Department for the Aging

Annual Plan Summary

April 1, 2015– March 31, 2016

For
The Older Americans Act (OAA)
The New York State Community Services for the Elderly (CSE) Program
The Expanded In Home Services for the Elderly Program (EISEP)

Donna M. Corrado, PhD, Commissioner

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September 2014

Department for the Aging

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September 8, 2014

Dear Colleague:

I am pleased to share with you the New York City Department for the Aging's Annual Plan Summary (APS) for 2015-2016. This Plan provides valuable opportunities for the Department to share its goals and objectives with the aging services network. A series of public hearings on the Plan provides forums for consumers, community partners, advocates and other interested parties to give the Department feedback and suggestions on issues that impact New York City's older adults.

As in prior years, the current APS provides interested readers with information on a wide range of senior services and data concerning older New Yorkers. It also summarizes a number of new and evolving projects that have taken shape in the most recent year.

The work of DFTA and its partners is enabling the City to reach its goals in serving older New Yorkers in various aspects of their lives, from collaborating with health care providers to ensure better coordinated care with positive outcomes for older people, to initiatives designed to improve the nutritional status of seniors, help them to obtain oral care and mental health services, and tap into benefits available through programs ranging from the Supplemental Nutrition Assistance Program (SNAP) to the Senior Citizen Rent Increase Exemption (SCRIE) and the Medicare Savings Program.

The Department for the Aging and its partners have been able to strengthen senior services this year due to the support of both Mayor Bill de Blasio and the City Council. In the City Fiscal Year beginning July 1, 2014, the Mayor and City Council increased DFTA's budget for nutrition programming by $3.3 million and its case management funds by $2.6 million. They made possible an increase of $2.3 million to support senior centers. They also increased budgets for Naturally Occurring Retirement Communities (NORCs) as well as bolstered transportation services to help seniors travel from their homes to medical appointments, senior centers, shopping and other important activities.

I encourage you to attend or testify at one of DFTA's five public hearings. (Please see the Annual Plan Summary for the schedule.) A Testimony Request form can be found on the DFTA website: www.nyc.gov/aging. If you are unable to attend one of the hearings, please feel free to submit written comments via email or US mail. The Department welcomes your input and values your opinion. I look forward to learning from you as you share your insights and ideas.

Sincerely,

Donna Corrado

Donna M. Corrado

New York City Department for the Aging

2014 Public Hearings

The New York City Department for the Aging (DFTA) has published the 2014-2015 **Annual Plan Summary** on the DFTA website: **www.nyc.gov/aging**. This Plan provides a valuable opportunity for the Department to share its goals, objectives and program planning with the aging network.

DFTA encourages consumers, community partners, advocates, and other interested parties to attend a public hearing and comment on the Plan, or give testimony on other issues that impact New York City's older adults. **To register, e-mail**:

testimony@aging.nyc.gov.

If you are unable to attend one of the hearings, please feel free to submit written testimony or comments via email (above) or mail to:

NYC Department for the Aging
c/o Yvette Parrish-Chenault
2 Lafayette Street, 7th Floor
New York, New York 10007

The NYC Department for the Aging welcomes your input and values your expertise. We look forward to learning from you as you share your insights and ideas.

All Public Hearings are scheduled from **10:00 a.m. – 12:00 noon**:

Brooklyn:
Thursday, October 2, 2014
Brooklyn Borough Hall
Community Room
209 Joralemon Street
Brooklyn, NY 11201

Bronx:
Monday, October 6, 2014
Lincoln Hospital, Auditorium
234 East 149th Street
Bronx, NY 10451

Manhattan:
Tuesday, October 7, 2014
125 Worth Street
2nd Floor Auditorium
New York, NY 10013

Staten Island:
Wednesday, October 8, 2014
Staten Island Borough Hall
Conference Room 125
10 Richmond Terrace
Staten Island, NY 10301

Queens:
Wednesday, October 29, 2014
Queens Borough Hall
Room 213, Part 2
120-55 Queens Boulevard
Kew Gardens, NY 11424

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With support from DFTA's operational and budget and fiscal divisions, the Annual Plan Summary was prepared by the Planning and Policy Analysis Unit: Sandy March, Planning and Policy Analyst; LaTrella Penny, Director; Joyce Chin, Director of the Office of Management Analysis and Planning; and Michael Bosnick, Deputy Commissioner of the Division of Planning. Juxin Di, Research Analyst, prepared the demographic analyses.

Introduction

New York City Department for the Aging

The New York City Department for the Aging (DFTA or the Department) is the lead Mayoral agency addressing public policy and service issues for the aging; it is a local government agency and the largest agency in the federal network of Area Agencies on Aging (AAA) in the United States. Established to represent and address the needs of elderly residents of New York City, the Department administers and promotes the development and provision of accessible services for older persons and serves as an advocate on legislative and policy issues.

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

- Foster independence and individual choices, confront ageism, and promote opportunities for older people to share their leadership, knowledge and skills;
- Inform and educate the general public about aging issues, including services, supports and opportunities for older New Yorkers and their families;
- Serve as a catalyst for increased resources to enhance and expand programs and services for older New Yorkers;
- Ensure the provision of quality services fairly and equitably to older New Yorkers;
- Enhance and expand effective, productive partnerships with consumers, advocates, and private and public organizations; and
- Recognize the value of all staff and encourage their creativity in building the Department's capacity for continuous improvement.

Purpose and Scope of the Annual Plan Summary (APS)

The Older Americans Act (OAA), Section 306(a)(6)(D) requires AAAs to develop an area plan. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York State Office for the Aging (NYSOFA) on programs funded through federal and state resources, including 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 (APS) is a synopsis of the AIP and presents DFTA's strategic goals, programming, and budget and service levels. This Plan represents the fourth year of a four-year plan covering the period April 1, 2012 to March 31, 2016.

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 Program 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.

Annual Plan Public Hearings

Each year, the Department for the Aging conducts public hearings 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 prepare its plan for Fiscal Year 2016 and enhance its long-term efforts on behalf of the City's elderly.

Community Dialogue and Feedback

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

- **DFTA's Senior Advisory Council** is mandated by the OAA, Section 306(a)(6)(D), New York State, and the New York City Charter to advise DFTA and its Commissioner on all matters relating to the development, administration and operations of its area plan. The Council is made up of 31 members serving three-year terms, at least 16 of whom are service recipients. The Council includes representatives from the social services, health and academic communities and from New York's major neighborhoods, all of whom offer a unique perspective on aging issues and services. The members all serve without compensation and are appointed by the Mayor for three-year terms. Ten of these members (two from each borough) are recommended by the City Council.

- **Public forums** encourage service providers, community leaders and the public to share their views and recommendations on aging services, including the Annual Plan Summary Hearings and Borough Budget Consultations. Stakeholder sessions of

various kinds, including forums to offer input into the design of solicitations and programs, as well as other discussions with providers, elected officials, Interagency Councils, community boards, Borough President Cabinets and older New Yorkers, have been held to assist DFTA in strengthening its services.

DFTA's Website: **www.nyc.gov/aging**

The Department invites visitors to the DFTA website, which includes a calendar of events as well as information and resources about older adult programs, services and publications. Each year, the Annual Plan Summary and hearings schedule are posted on the site.

Assessing the Current and Future Needs of the Elderly

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

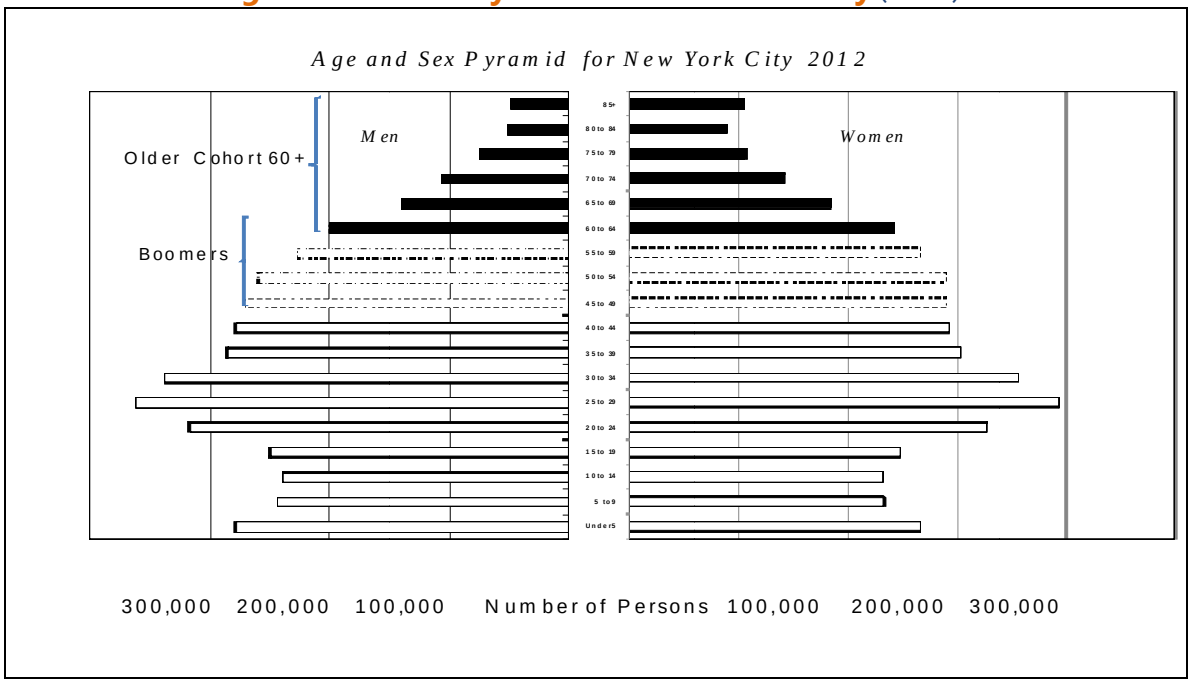
The results of the 2000 and 2010 Censuses, the 2012 American Community Survey (ACS), and population projections through 2030 provide a foundation to determine the current and future needs of New York City's elderly. As the City addresses the challenges and capitalizes on the opportunities presented by an aging population, knowledge becomes critical in formulating policy, planning for services, and effectively allocating resources.

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

Demographics of the Aging Population: 2000-2030

The Age and Gender Pyramid below shows an overall profile of New York City's 2012 population. The area shaded in black reflects the population aged 60+, which comprises 1.49 million adults, or 17.9% of the City's population. The dotted bars represent those 45 to 59, who comprise 1.6 million people, or 19.2% of the population, the majority of whom are baby-boomers.[1] The first of the boomer generation – those born in 1946 – turned 65 in 2011, and as they continue to mature, the demand for aging services will increase.

Age and Gender Pyramid for New York City (2012)[2]



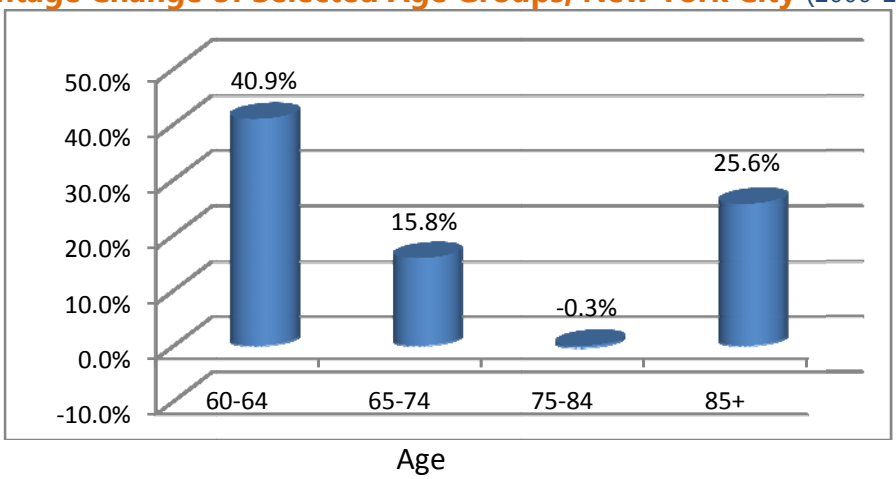
**Note: Each bar represents an age span of five years.*

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 less than one in every six New Yorkers in 2000, will make up one in every five in 2030.[3]

Aging Within the Older Population

The City's total older population, which increased from 1.25 million in 2000 to 1.49 million in 2012, has significantly changed in age composition.

Percentage Change of Selected Age Groups, New York City (2000-2012)[4]



From 2000 to 2012, the number of people aged 60-64 increased dramatically by 40.9%, and the eldest group (85 and older) increased by 25.6%. Those 65-74 years increased by a relatively modest rate of 15.8%, whereas those 75-84 slightly decreased. By 2050, boomers will be part of the oldest population group, and the cumulative growth of this 85+ group will be nearly 200%, constituting 4% of the total population compared with 1.5% in 2000.[5] Disability is prevalent among the oldest cohort, creating a growing need for long-term care services.

Increase in Life Expectancy

The latest figures indicate that the New York City life expectancy at birth is at an all-time high of 80.8 years, an increase of 3.2 years from 2000 to 2011.[6] However, life expectancy gains are not shared uniformly across gender or race. Women continue to experience longer life expectancies at birth compared to men. In 2011, New York City women had a life expectancy of 83 years, while men had an average life expectancy of 78 years.[7] Additionally, the 2010 U.S. Census shows the Hispanic population in New York City to have had an average life expectancy at birth of 81.9 years, the white population of 81.2 years, and the black population of 76.9 years.[8] Life expectancy data for Asians were not available in the 2010 US Census.

Increase in the Older Female Population

Not only do women have a greater life expectancy than men, but as of 2012, women continue to outnumber men by 248,292 within the 60+ age group. The number of women is more than double that of men among those 85 and older.[9] 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.[10] Thus, as is the case currently, women 85+ in 2030 will outnumber men their age by more than 2 to 1, and this greater longevity results in more women living alone during their later years. Poverty rates are higher, on average, for women living alone than for those living with a partner or for men living alone or with another person. To a significant degree, this is due to the fact that women tend to receive lower Social Security payments because of time spent out of the paid workforce, as well as a prevalence of lower paying salaries for women than their male counterparts during their years of employment.

Women 65 and older comprise 69% of the frail older population.[11] Frailty can lead to functional impairments, which may require long-term care.

Increase in Diversity

ACS data show that from 2000 to 2012, the non-Hispanic white older population decreased whereas the number of minority members of that group grew rapidly. In 2012, 59% of New

Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2012, the black population increased by 33%, the Hispanic population by 55%, and the Asian population by 89%.[12]

Table A: **Minority 65+ Population in New York City**, 2000-2012[13]

Race/Ethnic Profile	2000 Census	2012 ACS	% Change 2000-2012
White (Non-Hispanic)	533,982	476,889	-10.69%
Black	185,088	245,421	32.60%
Hispanic	138,840	215,411	55.15%
Asian/Pacific Islanders	59,056	111,476	88.76%
All Minorities	382,984	572,308	49.43%

There are also significant linguistic differences: English is not the primary language for 25% of New Yorkers[14], and nearly 50% speak another language at home.[15] Linguistic and cultural differences coupled with the challenges of aging and disability can have a significant impact on health outcomes. A review of health literature found that language barriers have a negative impact on access to and quality of health care as well as patient satisfaction and, in certain instances, cost. The development of a language assistance plan that includes interpreter services and bilingual clinicians is an effective measure for improving care.[16] In July 2008, Mayor Bloomberg signed Executive Order 120 requiring the City's social service agencies to provide translation and interpretation services in the top six languages spoken by New Yorkers; each of these agencies, including DFTA, has developed a language access implementation plan for at least six languages. New York City's 24-hour information and services number, known as 3-1-1, provides services to callers in 170 languages.[17]

The Supportive Service Needs of Older Adults

The significant increase in the older adult population, along with rapidly changing demographics, presents challenges for planning and developing supportive services for older adults. When considering the following service issues, the aging network needs to balance the needs of a new cohort of well elderly with the service needs of the increasing number of frail elderly.

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 national poverty rate for older

people, from 12.8% in 1990 to 9.5% in 2012, New York City's older adults experienced an increase in poverty from 16.5% to 19.1% for the same time period.[18] The 2012 federal poverty level is $11,011 for a single person and $13,892 for a couple,[19] and the current average Social Security benefit is $1,230 per month, or $14,760 a year for a retired worker.[20] This average benefit is often inadequate to cover the high cost of living in New York City but does not allow many to qualify for public assistance benefits. In 2010, 84% of native-born seniors had Social Security income, while only 69% of older immigrants did.[21]

Table B: **Poverty by Race for Older New Yorkers Aged 65 and Above** (2012)[22]

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2012)
White	462,648	59,596	12.9%
Black	235,235	48,064	20.4%
Hispanic	209,446	61,570	29.4%
Asian	109,397	28,023	25.6%

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

The percentage of minority elderly living in poverty is significantly higher than the White population. This data indicates that a substantial proportion of minority older people live in poverty – 29% of Hispanics, 26% of Asians, and 20% of Blacks. In addition, the number of older women living below the poverty level is approximately double that of their male counterparts.[23]

In 2012, the median household income for older New Yorkers was $29,625, 27% higher than the 2000 median of $23,388; however, it continues to remain lower than the nation's median of $36,743.[24] Median income also varies significantly by race. In 2012, the median income of:

- Hispanic households was $17,500, 53% less than the White population;
- Black households was $27,500 or 27% less than the White population; and[25]
- Asian households was $22,500, 40% less than the White population, who earned a median household income of $37,500.

With an increasing percentage of New York City's older adults living in poverty, a targeted expansion of multiple income support services would help those most in need, including Supplemental Security Income (SSI), Medicaid, food stamps, and housing subsidies.

Nutrition and Hunger

Good nutrition is a vital component in maintaining health and optimal functioning; for example, older adults who eat breakfast have greater energy/nutrient intake, less worry about whether they

would be able to get food or run out of food, and have fewer depressive symptoms.[26] 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.[27] In 2012, more than one in three New York City residents ages 50 to 64 (35 percent) experienced difficulty affording food. This represents a 40 percent increase from 2003 (25 percent).[28]

The U.S. Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program (SNAP) – also known as the Food Stamp Program – provides critical food assistance to many households. However, only 68% of eligible New Yorkers are receiving benefits,[29] and of all New Yorkers that use emergency food programs (EFPs) – food pantries and soup kitchens – households with older adults have the lowest food stamp participation rate (19%).[30] In 2007, 12% of those who utilized EFPs were 65 and older (154,000 persons);[31] in 2009, 66% of EFPs saw an increase in the number of older adults at their sites, and 28% saw an increase of 25% or more in the number of seniors.[32]

Integrated public policy among government and hunger organizations aids older adults experiencing food insecurity by ensuring greater access for them to available services.[33] Integrated policy should also emphasize increased food stamp outreach, greater availability of nutrition services, and screening for older adults for risk factors.[34] DFTA is committed to various programs and supports legislation that combats hunger among older New Yorkers, including SNAP.

Functional Capacity and Mobility

As individuals age, their range of mobility decreases and the need for appropriate in-home services, adaptive equipment, and the least restrictive environment increases.[35] In 2012, there were 372,906 older people who reported some level of disability, or 37% of the civilian non-institutionalized population. Of this group:

- 27% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 20% had conditions that restricted their ability to go outside the home, shop, or visit the doctor;
- 11% had mental, cognitive or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 12% were limited in their ability to perform self-care activities, such as dressing, bathing or getting around inside the home;
- 10% reported hearing disabilities; and
- 8% reported vision disabilities.[36]

The Eye Disease Prevalence Research Group reports that blindness and low vision increase significantly with age, with Americans 80 years and older accounting for 69% of the blind population; the most common eye diseases for those 40 and older are age-related macular degeneration (AMD), cataracts, glaucoma and diabetic retinopathy.[37] Adaptive devices, rehabilitative services, and environmental adaptations to a home and work setting can provide support for this population.

Disability rates are slightly higher for older New Yorkers when compared nationally. Older women have more difficulty with activities of daily living than do older men. Older Hispanic men and especially women have higher disability rates compared with their non-Hispanic counterparts. Disability is also associated with poverty: older people with disabilities reported higher poverty rates than those without.[38]

The Olmstead Act (1999), not limited to Medicaid-funded services, gave individuals with disabilities the right to be placed in the least restrictive and most integrated environment appropriate to their needs. The Supreme Court's decision calls upon states to develop accessible community-based services for disabled persons of all ages. Supportive social services provided in the home remain the services most in demand by older adults with functional impairments, and OAA services are intended to help adults maintain their independence, remain in the community, and delay institutionalization.[39]

Chronic Illness and Preventive Health

As individuals age, they are increasingly likely to suffer from chronic and acute illnesses. Four out of five Americans 50 and older experience at least one chronic condition, the most common being high blood pressure, high cholesterol, mental illness, diabetes, and heart disease.[40] In 2010, the leading cause of death by far for New York City residents age 65 and older was heart disease, accounting for 40% of all older adult deaths, despite the fact that heart disease can in many cases be prevented or its progression slowed.[41] There are also more than 110,000 people living with HIV/AIDS in New York City, with 41.7% being 50 and older.[42] Bone loss intensifies after age 50, particularly for postmenopausal women, and an estimated 54% of American women 50 and older will suffer a fracture during their lifetimes due to osteoporosis.[43]

Preventive care, including immunization, health screenings, and education on effective coping and treatment mechanisms is essential to help New Yorkers avert or manage debilitating aspects of disease. As part of its Take Care New York health policy, the New York City Department of Health and Mental Hygiene (DOHMH) has a number of goals associated with efforts to improve the health of New Yorkers and has succeeded in reducing diabetes, smoking, hypertension, and cardiovascular disease. In 2003, only 42% of New Yorkers 50 and older were

screened for colon cancer, a disease with high rates of treatment success if diagnosed in it early stages; that number increased to 66% in 2009, with a target of 80% by the end of 2012.[44] In 2008, 80% of adults 65 and older received a flu shot,[45] a 17% increase from 2005.[46] 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 and advocating for resources to support research on prevention and treatment of diseases. DFTA has a number of preventive health and disease management programs, including the Community Innovations for Aging in Place Grant.

Mental Health, Addiction and Developmental Disabilities

DOHMH estimates that approximately 20% of New Yorkers 55 and older experience a psychiatric disorder not part of the normal aging process; this number is expected to double by 2030.[47] Older adults with serious mental illnesses experience service inequalities and higher mortality rates and are more likely to be placed in nursing facilities.[48] DFTA's Depression Screening Initiative continues to successfully increase access to treatment (see Page 36 for more details). New York State's Office of Alcoholism and Substance Abuse Services estimates that approximately half a million older New York State residents experience problems because they are knowingly or unknowingly misusing alcohol and/or drugs. These chemical dependencies are primarily related to alcohol misuse and deleterious interactions between alcohol and prescription or over-the-counter medicines.[49] The growth in the number of older adults with mental health needs and addiction issues will have a major impact on health service utilization and costs, highlighting the need to integrate mental health into an affordable and accessible continuum of community-based health and long-term care.

An estimated 6.6% of adults 55 and older in New York City have a severe cognitive impairment.[50] Day program activities for persons with developmental disabilities should be age-appropriate and include education in health and wellness activities.[51] The public and private sectors must forge new partnerships to develop and expand appropriate services for older people with special needs, including increased adult day programs.

Health Care Expenditures

Health care costs have risen substantially, even after adjusting for inflation. Out-of-pocket health care costs pose a particular burden for those in need of long-term care services – which Medicare does not cover – prescription drugs, and those not eligible for Medicaid or Medicare.[52] A study by the Kaiser Family Foundation found that Medicare covered only 45% of a beneficiary's total health care costs, and AARP estimated that out of pocket costs for these participants were an average of almost $3,500 per year.[53] Among older adults in New York

City, 36% rely only on Medicare with no supplemental private coverage. These older adults are considered underinsured, and results can include delayed care, not seeking preventive care, and limited or skipped medication doses.[54] In 2010, legislative changes to the Medicare prescription drug plan, or Part D, helped to address this coverage gap, or "doughnut hole" for 18 million older Americans, including 57% of New York State's Part D enrollees.[55] It is essential for lawmakers to continue to seek solutions to address the growing underinsured population. DFTA's Health Insurance Information Counseling and Assistance Program (HIICAP) has trained counselors that provide assistance with health care coverage choices and enrollment, including the latest information on health care reform law provisions (see Page 24 for more details).

Social Isolation

Those living alone as well as those in poverty can be more vulnerable to social isolation. In 2012, 33.1% of persons age 65 and over and nearly one-half of persons 85 and older in New York City were living alone,[56] and those living alone had the second highest poverty rate (30.2%) among all older households.[57] However, social isolation is a complex concern for older adults, and it is important to note that these are not the only factors that may contribute to vulnerability. Other factors include disability, inadequate access to primary care, and the population density of older people, which measures the number of persons 65 and older in an area.[58]

Housing

The housing preferences of older adults are to age in place and to maximize autonomy, choice, familiarity, flexibility and privacy;[59] therefore, appropriate and stable housing is vital, but not always possible, due to fixed incomes, high housing costs, competing healthcare expenditures, and physical limitations that must be addressed by in-home care or structural modifications.[60] The main source of subsidized, low-income housing for adults 62 and older in New York City is Section 202 Supportive Housing for the Elderly. Federally operated by the U.S. Department of Housing and Urban Development (HUD), it provides funding to not-for-profit groups for the new construction or rehabilitation of permanent low-income rental housing with support services. Income limits are currently $30,100 for a single person and $34,000 for a couple,[61] and there are 190 Section 202 buildings with over 17,000 units in the City.[62]

Additional sources of housing include 56 New York City Housing Authority (NYCHA) developments with more than 10,000 units targeted solely to older New Yorkers and 18 Mitchell Lama sites with 3,533 units.[63] There are also assisted living facilities for those who need an increased level of care, including the Assisted Living Program (ALP), adult homes, and the Enriched Housing program, providing 10,760 beds.[64] Waiting lists for certain housing

programs can be years long; therefore, additional financing and flexibility for housing developments is crucial. In 2014, Mayor Bill de Blasio instituted an eight-year program to build or renovate 200,000 units of affordable housing. DFTA's Senior Housing Initiatives Unit (see Page 28) continues to advocate for affordable new older adult housing as well as assisted living opportunities, and provides information and referral.

There are subsidy programs available to older adults to assist with aging in place, including the Senior Citizen Rent Increase Exemption Program (SCRIE) which is administered by the NYC Department of Finance. SCRIE assists adults age 62 and older who reside in rent regulated apartments by authorizing exemptions from future increases to their monthly rent; State legislation was passed this year and signed into law to increase the household income eligibility limit for SCRIE from $29,000 to $50,000. Tenants must already be paying more than 30% of their income toward rent.[65] In FY 2009, 44,775 households received SCRIE.[66] Another housing program, the Senior Citizen Homeowner Exemption Program (SCHE), provides homeowners 65 and older who have federal adjusted gross household incomes of up to $37,399 with property tax exemptions.[67]

Transportation

Given the functional decline in mobility as people age, the availability and subsidization of appropriate transportation is a critical factor in enabling an individual to live independently. The Council of State Governments recommends policies to keep older American drivers and pedestrians safer, including an improvement in infrastructure, better access to and more options for public transportation, and better coordination of transportation resources via mobility management.[68] The design of safer roads is particularly important as New York State has the third highest pedestrian fatality rate per 100,000 persons 65 and older after Hawaii and California.[69]

The New York Metropolitan Transportation Council has also identified some of the following transportation service issues for New York City's older adults:

- Varied pedestrian environments that can create issues for those who move slowly and those who need increased waiting areas for public transportation;
- A lack of accessible and well-maintained subway system infrastructure, including signage; and
- A need for increased DFTA-sponsored transportation outside of normal business hours.[70]

The Department provides some transportation for older adults through contracted non-profit organizations and continues to advocate for increased transportation funding. DFTA offers free bus trips for older adults to numerous sites ranging from supermarkets to museums, and in the fall of 2012 began offering taxi vouchers to disabled residents of two communities (see Page 23 for more details).

Caregiving

Family members and other informal caregivers – 60% of whom are older adults themselves[71] – are vital to the supportive network that helps older adults remain living in their homes and communities. These 2.2 million caregivers in New York State[72] – 79% of whom are female[73]– provide an estimated 80 percent or more of all community-based long-term care.[74] This saves the New York State health care system $25 billion in unpaid care.[75] There is a need for services that benefit both caregiver and recipient, including respite care, transportation, information and outreach, civic engagement, and affordable and alternative housing models and adaptive support.[76] Title III-E of the OAA Amendments of 2000 established the National Family Caregiver Support Program (NFCSP), which provides basic services for family caregivers including information and referral, assistance in accessing benefits and entitlements, peer support, individual counseling, respite care and supplemental services. This program represents an important model for supporting caregivers and care recipients. DFTA's Alzheimer's and Caregivers Resource Center provides a variety of caregiver support services (see Page 29 for more details).

Legal Services

Legal assistance can be critically important for older adults when dealing with issues of housing, landlord/tenant disputes, entitlements, consumer affairs and family issues, and may also involve planning for retirement, long-term care, loss of capacity, and end-of-life matters. The expanding use of free websites and legal hotlines offers opportunities for older persons to independently obtain information on legal issues, and publicly-funded and private legal services help older New Yorkers access benefits and services to which they are entitled. The majority of cases handled by DFTA-funded legal services are housing cases, including eviction intervention services and those situations in which the landlord fails to make needed upgrades, a factor that can pose safety problems (see DFTA's Assigned Counsel Project, Page 35, for more details).

Elder Abuse

Elder abuse includes physical and psychological abuse, financial exploitation, and neglect.

Many types of fraud, including predatory lending, internet scams and identity theft, are common examples of financial elder abuse crimes.[77] Perpetrators of elder abuse crimes are often family members, friends or caregivers of victims. Because of the relationship, victims are often fearful or reluctant to report the abuse, and as a result, the incidence and prevalence of elder abuse is grossly under-reported.[78] DFTA, Lifespan of Greater Rochester, Inc., and Weill Cornell Medical Center collaborated on an in-depth, statewide elder abuse incidence and prevalence study. The aims of the study were to estimate the prevalence of elder abuse in both self-reports and documented cases, estimate rates of under-reporting, and identify demographics. The study found that only a fraction of elder abuse cases in New York State are formally documented; elder abuse occurs at a rate nearly 24 times greater than the number of reported cases referred to social service, law enforcement or legal authorities.[79] The full study can be found at:

http://www.nyc.gov/html/dfta/downloads/pdf/publications/under_the_radar.pdf.

Education and community outreach are essential to prevent elder abuse and increase safety, as well as advocating for legislation that takes a proactive approach to violence prevention. DFTA's Elderly Crime Victims Resource Center and its community partners provide direct services to crime and elder abuse victims and training to groups that work with older adults on how to identify signs and provide intervention. Services include crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals (see Page 30). DFTA provides Elder Abuse intervention strategies to seniors experiencing any of several forms of maltreatment by someone who has a special or "trusting" relationship with the elder. The aim is to increase the client's sense of control and self-acceptance and to provide a range of legal and social service options for ending abuse (see Page 32). The Problem Solving Therapy Elder Abuse Initiative aims to increase self-determination of elder abuse victims through use of an evidence-based therapeutic technique (see Page 22).

Lesbian, Gay, Bisexual and Transgender (LGBT) Elders

Lesbian, gay, bisexual and transgender (LGBT, or GLBT) older adults are particularly vulnerable to service barriers, including discrimination, lack of access and community engagement. Twice the percentage of LGBT older adults live alone than heterosexual elders and are three to four times more likely not to have children, which can possibly lead to social isolation and a lack of caregiving.[80] Medical and community providers must be aware of health risks that particularly affect the underserved LGBT older community, including depression and anxiety; breast cancer in women over 40; HIV, prostate, testicular and colon cancer in men over 50; sexually transmitted diseases (STDs), including hepatitis and Human Papilloma Virus (HPV); alcohol and substance abuse; tobacco-related health issues; and eating disorders.[81] Elected and

government officials, and advocacy and provider groups, must identify and address local LGBT needs and rights to ensure the safety, wellness, independence, and quality-of-life for LGBT older adults.

DFTA provides training sessions on LGBT cultural competency with our service providers, including all directors, supervisors, and frontline case managers in DFTA-contracted case management agencies. In addition, DFTA has trained managers and supervisors in DFTA-contracted senior centers and Naturally Occurring Retirement Community (NORC) programs on the topic of "Creating an LGBT Welcoming Center." Community organizations, including Services and Advocacy for GLBT Elders (SAGE), provide training and assistance to providers in LGBT programming and sensitivity. SAGE was awarded an Innovative Senior Center (ISC) contract, and opened its doors in March 2012 (see Page 28 for more on ISCs). The SAGE Center for LGBT Older Adults is the nation's first full-service senior center that specifically serves LGBT elders, integrating congregate meals, social services, and a wide range of activities available to participants. SAGE will also be working with satellite sites to provide programmatic opportunities for LGBT older adults in every borough.

Technology

Technological advances continue to improve the quality-of-life for older adults. Remote diagnoses and continuous health monitoring deliver high-quality medical services via computerized home health care systems. Tele-healthcare machines store patient records, monitor health, and connect patients and doctors by video, and all stored data are accessible by health care providers in clinical settings.[82] "E-learning" is a growing resource for older adult online education, information, and referral, particularly for those with limited mobility. According to a February 2012 survey by the Pew Internet and American Life Project, 53% of Americans 65 and older use the internet or email, representing the first time that half of older Americans are online; this represents a large increase from 38% in 2008. Additionally, one-third of these users (34%) frequent social networking sites, including Facebook; this represents a huge increase from 13% in April 2009. Furthermore, 69% of older adults have a cell phone.[83] New York State recommends that to better serve the older population, there needs to be an increasing reliance on existing and new technologies to improve communication and streamline service access and delivery.

State agencies emphasize the need to adapt solutions to the age, language ability level and educational characteristics of users, recognize that users will need education and personal assistance in using technologies, and recognize the importance of security and privacy issues.[84] DFTA's Broadband Technology Opportunities Program (BTOP) (see Page 21 for more details) has established sites to improve digital literacy and provide multimedia training for low-income

older adults in vulnerable population areas. 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 age, the number of older employees will become an increasingly significant proportion of all workers. In 2012, one out of every five workers in the American labor force was 55 or older (20.1%)[85], and projections have indicated that this age group will account for a quarter of the labor force in 2022[86]. Additionally, more than 70% of older workers work full-time and 97% of those who work part-time do so by choice.[87] The U.S. Government Accountability Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.[88] There will be a growing demand for employers to ensure that work environments are adjusted in response to the needs of older and disabled workers, including physical modifications, assistive devices, flexible work schedules, off-site work arrangements including telecommuting, and greater use of family leave for caregivers.[89]

Volunteerism and Intergenerational Exchange

Volunteer programs increase community resources while simultaneously providing older adults with opportunities to contribute their talents and skills and remain active. Volunteering is positively associated with life satisfaction and perceived good health among older adults,[90] 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 their peers who did not volunteer,[91] yet less than half of those over 50 are being asked to volunteer, despite research indicating that the volunteer rate for those who were asked is three times higher.[92] Programs including Foster Grandparents (Page 23), Intergenerational programs (Page 25), ReServe (Page 25) and NYC Service have tapped into the invaluable resource of the City's older adults.

DFTA is partnering with NYC Service to develop and implement a Volunteer Coordination Program that centralizes agency wide volunteer systems and also assists with larger volunteer efforts. DFTA will identify volunteer opportunities, share outreach and recruitment, combine trainings, and unify data collection and reporting where possible. In addition to focusing on DFTA's Health Promotions, Bill Payer (Page 33), Foster Grandparent, HIICAP and other benefit outreach services initiatives, all of which make extensive use of volunteers, the two agencies will provide various supports to nonprofits to help manage their own volunteer programs.

Program Initiatives

DFTA has been deeply engaged in developing visions to enhance the City's livability and capacity to support people of all ages and abilities; this includes addressing the social dimensions of our City's sustainability. The Department is part of the Age-Friendly NYC Commission and continues to implement recommendations from the report, **"Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers,"** which impacts everything from community and civic participation to public spaces and transportation.

The establishment of a new system of comprehensive **senior congregate services**, which now includes **Innovative Senior Centers (ISCs)** and **Neighborhood Centers,** is a cornerstone of Age-Friendly NYC. In 2011, DFTA released new and streamlined solicitations for the procurement of both types of centers, and broad stakeholder input as summarized in a New York Academy of Medicine report entitled "NYC Senior Centers: Visioning the Future" (found at http://www.nyam.org/intiatives/sp-pub.shtml) was instrumental in shaping the solicitation. A list of centers awarded contracts is posted on the DFTA website (see Page 27 for more details on senior centers).

The following sections highlight programs and initiatives the Department will direct its efforts toward during the 2015– 2016 program year.

Grant-Funded Initiatives

The Department for the Aging, as well as its not-for-profit charitable arm, the Aging in New York Fund (ANYF), seeks resources through public and private partnerships to develop innovative service models that address the unmet needs of older New Yorkers, their caregivers, and the aging services network. Current research and development programs funded by grants that serve New York's older adult community include:

- **The Broadband Technology Opportunities Program (BTOP):** DFTA, in partnership with Older Adult Technology Services (OATS), received a grant from the National Telecommunications and Information Administration (NTIA) as part of NYC Connected Communities, a project through the New York City Department of Information Technology and Telecommunications (DoITT). As part of the grant, DFTA and OATS provided broadband access, upgraded or installed new workstations, and provided 150 sessions of training at 23 community-based sites, or "BTOP sites," including 23 DFTA-funded senior centers. The grant also provided funding for the development of a Center for Technology Exploration, Training, and Support (Senior Planet Exploration Center - SPEC) for older New Yorkers, which is

located in the Chelsea area of Manhattan and operated by OATS. The BTOP grant ended in December 2013, but the City has allocated funds to sustain the work done through this effort. The "Sustain NYC Connected Communities" funds will allow for continued and expanded operations at the 23 community-based centers, as well as the Senior Planet Exploration Center.

- **The "Parenting the Second Time Around" (PASTA) Project:** The Grandparent Resource Center (GRC) has completed its three-year partnership with Cornell University Cooperative Extension NYC for a project to introduce grandparents and other relative caregivers in New York City to information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting. The information is provided by use of a curriculum entitled "Parenting the Second Time Around" (PASTA), which has been used successfully in other areas of New York State and throughout the country. A research study will allow DFTA to obtain data regarding the effectiveness and impact of the PASTA program in a large urban setting as well as to learn more about how the PASTA project impacts grandparents and other kinship caregivers' ability to effectively care for the children they are responsible for as well as themselves. The intention is for PASTA participants to strengthen their communication skills with the children they take care of and identify new resources for support based on their needs. A nutritional component was added to the PASTA project for its second year. The nutrition classes are designed to inform grandparent or older relative caregivers of the new federal nutritional guidelines. (For more information about kinship caregiver programs, see "The Grandparent Resource Center," Page 24.)

  The GRC and Cornell University Cooperative Extension NYC have written a proposal to work with Spanish-speaking grandparent/relative caregivers and grandparent/relative caregivers of grandchildren/kin with special needs.

- **The Problem Solving Therapy Elder Abuse Initiative:** DFTA is working with the Department of Psychiatry at Weill Cornell on a one-year mental health initiative for elder abuse victims served by the Elderly Crime Victims Resource Center (ECVRC), the first project of its kind. National studies have illustrated a link between elder abuse and mental health problems.[93] There is some evidence that depression may make older adults less likely to ask for help, and therefore more vulnerable to elder abuse. The goal of the project is to decrease mental health issues such as depression and anxiety in order to increase elder abuse victims' acceptance of services that have the potential to decrease abuse. Elder abuse social workers screen victims for depression and anxiety; victims suffering from a mental health issue are assisted by a

mental health worker who implements the Problem Solving Therapy, a short-term evidence-based therapeutic technique.

- **Seniors Partnering with Artists Citywide (SPARC):** The Department for the Aging and the Department of Cultural Affairs, along with five borough arts councils continues SPARC, a community arts engagement program that places artists-in-residence at senior centers across the five boroughs of the City. Selected artists work with senior centers to create and deliver high-quality arts programming for seniors. Seniors are engaged in an art project or series of cultural programs over the course of the residencies, which also include a public program component - exhibits, open houses, performances and other cultural interactions open to the surrounding community. In CFY 2014, 50 artists were placed at 50 senior centers citywide. The program will continue in CFY 2015 with 50 senior centers and artists participating in this enriching program.

  - **Taxi Smart Card Program:** The Taxi Smart Card Program is a collaboration between NYC Department for the Aging (DFTA) and the Mayor's Office for People with Disabilities (MOPD) that enhances mobility for persons with disabilities by providing services other than the traditional public transportation to residents of Astoria (Queens CD 1) and Canarsie/Flatlands (Brooklyn CD 18). Through the use of a pre-loaded debit card called the Taxi Smart Card (TSC), eligible participants have access to funds that can be used for the fare in yellow and green taxicabs, and for livery car services. Enrollees must submit a money order of $12.50, which is applied towards the Taxi Smart Card, and the program contributes $87.50 for a total of $100.00. Once the TSC is low on funds, the client can submit another money order for $12.50 and the card will be reloaded. The program, which was implemented in the fall of 2012, has been extended to December of 2014.

Bureau of Active Aging

The Units that make up the Bureau of Active Aging are as follows:

- **The Foster Grandparent Program** enables low-income older adults to provide one-on-one tutoring and mentoring to children at community sites citywide. Screened and trained Foster Grandparent volunteers are placed in day care centers, elementary schools, Head Start programs, Reach Out and Read Literacy Programs, hospital pediatric and child life units, courts in the juvenile justice system, and NYCHA after-school programs. Specially trained Foster Grandparent volunteers provide mentoring for children in foster care and for children who are chronically absent from school. The program has successfully developed partnerships with the

Administration for Children's Services (ACS), the Department of Education, the NYC Housing Authority and the Department of Juvenile Justice.

- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. The GRC has built a network of support groups, programs, services and community partners across the City, including intergenerational programs, and provides trainings and presentations on grandparent caregiving, self-advocacy and empowerment, support group start-up, sensitivity training, recreational opportunities, and health education to grandparent caregivers, community-based groups and City employees. Staff and support group members have been featured in various media outlets discussing issues relating to grandparent caregiving. GRC staff has worked with African-American Religious Leaders on HIV/AIDS and on an LGBTQ Sensitivity Training for grandparent caregivers. The GRC will continue to increase outreach to diverse communities, including Latino, African, Caribbean and Russian grandparent families.

  In a new initiative, the Grandparent Resource Center is collaborating with other city agencies and community leaders to address, seek and engage the grandparents/elderly caregivers of children under 18 years old who reside within designated NYCHA developments. The goal of the project is to enhance the quality of life in the NYCHA kinship families by providing case assistance, support groups and educational trainings. There are 15 designated NYCHA developments in this NYCHA Anti-Violence Initiative. The GRC will create and form sites on a rolling basis. The project will be conducted in the Bronx before proceeding to Manhattan, Queens, Brooklyn and Staten Island.

  The GRC has also partnered with Cornell University Cooperative Extension NYC on its "Parenting the Second Time Around" (PASTA) program (see page 22).

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations for older adults, community partners, and other groups on Medicare, Medicaid, Medigap, Elderly Pharmaceutical Insurance Coverage (EPIC), private health insurance, preventive services, and long-term care planning. HIICAP's trained counselors provide assistance with prescription plan selection and enrollment by appointment and over the telephone at 33 community based sites citywide and in 17 languages. HIICAP is also responsive to the needs of boomers new to Medicare needing special assistance with health care coverage choices, including those still working. Counselors have been trained in the new health care reform law provisions, including additional benefits and effective dates.

- **The Intergenerational Work Study Program (IWSP)** operates in partnership with the Department of Education. The IWSP is a year-round program for public high school students and older adults to interact at senior centers, in nursing homes, and in home-based service settings. Students gain valuable work experience and receive academic and community service credits toward graduation. The IWSP also offers scholarships to graduating high school seniors and encourages students to pursue careers in aging services.

- **The Senior Employment Unit operates** the **Title V Senior Community Service Employment Program (SCSEP)** and provides recruitment, training, and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, and computer technology and customer service training. This year, the SCSEP expanded training components to offer a variety of online courses geared to helping participants become more successful during their job search. The Senior Employment Unit will continue to expand partnerships with organizations that provide marketable skills training and demonstrate a commitment to creating job and training opportunities for older adults.

  This year, the program will also start a city-wide recruitment campaign to bring in 30 new host agency partners, primarily nonprofit organizations that are based in communities with limited resources, are most in need of support and will be willing to provide quality of training to SCSEP participants in the program. The unit plans to enroll 150 new SCSEP participants who need assistance to enter the City's workforce within a short period of time. These trainees will be part of the unit's "Fast Track" process designed to expedite re-employment for mature workers.
  SCSEP also hosts two senior employment job fairs each year, providing direct connections to employers who have experienced tremendous benefits from hiring mature workers from the program.

  DFTA also offers the **ReServe** program, in partnership with ReServe Elder Services, a program that matches retirees/ReServists with short-term City agency projects that utilize their experience and expertise. Since the inception of the contract between DFTA and ReServe, **609** ReServists have been placed in 1,704 assignments at 25 City agencies. The **Summer Meals Program,** which DFTA participates in with the Mayor's Office and the NYC Public Library, connects older adult workers with children at public libraries in the summer through reading, math and art, as well as by serving meals and providing light clean-up support.

  The unit's **Home Health Aide (HHA) Referral Program** has established external partnerships with 10 health care agencies that are interested in hiring seniors in the

HHA field. They provide training in HHA work to new clients, or they accept referrals of already certified candidates who are currently unemployed and seek placement. The ultimate goal is to provide unsubsidized employment in HHA occupations to mature workers.

Senior employment collaborates with the NYC Workforce Career Centers, and participants have the opportunity access job readiness workshops and other additional services to enhance their employability. Participants are invited to numerous employer recruitment events throughout the year.

Bureau of Community Services (BCS)

The Bureau of Community Services (BCS), in addition to the Units listed below, organizes a variety of projects for older adults each year, including:

- Distributing close to 33,000 **Farmers' Market check booklets** to eligible low-income older adults through a network of participating contractors to encourage the consumption of more fresh fruit and vegetables;
- Sponsoring close to 340 **free bus trips** for older adults to numerous sites, including supermarkets, museums and flea markets, in partnership with the Department of Education (DOE). Over 50 of these trips are made to sites selling a wide variety of fresh fruit and vegetables; and
- Providing **Automated External Defibrillator (AED) and CPR training** to close to 341 staff from senior centers where defibrillators have been placed.

The Units that make up the Bureau of Community Services are as follows:

- **Healthy Aging Initiatives** includes the **Health Promotion Services Unit,** and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** and its network of older adult volunteers conduct health education programs and activities for older New Yorkers. Staff currently have 1,100 volunteers who lead a broad range of programs including:

    - **Healthy Living Workshops** – a group of health education workshops developed by Stanford University to help participants cope with chronic diseases and conditions. The programs are delivered in English, Spanish, and Chinese;
    - **Stay Well exercise classes** geared toward all levels and abilities, with routines to enhance balance, build muscle strength, and reduce stress;

- **Keep on Track Blood Pressure Monitoring programs** to measure blood pressure and help participants understand their readings;
- **Alert & Alive discussion groups** for participants to share their lifetime experiences. The purpose is to help relieve social isolation;
- **The Partner to Partner** program, where trained volunteers offer support to peers or seniors who are experiencing difficult times in their lives;
- **The Big Apple Senior Strollers Walking Clubs**, where participating chapter members walk to attain three levels of achievement; and
- **Workshops and lectures** on various topics including falls prevention, medication management, diabetes, insomnia, hypertension, and memory.

- **The BCS Nutrition Unit** includes dietitians and nutritionists who serve as experts for the Department's community partners and for seniors living in the community that attend congregate meal programs. They ensure that seniors receive nutritious meals that meet all City, State and Federal guidelines. They also provide extensive technical assistance on meal planning, recipe development, food safety, and the City Agency Food Standards. The Nutritionists also participate in senior-focused community health fairs, and provide nutrition education workshops at senior centers. The Nutrition Unit has recently developed a web-based tool to streamline the menu planning process and encourage the use of fresh, local produce in senior centers. The Nutrition Unit also runs an internship program, in which students work on a variety of projects while receiving school credit; during the summer, some paid internships are offered as well.

- **Senior Centers**: The Department currently funds 235 Neighborhood Senior Centers (NCs) and 16 Innovative Senior Centers (ISCs), located throughout the five boroughs, which are attended by approximately 30,000 individuals daily. **The Neighborhood Centers**, which were awarded through a solicitation for proposals in 2011, are designed to insure that all senior centers going forward will have a consistent set of services, including a minimum of 60 meals per day, an average daily attendance of 75 persons, and a required Health and Wellness component. The NC providers include six new sponsoring agencies that were not previously funded by DFTA, including two agencies serving the growing Asian-American community in Brooklyn. Of the 235 NCs, 76 are located in Brooklyn, 54 are in Manhattan, 51 in Queens, 43 in the Bronx, and 11 on Staten Island. All centers provide congregate meals and an environment where older adults can participate in a variety of recreational, health promotional and cultural activities, as well as receive information on and assistance with benefits.

The Innovative Senior Centers provide enhanced programming such as robust health and wellness programs, additional access to health care services, arts and cultural programs, and technology and volunteer opportunities. Some ISCs have more flexible and expanded hours, including evenings and weekends, as well as transportation options to facilitate access to the centers, particularly those in Queens and Staten Island. Eight of the ISCs opened in early 2012 in the Bronx, Manhattan, Queens and Staten Island and are now in their second year of operation, having implemented many innovative program features, and two additional ISCs opened in Brooklyn in early 2013. A second citywide ISC solicitation was issued in 2013, resulting in six additional ISCs that started in July 2014. In addition, two of the ISCs are ground-breaking programs designed for special populations: VISIONS, the first senior center in the nation for the blind and visually impaired, and SAGE (Services and Advocacy for GLBT Elders), the first center in the nation geared to the LGBT community.

- **The Senior Housing Initiatives Unit**: DFTA will continue advocating for affordable new older adult housing as well as assisted living opportunities. Senior Housing staff provides information and referral on low-income housing for seniors and other housing-related issues. The Senior Housing Initiatives Unit also oversees City-funded Naturally Occurring Retirement Community Supportive Service Programs (NORC SSPs), which provide social work services, assistance with health care management, wellness activities, and other social and educational programs. In June of 2013, DFTA released an RFP for NORC SSPs; the 28 new NORC contracts started in FY 2015. Senior Housing staff will also work with the NORC SSPs in continuing the **NORC Health Indicators Project**, which strives to improve the management of and reduce the risks associated with diabetes, depression, falls, heart disease and other chronic conditions.

- **Transportation services:** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use public transportation, for the purpose of attending senior centers and essential medical and social service appointments.

Bureau of Long Term Care

In pursuit of DFTA's goal to assist vulnerable older New Yorkers to remain living in their homes and be engaged in their communities, DFTA's Bureau of Long Term Care includes oversight of **case management**, **home delivered meals**, **home care, social adult day services** and **elder abuse services**. In addition, the Bureau staff provides direct services

to seniors and caregivers through the Alzheimer's and Caregiver Resource Center and the Elderly Crime Victim's Resource Center.

- **The Alzheimer's & Caregiver Resource Center** provides caregiver support services, including information, assistance, and referral to over 7,000 caregivers of older New Yorkers each year and provides consultations to community professionals who are seeking guidance in their work with clients. Training on Alzheimer's disease, residential alternatives, and caregiving are also provided to caregivers, professionals, and the community at large. The Unit offers Keeping Your Mind Sharp, in English, Spanish, and Mandarin. This is an interactive program designed to increase awareness about the importance of mental and physical activity in reducing stress and maintaining good health. The caregiver website developed by this Unit, www.nyc.gov/caregiver, offers online information and resources to caregivers and is available in English, Spanish, Russian, and Chinese. The Unit has translated the Departmental e-learning module *Understanding Alzheimer's Disease*, into English, Spanish, Russian, Chinese, Korean, & Bengali, available for viewing on the Department's website. The Alzheimer's & Caregiver Resource Center continues to provide technical assistance and support to the Chinese American and Korean American Alzheimer's Coalitions, whose development was fostered by this Unit. Both Coalitions regularly hold English and other language-specific workshops and conferences, addressing concerns such navigating the long-term care system. Other initiatives include:

    - The **Community-Based Care Transitions Program (CCTP)**, coordinated by DFTA, is a multi-year evidence-based project designed to reduce Medicare fee-for-service hospital readmissions. The project makes use of community-based organization staff who engage patients shortly before discharge and then devote a minimum of 30 days' work with the patient after discharge focused on steps the discharged patient can take in order to recuperate and to avoid the need to return to the hospital. CCTP is a collaboration among five hospitals and four DFTA-funded community-based organizations in Queens. The project is supported by the Center for Medicare and Medicaid Services (CMS) and is authorized through the Affordable Care Act. Results of this project as implemented through CCTP and at other sites funded by CMS will help shape future interventions nationwide to reduce the problem of high readmission rates.

    - **Working with the New York City Police Department (NYPD)**. The **Silver Alert** program, akin to Amber Alert, is designed to locate a cognitively impaired individual who has wandered and been reported

missing and reunite them with their family. The City legislated this initiative in 2011, making New York City one of the first municipalities in the country to do so. This legislation is the outgrowth of long-standing collaborations between DFTA, the New York City Housing Authority and the NYPD, with OEM and DoITT working to implement Silver Alert as a part of City Hall's Age-Friendly Initiatives. The Alzheimer's & Caregiver Resource Center continues the NYPD partnership by providing information and service referral, including the Alzheimer's Association MedicAlert/Safe Return program, to families of persons with dementia who are reported missing.

- **Evidenced-based Chronic Disease Self Management Program Workshops** are offered in English, Spanish (**Tomando Control de Su Salud**), and Mandarin, with the Diabetes Self Management Program conducted in English and Spanish. In order to support the Department's Health Promotions Unit, training of community agency staff and individuals to become lay leaders in these evidence-based programs is also offered.

The Alzheimer's & Caregiver Resource Center also oversees the administration of the **National Family Caregiver Support Program** in New York City. Ten qualified community based organizations are contracted with DFTA to support caregivers as they work to keep their care recipient safely at home for as long as possible. These Caregiver programs provide information and assistance, individual counseling, support groups, caregiver training, respite care, and other supportive services. Grandparents or other older relatives with the sole responsibility for raising their grandchildren age 18 and under are also eligible for services, as are older adults caring for their adult disabled child.

- **The Elderly Crime Victims Resource Center (ECVRC)** provides direct services to crime and elder abuse victims and training to groups that work with older adults on how to identify signs and provide intervention. The ECVRC and its community partners – including the Mayor's Office to Combat Domestic Violence and the Family Justice Centers of Brooklyn, Queens, Manhattan and the Bronx – provide crisis intervention, counseling, advocacy, information and assistance, limited emergency financial assistance, and legal services referrals. DFTA is a founding member of the NYC Elder Abuse Network (NYCEAN), made up 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 information

sharing, and recently launched a new website, www.nycean.net, to serve as a resource and connection point for professionals working with elder abuse victims.

DFTA is also part of both the Brooklyn and Manhattan Multidisciplinary Team on Elder Abuse (MDT), which coordinates care and creates solutions for the growing number of complex cases of elder abuse in New York City. The team includes representatives from DFTA and HRA, including their Adult Protective Services (APS) program, the District Attorney's office, the Jewish Association for Services for the Aged (JASA), the Hebrew Home for the Aged, Cornell Weill Medical College, DFTA's elder abuse contract agencies and other community-based organizations. The team utilizes a case consultation model to improve the health and quality-of-life for older adults by reviewing, discussing and coordinating cases of elder abuse. The ECVRC is also active with a variety of Elder Abuse taskforces, including the Bronx Taskforce on Elder Abuse, the Safe Horizons Elder Abuse Working Group at Queens Family Court, and the Manhattan and Brooklyn DA Offices' Elder Abuse Taskforces.

In collaboration with the Weill Cornell Institute of Geriatric Psychiatry of Weill Cornell Medical College, the ECVRC is trying to integrate skill-based mental health intervention into elder abuse services to improve mental health and promote abuse resolution for older adults in crisis. The program is based on the premise that without tackling the victim's mental health needs, the elder abuse services will be less effective, more costly to provide, and miss opportunities to improve both mental health and elder abuse outcomes. All eligible victims are screened for depression and offered additional mental health services.

In 2015, the Department plans to release a request for proposals for Elder Abuse programs.

- **Home Care**: This program is designed for low-income seniors 60 years and older that have unmet needs in activities of daily living and do not qualify for Medicaid or other ongoing insurance-funded home care. The goal of this program is to maintain seniors safely at home, and prevent or at least delay the placement of frail elderly into more expensive Medicaid-funded nursing homes. Home care services are provided to assist seniors who need help with activities of daily living (e.g., dressing, bathing, personal care) and instrumental activities of daily living (e.g., shopping, cooking, house cleaning) to remain safely at home. As part of a comprehensive assessment, case managers assess senior needs and if home care is needed and there are available hours to provide, clients are authorized for home care. Client income and expenses are considered when determining if a client requires a cost-share or a suggested contribution for their home care.

- **Case management** is the gatekeeper for in-home services such as home delivered meals and home care: all clients receiving an in-home service funded by DFTA receive a comprehensive assessment from a case management agency. Case managers provide assessments to identify the strengths and needs of older persons and work with clients to plan and coordinate services and resources on their behalf.

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

- **Elder abuse services** are provided directly or via one of the contracted community based agencies to seniors experiencing any of several forms of maltreatment (physical, sexual, financial, psychological, and/or active or passive neglect) by someone who has a special or "trusting" relationship with the elder (a spouse, a sibling, a child, a friend, a caregiver, etc.). The objective of elder abuse intervention strategies is to increase the client's sense of control and self-acceptance and to provide a range of legal and social service options for ending abuse. This is accomplished by: 1) development of a safety plan with the client; 2) providing psycho-education about the nature of elder abuse including patterns of escalation over time; 3) encouragement to decrease levels of isolation; 4) provision of accurate and sufficient information about resources, services, and opportunities (e.g., safety planning, discussion of legal options and instruments, supportive services); 5) assistance with benefits; 6) supportive contacts; 7) advocacy; 8) counseling; 9) support groups; and 10) ancillary services such as escorted trips, other transportation, security device installation and emergency financial assistance.

- **Social adult day services** are structured comprehensive day programs for seniors who are cognitively impaired and/or physically frail. The programs are designed to assist each senior to maintain and optimize

their level of functioning. Through the course of the program day, the programs may assist with participation in organized activities as well as the activities of daily living including eating, toileting, ambulating, and transferring from sitting to standing. The programs use multiple modalities to improve short-term memory, language, problem solving and attention. Components of social adult day services include socialization to reduce isolation, meals, supervision, and transportation. Social adult day programs also offer much needed respite to caregivers.

- **Nutrition**: The Nutrition Counselors provide in-home nutrition counseling for Case Management clients who are at high nutrition risk. Clients' nutritional needs are comprehensively assessed and they are counseled on topics such as key nutrients, hidden sources of sodium, no added salt diet, healthy choices, food shopping, meal planning, label reading, drug/nutrient interaction, and food safety. The Nutrition Counselors for the Home Delivered Meals program not only conduct nutritional analysis of menus for the home delivered meal program, but also provide technical assistance on creating healthy and varied menus that meet City, State and Federal standards. The nutrition unit also runs a diabetes self-education program to meet the special needs of homebound seniors with a diagnosis of diabetes. Seniors receive home visits from Certified Diabetes Educators who personalize the program to meet the needs of individual seniors. The sessions promote and educate seniors on self-care behaviors, assist them in identifying barriers in disease management, act as positive reinforcement for promoting self-efficacy and independence, and support seniors in establishing healthy behavior goals.

- **The Bill Payer Program.** This year, DFTA plans to offer a bill payer component for contracted case management clients, modeled after the Council of Senior Centers and Services' five-year demonstration project, where well trained and supervised volunteers help clients deal with financial issues such as paying bills, maintaining a bank account, etc. Improving the financial security of frail, low-income seniors is an important unmet need that the bill payer initiative will address. Clients will be referred primarily from DFTA's contracted case management agencies, who will screen for bill payer eligibility during client assessments. Those seniors eligible for the program will be matched with screened and trained volunteer bill payers, and all bill payer activities will be professionally supervised.

Emergency Preparedness

DFTA's Office for Emergency Preparedness (OEP) continues to work with the New York City Office of Emergency Management (OEM) on the design and implementation of emergency response plans and community partnerships, including the Regional Catastrophic Planning Grant Program, the Citizen Corps Council, the OEM Special Needs Advisory Group, the Advance Warning System and the NYC Voluntary Organizations Active in Disaster (VOAD). Additional organizations and workgroups that OEP is actively participating in are the Mitigation Planning Council, the Heat Emergency Steering Committee workgroup, the Adult Immunization Coalition and the West Nile Virus Task Force. OEP is also thoroughly engaged in the preparation of DFTA's Coastal Storm Plan and the Area Evacuation Plan. The Office continues to incorporate its emergency response into the citywide Continuity of Operations Plan (COOP) to ensure that critical services continue to be available citywide following an emergency. The Department's network of senior centers function as cooling centers when heat emergencies are declared, and DFTA works with both OEM and 311 to ensure that all information, including locations, is readily available.

The Office for Emergency Preparedness is affiliated with special citywide committees representing seniors and people with disabilities. It gives emergency preparedness presentations and participates on panels, in conferences and forums regarding emergency preparedness at senior centers, senior housing facilities, community boards, block associations, houses of worship, colleges and universities, and other venues. They continue to distribute and use "My Emergency Plan and the Document Checklist for Go-Bags" as part of the presentations. During this reporting period, 89 interactions occurred that included presentations and/or mailings of information on emergency preparedness to community partners.

The Office for Emergency Preparedness continues to improve communication with community partners by sending information on weather conditions, health issues, missing elders and other topics of importance. OEP sent 116 notices of missing elders and 57 notices of other information including health and weather conditions.

Hurricane Sandy

The impacts of Hurricane Sandy and a power outage in Manhattan were immense. The Department for the Aging continues to work with its community partners in addressing the continuing effects of Hurricane Sandy on the elder community. Some elders have not returned to their homes and some are experiencing mental health issues. DFTA's Office for Emergency Preparedness involvement in addressing the issues of Sandy includes the following actions:

- Providing presentations on emergency preparedness to community partners and non-affiliated groups;
- Participating in conferences and community health and information fairs;
- Participating in and on Sandy task forces and groups established to address the many effects of Sandy. The activities include identifying ways to better prepare elders for emergencies, and getting communities more involved in knowing and helping elders with preparations for emergencies;
- For 2014-2015, OEP will work with the Bureau of Community Services to introduce Partners in Preparedness and continue to hold focus groups to discern ideal neighborhood hubs for emergencies in different areas of the City.

Legal Services

Legal Services offers the **Assigned Counsel Project (ACP),** a joint collaborative effort between the NYC Department for the Aging and the Civil Court of the City of New York. 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 tenants/subtenants on whom they are dependent for income. The primary goals of ACP are to preserve current housing, advocate for alternative housing options, and address the immediate short-term social service needs of the older adult litigants that are accepted into the program. Upon referral from Housing Court Pro Se attorneys, DFTA-contracted legal providers offer legal representation to the client(s), with social work staff/interns working in partnership to provide needed services, such as home visits, and accompanying clients to Housing Court proceedings to provide support as well as advocacy. The ACP is currently operating in the boroughs of Manhattan, Brooklyn, Queens and the Bronx.

Planning Division

The Planning Division is responsible for producing a wide range of basic data reports and special analyses that enable the Department for the Aging, its providers and its oversight agencies to track progress in delivering services to older New Yorkers. The division carries out formal research to advance knowledge within the aging field nationally and is responsible for the Department's development/fundraising function. It also oversees the planning stages of numerous program development efforts and works with IT staff to manage the MIS function of the Department. Some of the initiatives coordinated by the Planning Division in the most recent year include:

- **Senior Tracking Analysis and Reporting System (STARS).** In April of 2013, DFTA implemented the Senior Tracking, Analysis and Reporting System, also known as STARS. STARS provides a framework that for the first time allows DFTA and all of its direct service contract providers to share information using one master client

database. Data from the system are available in real time or in some cases with a delay of no more than 24 hours. STARS contains individual modules specifically tailored to the needs of each DFTA-funded program area while at the same time serving as one central point of access to all reported data. In addition, with this new system, DFTA is now able to obtain unduplicated counts of the number of clients it serves over the course of a year or any other desired time period. Taken together, these new system features are enabling staff to easily extract vital information on individual clients as well as overall program metrics in order to better manage their programs and meet the needs of the older New Yorkers that they serve. DFTA's Planning Division coordinates with IT staff on technical support, the housing of data, and the creation of reports related to the STARS client data system and all other DFTA management information needs and requirements.

- **The Depression Screening Initiative.** Developed in conjunction with DOHMH and MHA, this initiative focuses on identifying depression in at-risk older adult senior center clients and increasing access to treatment in high-risk areas of the City. Those identified as "at risk" are referred to their primary care physician or to a specialty mental health provider; on average, five percent of seniors tested were found to be at risk. 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 seven years, the Initiative has educated over 12,000 seniors. This year the program will continue to work closely with a select number of senior centers to train staff and provide technical assistance, so that providers can provide depression workshops within their programs. In addition, this year the telephonic program will be expanded to offer an evidenced based intervention, behavioral activation, which is shown to reduce depression among older adults. This intervention will be offered to homebound seniors over the telephone. The Initiative has educated older adults in English, Spanish, Chinese, Korean, Japanese, and Russian.

- **The Social Work Education Program** is an internship program for social work graduate students interested in the growing field of gerontology. Interns are placed within DFTA to provide all levels of social work and administrative services for the City's older adult population.

- **Managed Long-Term Care Program** (MLTC)/ **Aging Services Linkages:** Planning has conducted surveys of aging services programs and MLTCs, hosted forums, and worked with DFTA Legal and the NYC Law Department to explore mechanisms for MLTCs to refer older Medicaid clients to aging services providers for a range of programs to help maintain the clients in good health. Interested MLTCs would use funds from their client capitated rates to pay for these services, thus enlarging the

pool of funding available to aging services to meet the needs of a growing population of older New Yorkers. In FY 2015, DFTA hopes to launch a pilot with a group of aging services providers and one or more MLTCs to test the potential of such linkages between the two systems.

- **Delivery System Reform Incentives Program (DSRIP**). Through a recent Medicaid waiver from the federal Center for Medicare and Medicaid Services, the State of New York has established DSRIP, where selected hospitals and groups of hospitals have been selected to work with community-based providers to establish improved coordination of services to community members with the aim of reducing admissions and readmissions into hospitals and nursing homes. The planning period for these programs is underway through December 2014, with implementation in CY 2015. DFTA has been invited into several of the programs, including with HHC hospitals and with the Medisys system, to help those hospitals make successful connections with aging services providers in their catchment areas. This project is central to DFTA's efforts to strengthen linkages between the health care and aging services systems to ensure better coordinated services to older New Yorkers and promote the use of health care dollars to build the capacity of aging services to reach a growing number of older New Yorkers.

- **Prison Release Project Planning Grant**: DFTA been an active participant on a planning task force made possible by a grant to the Osborne Association from the Florence V. Burden Foundation to explore how to better prepare older prisoners for their release to the community. Recommendations will be prepared in the fall of 2014, focusing on a pilot program to test ideas developed through the planning grant.

- **Oral Care Project:** Planning has been working with Dr. Avita Ahluwalia of Columbia Dental School, the NYC Department of Health and Mental Hygiene, Citymeals on Wheels, and DFTA's program and training divisions, on a series of projects to train aging services staff on spotting potential dental problems among DFTA-funded program clients, and connecting those clients to oral care services. Given the proven links between oral care issues and a host of other health issues from coronary disease to diabetes, DFTA has emphasized the importance of building the capacity of its providers to identify potential issues and make successful referrals to care, and numerous providers have pointed to the importance of the training component and other resources in helping them to achieve these aims.

Benefits and Entitlements Project with the Human Resources Administration, Department of Finance, Single Stop, and the Medicare Rights Center. Through

this project, DFTA aims to increase access of older New Yorkers to an estimated multi-million dollar set of unused benefits, including the Supplemental Nutrition Assistance Program (SNAP), the Medicare Savings Program (MSP), the Home Energy Assistance Program (HEAP), and the Senior Citizen Rent Increase Exemption Program (SCRIE). This initiative will increase the enrollment of eligible older New Yorkers into these programs through making use of Single Stop and Medicare Rights Center counselors and trained volunteers and DFTA senior center staff to guide older people through the counseling and enrolling processes in order to maximize access to benefits. This work will begin with a pilot in 10 senior centers as well as HRA, Single Stop and Medicare Rights Center sites in CY 2015, followed by expansion based on lessons learned from the pilot.

- **Sandy Mobilization, Assessment, Referral and Treatment for Mental Health (SMART-MH):** DFTA has partnered with Weill Cornell Medical College on a one-year project, funded by a federal SSBG grant overseen by New York State, to make use of community outreach mental health teams to assess and support the mental health of older adult survivors of Hurricane Sandy. The teams will combine community outreach, assessments, clinical evaluation with social service referrals, mental health treatment referrals and interventions. SMART-MH will use community participatory engagement strategies to identify needs and resources in the community and older adults in need of assessment. The SMART-MH team will also make use of an electronic module that has been developed within the STARS platform to facilitate the implementation of Sandy-specific interventions (see Page 35 for more on STARS).

Bureau of External Affairs

The Bureau of External Affairs encompasses Public Affairs; Intergovernmental/Legislative Affairs; and the Aging in New York Fund (DFTA's affiliated not-for-profit).

Intergovernmental/Legislative Affairs acts as the primary liaison to elected officials, community boards, aging services providers, and advocates in order to promote DFTA's agenda; prepares the City, State and Federal legislative agenda; drafts and finalizes all testimony for public hearings; represents the Commissioner at public hearings, high level meetings, and community events; and, analyzes pending legislation and keeps the Agency abreast of any relevant legislative developments.

The Public Affairs Unit provides community outreach through information and referral assistance to older New Yorkers and their caregivers regarding benefits and entitlement programs. Public Affairs staff members attend outreach events citywide year-round to conduct

presentations and distribute information about DFTA programs and services to older New Yorkers, elected officials, caregiver organizations, government agencies, and community partners.

Public Affairs also launched DFTA's redesigned website in February, 2012. The site's simpler format makes it easy to find information about City agencies and not-for-profit organizations that provide services and programs for older adults and caregivers. It includes an expanded services menu and information about health and wellness, as well as entitlements and benefits, work and volunteer opportunities, and a wide range of resources for older residents, including computer training, cultural events and university programs. The site will also be expanded to include newsworthy stories that highlight seniors, senior centers and caregivers. The site redesign is an initiative of the City's Age-Friendly NYC effort.

As a complement to the website, the Public Affairs Unit re-launched its social media initiatives for both Facebook and Twitter in May 2013. The DFTA Facebook page is geared towards seniors, their friends and family members, and caregivers. The Facebook page works to "Change the Face of Aging," by highlighting members of seniors centers in the five boroughs through high-resolution photos professionally shot in the style of a fashion shoot. The page also promotes activities at those senior centers to help boost participation in such programs. In addition, the Facebook page introduces users to the faces of DFTA's outreach team as they attend events aimed at promoting the agency's services to the public. The page also offers up-to-the-minute information during emergencies, such as a heat wave or natural disaster, and provides links back to the DFTA website to help users find information pertinent to their needs. The Twitter page works in a similar manner, but has a main objective of promoting DFTA services to press and like-minded agencies, such as AARP. The success of Facebook and Twitter led to the creation of DFTA's Tumblr and Instagram pages in October 2013. By developing connections between DFTA and other organizations, the agency's social media initiatives have helped improve our standing in the public eye, both here and abroad.

The Aging in New York Fund (ANYF) is an independent 501(c)(3) not-for-profit organization dedicated to enhancing the quality of life for older New Yorkers and their families. It seeks resources to develop public/private partnerships that address the pressing unmet needs of New York City's elderly, their caregivers and the network of community service providers. In addition to serving as the charitable arm of DFTA, the Fund has launched several of its own major impact projects and cultivated an expertise in incubating new service delivery models. It is the Fund's goal to be on the cutting edge of innovative senior programming, fill critical gaps in the aging services continuum and offer fiscal and administrative support to DFTA and local nonprofits in their efforts to offer essential services to seniors.

Advocacy Objectives

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

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

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

Advocacy initiatives include the following:

Community Level

- 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; and
- Work cooperatively with interagency councils, advocacy groups, and with City and state citizen groups on behalf of elderly interests by participating in forums and meetings and collaborating on advocacy and policy concerns.

City Level:

- Continue to promote awareness among other City agencies and external partners by reviewing, analyzing, and coordinating activity on City, state, and federal matters of interest to the elderly, including the impact of proposed legislation;
- Continue to implement and monitor recommendations from the report, "Age-Friendly NYC: Enhancing Our City's Livability for Older New Yorkers." The initiatives, impacting everything from community and civic participation to public spaces and transportation, will help shape the way City government addresses the needs and desires of older New Yorkers;

- Develop City, state and federal agendas on aging service priorities for inclusion in New York City's comprehensive legislative agenda; and
- Continue to pursue innovative solutions to service needs of the elderly.

State Level:

- Increased funding for aging programs, including CSE, EISEP, and SNAP.
- 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 NORC SSPs, which provide 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; and
- Support for programs that help kinship caregivers (grandparents and other relatives) raise children.

Federal Level:

- Effective utilization of funding associated with the Affordable Care Act to maximize benefits to older adults;
- Additional funding and increased flexibility in the Older Americans Act as part of the Act's reauthorization, so that local AAAs can adequately support programs in the areas of aging in place, nutritional supports, socialization, health maintenance and prevention, transportation services, and benefits outreach and counseling, among others;
- Implementation of the Elder Justice Act in a way that will support the efforts of elder abuse providers within the aging services network;
- The expansion of the Federal Section 202 Housing Program and the Assisted Living Conversion Program for Section 202 buildings;
- An additional increase in funding levels for the Federal Section 5310 Program – Transportation for Seniors and Persons with Disabilities. In addition, an increase in 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; and
- Increased appropriations for the Senior Farmers' Market Nutrition Program.

Projected Resources, Expenditures, and Service Levels

July 1, 2014- June 30, 2015

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. The majority of DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including older adult employment assistance, the Home Energy Assistance Program (HEAP), and other services for special populations.

The budget figures shown in the following tables are based on information as of September, 2014, and are subject to change. Table B (Page 43) lists DFTA's revenue sources. For City Fiscal Year 2015 (July 1, 2014- June 30, 2015), the Department's budget is projected at $284 million, approximately 7% more than Fiscal Year 2014. City funding represents 60% of the Department's budget; federal funding 27%; and state funding 13%. Tables C and D represent DFTA's plan for the Fiscal 2015 Adopted Budget: Table C (Page 44) reflects planned support for each of the Department's contracted services, and Table D (Page 45) reflects planned service levels, but does not include some services provided directly by DFTA.

Table B: Projected Fiscal Year 2015 Budget

July 1, 2014 – June 30, 2015[1]

FEDERAL FUNDS	
OAA Title III B Social Services	$10,953,238
OAA Title III C Nutrition	$19,971,484
OAA Title III D Health Promotion	$940,064
OAA Title III E Caregiver Support	$3,909,265
OAA Title V Senior Community Services Employment	$3,466,189
OAA Title VII Elder Abuse	$237,245
NCOA Senior Employment	$300,510
OAA Title VII Ombudsman	$227,587
Title XX Social Service Block Grant	$21,006,693
USDA Cash-In-Lieu	$9,376,785
ACTION - Foster Grandparents	$1,617,485
HIIICAP (Health Insurance Information, Counseling and Assistance Program)	$569,871
Community Development Block Grant	$2,227,645
BTOP	$740,140
Subtotal Federal Funds	$75,544,201
STATE FUNDS	
CSE (Community Services for the Elderly)	$7,229,942
EISEP (Expanded In-Home Services for the Elderly)	$18,211,516
Foster Grandparents	$18,443
SNAP (Supplemental Nutrition Assistance Program)	$10,758,592
CSI (Congregate Services Initiative)	$152,288
Transportation	$395,804
LTCOP (Long-term Care Ombudsman Program)	$227,587
Crime Victim Programs	$315,396
Subtotal State Funds	$37,309,568
CITY FUNDS	
City Tax Levy	$170,967,347
Intra-City Transfer: Homecare	$300,000
Intra-City Reserve	$19,956
Subtotal City Funds	$171,287,303

Foundation and other private support also support Departmental activities.

Table C: Planned Support by Community-Based Service

July 1, 2014 – June 30, 2015

FY 2015 PLANNED BUDGET		
ACCESS SERVICES*		$50,175,833
Case Management	$24,677,738	
Case Assistance/Counseling	$5,872,208	
Transportation/Escort	$14,364,978	
Information & Referral/Outreach	$5,260,909	
NUTRITION SERVICES [1]*		$116,976,364
Congregate Meals	$82,878,368	
Home Delivered Meals	$33,164,640	
Nutrition Education	$824,804	
Shopping Assistance/Chore	$108,552	
IN-HOME & CARE SERVICES*		$17,410,418
Home Care	$16,887,190	
Friendly Visiting	$65,610	
Telephone Reassurance	$457,618	
LEGAL ASSISTANCE*		$2,615,499
EMPLOYMENT RELATED SERVICES*		$5,402,627
Senior Employment	$3,766,699	
Foster Grandparent Program	$1,635,928	
OTHER SOCIAL/HEALTH PROMOTION SERVICES*		$52,746,620
Education/Recreation	$29,179,055	
Elder Abuse	$1,800,000	
Health Promotion/Screening	$8,538,762	
Caregiver	$4,000,000	
NORCS	$8,826,521	
Residential Repair	$402,282	

**Subcontract Only*

[1] 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

July 1, 2014 – June 30, 2015

Access Services		
Case Management	376,279	Hours
Information and Assistance	338,732	Contacts
Transportation/Escort	691,739	One-Way Trips
Nutrition Services		
Congregate Meals	8,482,340	Meals
Home Delivered Meals	4,339,023	Meals
Nutrition Education	86,713	Participants
Shopping Assistance/Chore	7,542	Hours
In-Home and Care Services		
Homemaking/Personal Care	894,813	Hours
Housekeeping	247,967	Hours
Friendly Visiting	15,811	Contacts
Telephone Reassurance	68,675	Contacts
Other Social/Health Promotion Services		
Education/ Recreation	200,356	Sessions
Adult Day Care	3,533	Slots
Health Promotion	2,271,860	Sessions
Residential Repair	4,500	Hours
Family Caregiver Support		
Respite (Individual and Group)	28,525	Hours
Information and Outreach	10,428	Contacts
Caregiver Services	12,164	Sessions
Supplemental Services	4,225	Items

Frequently Used Acronyms

AAA – Area Agency on Aging
ACL – Administration for Community Living
ACS – American Community Survey
AIP – Annual Implementation Plan
ANYF – Aging in New York Fund
AoA – Administration on Aging
APS – Annual Plan Summary
ARRA – American Reinvestment and Recovery Act
CDSMP – Chronic Disease Self-Management Program
CSE – New York State Community Services for the Elderly Program
DFTA – Department for the Aging
DOHMH – New York City Department of Health and Mental Hygiene
DoITT – New York City Department of Information Technology and Telecommunications
EFPs – Emergency food programs
EISEP – Expanded In-Home Services for the Elderly Program
HIICAP – Health Insurance Information Counseling and Assistance Program
HRA – Human Resources Administration
HUD – Department of Housing and Urban Development
LGBT (aka GLBT, GLBTQ) – Lesbian, gay, bisexual, transgender, queer
MHA – New York City Mental Health Association
MIPPA – Medicare Improvements for Patients and Providers Act
NORC – Naturally Occurring Retirement Community
NORC SSP – Naturally Occurring Retirement Community Supportive Service Program
NYCHA – New York City Housing Authority
NYSOFA – New York State Office for the Aging
OAA – Older Americans Act
OEM – New York City Office of Emergency Management
SCRIE – Senior Citizen Rent Increase Exemption Program
Section 202 – Federal Section 202 Supportive Housing for the Elderly
SNAP – Supplemental Nutrition Assistance Program, i.e., Food Stamp program
USDA – United States Department of Agriculture

Endnotes

[1]*U.S Census Bureau. 2010 Census*
[2] *2010 Census.*
[3] *U.S. Census Bureau. 2010 Census.*
[4] *2010 Census and 2012 ACS.*
[5] *2010 Census.*
[6] *Bureau of Vital Statistics "Summary of Vital Statistics, 2012: Supplemental Population, Infant Mortality, and Pregnancy Outcome Data Tables." New York City Department of Health and Mental Hygiene (DOHMH), December 2011, Table M25, p. 30.*
[7] *Ibid, Table M24, p.29.*
[8] *Ibid.*
[9]*2010 Census and 2012 ACS.*
[10] *2010 Census.*
[11]*2012 ACS.*
[12] *2010 Census and 2012 ACS.*
[13] *Ibid.*
[14] *City of New York Office of the Mayor. "Mayor Bloomberg Signs Executive Order 120 Requiring Citywide Language Access." Press Release, PR- 282-08, July 22, 2008.*
[15]*2012 ACS.*
[16] *U.S. Department of Health and Human Services. "Health plans take action to improve services for members with limited English proficiency." Research Activities, No. 295, Agency for Healthcare Research and Quality, March 2005.*
[17] *City of New York Office of the Mayor, PR- 282-08.*
[18] *2012 ACS.*
[19] *Poverty Thresholds for 2012 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.*
[20] *U.S. Social Security Administration. "Average monthly Social Security benefit for a retired worker." Social Security Online: Frequently Asked Questions, updated July 2, 2012, at http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/13/~/average-monthly-social-security-benefit-for-a-retired-worker.*
[21]*Center for an Urban Future. "The New Face of New York's Seniors." July 2013 p.18 at http://nycfuture.org/*
[22] *2012 ACS.*
[23] *Ibid.*
[24] *Ibid.*
[25] *Ibid.*
[26] *Spark, Arlene. "Nutrition" Project 2015: The Future of Aging in New York State. New York State Office for the Aging, revised 2002, p. 156.*
[27] *Ibid.*
[28] *Food Bank For New York City. "NYC Hunger Experience 2012: One City, Two Realities" Department of Research and Evaluation, 2012, p. 46, Figure 5.*
[29] *Food Bank For New York City. "NYC Hunger Safety Net 2007. A Food Poverty Focus" Division of Government Relations, Policy and Research, 2007, p. 9.*
[30] *Ibid, p. 34.*
[31] *Ibid, p. 17.*
[32] *Food Bank For New York City. "NYC Hunger Experience 2009: A Year in Recession." Division of Research, Policy & Education, 2009, p. 8.*
[33]*Food Bank For New York City. "Hunger: An Aging Issue." Division of Government Relations, Policy and Research, 2005, p.14.*

[34] *Spark, p. 156.*
[35]*Westat, Inc. "Highlights from the Pilot Study – First National Survey of Older Americans Act Title III Service Recipients – Paper No.2." Survey conducted Nov. 2002-Feb. 2003 for the Administration on Aging, pp. 6 -8.*
[36] *2012 ACS.*
[37] *National Institutes of Health. "Vision Loss from Eye Diseases Will Increase as Americans Age. " Press Release, National Eye Institute, April 2004, at http://www.nei.nih.gov/news/pressreleases/041204.asp.*
[38] *2012 ACS.*
[39]*Westat, Inc., pp. 6-8.*
[40] *AARP. "Beyond 50.09 Chronic Care: A Call to Action for Health Reform." AARP Public Policy Institute, March 2009, pp. 10, 12.*
[41] *"Summary of Vital Statistics 2010," Table M7, p. 16.*
[42] *DOHMH. "New York City HIV/AIDS Annual Surveillance Statistics 2010." HIV Epidemiology and Field Services Program, January 4, 2012, Table 1.1.*
[43] *U.S. Department of Health and Human Services. "Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density." Agency for Healthcare Research and Quality, December 2007, p. 2.*
[44] *DOHMH. "Take Care New York 2012: Tracking the City's Progress 2009-2010." June 2011, pp. 3-4.*
[45] *DOHMH. "Take Care New York 2012: A Policy for a Healthier New York City," September 2009, p. 4.*
[46] *DOHMH. "Women at Risk: The Health of Women in New York City," March 2005.*
[47] *DOHMH. "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.*
[48] *U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. "Community Integration for Older Adults with Mental Illnesses:Overcoming Barriers and Seizing Opportunities." Center for Mental Health Services, DHHS Pub. No. (SMA) 05-4018, 2004, p. v.*
[49] *New York State Office of Alcoholism and Substance Abuse Services. "Substance Abuse Prevention and Treatment: Senior Forums Summary Report." May 2005, p. 1.*
[50] *DOHMH. "Prevalence and Cost Estimates of Psychiatric and Substance Use Disorders and Mental Retardation and Developmental Disabilities in NYC." 2003, p. 6.*
[51]*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.*
[52] *AARP. "Beyond 50: A Report to the Nation on Trends in Health Security." 2002, p. 103.*
[53] *United Hospital Fund. "Gaps in Coverage Among the Elderly in New York." Medicaid Institute, April 2007, pp. 2-3.*
[54] *Ibid, pp. 6-8.*
[55] *AARP Public Policy Institute. "New Health Care Law Helps Protect 18 Million Medicare Beneficiaries from High Drug Costs." Fact Sheet 213, February 2011.*
[56] *2012 ACS.*
[57] *Ibid.*
[58]*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.*
[59] *Prosper, Vera. "Living Arrangements for Older New Yorkers." Project 2015: The Future of Aging in New York State. New York State Office for the Aging, revised 2002, p. 1.*
[60] *Joint Center for Housing Studies of Harvard University. "The State of the Nation's Housing," 2004, pp. 26-27.*
[61] *Department of City Planning City of New York. "Proposed Consolidated Plan 2014: Volume 2," November 15, 2014, p. I-186.*
[62] *Ibid, p. I-186.*
[63] *Ibid, p. I-186.*
[64] *Ibid, p. I-186.*

[65]*NYC Department of Finance. "Senior Citizen Rent Increase Exemption (SCRIE) Program Information for Tenants" at http://www.nyc.gov/html/dof/html/property/property_tax_reduc_drie_sc_te.shtml.*
[66] *New York City Department of City Planning. "2011 Consolidated Plan: Volume 2," p. I-188.*
[67] *"Proposed Consolidated Plan 2014: Volume 2," p. I-185.*
[68] *Slone, Sean. "Improving Transportation Options for Older Americans." The Council of State Governments, April 25, 2012, found at http://knowledgecenter.csg.org/drupal/content/improving-transportation-options-older-americans.*
[69]*Ernst, Michelle and Lilly Shoup. "Dangerous by Design: Solving the Epidemic of Preventable Pedestrian Deaths (and Making Great Neighborhoods)." Surface Transportation Policy Partnership and Transportation for America, November 9, 2009, p. 25.*
[70] *New York Metropolitan Transportation Council (NYMTC). "A Coordinated Public Transit-Human Services Transportation Plan for the NYMTC Area." New York City – Final Plan, June 2009, Volume I, Chapter 7, p. 4.*
[71] *New York State Office for the Aging. "Sustaining Informal Caregivers: New York State Caregiver Support Programs Participants Survey: Report of Findings on the Aging Services Network." 2009, p. 3*
[72] *Houser, Ari and Mary Jo Gibson. "Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update." AARP Public Policy Institute, Insight on the Issues, November 2008, p. 4.*
[73] *New York State Office for the Aging. "Sustaining Informal Caregivers: New York State Caregiver Support Programs Participants Survey: Report of Findings on the Aging Services Network," p. 3.*
[74] *New York State Family Caregiver Council. "Supporting and Strengthening Caregivers in New York State 2009." November 2009, p. i.*
[75] *Houser, Ari and Mary Jo Gibson, p. 4.*
[76] *New York State Family Caregiver Council, pp. iii-iv.*
[77] *MetLife Mature Market Institute, National Committee for the Prevention of Elder Abuse, and the Center for Gerontology at Virginia Polytechnic Institute and State University. "Broken Trust: Elders, Family, and Finances." March 2009.*
[78] *Bonnie, Richard J. and Robert B. Wallace, eds. "Elder Mistreatment Abuse, Neglect, and Exploitation in an Aging America." National Research Council, Panel to Review Risk and Prevalence of Elder Abuse and Neglect, 2003.*
[79] *Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and the New York City Department for the Aging. "Under the Radar: New York State Elder Abuse Prevalence Study." May 2011.*
[80] *Services and Advocacy for GLBT Elders (SAGE) Website, 2014, at http://www.sageusa.org/issues/economic.*
[81] *SAGE. "SAGEMatters, The Newspaper on GLBT Aging." Spring 2007, found at http://www.sageusa.org/uploads/SageMattersSpring07.pdf, p. 4.*
[82] *Housing the Elderly Report. "Telehealth Developments Expected to be Widespread in Housing within a Decade, Experts Estimate." May 2003, p.1.*
[83]*Zickuhr, Kathryn and Mary Madden. "Older adults and internet use." Pew Internet & American Life Project, June 6, 2012, at http://pewinternet.org/Reports/2012/Older-adults-and-internet-use.aspx.*
[84] *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.*
[85]*ACS 2009-2011 – three -year estimates*

[86] *U.S. United States Department of Labor. Bureau of Labor Statistics. "Employment Projections: 2012-2022 Summary" at http://data.bls.gov/cgi-bin/print.pl/news.release/ecopro.nr0.htm.*

[87]*Rix, Sara E. "Update on the Aged 55+ Worker: 2007." AARP Public Policy Institute, Fact Sheet 142, May 2008.*
[88] *United States General Accounting Office. "Older Workers: Demographic Trends Pose Challenges for Employers and Workers." November 2001, p. 34.*
[89] *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.*

[90] *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.*
[91] *March 2004 issue of the Journal of Urban Health, cited in "Volunteer for Health," HealthNews, June 2004.*
[92] *Experience Corps. "Appealing to Experience: Zeroing in on the Right Message." Civic Ventures, 2005.*
[93] *Beach, S. R. "Elder mistreatment research six years after the NRC/NAS report: New developments, remaining challenges." Brief prepared for the Meeting on Research Issues in Elder Mistreatment and Abuse and Financial Fraud, Committee on National Statistics, The National Academies, June 22, 2010; see also Dyer, C.B., Pavlik, V.N., Murphy, K.P. and D. J. Hyman. "The high prevalence of depression and dementia in elder abuse or neglect." Journal of American Geriatric Society, Brief Reports, 48, 2000, pp. 205-208.*