less than the White population, who had a median household income of \$32,500.¹⁷

With an increasing percentage of New York City's elderly living in poverty, a targeted expansion of multiple income support services would help those most in need, including Supplemental Security Insurance (SSI), Medicaid, Family Health Plus, Food Stamps, congregate and home delivered meals, and housing subsidies.

Social Isolation and Living Alone

In 2007, 33% of persons age 65 and over in New York City were living alone. Among those age 85 and older, about one-half lived alone.¹⁸ This group can be more vulnerable to social isolation; however, social isolation is a complex concern for older adults and it is important to note that living alone is not the only factor that may contribute to vulnerability. Multiple factors include elder density, which measures the number of persons 65 and older in an area, poverty, disability, and inadequate access to primary care.¹⁹ However, those living alone had the highest poverty rate (31%) among all elderly households,²⁰ and their median income was \$14,050.²¹

DFTA has a number of initiatives for those who are experiencing social isolation, including the Carrier Alert Program, in partnership with the Mayor's Office for People with Disabilities (MOPD) and the United States Postal Service (USPS). Program registrants

have a Carrier Alert sticker placed on the inside of their mailbox, and postal carriers are trained to recognize warning signs, such as mail accumulation, that socially isolated elderly or persons with disabilities may need assistance. DFTA also operates a training program for members of Local 32 B-J, the union for building superintendents, handymen, porters and doormen who work in residential buildings. The training program is done in partnership with the Hebrew Home for the Aged as part of the union's "Training, Scholarship and Safety Fund." In this training, union members discuss their experiences with isolated older persons, learn about services provided by DFTA and its contracted community agencies, and learn how to access these services.

D. HEALTH AND LONG-TERM CARE

Functional Capacity and Mobility

Disability among the elderly population remains prevalent. In 2007, there were 423,265 elderly people who reported some level of disability, or 43.4% of the civilian non-institutionalized population. Of this group, 35.7% had one type of disability and 64.3% had two or more types of disabilities:

- 35% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 23% had conditions that restricted their ability to go outside the home, shop, or visit the doctor;
- 16% had mental or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 16% had sensory disabilities involving sight or hearing, and
- 15% were limited in their ability to perform self-care activities, such as dressing, bathing or getting around inside the home.

Disability rates are much higher among New Yorkers when compared nationally; however, older women have more difficulty with activities of daily living than do older men. Older Hispanic persons as well as non-Hispanic black women had higher disability rates compared with their non-Hispanic white counterparts. Disability is also associated with poverty: elderly people with disabilities reported higher poverty rates than those without.²²

As individuals age, their range of mobility decreases and the need for appropriate in-home services, adaptive equipment, and the least restrictive environment increases. OAA services are intended to help adults maintain their independence, remain in the community, and delay institutionalization.²³ The Olmstead Act (1999), not limited to Medicaid-funded services, gave individuals with disabilities the right to be placed in the least restrictive and most integrated environment appropriate to their needs. The Supreme Court's decision calls upon states to develop accessible community-based services for disabled persons of all ages, leading many states to restructure their long-term care services programs. Supportive social services provided in the home remain the services most in demand by elderly persons with functional impairments.

Chronic Illness

As individuals age, they are increasingly likely to suffer from chronic and acute illnesses. Four out of five Americans 50 and older experience at least one chronic condition, the most common being high blood pressure, high cholesterol, mental illness, diabetes, and heart disease.²⁴ In 2007, the leading cause of death by far for New York City residents age 65 and older was heart disease, followed by cancer, influenza and pneumonia, chronic lower respiratory diseases, and diabetes.²⁵ Additionally, there are more than 102,000 people living with HIV/AIDS in New York City, and almost 35% are 50 and older.²⁶

Medical and social service providers must work together to improve the quality of health for older adults by data sharing and increasing coordination of patient care which can lead to better patient management and health outcomes, identifying ways to address chronic and communicable conditions through prevention, and advocating for resources to support research on prevention and treatment of diseases.

Nutrition and Hunger

Good nutrition is a vital component in maintaining health and optimal functioning. Older adults who eat breakfast have greater energy/nutrient intakes, less worry about whether they would be able to get food or run out of food, and fewer depressive symptoms.²⁷ Hunger and malnutrition may contribute to the decline in resistance to disease as people age, hasten the onset of a number of degenerative diseases, and can exacerbate cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes.²⁸ The percentage of New Yorkers 65 and older who had difficulty affording food increased from 23 percent in 2003 to 47 percent in 2008.²⁹

The Food Stamp Program operated by the U.S. Department of Agriculture (USDA) is an important federal low-income nutrition assistance program; however, only 68% of eligible New York City residents receive benefits. In 2007, 21% of those who utilized emergency food programs (EFPs) – food pantries and soup kitchens – were 65 and older (154,000 persons). Of all New Yorkers that used EFPs, older adults have the lowest Food Stamp participation rate (19%),³⁰ and are using EFPs long term, rather than as a temporary form of food assistance: More than half (55%) have used EFPs for more than twelve months, and 38% have used the program for more than two years.³¹

Prevention and intervention strategies can enhance the nutritional status of older people. Integrated public policy ensures greater access to appropriate food and nutrition services for older individuals and should emphasize screening for nutritional risk factors, reducing food insecurity, providing greater availability of nutrition services, Food Stamp outreach, and better coordination between the aging network and EFPs.³² DFTA is collaborating on a number of projects to counteract hunger among older New Yorkers, including the Eat Well Food Stamp Outreach Project (see page 23), and the N.E.E.D.S. Project (see page 22).

Mental Health

New York City's Department of Health and Mental Hygiene (DoHMH) estimates that approximately 20% of New Yorkers 55 and older experience a psychiatric disorder not part of the normal aging process; this number is expected to double by 2030.³³ Older adults with serious mental illnesses experience service inequalities and higher mortality rates, and are more likely to be placed in nursing facilities.³⁴

New York State's Office of Alcoholism and Substance Abuse Services estimates that approximately half a million older New York State residents experience problems because they are knowingly or unknowingly misusing alcohol and/or drugs. These chemical dependency problems are primarily related to alcohol misuse and deleterious interactions between alcohol and prescription or over-the-counter medicines.³⁵ The growth in the number of elderly with mental health needs will have a major impact on health service utilization and costs, highlighting the need to integrate mental health into an affordable and accessible continuum of community-based health and long-term care.

An estimated four out of every thousand older adults in New York State have a developmental disability, including mental retardation, cerebral palsy, epilepsy, autism, and sensory or neurological impairments. Day program activities for persons with developmental disabilities should be age-appropriate and include education in health and wellness activities.³⁶ The public and private sectors must forge new partnerships to develop and expand appropriate services for the elderly with special needs.

Preventive Health

Preventive care, including immunization, health screenings, and education on effective coping and treatment mechanisms is essential to help New Yorkers avert or manage debilitating aspects of disease. Heart disease is the leading cause of death and disability among Americans, and half of all deaths of New Yorkers 65 and older were caused by heart disease.³⁷ Bone loss intensifies after age 50, particularly for postmenopausal women, and an estimated 54% of American women 50 and older will suffer a fracture due to osteoporosis in their lifetime.³⁸ As part of its Take Care New York health policy, DoHMH has a number of health indicator goals it is using to improve the health of New Yorkers, having succeeded in reducing diabetes, smoking, hypertension, and cardiovascular disease. In 2003, only 40% of New Yorkers 50 and older were screened for colon cancer; that number increased to 60% in 2008, with a future target of 80% by 2011. In 2008, 85% of women age 40 and older received a mammogram within the previous two years, an increase of 10% over 2006.³⁹ In 2005, only 63% of adults 65 and older received flu shots,⁴⁰ with that number increasing to 80% in 2008.⁴¹

Gay, Lesbian, Bisexual and Transgender (GLBT) Elders

Gay, lesbian, bisexual and transgender (GLBT, or LGBT) older adults are particularly vulnerable to service barriers, including discrimination and lack of access and community engagement. Twice the number of GLBT older adults live alone than

heterosexual elders and are four times more likely not to have children, which can lead to social isolation and a lack of caregiving.⁴² Medical and community providers must be aware of health risks that particularly affect the underserved GLBT older community, including depression and anxiety, breast cancer in women over 40, HIV, prostate, testicular and colon cancer in men over 50, sexually transmitted diseases (STDs) including hepatitis and Human Papilloma Virus (HPV), alcohol and substance abuse, tobacco-related health issues, and eating disorders.⁴³ Community organizations, including Services and Advocacy for GLBT Elders (SAGE) provide training and assistance to providers in GLBT programming and sensitivity. Elected and government officials and advocacy and provider groups must identify and address local GLBT needs and rights to ensure the safety, wellness, independence, and quality of life for GLBT older adults.

Vision and Hearing Loss

Depending upon the definition used, statistics on vision and hearing loss vary considerably. One report estimates that 21% of New York State's 65 and older population have self-reported vision impairments, 9.4% have self-reported severe vision impairment, and anywhere from 30 to 85% have hearing loss;⁴⁴ the Survey of Income and Program Participation (SIPP) found that 16.4% of Americans 65 and older are hard of hearing, and 1.5% are functionally deaf;⁴⁵ and the National Health Interview Survey found that 39% of Americans 65 and older have hearing impairment and 16.7% have vision impairment.⁴⁶ The Eye Disease Prevalence Research Group reports that blindness and low vision increase significantly with age, with Americans 80 years and older accounting for 69% of the blind population. The most common eye diseases for those 40 and older are age-related macular degeneration (AMD), cataracts, glaucoma and diabetic retinopathy.⁴⁷ Adaptive devices, rehabilitative services, and environmental adaptations to a home and work setting can provide support for this population.

Caregiving

Family members and other informal caregivers are vital to the supportive network that helps older New Yorkers remain living in their homes and communities. Family members provide 75-80 percent of home-, long-term-, and community-based care to older adults, and 25% of these caregivers are older adults themselves. There are approximately 1.9 million family caregivers in New York State, saving the health care system \$20.4 billion in unpaid care.⁴⁸ There is a growing need for services that benefit the caregiver as well as the care recipient, including adult day programs, respite care, and alternative models of residential care facilities. Title III-E of the OAA Amendments of 2000 established the National Family Caregiver Support Program (NFCSP), which provides basic services for family caregivers including information and referral, assistance in accessing benefits and entitlements, peer support, individual counseling, respite care and supplemental services. This program represents an important model for supporting caregivers and care recipients.

Health Care Costs

For those age 50 and older, total health care costs have risen substantially from 25 years ago, even after adjusting for inflation. Out-of-pocket health care costs pose a particular burden for those in need of prescription drugs, long-term care services – which Medicare does not cover – and those not eligible for Medicaid or Medicare.⁴⁹ A study by the Kaiser Family Foundation found that Medicare covered only 45 percent of a beneficiary's total health care costs, and AARP estimated that out of pocket costs for these participants were an average of almost \$3,500 per year.⁵⁰ Among older adults in New York City, 36% rely only on Medicare with no supplemental private coverage. These older adults are considered underinsured, and results can include delayed care, not seeking preventive care, and limiting or skipping medication doses.⁵¹ The Medicare Prescription Drug Improvement and Modernization Act of 2003, which came into effect in 2006, established the Medicare prescription drug plan, or Medicare Part D, to address this coverage gap. Medicare Part D appears to be most beneficial to those who had no prior drug coverage, but actually detrimental to dual Medicaid-eligible older adults.⁵² Therefore, it is essential for lawmakers to seek solutions to address the growing underinsured population.

E. SUPPORTIVE SERVICE NEEDS

Housing

The housing preferences of older adults are to age in place, and to maximize autonomy, choice, familiarity, flexibility and privacy;⁵³ therefore, appropriate and stable housing is vital, but not always possible, due to fixed incomes, high housing costs, competing healthcare expenditures, and physical limitations that must be addressed by in-home care or structural modifications.⁵⁴ There are programs available to older adults to assist with aging in place, including the Senior Citizen Rent Increase Exemption Program (SCRIE). SCRIE exempts low-income seniors who reside in rent controlled and stabilized apartments, Mitchell-Lama housing, and hotels from rent increases. Sixty four percent of rent control tenants and 14% of rent stabilized tenants are 65 and older.⁵⁵ In 2008, 43,888 households received SCRIE.⁵⁶ As of July 1, 2009, the income eligibility limit increased to \$29,000. Another housing program, the Senior Citizen Homeowner Exemption Program (SCHE), provides homeowners 65 and older who have incomes of up to \$35,400 with Real Property Tax exemptions.⁵⁷ Additional programs include the Home Energy Assistance Program (HEAP) and the Weatherization Referral and Packaging (WRAP) program (see page 24).

Section 202 Supportive Housing for the Elderly, federally operated by the U.S. Department of Housing and Urban Development (HUD), provides funding to not-for-profit groups for the construction of low-income elderly housing. Section 202 is the main source of subsidized, low-income housing for adults 62 and older in New York City. Income limits are currently \$26,900 for a single person and \$30,700 for a couple. In 2005, there were 172 Section 202 buildings with 16,425 units in the City,⁵⁸ and this year there are 190 buildings with 17,680 units.⁵⁹ Additional sources of senior housing include

NYCHA (9,849 units), Mitchell Lama (4,859 units), and Section 8 (1,895 units).⁶⁰ However, waiting lists can be long: In 2002, the average wait time to reside in a Section 202 building was 1.6 years in the Bronx and 5.62 years in Queens, with some units reporting a 10-year waiting list.⁶¹ Therefore additional financing and flexibility for housing developments is crucial. In July 2003, Mayor Bloomberg enacted the 10-year New Housing Marketplace Plan to create and preserve 165,000 units of affordable housing for 500,000 New Yorkers by 2013;⁶² as of March 2009, 85,089, or more half of these units had been financed,⁶³ 31% of which are for homeownership.⁶⁴

Transportation

Given the functional decline in mobility as people age, the availability and subsidization of appropriate transportation is a critical factor in enabling an individual to live independently. According to the Surface Transportation Policy Partnership's report, "Aging Americans: Stranded without Options," the United States is not prepared to provide adequate transportation choices for a rapidly aging population. The report presents findings based on the latest National Household Transportation Survey and places them in the context of other research on mobility in the aging population. The report's recommendations include:

- A substantial investment in public transportation systems to expand and improve services to meet the needs of older Americans;
- An increase in funding for existing specialized transportation programs, such as the Federal Transit Administration's Section 5310 Program;
- Incorporation of the mobility needs of older Americans into the planning of transportation projects, services, and streets; and
- The design of safer roads for older drivers and pedestrians, including support for the "Transportation Enhancements" Program, the federal source of support for pedestrian safety projects.⁶⁵

A U.S. Government Accountability Office (GAO) study indicates that certain transportation needs for older adults are not being met, including trips to multiple destinations, life-enhancing activities, and for purposes that involve carrying packages. The GAO recommends that the U.S. Department of Health and the Human Services' Administration on Aging (AoA) publicize available information on alternative transportation services and on practices service providers can implement to enhance elder mobility.⁶⁶

Legal Services

Legal assistance can be critically important for older adults when dealing with issues of housing, landlord/tenant disputes, entitlements, consumer affairs and family issues, and may also involve planning for retirement, long-term care, loss of capacity, and end-of-life matters. The expanding use of legal hotlines and free websites offers opportunities for older persons to independently obtain information on legal issues, and publicly-funded and private legal services help older New Yorkers access benefits and services to which they are entitled. The majority of cases handled by DFTA-funded legal services are housing cases, including eviction intervention services and those situations in which the landlord

fails to make needed upgrades, a factor that can pose safety problems. (See the Assigned Counsel Project, page 26 for more details).

Crime Prevention And Victim's Assistance

Burglary, purse snatching, pick pocketing, fraud, check and identity theft, vandalism, and harassment are common crimes that afflict older New Yorkers, who are also a major target of predatory lenders.⁶⁷ Older persons can also become victims of elder abuse, which includes physical and psychological abuse, financial exploitation, and neglect. Perpetrators of these crimes are often family members or caregivers of victims. Because of the relationship, victims are often fearful or reluctant to report the abuse, and as a result, the incidence and prevalence of elder abuse is grossly under-reported. Crime prevention, education and community outreach is essential to prevent elder abuse and increase safety. Moreover, the aging community must advocate for legislation that takes a proactive approach to violence prevention. DFTA and community service providers offer financial assistance, supportive counseling and medical care to elder abuse victims (see The Elderly Crime Victims Resource Center, page 26 for more details.) Cornell Weill Medical College, in partnership with DFTA, is conducting an in-depth, statewide Elder Abuse Prevalence Study (see page 20 for more details).

Technology

Technological advances will continue to improve the quality of life for older adults. "E-learning" demonstrates the potential of older adult online education, particularly for those with limited mobility. DFTA is conducting a 'virtual senior center' demonstration project with Microsoft for homebound seniors (see page 29). Remote diagnoses and continuous health monitoring deliver high quality medical services via computerized home health care systems. Tele-healthcare machines store patient records, monitor health, and connect patients and doctors by video. All stored data is accessible by health care providers in clinical settings.⁶⁸

According to a 2008 survey by the Pew Internet and American Life Project, the biggest increase in Internet users was the 70-75 year old age group: In 2008, 45% of this group was online, compared to 26% in 2005. Fifty-seven percent of those 65 to 69 years are currently online, as are 27% of those 76 and older. The most popular online activities for older adults are sending and receiving email and online searches, including researching health information.⁶⁹

New York State recommends that to better serve the older population, there needs to be an increasing reliance on existing and new technologies to improve communication and streamline service access and delivery. Agencies emphasize the need to adapt solutions to the age, language, racial, cultural, educational and disability characteristics of users, recognize that users will need education and personal assistance in using technologies, and be vigilant about security and privacy issues.⁷⁰ Technological developments are essential to increasing access and linking services to help support and enhance the lives of older adults.

Employment

As baby boomers continue to join the elderly population, the number of older employees will become an increasingly significant proportion of all workers. In 2007, almost 1 out of every 6 workers in the American labor force was 55 or older (16.4%),⁷¹ and projections indicate that from 2006-2016, this age group will account for more than 90 percent of the growth in the labor force. Additionally, more than 70% of this group works full-time, and 97% of those who worked part-time did so by choice.⁷² The U.S. Government Accountability Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.⁷³ There will be a growing demand for employers to ensure that work environments are adjusted in response to the needs of older and disabled workers, including physical modifications, assistive devices, flexible work schedules, off-site work arrangements including telecommuting, and greater use of family leave for caregivers.⁷⁴

Volunteerism and Intergenerational Exchange

Volunteer programs increase community resources while simultaneously providing older adults with opportunities to contribute their talents and skills and remain active. Volunteering is positively associated with life satisfaction and perceived health among older adults,⁷⁵ and those who volunteered at least 15 hours per week with Experience Corps, a program that places older adults in public elementary schools, had increased physical, cognitive and social activity levels relative to people of the same age who did not volunteer.⁷⁶

Today, less than half of those over 50 are being asked to volunteer despite research indicating that the volunteer rate for those 50 and older who were asked is three times higher.⁷⁷ Programs such as HIICAP (see page 28), Foster Grandparents (see page 26), Intergenerational programs including the Volunteer Support Project for the blind and visually impaired (see page 27), ReServe (see page 28), the new TimeBanks NYC initiative (see page 19), and other local programs have tapped the invaluable resource of the City's experienced older adults. Public and private support is needed to help these programs grow in size, number, and diversity.

III. PROGRAM INITIATIVES

DFTA's comprehensive examination of its aging services system is an ongoing effort to strengthen and improve the services older New Yorkers receive today and to prepare for the growing and diverse needs of New Yorkers tomorrow. The Department has been modernizing its three core services: case management (see page 28), home delivered meals (see page 29), and senior centers (see page 30):

- The newly redesigned **case management** model is a more coordinated, uniform, and integrated system that DFTA envisions will better link older adults to a wide range of community-based services that provide a continuum of care. All clients receiving an in-home service funded by DFTA receive a comprehensive assessment from a case management agency;
- The redesigned **home delivered meals** program demonstrates DFTA's commitment to continuing to provide nutritious meals to vulnerable older New Yorkers while creating greater choice and capacity to address the future needs of a growing homebound population. DFTA will be conducting a home delivered meals satisfaction survey to follow up on the program's transition; and
- DFTA's **senior centers** provide meals in an environment where older adults can participate in a variety of recreational, health promotional and cultural activities, as well as receive information on and assistance with benefits. The Senior Center Request for Proposals (RFP) will remain faithful to these principles while continuing to respond to the diversity of New York City's older population.

DFTA has been deeply engaged in developing visions to enhance the City's livability and capacity to support people of all ages and abilities; this includes addressing the social dimensions of our City's sustainability. The Department will be implementing recommendations from the report, "**Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers**," which impacts everything from community and civic participation to public spaces and transportation. The Department is also participating in the **Mayor's NYC Service plan**, which aims to leverage the assets that New Yorkers have to offer one another. This year DFTA is welcoming a team of VISTA volunteers to work on the development of New York City's **TimeBanksNYC** project, a strengths-based community development program being launched in collaboration with the Aging in New York Fund as part of the NYC Service plan. TimebanksNYC will enable participants of all ages to offer and receive services in a managed exchange, wherein someone does something for another individual, and gets a "time dollar" in exchange (which can then be redeemed for a service from someone else). The aim is to forge a strong sense of community and leverage the assets that New Yorkers have to offer each other. The following sections highlight age-friendly programs and initiatives the Department will direct its efforts toward during the 2009 – 2010 program year.

Grant-Funded Initiatives

The Department for the Aging, as well as its not-for-profit charitable arm, The Aging in New York Fund (ANYF), seeks resources through public and private partnerships to

develop innovative service models that address the unmet needs of older New Yorkers, their caregivers, and the aging services network. Current research and development programs funded by grants that serve New York's older adult community include:

- **The Depression Screening Initiative.** Developed in conjunction with DoHMH and the Mental Health Association of New York City (MHA), this initiative focuses on identifying depression in at-risk older adult senior center clients and increasing access to treatment in high-risk areas of the City. Those identified “at risk” are referred to their primary care physician. Another goal of the project has been to educate older adults that depression is not a normal part of aging and is highly treatable. During its first four years, the Initiative has educated 5,000 seniors and 419 staff, and provided 308 workshops, with 26% of all senior centers having participated in the program. An average 11% of seniors tested were found to be “at risk.” The Initiative has expanded to include workshops on stress and anxiety, memory loss, and polypharmacy (incorrect and/or overuse of multiple medications). The Initiative educates older adults in English, Spanish, Chinese, Korean, Japanese, and Russian.
- **The Elder Abuse Prevalence Study.** Lifespan (Rochester) and Dr. Mark Lachs, Co-Chief of the Division of Geriatrics and Gerontology at Weill Medical College, received a grant from the New York State Children and Family Trust Fund to conduct a statewide elder abuse incidence and prevalence study. DFTA is partnering with Lifespan to conduct this study, with the principal investigators being Dr. Lachs (Cornell) and Jackie Berman, PhD (DFTA). This is the first in-depth, statewide study of elder abuse prevalence in the nation. The aims of the study are to estimate the incidence and prevalence of elder abuse, estimate rates of under-reporting, and identify demographics. The grant has completed the first year of its funding and is in the data collection phase.
- **The End of Life Care – Community Support Demonstration Program.** DFTA and the Jewish Board of Family and Children's Services (JBFCS), through a grant from NYSOFA are collaborating on a program that supports individuals at the end of life and helps them remain in their homes and communities. The project operates in CDs 14 and 17 in Brooklyn and will be expanding. During its first year the program provided training to 68 senior center staff, 127 seniors, and DFTA case management and caregiver program staff serving these areas. The JBFCS provides free non-medical services to terminally ill persons regardless of life expectancy or treatment options, and a case manager assists clients and their families in managing end of life care. The creation of an end of life care learning network for aging services providers will build the capacity of the local aging service delivery system to access end of life care services for their clients.
- **The Grandparents Connect Program (GCP)** is a suicide prevention initiative for grandchildren ages 9-17 under the care of grandparents. DFTA's Grandparent Resource Center (see page 27) is collaborating with the MHA on this project, through a grant funded by the New York State Office of Mental Health. Culturally

and age appropriate workshops give grandparent/relative caregivers the tools to help them cope with the difficulties of raising a child who may be suffering from depression or other emotional issues. The GCP also focuses on empowering grandparent caregivers to recognize the signs and symptoms of grandchildren in emotional distress, addresses the lack of knowledge and attitude barriers among grandparents and their grandchildren, provides access to screening, and offers information and referrals for relevant social and mental health services. In addition, grandchildren/relative children engage in age appropriate activities such as music and art therapy as well as discussions about depression, anxiety, and suicide to promote disclosure and help-seeking behavior.

- **Harlem Healthy Living/NYU Research Project.** In a project spearheaded by the Greater Harlem Chamber of Commerce and led by Harlem Hospital, DFTA and other city and community organizations will be planning and promoting behavior-changing and health awareness neighborhood activities throughout the Harlem community. Each annual quarter will include workshops and events focused on a specific disease. NYU will be conducting a research component on hypertension in four senior centers, as well as a healthy walking grant-funded program.
- **The Hispanic Elders' Health Initiative.** The Department was one of eight cities selected to participate in the U.S. Department of Health and Human Services initiative, "Improving Hispanic Elders' Health: Community Partnerships for Evidence-based Solutions." DFTA has partnered with DoHMH, the Health and Hospitals Corporation (HHC), and the Brookdale Center for Healthy Aging and Longevity to form the New York City Taskforce on Hispanic Elders' Health, which aims to reduce diabetes-related health disparities experienced by Hispanic seniors in the South Bronx and East Harlem. The Taskforce spent a year preparing a comprehensive plan for piloting the Spanish language Stanford model chronic disease self-management program, "Tomando Control de su Salud," at Casa Boricua and Leonard Covello senior centers, and is currently seeking additional funding for its implementation. As a follow-up to this grant, the Administration on Aging (AoA) has requested that DFTA and its partners participate in an initiative that would help bring evidence-based programming to high-risk populations. Using a Stanford-based model, the Department will be specifically focused on Diabetes Self-Management Training (DSMT).
- The **Keeping Your Mind Sharp (KYMS)** program's goal is to raise awareness about the importance of enhancing self-care to stave off memory loss and physical deterioration. This program was developed by the Fisher Center for Alzheimer's Research through the use of literature, best practices, and experience, and is funded through an AoA grant. Elements of the program include cognitive stimulation, physical activity, and stress reduction. The Alzheimer's and Caregivers Resource Center (see page 25) will conduct training and research in approximately 20 senior centers and three hospitals.

- **Multi-Generation Civic Engagement (MGCE) Grant.** Through a grant from the National Council on Aging, DFTA proposes to increase its Grandparent Support Group Program (GSGP)'s capacity and strengthen its infrastructure. DFTA aims to enhance support group leader recruitment, training and management to improve effectiveness. An AmeriCorps VISTA volunteer, a Wisdom Work Team Facilitator, and a GSGP Coordinator will assist the GSGP in: evaluating its current system model to lead to higher volunteer engagement and retention; implementing six new support groups to target geographic areas and ethnic groups that have been underserved; and offering training for support group leaders on topics relevant to today's grandparent caregivers, as well as on fundraising, participant retention, and garnering community support. Emphasis will also be placed on recruiting grandparents from the community to become Wisdom Work Team volunteer members and support group leaders.
- **National Eye Institute Grant.** DFTA, in collaboration with the NYC Coalition on Aging and Vision, is working on a grant project to educate 30 Health Insurance Information Counseling and Assistance Program (HIICAP) counselors on vision rehabilitation services for blind and visually impaired seniors. The goal is to better refer and serve older adults by increasing their awareness and knowledge about eye health, early detection and treatment of disorders. Presentations and written materials to senior groups will be prepared by the Coalition. (To read more about the Coalition and HIICAP, see pages 22 and 28, respectively.)
- **The N.E.E.D.S. Project** (Nutritional Enhancement for Elders through Data Sharing) is a collaborative effort between DFTA's Bureau of Administration, New York City's Human Resources Administration (HRA) and the Food Bank for New York City. This project's goal is to reach out to seniors who receive Senior Citizen Rent Increase Exemption Program (SCRIE) benefits and get them enrolled in food stamps. DFTA and HRA mailed letters to potential applicants inviting them to apply at local designated application processing sites. Food Bank staff conduct the pre-screen for client eligibility, review and scan documents, and submit the food stamp applications. The client is then scheduled for a phone interview with an HRA worker, and Food Bank staff conduct follow-up with each client.
- **The New York City Coalition on Aging and Vision.** The Coalition's mission is "to help advance the independence and quality of life for older people experiencing vision loss by improving access to and utilization of vision rehabilitation services." The Coalition was founded by the Aging in New York Fund and DFTA with funding from the Reader's Digest Partners for Sight Foundation, The New York Community Trust, and the Allene Reuss Memorial Trust. A year-long educational outreach and referral initiative was conducted. Training and education to aging service and healthcare providers was conducted about the growing challenge of age-related eye diseases, prevention and treatment options, vision rehabilitation services, and resource access; the Coalition will be mobilizing providers to then offer information, education and resources on these topics, including eye exams and screenings and low vision

specialists. The Coalition hired interpreters representing 11 languages to help facilitate the delivery of vision rehabilitation services to older adults, accompany clients who need translation services to eye doctor appointments, and may be paired with community outreach workers from vision agencies to conduct outreach to un-served and under-served ethnic groups. The Coalition is also working with DFTA on a National Eye Institute Grant project (see page 22).

- **The Senior Center and Naturally Occurring Retirement Community (NORC) Health Indicator Study.** DFTA is collaborating with The Brookdale Center on Aging of Hunter College and the United Hospital Fund (UHF) to gain a better understanding of the health status of senior center participants and NORC residents. In year one of this study, Brookdale and UHF developed a survey, and in years two and three, they will implement evidence-based interventions on depression, diabetes management, hypertension and falls prevention. A baseline health status assessment of older adults will assist in the future planning of social and health care services, raise awareness of the need for adequately trained health care professionals in geriatrics, and promote future research to advance our knowledge of older adults' health status – all encouraging improved health and increased independence for older adults to live successful productive lives.
- **United States Department of Agriculture Food Stamp Outreach Grant (EatWell Program).** The EatWell program, operated by the HIICAP and Research units, will ensure that Hispanic seniors living in target communities and eligible for food stamps understand that they are eligible, know how to apply, and are aware that they can receive benefits without significant inconvenience or hassle. Program goals are to empower Hispanic seniors to make informed decisions about their nutrition options and build the capacity of the aging service delivery system to promote food stamp enrollment. The multi-tiered approach of the EatWell Program includes using bilingual and bicultural EatWell Coordinators as connectors between Hispanic elders and the Food Stamp Program (FSP) at community sites, and collaborating with HRA to finalize the FSP application process at these sites. Thus, seniors will not need to travel to the local food stamp office for a face-to-face interview and application submission.

Community Outreach

Community Outreach provides information and application assistance to older New Yorkers and their caregivers regarding benefits and entitlement programs. Staff attends outreach events year round citywide to conduct presentations and distribute information about DFTA programs and services to older New Yorkers, elected officials, caregiver organizations, government agencies, and community partners.

Emergency Preparedness

DFTA's Office for Emergency Preparedness continues to work with the New York City Office of Emergency Management (OEM) on the design and implementation of

emergency response plans, including the Disaster Assistance Service Center (DASC) Plan, the Heat Emergency Plan, the Coastal Storm Plan – including participation in the Hurrex drill and administration of Special Medical Needs Shelters, and the Advanced Warning System. The Office also continues to incorporate its Emergency Response into the citywide Continuity of Operations (COOP) plan to ensure that critical services continue to be available citywide following an emergency. The Department’s network of senior centers citywide function as cooling centers when heat emergencies are declared, and DFTA works with both OEM and 311 to ensure that all information, including locations and hours is readily available. Emergency Preparedness also participates in updating and distributing the “Ready NY Guide for Seniors and People with Disabilities,” and gave approximately 50 emergency preparation presentations at senior centers, NORCs, churches and other venues last year. Emergency Preparedness also organized a variety of projects for older adults this year, including:

- Distributing more than 40,000 **Farmers Market check booklets** to eligible low-income older adults through a network of participating contractors to encourage the consumption of more fresh fruit and vegetables;
- Organizing **cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification** for more than 400 senior center staff;
- Giving away more than 12,000 **flu inoculations** to seniors, in partnership with DoHMH;
- Sponsoring over 500 **free bus trips** for more than 13,000 older adults to numerous sites, ranging from supermarkets to museums to the Aqueduct Flea Market, in partnership with the Department of Education (DOE); and
- Participating in City Hall’s **“Healthy Food” initiative**. By encouraging senior centers to use these free school buses to schedule food shopping trips to larger supermarkets and other venues, seniors had access to a larger variety of fresh fruit and vegetables.

Housing and Energy

- **The Home Energy Assistance Program (HEAP)** helps low-income homeowners and renters, through a yearly grant, pay for utility and fuel costs, repairs, heat-related equipment, and temporary relocation. The Department will continue to educate the aging network, public officials, and utility companies about HEAP and how it can assist their constituents. The Unit will continue to expand its outreach efforts and work collaboratively with HRA to expedite the resolution of clients’ cases.
- **The Senior Citizen Rent Increase Exemption Program (SCRIE)** assists qualified older adults age 62 or older to remain in rent regulated apartments by authorizing exemptions from future increases to their monthly rent. On July 1, 2009, the income eligibility limit rose to \$29,000. (See “Housing,” page 15 for more details.) The SCRIE program will be moving to the Department of Finance.
- **The Weatherization, Referral and Packaging Program (WRAP)** enables low-income clients to receive weatherization measures and support services. The

program provides home visits to ascertain needs and ongoing technical support. WRAP collaborates with the NYS Division of Housing and Community Renewal (DHCR) to weatherize homes of eligible DHCR wait list clients. WRAP also coordinates the delivery and installation of air conditioners to low-income, medically needy elderly that do not have a working air conditioner. Last year, DFTA was able to provide over 2,600 air conditioners with \$1.2 million provided by the New York State Office of Temporary and Disability Assistance (OTDA). This year DFTA plans to approve and install approximately 3,000 air conditioners.

Long Term Care and Active Aging

- **Aging in Place Initiatives and NORCs.** DFTA will continue advocating for affordable new older adult housing as well as assisted living opportunities. Last year DFTA co-organized several Section 202 trainings with the U.S. Department of Housing and Urban Development (HUD) for non-profit and New York City Housing Authority (NYCHA) elderly housing coordinators and resident advisors on mental health, legal, and end-of-life issues. In collaboration with NORCs and the United Hospital Fund (UHF), DFTA continues to work to redesign a standard assessment tool to more accurately reflect the goals of a NORC (see “Senior Center and NORC Health Indicator Survey,” page 23.) DFTA has also coordinated an evidence-based Chronic Disease Self-Management Program (CDSMP) for the past three years at seven NORCs, through a grant from NYSOFA. DFTA staff are trained as peer leaders in the English and Spanish versions of the CDSMP, with additional staff trained as Master Trainers in CDSMP (English), authorizing them to train peer leaders in the protocol.
- **The Alzheimer’s and Caregivers Resource Center** provides caregiver support services, including information, referral, consultations, technical assistance, and trainings to caregivers and the community. Initiatives include:
 - **The Alzheimer’s Disease Educational Outreach Initiative**, in partnership with NYCHA, the NYPD’s Housing Bureau, and the Alzheimer’s Association (NYC Chapter), to assist elders with Alzheimer’s living in public housing receive support, forestall crises, and alleviate the need for intervention by educating NYCHA residents and the community on signs, symptoms, and available resources;
 - Working with the National Alzheimer’s Association’s **MedicAlert/Safe Return program**, the NYPD and families of older adults reported missing who have wandered and become lost, and assisting with their safe return;
 - **Age-related tip sheets and palm cards** for New York’s 30,000 licensed general contractors, containing information about potential hazards in the home for older adults, remedies, and resources, in collaboration with the Department of Consumer Affairs;
 - **Home health aide (HHA) Training** at LaGuardia Community College on long-term care needs, community resources, and caregiving. Pending

grant funding, this project, as well as staffing and training on these issues to high school students on a medical track, will be implemented; and

- **The Chinese American and Korean American Alzheimer's Coalitions**, whose development DFTA continues to foster, and for whom DFTA provides technical assistance and support. Both Coalitions, the first of their kind, have held language-specific conferences/workshop series.
- **The Assigned Counsel Project (ACP) and the Social Work Education Initiative (SWEI)**. The ACP provides legal representation to older adults at risk of eviction from their homes and also to seniors who wish to commence a proceeding against a primary tenant on whom they are dependent for income. The goal is to either preserve current or advocate for alternative housing options and address the immediate social work needs of the older adult litigant. Upon referral from Housing Court personnel, DFTA-contracted legal providers offer legal representation to the client, with social work staff/graduate interns working in tandem to holistically address the social work and legal needs of the housing court litigant. The social work staff/interns may accompany older New Yorkers in Housing Court proceedings to provide support and advocacy. The ACP operates in Manhattan, Brooklyn and Queens Housing Courts, with plans to expand to the Bronx and Staten Island in the future.
- **The Caregiver Program** administers 14 contracts to qualified community-based organizations to help caregivers assist their care recipients with remaining in their homes and communities as long as possible. These programs provide information and assistance, individual counseling, support groups, caregiver training, respite care, and other supportive services. The website, www.nyc.gov/caregiver, offers online help and resources to caregivers in English, Spanish, Russian, and Chinese. A Departmental e-learning tool, Understanding Alzheimer's Disease, was translated into five languages, and the Unit has select written materials available in six.
- **The Elderly Crime Victims Resource Center (ECVRC)** provides direct services to crime and elder abuse victims and training to individuals and groups that work with older adults on how to identify signs and provide intervention. The ECVRC and its community partners – including the Mayor's Office to Combat Domestic Violence and the Family Justice Centers of Brooklyn and Queens – provide crisis intervention, counseling, advocacy, information and assistance, emergency financial assistance, security device installation, and legal services. DFTA also served as a catalyst in the formation of the Elder Abuse Prevention Network, comprising non-profit organizations, government agencies, law enforcement personnel, district attorneys, academic institutions and private sector groups. The Network was formed to assist victims with a coordinated service response, identify service gaps, and improve information sharing.
- **The Foster Grandparent Program** enables low-income older adults to provide one-on-one tutoring and mentoring to children at community sites. Screened and

trained Foster Grandparents are placed in day care centers, elementary schools, Head Start programs, libraries, hospitals, pediatric and child life units, courts in the juvenile justice system, and the Safe Horizon program. Specially trained Foster Grandparent volunteers provide mentoring for children in foster care and for children of incarcerated parents. The program has successfully developed partnerships with the Administration for Children's Services (ACS), the DOE, the U.N. Office of Volunteers, and the Department of Juvenile Justice.

- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. The GRC has built a network of support groups, programs, services and community partners across the city, and provides trainings and presentations on grandparent caregiving, self-advocacy and empowerment, support group start-up, sensitivity training, and health education to grandparent caregivers, community-based groups and City employees. The GRC will continue to increase outreach to diverse communities including Latino, African, Caribbean and Russian grandparent families. The GRC also works with intergenerational programs and offers recreational opportunities for grandparents' families. Through a grant from the New York State Office of Mental Health, DFTA and the MHA are offering grandparents the Grandparents Connect Program (GCP), a suicide prevention initiative for grandchildren between the ages of 9 and 17 under the care of grandparents (see page 20). The GRC also recently received an Achievement Award for its Empowerment Training from the National Association for Area Agencies on Aging (n4a).
- **The Intergenerational Programs Unit** operates a variety of intergenerational initiatives. The **Intergenerational Work Study Program (IWSP)**, in partnership with the DOE, is a year-round program for public high school students and older adults to interact at senior centers, nursing homes, and with in-home service providers; students gain valuable work experience and receive academic and community service credits toward graduation. The IWSP also offers scholarships to graduating high school seniors and encourages students to pursue careers in aging services. **Community-Based Intergenerational Partners (CBIPs)** contract with DFTA to design and implement programs to link elders and youth in service to each other and their communities. With City Council and DFTA support, 14 providers will resume contracts. In the past fiscal year, both programs engaged more than 11,000 older adults, youth, and children, and served as a resource to counteract aging and youth stereotypes; advance intergenerational understanding and responsibility; provide opportunities for older adults to contribute their leadership, knowledge and skills; and enhance existing aging services. The Unit also operates the **Volunteer Support Project**, which recruits, trains and matches volunteers of all ages with visually impaired and blind older adults to remain connected to community life. DFTA and its partners will continue as advocates for intergenerational programming as members of the **New York State Intergenerational Network (NYSIGN)**.

- **Long Term Care** includes **Case Management, Home Care, and Social Adult Day Services (SADS)** in pursuit of DFTA's goal to assist vulnerable older New Yorkers to remain living in their homes and be engaged in their communities. Case management is the gatekeeper for in-home services such as home-delivered meals and home care. Case Managers provide comprehensive assessments to identify the strengths and needs of older persons, and work with clients to plan and coordinate services and resources on their behalf. DFTA in-home services include homemaking/personal care and housekeeper/chore services. DFTA also collaborates with the Human Resources Administration to transition clients seamlessly from DFTA-funded temporary home care to Medicaid Home Care. SADS provide group and individual activities in daycare settings to physically and cognitively impaired older adults.
- **The Senior Employment Service (SES) Program** provides recruitment, training, and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, and computer technology and customer service training. SES will continue to expand partnerships with organizations that provide marketable skills training and who demonstrate a commitment to creating job and training opportunities for older adults. **ReServe**, a partnership with ReServe Elder Services that matches retirees/Reservists with short-term City agency projects that utilize their experience and expertise, has matched more than 200 ReServists with 338 assignments among 18 City agencies. The **Summer Meals Program**, which DFTA is participating in with the Mayor's Office and the NYC Public Library, connects older adult workers with children at public libraries in the summer through reading, math and art, as well as by serving meals and providing light clean up support.
- **The Work Experience Program (WEP) Unit** utilizes the DFTA Personal Care Aide (PCA) Program to help provide health-related services to adults with physical disabilities and chronic disabling illnesses. The program will train approximately 200 aides this year. In addition to the New York State Department of Health core curriculum, training or certification is provided on elder abuse, dementia, health education, cultural diversity, conflict resolution, and time management. Classes are conducted in English, Spanish and Chinese, and the program has a consistent 90% employment and retention rate after three months. The Work Experience Program will provide WEP workers to community partners, such as senior centers, as supportive staff to better serve the elderly. WEP workers help with office duties, provide maintenance and community services, and assist in preparing and serving food.

Bureau of Senior Centers

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations for older adults, community partners, and other groups on Medicare, Medicaid, Medigap, EPIC, private health insurance, preventive services, and long-term care planning. HIICAP's trained

counselors provide assistance with prescription plan selection and enrollment in person and over the telephone at 33 community based sites citywide and in 17 languages. Last year, HIICAP received an Aging Services Network Community-Based Enrollment Campaign Grant from the National Association of Area Agencies on Aging (n4a) to conduct education, outreach, and enrollment support for low-income Medicare beneficiaries and their families. This year, HIICAP is collaborating with the NYC Coalition on Aging and Vision on a grant project received from the National Eye Institute to educate HIICAP counselors on vision rehabilitation services (see page 22 for more information).

- **The Health Promotion Services Unit** and its extensive network of older adult volunteers conduct health education programs and activities for older New Yorkers. Staff train 1,100 volunteers to lead a broad range of programs including:
 - **Stay Well exercise classes** geared toward all levels and abilities; routines enhance balance, build muscle strength, and reduce stress;
 - **Keep on Track Blood Pressure Monitoring programs** to measure blood pressure and help participants understand their readings;
 - **Alert & Alive discussion groups** for participants to share experiences that celebrate their lives and discuss the realities of aging;
 - **Partner to Partner peer support** for volunteers and clients with similar life experiences to engage in one-on-one supportive discussions;
 - **The Big Apple Senior Strollers Walking Clubs** where members are presented with certificates listing steps accumulated by all members;
 - **Know your Numbers**, where volunteers explain the implications of peers' blood pressure readings, glucose and cholesterol tests;
 - **The Save a Life Campaign** stressing the importance of early detection for colorectal cancer and bone density testing for osteoporosis; and
 - **Workshops and lectures** on various topics including falls prevention, medication management, diabetes, insomnia, hypertension, and memory.

- **Home Delivered Meals.** The recently redesigned home delivered meals program continues to provide nutritious meals to older New Yorkers while creating greater choice and capacity to address the future needs of a growing homebound population. All home delivered meals continue to meet Federal and City dietary standards. Those older adults assessed by their case manager as capable of reheating a meal now have choice and flexibility between choosing twice weekly delivery of frozen meals or daily delivery of a hot meal. The selection of frozen meal delivery provides the option to decide when they are ready to eat and which meal they wish to eat that day.

- **Microsoft/Virtual Senior Center.** In partnership with Microsoft, DFTA is piloting a 'virtual senior center' demonstration project at Selfhelp Ben Rosenthal Senior Center for six socially isolated homebound older adults unable to participate in programming at a center; they are able to access and participate in programming via their computer, as well as receive tutorials to help them use the internet and other web-based services tailored specifically to their needs.

- **Senior Centers.** The Department currently funds 282 full-time senior centers and 22 part-time programs for older adults citywide, with approximately 28,000 people attending these sites daily. Participants are provided with congregate meals and an environment where they can participate in a variety of recreational, health promotional and cultural activities, as well as receive information on and assistance with benefits.
- **Senior Day Fair.** DFTA, Metropolitan Hospital and other community agencies sponsored the third annual health fair for seniors at Thomas Jefferson Park in East Harlem. The fair featured health screenings, exhibits by senior centers, Medicare health plan information, and a live senior performance show.
- **Transportation services.** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use, public transportation, for the purpose of attending senior centers and essential medical and social service appointments. DFTA has been working with the New York City Department of Transportation (NYCDOT)'s Office of Safety Education on initiatives to improve pedestrian safety, including a traffic safety educational video, calendar, and workshops. DFTA also works with NYCDOT on the Safe Streets for Seniors initiative, where physical improvements are made in areas that are especially problematic for seniors and where there are high accident rates.
- **WeCOACH.** The purpose of WeCOACH is to create a working referral procedure for diabetic seniors from participating HHC facilities to senior centers. Referred older adults participate in Healthy Aging activities at their centers through an incentivized program, and their progress is followed by an HHC facility.
- **Woodhull Cookbook Project.** DFTA collaborated with Woodhull Hospital and 11 of its nearby senior centers to complete a cookbook using seniors' family recipes; culinary faculty and students from the New York College of Technology added value using healthy ingredients.

Training and Learning Events

From February to June, 2009, the Office of Organization Development and Strategic Initiatives conducted a seven-part series of learning events for senior centers and NORC programs on "Innovative Evidence-Based Health Promotion Programs for Senior Centers & NORCs." Programming included: "How to Create a Senior Center Fitness Program That Produces Maximum Results;" "Whole-Body Health Promotion and Disease Prevention;" "Brain Fitness;" "Mental Health/Mental Wellness;" "Diabetes Prevention;" "Creativity and Physical/Mental Wellness;" and "Falls Prevention." A second series of trainings on evidence-based programming is being planned.

IV. ADVOCACY OBJECTIVES

The Department's advocacy efforts are directed towards improving the quality of life for older New Yorkers. The Department evaluates and comments on the fiscal, policy, and programmatic implications of proposed Local, State, and Federal laws, regulations, and policies affecting the elderly. It develops policy objectives to be enacted into Federal, State, and City legislation and proposes them to the Mayor's Office.

The Department presents testimony at legislative and administrative agency hearings, disseminates information about the findings of its impact analyses, and participates in local, state, and national meetings and conferences.

The Department will advocate for funding strategies that more effectively support longevity and aging in place, including health promotion and overall wellness. Countless studies have not only demonstrated older adults' preference to continue living in their homes and communities for as long as possible, but have also demonstrated the value of home- and community-based care. As such, the Department will continue to advocate for more cost-effective, home- and community-based supportive care options that enhance quality of life and sustain individuals in their communities for as long as possible.

The Department has identified the following advocacy initiatives for the program year 2009-2010:

At the Community level, the Department will:

- Analyze and disseminate information and data to the elderly and the aging services network to use in their advocacy efforts;
- Inform the local aging services network about pertinent legislative and budget issues;
- Engage the aging services community in collaborative planning around the development of the Department's Request for Proposals for Congregate programs; and
- Work cooperatively with interagency councils, advocacy groups, and with city and state citizen groups on behalf of elderly interests by participating in forums and meetings and collaborating on advocacy and policy concerns.

At the City level, the Department will:

- Implement recommendations from the report, "Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers." The initiatives, impacting everything from community and civic participation to public spaces and transportation, will help shape the way City government thinks about and addresses the needs and desires of older New Yorkers;

- Continue to promote awareness among other City agencies by reviewing, analyzing, and coordinating activity on City, State, and Federal matters of interest to the elderly, including the impact of proposed legislation;
- Develop Federal and State agendas on aging service priorities for inclusion in New York City's legislative agenda; and
- Assess proposed laws and regulations regarding health insurance, nursing homes, home care, housing, transportation, and energy to determine their impact on the elderly.

At the State level, the Department will continue its efforts to advocate for:

- Increased funding for aging programs, including the Community Services for the Elderly Program (CSE), the Expanded In-Home Services for the Elderly Program (EISEP), the Supplemental Nutrition Assistance Program (SNAP), and the Social Adult Day Care Program (SADC);
- Legislation to provide pharmaceuticals at discounted prices for uninsured older adults or those with coverage gaps;
- Funding for legal representation and social services for the elderly in Housing Court, modeled after the collaborative Assigned Counsel Project between the Department for the Aging and New York Civil Court;
- Increased funding for and expansion of the Naturally Occurring Retirement Community (NORC) Supportive Service Program, which provides supportive services to elderly individuals in residential buildings;
- Expansion of more affordable older adult housing units, assisted living opportunities, and financing for the development of new housing for older New Yorkers;
- More oversight of assisted living facilities; and
- Support for programs that help kinship caregivers (grandparents and other relatives) raise children.

At the Federal level, the Department will continue its efforts to advocate for:

- Increased funding so that local Area Agencies on Aging can adequately implement several new initiatives associated with the Older Americans Act (OAA) of 2006, including programs in the areas of aging in place, transportation services, multigenerational and civic engagement activities, technology-based services, benefits outreach and counseling, community planning and emergency preparedness, and the delivery of mental health screening and treatment services for older individuals, among others;
- Funding the new long-term care provisions in the OAA, and continuing and expanding existing demonstration programs on consumer-directed nursing home-diversion and evidence-based programs;
- Kinship caregiver support legislation that will provide assistance to the growing number of grandparents and other relatives raising children;
- The expansion of the Federal Section 202 Supportive Housing for the Elderly Program and the Assisted Living Conversion Program for Section 202 buildings;

- An increase in funding levels for the Federal Low-Income Home Energy Assistance Program (HEAP);
- An additional increase in funding levels for the Federal Section 5310 Program – Transportation for Seniors and Persons with Disabilities, and inclusion of the provision that would permit Section 5310 funds to be used for operating assistance in addition to capital expenditures. In addition, increase funding for the National Technical Assistance Center for Senior Transportation;
- Federal funding formulas that ensure New York’s fair share of funding for vital programs and services for older New Yorkers;
- Increased appropriations for the Seniors Farmer’s Market Nutrition Program;
- Support of the Elder Justice Act, which would create a combined law enforcement and public health approach to study, detect, treat, prosecute, and prevent elder abuse, neglect and exploitation; and
- Support of the SSI Extension for Elderly and Disabled Refugees Act which would amend the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), to prevent termination of critical assistance to elderly and completely disabled refugees and asylees.

V. PROJECTED RESOURCES, EXPENDITURES AND SERVICE LEVELS

July 1, 2009 - June 30, 2010

The Department receives funding from a variety of sources to support a broad range of services. Many State and Federal grants require the City to “match” a certain proportion of their funding. A significant portion of City Tax Levy funds are dedicated to match State and Federal grants. Funding from the private sector also supports Departmental activities, including Citymeals-on-Wheels which works with the food industry, business community, and general public to support emergency food packages and home delivered meals. Foundation and other private support enhances employment services, the Intergenerational Work Study Program and other special projects. The majority of DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including information and referral, older adult employment assistance, the Home Energy Assistance Program (HEAP), and other services for special populations.

The budget figures shown in the following tables are based on information as of September, 2009, and are subject to change. Table B (page 35) lists DFTA’s revenue sources. For City Fiscal Year 2010 (July 1, 2009 - June 30, 2010), the Department’s budget is projected at \$290 million, a 2% decrease from \$296 million in Fiscal Year 2009. City funding represents almost 58% of the Department’s budget, Federal funding 29%, State funding almost 13%, and other funding, 1-2%. Tables C and D represent DFTA’s plan for the Fiscal 2010 Adopted Budget: Table C (page 36) reflects planned support for each of the Department’s contracted services, and Table D (page 37) reflects planned service levels, but does not include some services provided directly by DFTA. Through the support of the City Council, DFTA received a partial budget restoration for programs such as elder abuse prevention, extended services, intergenerational programming, NORCs, Social Adult Day Services, Senior Centers, and transportation.

**TABLE B. PROJECTED FISCAL YEAR 2010 BUDGET, NEW YORK CITY
DEPARTMENT FOR THE AGING, July 1, 2009 – June 30, 2010¹**

	FY 2010 PLANNED BUDGET	<u>TOTALS</u>
<u>FEDERAL FUNDS</u>		
OAA Title III B Social Services	\$10,457,206	
OAA Title III C Nutrition	19,012,316	
OAA Title III D Health Promotion	648,211	
OAA Title III E Caregiver Support	3,985,476	
OAA Title V Senior Community Services Employment	5,679,813	
OAA Title VII Ombudsman	222,872	
ARRA ² Nutrition	2,839,936	
ARRA Senior Employment	961,049	
Title XX Social Service Block Grant	25,262,085	
USDA Cash-In-Lieu	8,414,440	
ACTION - Foster Grandparents	1,606,244	
HEAP (Home Energy Assistance Program)	300,000	
HIIICAP (Health Insurance Information, Counseling & Assistance Program)	387,446	
WRAP (Weatherization, Referral & Packaging Program)	2,544,382	
Community Development Block Grant	2,494,727	
Operation Restore Trust (ORT)	37,500	
		\$84,853,703
<u>STATE FUNDS</u>		
CSE (Community Services for the Elderly)	\$7,207,816	
EISEP (Expanded In-Home Services for the Elderly)	18,418,994	
Foster Grandparents	33,842	
SNAP (Supplemental Nutrition Assistance Program)	10,487,206	
CSI (Congregate Services Initiative)	284,520	
Transportation	331,028	
LTCOP (Long-term Care Ombudsman Program)	204,838	
		\$36,968,244
<u>CITY FUNDS</u>		
City Tax Levy	\$167,499,777	
Intra-City Transfer: WEP	172,425	
Intra-City Transfer: Home Care	300,000	
		\$167,972,202
<u>OTHER CATEGORICAL FUNDS</u>		
Brookdale Foundation	\$4,000.00	
Healthy Visions	10,000.00	
Grandparent Support	30,000.00	
		\$44,000
GRAND TOTAL:		<u>\$289,838,149</u>

¹ Foundation and other private support also support Departmental activities.

² AARA = American Recovery and Reinvestment Act of 2009.

**TABLE C. PLANNED SUPPORT BY COMMUNITY-BASED SERVICE, NEW YORK
CITY DEPARTMENT FOR THE AGING, July 1, 2009 – June 30, 2010**

	FY 2010 PLANNED BUDGET	TOTALS
<u>ACCESS SERVICES</u>		
Case Management	\$21,724,702	
Case Assistance/Counseling	12,229,658	
Transportation/Escort	7,429,508	
Information & Referral/Outreach	<u>463,484</u>	
		<u>\$41,847,352</u>
<u>NUTRITION SERVICES³</u>		
Congregate Meals	\$53,070,630	
Home Delivered Meals	29,285,160	
Nutrition Education	308,545	
Shopping Assistance/Chore	387,119	
		<u>\$83,051,454</u>
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	\$21,170,381	
Housekeeping	5,215,892	
Social Adult Day	2,081,411	
Friendly Visiting	100,333	
Telephone Reassurance	<u>412,457</u>	
		<u>\$28,980,474</u>
<u>LEGAL ASSISTANCE</u>		
		<u>\$1,210,563</u>
<u>EMPLOYMENT RELATED SERVICES</u>		
Senior Employment	\$5,679,813	
Senior Employment ARRA ⁴	\$1,284,668	
Foster Grandparent Program	<u>1,606,244</u>	
		<u>\$8,570,725</u>
<u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u>		
Education/Recreation	\$15,883,446	
Health Promotion/Screening	1,037,896	
Intergenerational Services	850,000	
Residential Repair	<u>402,282</u>	
		<u>\$18,173,624</u>
<u>NATURALLY OCCURRING RETIREMENT COMMUNITIES</u>		
		<u>\$5,614,020</u>
<u>FAMILY CAREGIVER SUPPORT</u>		
Respite (Individual and Group)	\$1,736,152	
Information and Outreach	1,524,418	
Caregiver Services	618,382	
Supplemental Services	<u>220,681</u>	
		<u>\$4,099,633</u>
TOTAL SUPPORT:		<u>\$191,547,845</u>

³ Citymeals-On-Wheels no longer contracts through DFTA. The value of those contracts is not shown on this chart.

⁴ AARA = American Recovery and Reinvestment Act of 2009.

TABLE D. PLANNED SERVICE LEVELS BY COMMUNITY-BASED SERVICE, NEW YORK CITY DEPARTMENT FOR THE AGING, July 1, 2009 – June 30, 2010

	<u>FY 2010 PLANNED UNITS OF SERVICE</u>	
<u>ACCESS SERVICES</u>		
Case Management	498,261	Hours
Case Assistance/Counseling	249,762	Hours
Transportation/Escort	595,220	One-Way Trips
Information & Referral/Outreach	87,125	Contacts
<u>NUTRITION SERVICES</u>		
Congregate Meals	8,862,735	Meals
Home Delivered Meals	4,382,787	Meals
Nutrition Education	1,948	Contacts
Shopping Assistance/Chore	12,547	Hours
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	1,391,338	Hours
Housekeeping	345,874	Hours
Social Adult Day Care	3,985	Hours
Social Adult Day Services ⁵	N/A	
Friendly Visiting	7,776	Visits
Telephone Reassurance	54,785	Calls
<u>LEGAL ASSISTANCE</u>		
	30,795	Hours
<u>EMPLOYMENT RELATED SERVICES</u>		
Senior Employment	660	Positions
Foster Grandparent Program	383	Positions
<u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u>		
Education/Recreation	222,452	Sessions
Health Promotion/Screening	14,364	Sessions
Intergenerational Services ⁶	N/A	
Residential Repair	4,500	Hours
<u>NATURALLY OCCURRING RETIREMENT COMMUNITIES</u>		
	74,344	Hours
<u>FAMILY CAREGIVER SUPPORT</u>		
Respite (Individual and Group)	26,380	Hours
Information and Outreach	31,300	Contacts
Caregiver Services	5,520	Sessions
Supplemental Services	5,200	Items

⁵ Funding for Social Adult Day Services was recently partially restored, and so planned units are not yet available.

⁶ Funding for Intergenerational Services was recently partially restored, and so planned units are not yet available.

ENDNOTES

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