

Annual Plan Summary

April 1, 2009 – March 31, 2010

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 2008



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

**Michael R. Bloomberg
Mayor**

**Edwin Méndez-Santiago, LCSW
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 24 through October 30, 2008.

Hearings are scheduled for each borough as follows:

BROOKLYN

Friday, October 24, 2008
10:00 A.M. – 12:00 Noon
Brooklyn Borough Hall Courtroom
209 Joralemon Street
Brooklyn, NY 11201

MANHATTAN

Monday, October 27, 2008
10:00 A.M. – 12:00 Noon
220 Church Street
Room 328
New York, NY 10013

STATEN ISLAND

Tuesday, October 28, 2008
10:00 A.M. – 12:00 Noon
Community Board 2 Office
Sea View Hospital
460 Brielle Avenue
Staten Island, NY 10314

QUEENS

Wednesday, October 29, 2008
10:00 A.M. – 12:00 Noon
Queens Borough Hall
120-55 Queens Boulevard
Room 213
Kew Gardens, NY 11424

BRONX

Thursday, October 30, 2008
10:00 A.M. – 12:00 Noon
Lincoln Medical and Mental Health Center
234 East 149th Street
Auditorium
Bronx, NY 10451

The Annual Plan Summary was prepared by Cara Saunders, Planning Analyst, and Joyce Chin, Director, Office of Management Analysis and Planning, in collaboration with Linda Black and managers and staff throughout the Department. Juxin Di, Planning Analyst and Dr. Jackie Berman, Director of Research, prepared demographic analyses. To receive additional copies of the Annual Plan Summary, please visit our website at www.nyc.gov/aging.

TABLE OF CONTENTS

A MESSAGE FROM THE COMMISSIONER	3
I. INTRODUCTION.....	4
A. NEW YORK CITY DEPARTMENT FOR THE AGING	4
B. PURPOSE AND SCOPE OF THE ANNUAL PLAN SUMMARY	4
C. PUBLIC HEARINGS	5
D. ADVISORY COUNCIL AND COMMUNITY PARTNERS.....	5
E. DEPARTMENT WEBSITE – WWW.NYC.GOV/AGING.....	5
II. ASSESSING THE CURRENT AND FUTURE NEEDS OF THE ELDERLY.....	6
A. THE AGING POPULATION, 2000-2030.....	6
B. AGING WITHIN THE ELDERLY POPULATION	7
C. THE NEEDS OF THE ELDERLY	9
D. HEALTH AND LONG-TERM CARE	12
E. SUPPORTIVE SERVICE NEEDS	16
III. ALL AGES PROJECT	20
A. PROGRAM INITIATIVES	20
B. MODERNIZING AGING SERVICES	29
C. RECOGNITION AWARDS	30
IV. ADVOCACY OBJECTIVES	31
V. PROJECTED RESOURCES, EXPENDITURES AND SERVICE LEVELS.....	35
ENDNOTES.....	39

A MESSAGE FROM THE COMMISSIONER

September, 2008

Dear Friends:

I am pleased to share with you the New York City Department for the Aging's Annual Plan Summary for 2009-2010. This Plan provides a valuable opportunity for the Department to share its goals and objectives with the aging network.

In January 2008, Mayor Bloomberg announced the "All Ages Project" in his annual State of the City address. Since then, the City has been evaluating its age-friendliness, identifying challenges, and developing strategies to leverage the opportunities presented by an aging population. In conjunction with the "All Ages Project," DFTA is working to expand its role in addressing the social dimensions of our City's sustainability. As such, DFTA has been deeply engaged in developing visions to enhance the City's livability and capacity to support people of all ages and abilities.

The challenges and opportunities posed by our diverse and increasing senior population require us to work strategically and collaboratively to realize our vision of a better future for all older New Yorkers. We can best address the needs of our City's elders through a modernized and enhanced aging services network that promotes seniors' health and wellness, respects their diversity, and ensures they have opportunities to continue living full, productive, and engaged lives. This Annual Plan details DFTA's intention to work with community partners, City agencies, and other stakeholders to make New York City an even better place to age with dignity, choice, and independence.

I urge you to subscribe to our DFTA e-newsletter, which can be found by visiting <http://www.nyc.gov/html/dfta/html/public/newsletters.shtml>. I also encourage you to attend or testify at one of our five public hearings on the Plan (please see page one for the schedule). These forums provide an opportunity for consumers, community partners, advocates, and other interested parties to give the Department feedback and suggestions on critical issues that impact New York City's elderly.

The Department looks forward to its continued collaborations with the community in modernizing services to promote health and wellness, respect diversity, and ensure consumer choice.

Sincerely yours,



Edwin Méndez-Santiago, LCSW

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). In this capacity, the Department represents the concerns of urban centers on a national scale and advocates on legislative, regulatory, and socio-economic issues that affect older adults.

The Department's activities are directed toward the provision of community-based programs and services that foster independence, safety, wellness, and quality of life for older New Yorkers. DFTA continues its long history of collaborative partnerships with community-based organizations that work with older adults to help them remain in their homes, sustain their independence, and participate in their local communities.

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'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 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 second 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 2010 and enhance its long-term efforts on behalf of the city's elderly. The Department provides a written summary and response to public comments; those from 2007 are available on our website.

D. ADVISORY COUNCIL AND COMMUNITY PARTNERS

In addition to ongoing meetings and dialogue with community partners, who provide invaluable feedback and input regarding DFTA services and programs, the Department provides various opportunities for constructive engagement:

- **DFTA's Senior Advisory Council** is mandated by the Older Americans Act, 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 who are community partners, offering 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 Annual Plan Summary Hearings and Borough Budget Consultations.
- **Modernization Workgroups, Forums and Presentations** with aging network leaders, providers, advocates, elected officials, Interagency Councils, community boards, Borough President cabinets, and, most importantly, older New Yorkers assist DFTA with modernizing its case management, home delivered meals, and senior center models. A modernized system will strengthen community-based services and meet the growing demand citywide for older New Yorkers to 'age in place.' (See Section III, page 20 for more details.)

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 testimonies 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 in ensuring 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 2006 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 with its "All Ages Project" and DFTA's modernization efforts (see page 20), 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 2006 population. The area shaded in black reflects the age 60+ population: 1.35 million adults, or 16.5% of the City's population. The gray area represents those 40 to 59, the majority of whom are the "Baby Boom" population: 2.2 million, or 27.2 % of the population. The first group of baby boomers has already entered the age 60+ group, and as they continue to age, the demand for aging services will increase.

Chart 1. Age and Gender Pyramid for New York City, 2006¹

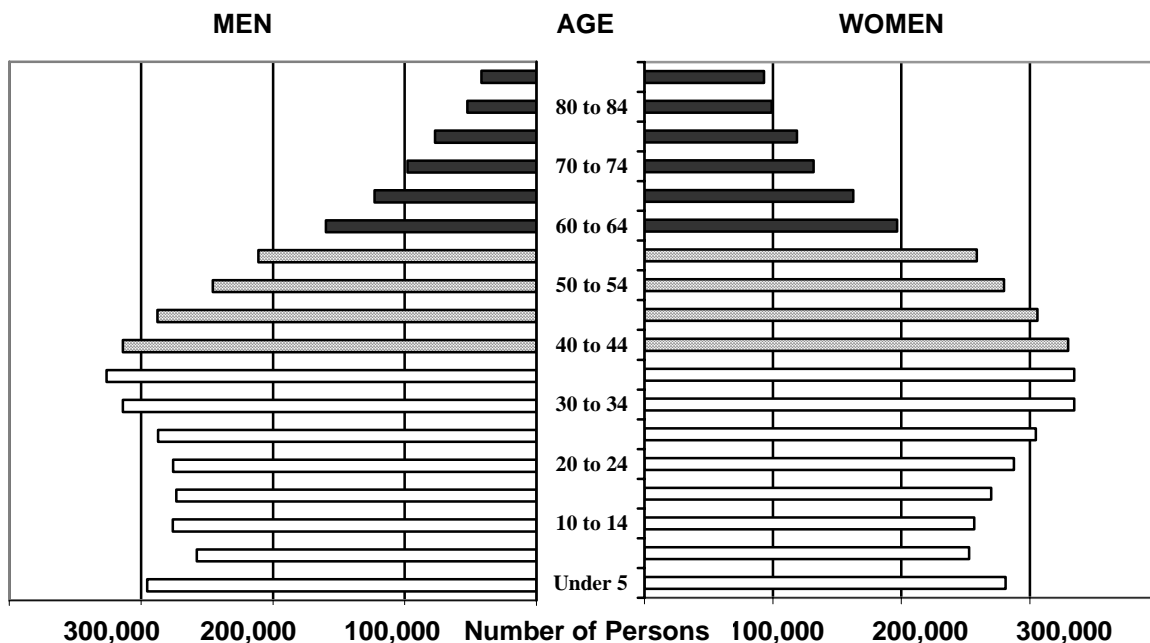
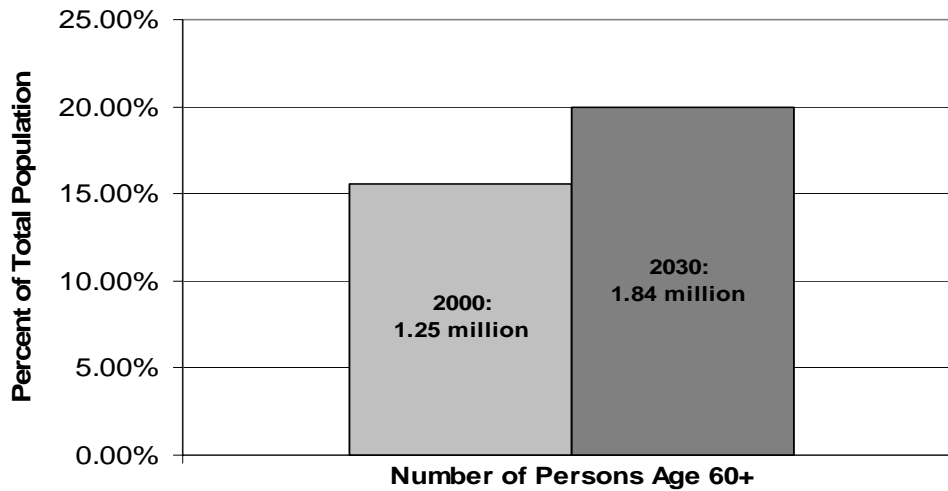


Chart 2. New York City's 60+ Population, 2000-2030²

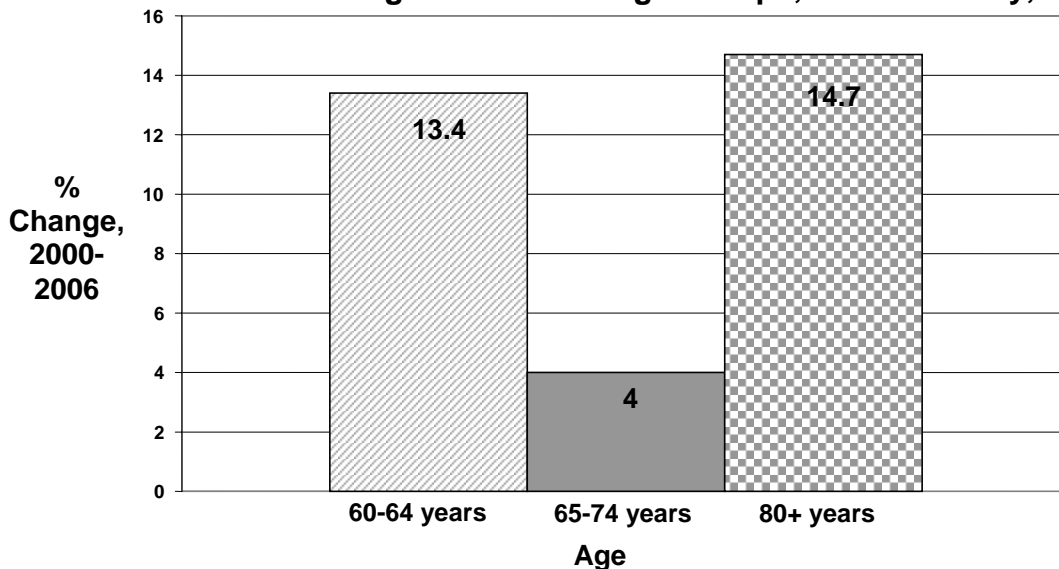


By 2030, New York's 60+ population will significantly increase to a projected 1.84 million, a 47% increase from 2000. This group will comprise 20% of the total population compared with 15.6% in 2000. Consequently, the elderly who were only 1 in every 6 New Yorkers in 2000 will make up nearly 1 in every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

B. AGING WITHIN THE ELDERLY POPULATION

The City's total elderly population, which increased from 1.25 million in 2000 to 1.35 million in 2006, did not increase significantly but its composition changed.

Chart 3. Percent Change of Selected Age Groups, New York City, 2000-2006³



From 2000 to 2006, the number of young elderly (age 60-64) increased by 13.4% and those 80 and older increased by 14.7%. 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 and so this

significant increase 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. From 1980 to 2000, life expectancy at birth rose by 4.2 years and life expectancy for New Yorkers in 2000 was above the national average by about 7 months. 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 Factors contributing to increased life expectancy include the decline in infant mortality, HIV, cardiovascular disease and homicide.⁵ However, life expectancy gains are not shared uniformly across gender or race:

- In New York City and across the nation, women continue to experience longer life expectancies compared to men at both birth and at age 65.
- 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 lifelong 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.⁶

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

Increase in Diversity

American Community Survey (ACS) data shows that from 2000 to 2006, the non-Hispanic white elderly population decreased whereas the number of minority elderly grew rapidly.

Table A. Minority Elderly (65+) in New York City, 2000-2006⁷

Race/Ethnic Profile	2000 Census	2006 ACS	Percent Change 2000-2006
Non-Hispanic White	533,982	512,044	– 4.1%
All Minorities	403,875	482,295	+ 19.4%
➤ Hispanic	138,840	180,411	+ 30.0%
➤ Asian/Pacific Islander	59,056	86,531	+ 46.5%
➤ Black	185,088	214,874	+ 16.1%

In 2006, nearly 49% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2006, the Black population increased by 16%, the Hispanic population by 30%, and the Asian population by 47%.

Racial, cultural, and linguistic differences – nearly 200 languages are spoken in New York City – coupled with the challenges of aging and disability can result in different help-seeking patterns. Many of the City’s minority elders experience difficulty accessing basic services. Some are immigrants who do not have health coverage and may not qualify for Medicare, Medicaid, or other Federal assistance programs. Clear, concise, and reliable information and assistance about benefits, services, rights, and options in multiple languages is essential. 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 demonstrable negative impact on access, quality, patient satisfaction, and, in some instances, cost. Language assistance, including bilingual clinicians and interpreter services, is effective in improving care.⁸

Pursuant to Local Law 73, many of New York City’s social service agencies provide translation services for consumers in their primary language and publish several documents in six languages other than English – Arabic, Chinese, Haitian Creole, Korean, Russian, and Spanish. 3-1-1 as New York City’s 24 hour information and services number, provides services to callers in more than 170 languages. In addition, the New York City Coalition on Aging and Vision, with funding from The New York Community Trust, will be establishing a team of interpreters so that Coalition members will be able to facilitate communication when vision rehabilitation service staff and clients speak different languages. (For more information, see page 22.)

Increase in the Female Population

Between 2000 and 2006, the number of New York City women age 60 and over increased by 6.6%, and women continue to outnumber men by nearly 3 to 2. This ratio increases to 7 to 3 among those 85 and older. 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. 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 80% of the frail elderly population. 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.

C. THE NEEDS OF THE ELDERLY

Planning for the increase in the older adult population will present challenges in 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 frail elderly. Planners must also consider, among other issues, diminishing income as the elderly age, a growing percentage of elderly living alone, and affordable and equitable health care.

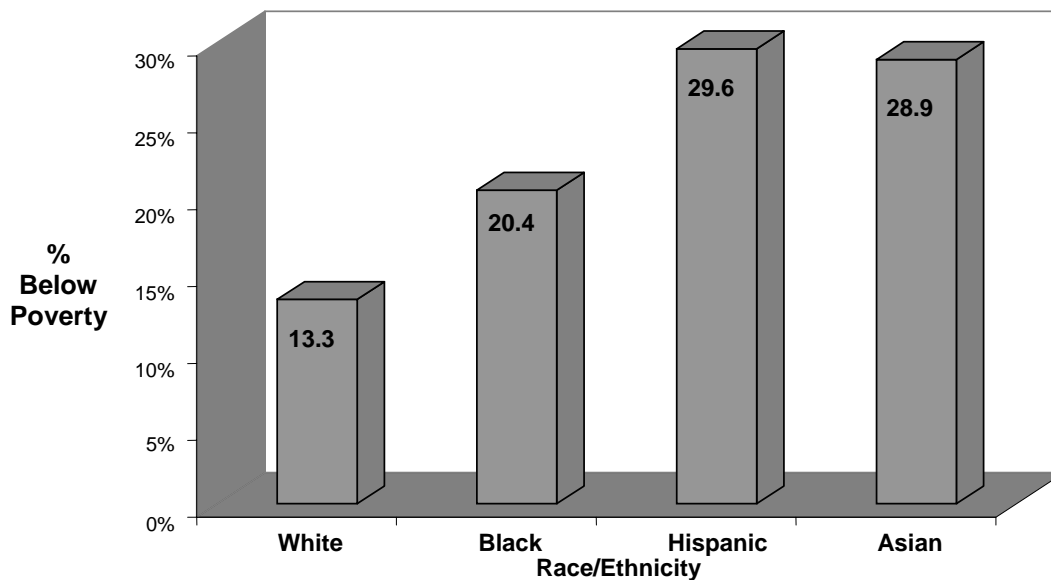
Income and Poverty

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 9.9% in 2006, New York City's older adults have experienced a 22% increase in poverty.

- In 2006, one-fifth of New Yorkers age 65 and older lived in poverty, compared to 9.9% nationwide, and about 20% of all elderly-headed households earned an annual income below \$10,000.
- The number of elderly women living below the poverty level grew from 112,078 in 2000 to 141,206 in 2006, a 26% increase.

The Federal poverty guidelines for 2008 – \$10,400 for a single person and \$14,000 for a couple – are so low that many who are in financial need do not qualify for most public benefits.

Chart 4. Poverty by Race and Ethnicity for New York City's Elderly (65+), 2006⁹



	Total Elderly*	Number Below Poverty	% Below Poverty Level, 2006
White	493,985	65,531	13.3
Black	201,882	41,109	20.4
Hispanic	173,856	51,390	29.6
Asian	84,280	24,381	28.9

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

This data indicates that a large proportion of minority elderly live in poverty – 30% of Hispanic, 29% of Asian, and 20% 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-fifth of the income spectrum, yet the current average Social Security benefit is \$1,083.60 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 2006, the median household income for older New Yorkers was \$26,536, only slightly higher than the 2000 median of \$23,388, and continues to remain lower than the nation's median of \$30,200. The median income varied significantly by race and ethnicity. The median household income of:

- Hispanics was \$12,500, 62% less than the white population;
- Asians was \$17,500, 46% less than the white population; and
- Blacks was \$22,500, 31% less than the white population, who earned a median household income of \$32,500.

With an increasing percentage of New York City's elderly living in poverty, a targeted expansion of multiple income support services would be helpful to 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

Social isolation is a complex concern for older adults, and 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.¹⁰ The 2000-2006 period witnessed an increase in the number of older persons in New York City living alone, a group that can be more vulnerable to social isolation.

- In 2006, 42.6% of persons age 65 and over were living alone, compared to 32.5% in 2000, and 33.5% in 1990. Among those age 85 and older, more than one-half live alone.
- Those living alone had the highest poverty rate (33%) among all elderly households.

- Single persons are more likely to have lower household incomes and, therefore, pay a higher proportion of their income toward housing, making them more susceptible to economic hardship.

DFTA has a number of initiatives to combat 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 accumulations 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 doormen, janitors, superintendents and others who work in apartment buildings, in partnership with Local 32 B-J officials and the Hebrew Home for the Aged. At these sessions workers share their experiences with isolated seniors and learn how to help them access DFTA services.

D. HEALTH AND LONG-TERM CARE

1) Functional Capacity and Mobility: Disability among the elderly population remains prevalent. In 2006, there were 415,371 elderly people who reported some level of disability, or 43.4% of the civilian non-institutionalized population. Of this group, 35.6% had one type of disability and 64.4% had two or more types of disabilities:

- 34% 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;
- 17% had sensory disabilities involving sight or hearing, and
- 38% were limited in their abilities to perform self-care activities, such as dressing, bathing or getting around inside the home.

About 185,000 elderly have a severe disability and need assistance from others to function on a day to day basis.

Disability was much higher among elderly New Yorkers as compared nationally for both males and females; however, older women have more difficulty with activities of daily living than do older men. In terms of ethnicity, older Hispanic and non-Hispanic black men and women had higher disability rates compared with their non-Hispanic white counterparts. Poverty is also associated with disability. Those elderly with disabilities reported higher poverty rates than those without disabilities.

As individuals age, their range of mobility decreases and the need for appropriate in-home services, adaptive equipment, and the least restrictive environments increases. Older Americans Act services are intended to help the elderly maintain their independence, remain in the community, and delay institutionalization.¹¹ The Olmstead Act of 1999 gave individuals with disabilities the right to be placed in the least restrictive

and most integrated environment appropriate to their needs, and is not limited to Medicaid-funded services. The Supreme Court's decision calls upon states to further develop accessible community-based services for disabled persons of all ages, one of the factors leading states to restructure their long-term care services programs. Supportive social services provided in the home, including home delivered meals, housekeeping, and personal care, remain the publicly-funded services most in demand by elderly persons with functional impairments. These services, designed for older adults who have no one to assist them as well as those who have caregivers, serve a population that is older, more frail and vulnerable, has a higher nutritional risk, and lower incomes.

- 2) Chronic and Acute Illness:** As individuals age, they are increasingly likely to suffer from chronic and acute illnesses. The most common chronic conditions among Americans 50 and older in 2002 were arthritis, hypertension, hearing impairments, heart disease, visual impairments, chronic obstructive pulmonary disease, and diabetes.¹² In 2005, the leading causes of death for New York City residents age 65 and older include heart disease, cancer, diabetes, and pneumonia and influenza.¹³ Additionally, there are more than 100,000 people living with HIV/AIDS in New York City, and more than 25% are 50 and older.¹⁴

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 that contribute to the causes of mortality among the older population.

- 3) Nutrition and Hunger:** Good nutrition is a vital component in maintaining health and optimal functioning, especially among older adults. 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.¹⁵ 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%),¹⁶ 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.¹⁷

According to a recent study supported in part by the Agency for Healthcare Research and Quality, older adults that 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. 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.¹⁸

- 4) Mental Health:** The U.S. Department of Health and Human Services reports that seven million (20%) of those 65 and older have a psychiatric illness, and this number is expected to increase to 15 million in the next 30 years.¹⁹ New York City's Department of Health and Mental Hygiene (DoHMH) estimates that approximately 20% of New Yorkers 55 and older experiences a psychiatric disorder not part of the normal aging process, and this number is expected to double by 2030.²⁰ Older adults with mental illnesses may experience service inequalities and higher mortality rates. "Older adults with serious mental illnesses receive lower quality of care and have higher mortality rates than older adults without a mental disorder. They are also three times more likely to be placed in nursing homes."²¹

New York State's Office of Alcoholism and Substance Abuse Services estimates that as many as 540,000 adults 60 and older in New York State are experiencing problems because they are knowingly or unknowingly misusing alcohol and/or drugs. Chemical dependency problems experienced by older adults are primarily related to alcohol misuse as well as to the deleterious interactions between alcohol and prescription or over-the-counter medicines.²² 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 for older adults.

An estimated four out of every 1,000 older adults in New York State has a developmental disability, including mental retardation, cerebral palsy, epilepsy, autism, and sensory or neurological impairments. Activities in day programs for persons with developmental disabilities should be age-appropriate for an older clientele and should include education in health and wellness activities.²³ Public and private sectors must forge new partnerships to develop and expand appropriate services for the elderly with special needs.

- 5) Women's Health:** Heart disease is the leading cause of death and disability among women in the United States. Among women age 65 and older in New York City, the mortality rate from heart disease was 2,062 per 100,000 from 2000-2002, twice the rate of all cancers combined.

Women do not receive appropriate levels of preventive care. According to a 2005 women's health study by New York City's DoHMH, 37% of women 65+ (as well as men) did not get flu shots, and less than half have ever received a pneumonia shot. Less than half of women age 50 and older have had a colon cancer screening, and only 21% of Asian women have been screened.²⁴ In 2006, 25% of women age 40 and older did not receive a mammogram in the previous two years. DoHMH aims to increase this percentage from 75 to 85% in 2008.²⁵ Bone loss intensifies after age 50, particularly for postmenopausal women, and an estimated 54% of American women 50+ will suffer a fracture due to osteoporosis in their lifetime.²⁶ Prevention at an earlier stage, including immunization and cancer screenings, and education on effective coping and treatment mechanisms are essential to help women avert or manage debilitating aspects of disease.

- 6) Gay, Lesbian, Bisexual and Transgender (GLBT) Elders:** Gay, lesbian, bisexual and transgender (GLBT, or LGBT) older adults are particularly vulnerable when accessing needed services for fear of discrimination. Twice the number of GLBT older adults live alone than heterosexual elders and are four times more likely to not have children, which can lead to social isolation and a lack of caregiving.²⁷ Medical and community providers must be culturally sensitive when targeting and assisting this underserved population, and should be aware of health risks that particularly affect the GLBT older community, including depression and anxiety, breast cancer in women over 40, HIV and 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.²⁸ 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.
- 7) Vision and Hearing Loss:** In 2000 an estimated 21% of New York State's 65 and older population had self-reported vision impairments, and hearing loss affected between 30 and 85%, depending on the definition used.²⁹ A 2004 study conducted by the Eye Disease Prevalence Research Group reports that low vision blindness increases significantly with age, and those 80 years and older account for 69% of blindness. The study identifies age-related macular degeneration (AMD), glaucoma, cataract, and diabetic retinopathy as the most common eye diseases in Americans age 40 and over.³⁰ Despite vision or hearing loss, many elderly live independent lives with the support of adaptive devices, rehabilitative services, and environmental adaptations in their home or work setting. Appropriate services for blind and visually impaired older adults, as well as the hearing impaired and deaf should be expanded.
- 8) 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. In 2003, one in ten households in New York State included a caregiver for a 60+ live-in family member, and 25% had some caregiving responsibilities for persons living elsewhere; it was estimated that family caregiving saved the State health care system approximately \$12 billion.³¹ In 2000, there were approximately one million unpaid family caregivers in New York City, and they reported providing, on average, 20.5 hours of weekly care.³²

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 Older Americans Act 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.

9) Health Care Costs: For people 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, and those with low incomes who are not eligible for Medicaid.³³ If health care costs continue to escalate, particularly out-of-pocket costs, this trend will have a detrimental effect on the income of older persons. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 established a new Medicare prescription drug benefit that went into effect in 2006. Medicare beneficiaries age 65 and over may now voluntarily enroll in a stand-alone prescription drug plan, also known as Medicare Part D.

E. SUPPORTIVE SERVICE NEEDS

Housing

The housing preferences of older persons are to age in place and to maximize privacy, autonomy, choice, familiarity, and flexibility.³⁴ Appropriate housing and residential stability are vital to the well-being of older New Yorkers; however many have inadequate incomes to pay for housing costs, competing healthcare expenditures, and physical limitations that must be addressed by in-home care or structural modifications.³⁵

64% of rent control tenants and 14% of rent stabilized tenants are 65 and older.³⁶ The Senior Citizen Rent Increase Exemption Program (SCRIE) exempts low-income seniors that reside in rent controlled and stabilized apartments, Mitchell-Lama housing, and hotels from rent increases. In 2005, state legislation passed that increased the combined household income eligibility limit for SCRIE from \$24,000 to \$29,000 to be implemented in increments of \$1,000 over a period of five years. On July 1, 2008, the eligibility limit increased to \$28,000.

Section 202 Supportive Housing for the Elderly, a federally subsidized program that provides funding to not-for-profit groups for the construction of low-income elderly housing, is the main source of subsidized, low-income senior housing in New York City. In 2005, there were 172 Section 202 buildings with 16,425 units in the City.³⁷ In 2002, there were approximately 217,589 New Yorkers on Section 202 waiting lists, outnumbering units by a ratio of 12 to 1. The average wait time to reside in one of these units was 1.6 years in the Bronx and 5.62 years in Queens, with some units reporting a 10-year waiting list.³⁸ Additional financing and flexibility for housing developments is crucial. Creating accommodating environments that promote viable aging in place will maximize independence and autonomy for older adults. Mayor Bloomberg's 10-year New Housing Marketplace Plan established the City's goal to create and preserve 165,000 units of affordable housing for New Yorkers by 2013.³⁹

Transportation

Given the functional decline in mobility among older adults as they 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 National Household Transportation Survey of 2001 and places them in the context of other research on mobility in the aging population. The report's recommendations include:

- A substantial increase in 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 that provide mobility for older persons, 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.⁴⁰

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. GAO recommends that the U.S. Department of Health and the Human Services Administration on Aging publicize available information on alternative transportation services and on practices service providers can implement to enhance elderly mobility.⁴¹

Legal Assistance

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 offer opportunities for older persons to independently obtain information on legal issues, and publicly-funded and private legal services help elderly New Yorkers access the benefits and services to which they are entitled. Administration on Aging (AoA) regulations require Area Agencies on Aging to expend seven percent of their Title 3B funding on legal services.⁴² Eviction intervention services are provided to help older adults who are most in need of assistance. While some older New Yorkers face formal eviction, others encounter a situation in which the landlord fails to make needed upgrades, a factor that can pose safety problems.⁴³ The majority of cases handled by DFTA-funded legal services are housing cases.

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.⁴⁴ Older persons can also become victims of elder abuse, which includes physical and psychological abuse, financial exploitation, and neglect. Assuming a conservative estimate of 40 per thousand in 2000, approximately 130,000 elders in New York State may be victims of abuse or neglect.⁴⁵ Perpetrators of these crimes are often family members or caregivers of the 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. Community service

providers offer financial assistance, supportive counseling and medical care to elder abuse victims. Moreover, the aging community must advocate for legislation that takes a proactive approach to violence prevention.

Technology

Technological advances will continue to improve the quality of life for older adults. “E-learning” demonstrates the potential of online education for older adults, particularly for those with limited mobility. Remote diagnoses and continuous health monitoring deliver high quality medical services to older adults. Computerized home health care systems are likely to become common in households and nursing homes. 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.⁴⁶

According to a study by the Pew Internet and American Life Project, the ranks of Americans over 65 who use the Internet have jumped by 47% from 2000 to 2004,⁴⁷ but a 2006 Pew survey found that 33% of people 65+ use the Internet compared to 70% of those age 50 to 64.⁴⁸ The University of California at Berkeley’s School of Public Health found that 21% of the 65+ group have used the Internet to look for health information compared with 53% of those 50 to 64.⁴⁹ As those comfortable with computers age the percentage of elderly going online will increase.⁵⁰

New York State agencies recommend that to serve the older population better there needs to be an increasing reliance on existing and new technologies to improve communication with consumers and streamline service access and product 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.⁵¹ 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 2006, almost 1 out of every 6 workers in the American labor force was 55 and older (16.4%). The U.S. General Accounting Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.⁵² The majority of older workers 65+ (more than 7 out of 10) continued to work full-time in 2005, and 97% of those who worked part-time did so by choice.⁵³

In New York City, 36.2% of those 55 and older were employed in 2004, and the number is expected to increase to 41.2% by 2014. Among persons 75 and older, 6.1% were employed in 2004 and is projected to increase to 9.6% in 2014.⁵⁴ There will be a growing demand for employers to ensure that working environments are adjusted in response to the needs of older and disabled workers, including physical modification, assistive devices, flexible work schedules, off-site work arrangements including telecommuting, and greater use of family leave for caregivers.⁵⁵

Volunteerism and Intergenerational Exchange

Volunteer programs increase community resources while simultaneously providing older adults with opportunities to contribute their talents and skills, remain active, and receive modest stipends. Volunteering is positively associated with life satisfaction and perceived health among older adults,⁵⁶ 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.⁵⁷

Today, less than half of those over 50 are being asked to volunteer despite research indicating that the volunteer rate for those 50+ who were asked is three times higher.⁵⁸ Programs including ReServe (see page 28), Foster Grandparents (see page 26), Intergenerational Services (see page 27), the Volunteer Support Project for the blind and visually impaired (see page 27), and other local initiatives have barely 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. ALL AGES PROJECT

By 2030, one-fifth of New York City's population will be over the age of 60. In January 2008, Mayor Bloomberg announced the "All Ages Project" in his annual State of the City address. In conjunction with the City Council, the New York Academy of Medicine (NYAM)'s "Age-Friendly New York" initiative and other stakeholders, the City has been evaluating its age-friendliness, identifying challenges, and developing strategies to leverage the opportunities presented by an aging population. A set of NYC Age-Friendly recommendations are currently being finalized. NYAM will also be publishing a final report this year that will present major themes that have emerged from this consultative process.

A. PROGRAM INITIATIVES

In conjunction with the "All Ages Project," DFTA is working to expand its role in addressing the social dimensions of our City's sustainability. As such, DFTA has been deeply engaged in developing visions to enhance the City's livability and capacity to support people of all ages and abilities. The following sections highlight various age-friendly programs and initiatives the Department will direct its efforts toward during the 2008 – 2009 program year.

Grant-Funded Program Initiatives

The Department for the Aging works in partnership with The Aging in New York Fund (ANYF), the not-for-profit charitable arm of DFTA dedicated to enhancing the quality of life for older New Yorkers and their families. The Fund 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 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. Under this grant, the HIICAP Unit (see page 28): conducted community-based education and outreach to low-income Medicare beneficiaries and their families to support informed decision-making; provided on-site, one-on-one screening, counseling and enrollment support to Medicare beneficiaries with limited incomes and resources for the Low Income Subsidy (LIS) program available through the Medicare Prescription Drug Coverage, as well as for other public and private prescription and health care assistance programs; and promoted the Centers for Medicare and Medicaid Services' *My Medicare My Health* campaign to educate Medicare beneficiaries on the importance of preventing chronic disease and illness.
- **The Depression Screening Initiative**, developed in conjunction with DoHMH and the Mental Health Association of New York City (MHA) to identify depression in older New Yorkers and increase access to treatment in high risk areas of the City. The initiative identifies senior center and homebound case management clients at

risk for depression, who are then 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 three years, the Initiative has educated 2,115 seniors, 419 staff, and provided 175 workshops, with 19% of all senior centers having participated in the program. An average of 12.7% of seniors who were 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 also educates older adults in English, Spanish, Chinese, Korean, and Russian. The Depression Screening Initiative was recently awarded The American Society on Aging (ASA)/Pfizer Health and Aging Award for excellence in the field of aging in March (see "Recognition Awards," page 30). Under an Aetna Foundation grant, DFTA and the Aging in New York Fund (ANYF), in partnership with the MHA and the New York City Housing Authority (NYCHA) aim to improve the identification and referral to primary care providers and mental health services of elders with undiagnosed depression living in NYCHA Naturally Occurring Retirement Communities (NORCs). The project involves training and education of NYCHA and NORC staff, screening and referral, and education seminars for older adults about available mental health services.

- **The Elder Abuse Prevalence Study.** Through a grant from the New York State Children and Family Trust Fund, DFTA is partnering with Lifespan (Rochester) and Dr. Mark Lachs, Co-Chief of the Division of Geriatrics and Gerontology at Weill Medical College, to conduct a statewide elder Abuse incidence and prevalence study. The principal investigators will be Mark Lachs, MD (Cornell) and Jackie Berman, PhD (DFTA). This will be 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 End of Life Care – Community Support Demonstration Program.** Through a grant funded by the New York State Office for the Aging (SOFA), DFTA will be establishing a formal partnership with the Jewish Board of Family and Children's Services (JBFCS) to provide a demonstration program to support individuals at the end of life and help them remain in their homes and communities. The project will operate in three Brooklyn communities – Flatbush, East Flatbush, and Midwood. The JBFCS will provide free, non-medical services to terminally ill persons, regardless of life expectancy or treatment options. A case manager will assist clients and their families manage end of life care, including health care proxies, legal and financial issues, referral to hospital or hospice care, and supportive counseling. 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 Project (GCP),** a suicide prevention initiative for grandchildren under the care of grandparents funded by a New York State Office of Mental Health Grant. DFTA's Grandparent Resource Center (see page 26) and the MHA, through culturally appropriate community-based activities, will focus on early

identification and intervention; provide access to screening, information and referral, and relevant social and mental health services; address the lack of knowledge and attitude barriers among grandparents and their grandchildren; empower grandparent caregivers to recognize signs and symptoms; and, engage grandchildren in discussions about depression, anxiety, and suicide and promote disclosure and help-seeking behavior.

- **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 Elder's Health: Community Partnerships for Evidence-based Solutions." Teams of local leaders from each of the eight communities are working together in a year-long learning and sharing network to develop comprehensive and coordinated strategies for overcoming the barriers that impede Hispanic elders' access to healthcare and social supports. DFTA has partnered with community agencies, DoHMH, the Health and Hospitals Corporation, 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. Key goals include reducing the prevalence of diabetes and diabetes-related cardiovascular disease as well as improving care management and the quality of life for elders with diabetes in these communities. The task force is developing a plan with the hopes of seeking funding to implement the Spanish language evidence-based chronic disease self management program, Tomando Control de Su Salud at Covello Senior Center in East Harlem and Casa Boricua in the South Bronx.
- **New York City Coalition on Aging and Vision projects.** Last year the Aging in New York Fund and DFTA spearheaded the founding of the NYC Coalition on Aging and Vision with funding from Reader's Digest Partners for Sight Foundation. Additional funding in support of Coalition activities was received from The New York Community Trust and the Allene Reuss Memorial Trust. 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." Coalition activities include a one-day symposium, "*Aging Gracefully with Changing Vision*" held on June 17, 2008 which attracted 250 professionals, the purpose of which was to launch a year-long educational outreach and referral initiative. As part of this initiative the Coalition is conducting training and education to aging service providers in the community in order to raise awareness and increase referrals of seniors to vision rehabilitation services. The Coalition is also reaching out to the community and hiring interpreters to help fill the language needs of the agencies. Funding from The New York Community Trust will be used to establish a team of interpreters so that Coalition members will be able to facilitate communication when vision rehabilitation service staff and clients speak different languages. Interpreters will work with vision rehabilitation service staff on and off site to help facilitate the delivery of vision rehabilitation services to older adults and will accompany those who need translation services to local eye doctor appointments if services are not provided in their language. Some interpreters may be paired with community

outreach workers from vision agencies to conduct citywide outreach to un-served and under-served ethnic groups. The Allene Reuss Memorial Trust has provided funding to support the Coalition in its ongoing outreach to aging services and healthcare providers about the growing challenge of age-related eye diseases, prevention and treatment options, vision rehabilitation services, and ways to access resources. The Coalition will also be mobilizing providers to offer older adults information and education about age-related eye disease and available resources, screening for vision problems, and linkages to needed eye exams, low vision specialists and vision rehabilitation services.

- **The Senior Center and NORC Health Survey.** DFTA is collaborating with The Brookdale Center on Aging of Hunter College and the United Hospital Fund on developing a survey to gain a better understanding of the health status of senior center participants and NORC residents. A baseline health status assessment of elderly New Yorkers will assist in the future planning of social and health care services, raise awareness for the need of adequately trained health care professionals in geriatrics, and promote future research to advance our knowledge of the health status of older adults – all encouraging improved health and increased independence for the elderly to live successful and productive lives in their communities. Year one of this three-year study is already underway and includes the development of the survey instrument and preliminary findings.

Community Outreach

Community Outreach provides information and application assistance to older New Yorkers and their caregivers regarding benefits and entitlement programs. Staff attend outreach events 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) in the design and implementation of emergency response plans, including the Disaster Assistance Service Center (DASC) plan, the Heat Emergency Plan, the Coastal Storm Plan, the Power Disruption Plan, and the Advanced Warning System. DFTA is participating in the development of Notify NYC, a service designed to deliver real-time emergency information to the public. The Department continues to refine its own comprehensive Emergency Response Plan for all five boroughs, working with community service providers to develop local plans that will ensure delivery of core services in the event of an emergency. Under the auspices of OEM, DFTA's Emergency Response Plan is being incorporated into the citywide Continuity of Operations (COOP) plan to ensure that critical services continue to be available citywide following an emergency. DFTA staff also participate in disaster exercises including HURREX, a hurricane exercise to test the City's response capability. The Department also assists OEM with its "Ready NY Guide for Seniors and People with Disabilities."

The Department has developed a vast network of 300 senior centers throughout the city that operate as cooling centers when heat emergencies are declared. These centers each receive an additional \$10,000 in funding to extend their operating hours to include both evenings and weekends as needed. In addition, all senior centers citywide have air conditioning, including senior centers co-located at NYCHA sites. DFTA works closely with both OEM and 311 to ensure that all cooling center information, including locations and hours, is readily available. During the most recent heat emergency weekend, an average of 28,000 New Yorkers attended cooling centers.

The Office for Emergency Preparedness has also organized a variety of important and unique projects for older adults this year, including:

- The distribution of more than 29,000 Farmers Market check booklets to eligible low-income older adults;
- Cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification for more than 400 senior center staff;
- More than 12,000 flu inoculations in partnership with DoHMH; and
- 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.

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 they can assist their constituents. The Unit will continue to expand its outreach efforts and meet monthly with the Human Resources Administration 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, 2008, the eligibility limit rose to \$28,000. (See "Housing," page 16 for more details.)
- **The Weatherization, Referral, and Packaging Program (WRAP)** enables low-income clients to receive complete weatherization and related home repairs and support services. The program provides needs assessment home visits and ongoing technical support. WRAP's Housing Guide provides information on affordable housing, utility assistance and home repairs. 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 eligible older adults that do not have a working air conditioner. Last year, DFTA was able to provide 1,500 air conditioners. This year the New York State Office of Temporary and Disability Assistance (OTDA) provided \$1.2 million, which will enable DFTA to install 2,500 to 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. DFTA and the U.S. Department of Housing and Urban Development (HUD) co-organizes Section 202 trainings for non-profit and NYCHA elderly housing coordinators and resident advisors on mental health, legal and end of life issues. DFTA also works with NORCs to redesign the NORC assessment tool to reflect outcome measures, update its current housing resource directory, and promote the Health Indicators Project and Chronic Disease Self Management Program.
- **The Alzheimer's and Caregivers Resource Center** provides thousands of caregivers, professionals, and the general public with information, referral, consultations, technical assistance, trainings, and other caregiver support services. The Annual Mayoral Conference on Alzheimer's Disease, which provides caregivers, clients, and professionals an opportunity to exchange information and learn about recent developments in research, treatment, technology, and support services, had approximately 1,000 participants last year. In partnership with NYCHA, the New York Police Department's (NYPD) Housing Bureau, and the Alzheimer's Association, New York City Chapter, the Alzheimer's Disease Educational Outreach Initiative helps elders with Alzheimer's disease living in public housing receive support from their community. The objectives of the initiative are to forestall crises, alleviate the need for intervention, educate NYCHA residents and community stakeholders on signs and symptoms of the disease, and increase awareness of available resources including the National Alzheimer's Association's Medic Alert/Safe Return Program which assists community members and police officers with the safe and timely return of individuals with memory impairment who wander and become lost.
- **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 of whom they are dependent on 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. DFTA-contracted legal providers provide the 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, which operates in Manhattan, Brooklyn and Queens Housing Court, served over 500 clients last year. The ACP has officially secured and set up a fully operating office in Bronx Housing Court, with plans to place staff there and in Staten Island as well. The ACP provides ongoing training on social service issues and older adult litigant sensitivity training to Civil and Supreme Court personnel, attorneys and judges. Catherine Giblin, LCSW, Director of the ACP and SWEI was the first social worker to be appointed to the Supreme Court of the State

of NY Guardianship Advisory Committee and the New York State Supreme Subcommittee on Judicial Training, with plans to raise awareness on older adult litigants and mental health issues. The SWEI plans to place social work students with the ACP as well as in DFTA's Long Term Care, Research, Planning, Elder Abuse, and Alzheimer and Caregiver Units this fall. ACP/SWEI staff represent DFTA on Columbia University's School of Social Work Aging Advisory Committee, and on Fordham University's Graduate School of Social Service's Practicum Partnership Program Advisory Committee.

- **The Caregiver Program** administers 15 contracts to qualified community-based organizations to help caregivers assist their care recipients in 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 also offers online help and resources to caregivers.
- **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 Brooklyn Family Justice Center – 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, comprised of 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 coordination and collaboration of information sharing.
- **The Foster Grandparent Program** enables older adults to provide one-on-one care for and support to children at community sites citywide. Screened and trained foster grandparents are placed in day care centers, elementary schools, Head Start programs, libraries, hospitals, and pediatric and child life units. Volunteers are also placed in courts in the juvenile justice system through the Safe Horizon program where they provide mentoring for children in foster care and for children of incarcerated parents. This program has successfully developed partnerships with the Administration for Children's Services (ACS), the Department of Education, 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 grandparent 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 government 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 explores recreational opportunities for grandparents' families. Through a grant from the New York State Office of Mental Health, DFTA and the Mental Health Association of New York City (MHA) will implement the Grandparents Connect Project (GCP), a suicide prevention initiative for grandchildren under the care of grandparents (see page 21).

- **The Intergenerational Programs Unit** operates a variety of intergenerational programs and administers 14 contracts with qualified community-based organizations that design and implement programs to meet the needs of their respective communities. These programs promote intergenerational programming as a resource to counteract aging and youth stereotypes; provide opportunities for older adults to contribute their leadership, knowledge and skills; advance intergenerational understanding and responsibility; and enhance existing aging services. Last year these initiatives engaged more than 14,400 elders with 2,200 pre-school through high-school age youth, generating over 167,500 hours of service. The Department's **Volunteer Support Project** will continue to recruit, train, and match volunteers of all ages with severely visually impaired homebound elders so that they remain connected to community life. The **Intergenerational Work Study Program (IWSP)**, a 21-year partnership with the New York City Department of Education (DOE), will continue its year-round program that places public high school students at older adult service sites where they receive academic credit, work and community service experience. The program also offers three scholarships toward college or post-high school studies for graduating high school seniors and encourages students to consider pursuing careers in the growing field of aging services. The Millennium Art Academy (MAA) public high school in the Bronx is one of the DOE's innovative *New Small Schools* and an IWSP-participating school that is unique in incorporating intergenerational studies into its curriculum. It involves Bronx elders with students in both school-based arts and humanities projects and student internships in community agencies serving elders. The Department and its community partners are active members in the New York State Intergenerational Network (NYSIgN), a statewide organization of voluntary agencies to advocate for public policies and funding for inter- and multi-generational initiatives which address community needs. The Intergenerational Unit will continue and expand dissemination of internet and print information about notable intergenerational initiatives throughout New York State.
- **Long Term Care** includes **Case Management, Home Care,** and the **Bronx Senior Options Program** in pursuit of DFTA's goal to assist the most vulnerable older New Yorkers to remain living in their homes and communities. 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. DFTA collaborates with the Human Resources Administration to transition clients seamlessly from DFTA funded temporary home care to Medicaid Home Care. DFTA will continue working with DoHMH, the Health and Hospitals Corporation, and AIDS organizations to support HIV/AIDS education and initiatives. The Senior Options Program, initially in the Bronx but to be expanded citywide beginning December 1st, provides home

delivered meal recipients the choice of twice weekly delivery of frozen meals or daily delivery of a hot meal. The program has been a success, with 42% of all clients and more than 80% of new clients choosing frozen meals, with an 87% satisfaction rate.⁵⁹

- **The Senior Employment Service (SES) Program** provides recruitment, training, and employment opportunities for adults 55 and older, enabling them to remain active and independent in their communities. The Department provides job search skills workshops, career advisement, job referrals, job fairs, Internet access, and computer technology and customer service training. The SES will continue to expand partnerships with public and private organizations that provide marketable skills training, and who demonstrate an interest and commitment to creating employment and training opportunities for older adults. A year ago the Department, in conjunction with ReServe Elder Services, launched the largest municipal program in the nation to give retirees age 55 and older the opportunity to share their expertise with city agencies. The **DFTA/ReServe Elder Services initiative** matches retirees – or ReServists – with short term city agency projects that utilize their experience and expertise. More than 73 ReServists were placed at 14 city agencies, with the goal of placing between 100 and 125 “ReServists” in additional agencies across the city.
- **The Work Experience Program (WEP) Unit** will use the HRA BEGIN/DFTA Personal Care Aide (PCA) Program to help provide health-related services to adults with physical disabilities and chronic disabling illnesses. The program will assign approximately 150 aides to Adult Day Care centers and senior housing. The program will continue to provide training to PCA Program participants. In addition to the core curriculum, training or certification is provided on elder abuse, dementia, health education, cultural diversity, conflict resolution, and time management. Classes are conducted in Spanish and Chinese in addition to English. The PCA 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 will help with office services; provide maintenance and community services; and assist in preparing and serving food.

Senior Centers

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations for the elderly, community partners, and other groups on Medicare, Medigap, private industry health insurance and long term care planning. HIICAP also distributes the “Complete Guide to Health Care Coverage for Older New Yorkers.” This 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 (see page 20).

- **The Health Promotion Unit**, with the help of a broad network of older adult volunteers, conducts health education programs and activities for older New Yorkers, including exercise classes, hypertension monitoring, education on cardiovascular risk factors, walking clubs, Partner to Partner, a peer support activity that provides one-on-one “friendly listening” at senior centers, the “Know Your Numbers” campaign that encourages older adults to know their cholesterol, weight and blood pressure numbers, and the “Keep on Track” Blood Pressure program which employs elder volunteers to motivate their peers to monitor and control their blood pressure.
- **Transportation services.** The Department provides transportation for the elderly in New York City through its contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use, public transportation. These community-based transportation programs are located in each of the five boroughs and are available to older adults 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 a number of initiatives to improve pedestrian safety for older adults, including a traffic safety education video, traffic safety calendar, and pedestrian safety workshops at senior centers. DFTA will continue to work with NYCDOT to prevent pedestrian accidents and enhance safety, including the Safe Streets for Seniors initiative, where physical improvements will be made at 25 areas that are especially problematic for seniors and have high accident rates. Safety education presentations will be made explaining the improvements.

B. MODERNIZING AGING SERVICES

DFTA spearheaded a comprehensive examination of its aging services system in an 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’s consultative process included several workgroups with aging network providers, advocates, elected officials and community leaders; a Modernization Summit; Public Forums in all five boroughs; presentations with Interagency Councils, Community Boards, and Borough President Cabinets; and visits to senior centers and aging services organizations. The Department has focused on modernizing its three core services: case management, home delivered meals, and senior centers.

- **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 will 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. One of the goals of the updated home delivered meals program is to create a sound infrastructure that will have greater capacity to address the future needs of a growing homebound population. All home delivered meals will continue

to meet Federal and City dietary standards. In addition, older adults assessed by their case manager as capable of reheating a meal, will have choice and flexibility regarding when they are ready to eat, which meal they wish to eat that day, and frequency of meal delivery.

In releasing the Request for Proposals (RFP), DFTA incorporated lessons learned from the successful pilot program operated in the Bronx, *Senior Options*; the valued input of consumers, advocates, elected officials, and stakeholders; and the best practices of other major metropolitan areas, including Philadelphia and Chicago. To ensure an effective and smooth transition, DFTA will implement each borough's transition in phases over a four-month period, with the schedule of awards to be rolled-out as follows: January 1, 2009 – the Bronx and Staten Island; February 1, 2009 – Queens; March 1, 2009 – Manhattan, and April 1, 2009 – Brooklyn.

- **The Senior Center Request for Proposals (RFP)** is scheduled to be released in October. The Department seeks to provide multi-service health and wellness centers. These centers would offer core services such as meals and social engagement activities, as well as an array of health and wellness components such as health promotion/disease prevention programs, exercise classes, opportunities for volunteerism, and creative aging activities. Different program models ensure a place for both large and small organizations. The RFP process is a way to respond to the diversity of New York City's older population.

C. RECOGNITION AWARDS

DFTA's Depression Screening Initiative was awarded The American Society on Aging (ASA)/Pfizer Health and Aging Award for excellence in the field of aging in March 2008. The Depression Screening Initiative was developed in conjunction with DoHMH and the Mental Health Association of New York (MHA) to identify depressed seniors and increase access to treatment in high risk areas of the City. A secondary goal has been to educate seniors that depression is not a normal part of aging and is highly treatable.

DFTA's Foster Grandparents Program received an "Award of Achievement in Older Volunteer Program Management" from the Met Life Foundation and the National Association of Area Agencies on Aging (n4a). The goal of the awards program is to strengthen the capacity of organizations nationwide to effectively recruit and engage older volunteers in service to their communities and other individuals.

The Department also received two Aging Innovations Awards from n4a, which annually showcases groundbreaking and successful programs from the hundreds of Area Agencies on Aging nationwide that are innovative, demonstrate sound management practices, and can be replicated. DFTA received two "Achievement" awards – one for the customer relations training DFTA's Grandparent Resource Center provides to other City agencies on grandparent caregiver issues, and one for the collaboration between DFTA and the NYPD Missing Persons Bureau for reaching out to families of seniors reported missing to the NYPD, particularly Alzheimer's patients, with information about services and resources.

The Department will continue to establish collaborations and partnerships to develop integrated services which promote choice, flexibility, and empowerment.

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.

Given the very challenging fiscal environment we are working within at all levels of government, coupled with the imperative to ensure the long-term viability of DFTA-funded services, the Department will continue to enhance our efforts to modernize aging services. As such, the Department will develop and advocate for the enrichment of programs that are not only more cost-effective, but also more reflective of the preferences and needs of our rapidly changing older adult population.

The Department will place increased focus on advocating for a dramatic shift in how federal and state funds are allocated for aging services. 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 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 Department's modernization of senior services.
- 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:

- Through the city-wide “All Ages Project,” work with other City agencies to increase awareness of aging issues and evaluate the “age friendliness” of all agencies in terms of programming and infrastructure.
- 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.
- 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).
- Shifting spending away from institutional care and toward community-based alternatives, particularly through use of Medicaid waivers to fund home- and community-based care that will enable New Yorkers to age in place.
- 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.
- 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:

- The expanded use of Medicaid waivers to fund home- and community-based care rather than institutional care, including making requirements less restrictive and Medicaid dollars more available to the states as the demand for home- and community-based care continues to grow. Continue to explore ways in which other senior services, such as nutritional counseling, adult day care, and case management can be reimbursed under the Medicare and Medicaid framework.
- 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.
- 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.

- Support of the Middle Class Opportunity Act of 2007, which would create a new Eldercare Tax Credit to help families care for their aging parents. This provision would allow a credit for costs incurred to care for parents or grandparents who do not live with the taxpayer. As many caregivers do not live with the relative needing care and in many cases provide long-distance support and care, this provision would encourage continued family involvement in caring for older relatives.

V. PROJECTED RESOURCES, EXPENDITURES AND SERVICE LEVELS

July 1, 2008 - June 30, 2009

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 enhance 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), the Senior Citizen Rent Increase Exemption (SCRIE) Program, and other services for special populations.

The budget figures shown in the following tables are based on information as of September 3, 2008, and are subject to change. Table B (page 36) lists DFTA’s revenue sources. For City Fiscal Year 2009 (July 1, 2008 - June 30, 2009), the Department’s budget is projected at \$279 million, a 7% decrease from \$300 million in Fiscal Year 2008. City funding represents 57% of the Department’s budget, Federal funding, 29%, and State funding, 14%. Table C (page 37) reflects current support for each of the Department’s contracted services and Table D (page 38) reflect planned service levels for City Fiscal Year 2009. Tables C and D represent DFTA’s plan for the Fiscal 2009 Adopted Budget. Table D does not include planned service levels for some services provided directly by DFTA.

Due to the current fiscal climate, the State will be implementing a 6% reduction in state funding for senior services in FY 2009. This amount is projected to be approximately \$2.1 million. DFTA is currently analyzing and assessing the impact of this funding reduction on senior services. The Department also expects a \$5.4 million, or 3% across-the-board reduction to DFTA-funded services for FY 2009. Providers were given the flexibility on how to implement the 3% reduction, and were encouraged to meet their target through cost-savings, increased revenue measures, or reductions in areas that have the least impact on services. Providers are expected to maintain the same service levels.

In addition, \$29 million for NYCHA funded senior centers and senior programming was cut. In order to mitigate this reduction in funding, \$18 million in city tax levy funding was restored but this amount must be shared among all NYCHA community-based programs including child day care centers, senior centers, and community centers for all ages. Discussions are currently taking place regarding how the \$18 million will be distributed. In the interim, NYCHA funded senior centers monitored by DFTA will remain fully operational.

**TABLE B. PROJECTED FISCAL YEAR 2009 BUDGET
NEW YORK CITY DEPARTMENT FOR THE AGING
July 1, 2008 - June 30, 2009¹**

	FY 2009 PLANNED BUDGET	TOTALS
<u>FEDERAL FUNDS</u>		
OAA Title III B Social Services	\$ 10,354,368	
OAA Title III C Nutrition	18,977,353	
OAA Title III D Health Promotion	638,669	
OAA Title III E Caregiver Support	3,978,714	
OAA Title V Senior Community Services Employment	5,020,049	
OAA Title VII Ombudsman	229,902	
Title XX Social Service Block Grant	25,262,085	
USDA Cash-In-Lieu	9,070,323	
ACTION - Foster Grandparents	1,606,244	
HEAP (Home Energy Assistance Program)	300,000	
HIICAP (Health Insurance Information, Counseling and Assistance Program)	583,591	
WRAP (Weatherization, Referral and Packaging Program)	2,846,530	
Community Development Block Grant	2,484,841	
Operation Restore Trust (ORT)	21,590	
		<u>\$81,374,259</u>
<u>STATE FUNDS</u>		
CSE (Community Services for the Elderly)	\$ 7,535,788	
EISEP (Expanded In-Home Services for the Elderly)	18,973,063	
Foster Grandparents	34,534	
SNAP (Supplemental Nutrition Assistance Program)	10,872,629	
CSI (Congregate Services Initiative)	323,762	
Crime Victims Assistance Program	432,000	
End of Life	71,920	
LTCIEOP (Long-term Care Insurance Education and Outreach Program)	93,709	
Transportation	686,131	
LTCOP (Long-term Care Ombudsman Program)	229,902	
		<u>\$39,253,438</u>
<u>CITY FUNDS</u>		
City Tax Levy	\$ 157,890,026	
Intra-City Transfer: WEP	172,425	
Intra-City Transfer: Home Care	300,000	
		<u>\$158,362,451</u>
GRAND TOTAL:		<u>\$278,990,148</u>

¹ Foundation and other private support also support Departmental activities.

TABLE C. PLANNED SUPPORT BY COMMUNITY-BASED SERVICE
NEW YORK CITY DEPARTMENT FOR THE AGING

July 1, 2008 - June 30, 2009

	FY 2009 PLANNED BUDGET	<u>TOTALS</u>
<u>ACCESS SERVICES</u>		
Case Management	\$21,835,696	
Case Assistance/Counseling	15,288,102	
Transportation/Escort	8,433,299	
Information & Referral/Outreach	<u>1,457,299</u>	
		<u>\$47,014,396</u>
<u>NUTRITION SERVICES²</u>		
Congregate Meals	\$54,744,616	
Home Delivered Meals	28,798,715	
Nutrition Education/Counseling	461,249	
Shopping Assistance/Chore	495,793	
		<u>\$84,500,373</u>
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	\$22,200,033	
Housekeeping/Heavy Duty Cleaning	5,482,378	
Social Adult Day/Respite	2,819,234	
Friendly Visiting	291,014	
Telephone Reassurance	<u>440,836</u>	
		<u>\$31,233,495</u>
<u>LEGAL ASSISTANCE</u>		
<u>EMPLOYMENT RELATED SERVICES</u>		
Title V	\$5,766,568	
Foster Grandparent Program	<u>2,111,874</u>	
		<u>\$7,878,442</u>
<u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u>		
Education/Recreation	\$17,297,562	
Health Promotion/Screening	1,173,857	
Intergenerational Service	1,036,930	
Residential Repair	<u>395,436</u>	
		<u>\$19,903,785</u>
<u>NATURALLY OCCURRING RETIREMENT COMMUNITIES</u>		
		<u>\$5,673,602</u>
<u>FAMILY CAREGIVER SUPPORT</u>		
Respite (Individual and Group)	\$2,595,797	
Information and Outreach	1,813,678	
Caregiver Services	1,010,490	
Supplemental Services	<u>280,000</u>	
		<u>\$5,699,965</u>
TOTAL SUPPORT:		<u>\$203,768,268</u>

² Citymeals-On-Wheels no longer contracts through DFTA. The value of those contracts is not shown on this chart.

TABLE D. PLANNED SERVICE LEVELS BY COMMUNITY-BASED SERVICE
NEW YORK CITY DEPARTMENT FOR THE AGING

July 1, 2008- June 30, 2009

	<u>PLANNED UNITS OF SERVICE</u>	
<u>ACCESS SERVICES</u>		
Case Management	498,261	Hours
Case Assistance/Counseling	311,986	Hours
Transportation/Escort	658,918	One-Way Trips
Information & Referral/Outreach	299,070	Contacts
<u>NUTRITION SERVICES</u>		
Congregate Meals	9,403,755	Meals
Home Delivered Meals	4,305,000	Meals
Nutrition Education/Counseling	4,395	Contacts
Shopping Assistance/Chore	14,967	Hours
<u>IN-HOME & CARE SERVICES</u>		
Homemaking/Personal Care	1,391,338	Hours
Housekeeping/Heavy Duty Cleaning	345,874	Hours
Social Adult Day/Respite	246,591	Hours
Friendly Visiting	10,276	Visits
Telephone Reassurance	54,785	Calls
<u>LEGAL ASSISTANCE</u>	35,016	Hours
<u>EMPLOYMENT RELATED SERVICES</u>		
Title V	654	Positions
Foster Grandparent Program	380	Positions
<u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u>		
Education/Recreation	221,508	Sessions
Health Promotion/Screening	14,364	Sessions
Intergenerational Service	70,038	Hours
Residential Repair	6,713	Hours
<u>NATURALLY OCCURRING RETIREMENT COMMUNITIES</u>	74,344	Hours
<u>FAMILY CAREGIVER SUPPORT</u>		
Respite (Individual and Group)	37,844	Hours
Information and Outreach	38,901	Contacts
Caregiver Services	6,915	Sessions
Supplemental Services	6,107	Items

ENDNOTES

- ¹ U.S. Census Bureau. 2006 American Community Survey.
- ² U.S. Census Bureau. 2000 Census.
- ³ U.S. Census Bureau. 2006 American Community Survey.
- ⁴ Bureau of Vital Statistics. Summary of Vital Statistics 2006, and Summary of Vital Statistics 1996. New York City Department of Health and Mental Hygiene, December 2007 and 1997, respectively.
- ⁵ NYC Health Department. Summary of Vital Statistics, 2006. December 2007, p. 35.
- ⁶ Congressional Research Service (CRS). Report for Congress: Life Expectancy in the United States. August 16, 2006.
- ⁷ U.S. Census Bureau. 2006 American Community Survey.
- ⁸ U.S. Department of Health and Human Services – Agency for Healthcare Research and Quality. Research Activities – No. 295, March 2005.
- ⁹ U.S. Census Bureau. 2006 American Community Survey.
- ¹⁰ Gusmano, Michael K. and Victor G. Rodwin. “The Elderly and Social Isolation.” Testimony to the New York City Council Committee on Aging, February 13, 2006.
- ¹¹ Westat, Inc. Highlights from the Pilot Study – First National Survey of Older Americans Act Title III Service Recipients – Paper No.2. National pilot survey conducted from Nov. 2002-Feb. 2003 by Westat, Inc., AoA’s survey contractor, pp.6 -8.
- ¹² AARP. Beyond 50: A Report to the Nation on Trends in Health Security. Washington, D.C. AARP, 2002, p.37.
- ¹³ New York City Department of Health and Mental Hygiene. Summary of Vital Statistics 2005. Bureau of Vital Statistics, December 2006.
- ¹⁴ New York City Department of Health and Mental Hygiene. HIV Epidemiology Program, 4th quarter report, Vol. 2(4), October 2004, and 1st quarter report, Vol. 3(1), January 2005.
- ¹⁵ Spark, Arlene. “Nutrition.” Project 2015: The Future of Aging in New York State. New York: State Society on Aging of New York, 2000, p.156.
- ¹⁶ Food Bank For New York City. “NYC Hunger Safety Net 2007. A Food Poverty Focus.” Division of Government Relations, Policy and Research, 2007.
- ¹⁷ Food Bank For New York City. “Hunger: An Aging Issue.” Division of Government Relations, Policy and Research, 2005, p.3.
- ¹⁸ Spark, Arlene. “Nutrition.” Project 2015: The Future of Aging in New York State. New York: State Society on Aging of New York, 2000, p.156.
- ¹⁹ Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. *Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities*. DHHS Pub. No. (SMA) 05-4018, 2004, p. v.
- ²⁰ New York City Department of Health and Mental Hygiene. “Depression, Social Isolation and the Urban Elderly.” Power Point presentation by Lloyd I. Sederer, MD, Executive Deputy Commissioner, Mental Hygiene Services, at the Conference on Geriatric Mental Health, May 18, 2006.
- ²¹ Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. *Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities*. DHHS Pub. No. (SMA) 05-4018, 2004, p. v.

-
- ²² New York State Office of Alcoholism and Substance Abuse Services. Substance Abuse Prevention and Treatment: Senior Forums Summary Report. May 2005, p.1
- ²³ Overeynder, Jenny C. "Aging Persons with Developmental Disabilities." The Future of Aging in New York State. New York: State Society on Aging of New York, 2000, p.92.
- ²⁴ New York City Department of Health and Mental Hygiene. Women at Risk: The Health of Women in New York City, March 2005.
- ²⁵ New York City Department of Health and Mental Hygiene. Take Care New York: A Policy for a Healthier New York City. Third Year Progress Report, August 2007.
- ²⁶ Agency for Healthcare Research and Quality. Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density. U.S. Department of Health and Human Services. December 2007, p.2.
- ²⁷ Services and Advocacy for GLBT Elders (SAGE) Website, 2008, at <http://www.sageusa.org/about/>.
- ²⁸ Services and Advocacy for GLBT Elders (SAGE). *SAGEMatters*, The Newspaper on GLBT Aging, Spring 2007, found at <http://www.sageusa.org/uploads/SageMattersSpring07.pdf>, p.4.
- ²⁹ Reinhardt, Joann. "Vision Impairment and Hearing Loss in Older New Yorkers." Project 2015: The Future of Aging in New York State. New York: State Society on Aging of New York, 2000, p.177.
- ³⁰ National Institutes of Health. "Vision Loss from Eye Diseases Will Increase as Americans Age." 12 April 2004, at <http://www.nih.gov>.
- ³¹ New York Citizens' Committee on Aging, Inc. "Neal Lane, SOFA Director, addresses NYCCoA Membership." June 2003, p.3.
- ³² United Hospital Fund. "A Survey of Family Caregivers in New York City: Findings and Implications for the Health Care System." 2000, p. ix.
- ³³ AARP. Beyond 50: A Report to the Nation on Trends in Health Security. Washington, D.C. AARP, 2002, p.103.
- ³⁴ Prosper, Vera. "Living Arrangements for Older New Yorkers. Project 2015: The Future of Aging in New York State." New York: State Society on Aging of New York, 2000, p.1.
- ³⁵ Joint Center for Housing Studies of Harvard University. The State of the Nation's Housing, 2004, pp.26-27.
- ³⁶ Housing and Household Economic Statistics Division. "New York City Housing and Vacancy Survey 2005." U.S. Census Bureau, 2005.
- ³⁷ New York City Department of City Planning. "2005 Consolidated Plan." Volume I, September 16, 2005, p.98.
- ³⁸ Office of Congressman Anthony Weiner, U.S. House of Representatives (D-NY). *No Vacancy: New York City's Senior Housing Shortage*. August 1, 2002.
- ³⁹ New York City Department of Housing Preservation and Development. "The New Housing Marketplace 2004-2013." February 2006.
- ⁴⁰ Bailey, Linda. "Aging Americans: Stranded Without Options." Surface Transportation Policy Project, Washington D.C., April 2004.
- ⁴¹ U.S. Government Accountability Office. Transportation-Disadvantaged Seniors - Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information. GAO-04-971. August 2004.
- ⁴² New York State Office for the Aging. Annual Implementation Plan 2002-2003.
- ⁴³ Older Americans Report. 15 April 2005, p.119.

-
- ⁴⁴ Duka, Walt. AARP Bulletin online, May 2002, at <http://www.aarp.org>.
- ⁴⁵ Brownell, Pat. "Elder Abuse and Neglect." Project 2015: The Future of Aging in New York State. New York: State Society on Aging of New York, 2000, p.21.
- ⁴⁶ Housing the Elderly Report. "Telehealth Developments Expected to be Widespread in Housing within a Decade, Experts Estimate." May 2003, p.1.
- ⁴⁷ Hafner, Katie. "For Some Internet Users, It's Better Late than Never." *New York Times*, 25 March 2004.
- ⁴⁸ Pew Internet & American Life Project. Tracking Survey. November 30 – December 30, 2006, at www.pewinternet.org.
- ⁴⁹ University of California, Berkeley, Wellness Letter from the School of Public Health. August 2005, 21(11), p.1.
- ⁵⁰ Hafner, Katie. "For Some Internet Users, It's Better Late than Never." *New York Times*, 25 March 2004.
- ⁵¹ Prosper, Vera. "Analysis and Summary of 36 State Agency Briefs." Project 2015: State Agencies Prepare for the Impact of an Aging New York. New York State Office for the Aging, 2002, p.23.
- ⁵² United States General Accounting Office. Older Workers: Demographic Trends Pose Challenges for Employers and Workers. November 2001, p.34.
- ⁵³ AARP Public Policy Institute. Update on Aged 55+ Worker: 2005. AARP, Washington, D.C., 2006.
- ⁵⁴ US Department of Labor. Civilian labor force participation rates by sex, age, race and Hispanic origin, 1984, 1994, 2004, and projected 2014. Bureau of Labor Statistics, December 2005.
- ⁵⁵ Prosper, Vera. "Department of Labor." Project 2015: State Agencies Prepare for the Impact of an Aging New York. New York State Office for the Aging, 2002. pp.27,170.
- ⁵⁶ Willigen, Van. "Differential Benefits of Volunteering Across the Life Course." *The Journals of Gerontology: Social Sciences*. The Gerontological Society of America, September 2000, p.S312.
- ⁵⁷ March 2004 issue of the *Journal of Urban Health*, cited in "Volunteer for Health." *HealthNews*, June 2004.
- ⁵⁸ Experience Corps. Appealing to Experience: Zeroing in on the Right Message. Civic Ventures, 2005. at www.experiencecorps.org.
- ⁵⁹ KPMG. New York City Department for the Aging Evaluation of the Senior Options Pilot Program. Economics and Valuation Services, March 8, 2007.