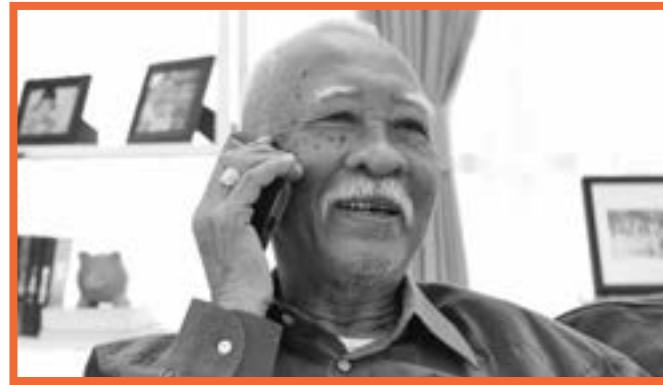




The State of Older New Yorkers

Building an Age-Inclusive Future

2025



A Message From The Commissioner

Dear New Yorkers,

The Department for the Aging has always been a data-driven agency, but the State of Older New Yorkers is one of the most comprehensive community-based surveys that has been completed in its five-decades of service, and it could not have come at a more critical time.

The results show a path forward on how the community-care model can be strengthened, to ensure the growing number of older adults that call New York City home can age in place. By 2030, projections show that the number of New Yorkers aged 60 and over will make up between 19 and 25 percent of each borough's population, and they will continue to contribute their knowledge and skills to create a stronger city. Older New Yorkers are also diverse, with half of them speaking a language other than English at home, and the number of older adults who are Black, Hispanic or Asian has dramatically increased in the last two decades.

With more older adults, there will also be more caregivers looking after their loved ones. This invisible labor force is already stretched thin balancing all their responsibilities,

and even more individuals are expected to feel this pressure.

Investing in aging services is an investment in our city's future, and the results outlined in this report will help us show where resources will have the most impact, and where more is needed. That is why the Department for the Aging works with older adults, caregivers, service providers, and aging experts, so our programs and services can provide these individuals with the supports and services they need to live the quality of life they deserve.

This would not have been possible without those who did groundbreaking research on aging in the city before, from individuals like Marjorie Cantor and Michael Bosnick. I would like to thank all those involved in making this survey possible and who took the time to answer the questions. Your answers will help create an age-inclusive city, one that truly supports its people, so that aging won't be something people fear, but rather embrace.

Sincerely,

Lorraine Cortés-Vázquez
Commissioner



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Executive Summary

The New York City Department for the Aging (NYC Aging) conducted a Service Needs Assessment (SNA) to better understand the diverse needs of older adults and their caregivers, to identify service gaps, and to assist with program development and policy recommendations.

NYC Aging is both a City agency and the largest area agency on aging (AAA) in the U.S., responsible for addressing the needs and concerns of older adults living in New York City. With the goal of eliminating ageism and ensuring the dignity and quality of life of older adults, the agency partners with community-based organizations to provide services that help them continue living in their homes and create a community-care approach that reflects a model age-inclusive city.

Approximately 1.8 million older New Yorkers (60+) and 1.3 million caregivers reside in New York City. ¹ The older adult population in New York City grew by almost 40% between 1980 and 2023, which has also led to an increase of individuals with caregiver responsibilities. ² In addition, New York's older adult population has become more diverse, with over 60% of them identifying themselves as a race other than white. ³ Rising costs of living also affect older New Yorkers quality of life, with 18% of them living below 100% of the Federal Poverty Line, and 26% are Supplemental Nutrition Assistant Program (SNAP) recipients. ⁴ As New York City's older adult and caregiver populations continue to increase, so does the need for programs that meets the varied needs of this population.

Responding to requirements of the Older Americans' Act, all AAAs in the U.S. must conduct a needs assessment to ensure that services for older adults and their caregivers are being adequately addressed. ⁵ NYC Aging and its providers served approximately 215,000 clients in fiscal year 2024, or about 12% of the older adult population in NYC. Against this backdrop,

the SNA was conducted to better understand and address the unmet needs of the 88% of older New Yorkers who are not currently clients of NYC Aging, while also ensuring continued support of NYC Aging's existing clients.

The SNA ran from May through September 2024. The primary goals were to better understand the diverse service needs of older adults and their caregivers; identify service gaps; and to assist with program development and policy recommendations. Outreach and data collection plans were developed to reach a broad range of the population, beyond individuals who were already connected to NYC Aging's network of services.

In a series of data briefs, NYC Aging plans to outline the results from the survey. This first report will give an overview of the key findings, including sociodemographic characteristics, overall findings concerning quality of life, health and well-being, mistreatment and discrimination, caregiving, use of technology, and knowledge of aging services. Early findings and associated implications should be used to initiate discussions with stakeholders, community partners and other agencies, including members of the Cabinet for Older New Yorkers to develop ways to address the report's findings.



Methodology

The SNA was developed by the Bureau of Planning and Strategic Initiatives at NYC Aging, with guidance from programmatic staff and senior leadership. Topic areas and questions were vetted internally and parsimoniously, so that if information could be obtained through other larger datasets and existing reports, they were removed from the questionnaire. The instrument included a range of questions to better understand the needs and experiences of older adults and caregivers.

Individuals could complete the survey if they lived in New York City and were at least 60 years old or were caring for someone 60 years or older who lived in New York City. The survey included 48 questions and typically took around 20 minutes to complete; caregivers under 60 who qualified were asked a smaller subset of questions. Participants could choose to complete the survey anonymously or they could opt to provide contact information for the sole purpose of entering a drawing for one of fifty \$50 gift cards. Outreach methods generated 8,600 responses, with 78.5% obtained online and 21.5% completed on paper. To make the survey more accessible, it was available in 11 languages. The older adult sample was then weighted to represent the general population of older adults in New York City; weights were applied for age, race/ethnicity, gender/sex, and borough.

For more details on the outreach strategies, the questionnaire used, and the use of weighting techniques to more accurately represent the demographics of the older population in New York City, please see Appendix A.

Response Demographics

NYC Aging received 8,600 responses from older adults and their caregivers. Of those, 7,130 were from older adults (aged 60+) residing in New York City. The remaining responses came from caregivers who are under 60 years old and/or live outside of New York City but who care for an older adult living in one of the five boroughs.⁶

The results captured a diverse sample of older adults, representing a wide range of geographic and racial/ethnic communities. To ensure the data accurately accounted for New York City's diverse older adult population, all analyses except those involving caregivers were statistically weighted by age, race/ethnicity, gender/sex, and borough to match NYC demographics based on the 2017-2021 ACS PUMS 5-Year Estimates. Table 2 in Appendix A compares the raw survey demographics, the benchmark population, and the survey demographics after weighting.





Table 1. Weighted Demographics of Older Adult Respondents.

Variable		Weighted Percent
Age	60 – 64 Years Old	28.1%
	65 – 74 Years Old	41.8%
	75 – 84 Years Old	21.2%
	85 Years Old or Older	8.9%
Borough	Bronx	14.5%
	Brooklyn	29.2%
	Manhattan	20.6%
	Queens	29.3%
	Staten Island	6.4%
Race / Ethnicity ⁷	Asian (alone)	14.0%
	Black or African American (alone)	21.4%
	White (alone)	38.8%
	Hispanic/Latino (alone)	22.8%
	Some Other Race (incl. Multi-Race)	3.0%
Gender Identity / Sex ⁸	Male	56.8%
	Female	43.2%



Table 1. Weighted Demographics of Older Adult Respondents.

Variable		Weighted Percent
Sexual Orientation	Straight or Heterosexual	91.6%
	Gay or Lesbian	5.9%
	Bisexual	0.8%
	Other	1.6%
Employment ⁹	Employed (Full-Time)	24.5%
	Employed (Part-Time)	6.2%
	Unemployed (Seeking Work)	4.1%
	Unable to Work & Receiving Disability Benefits	4.7%
	Retired (By Choice)	49%
	Retired (Not By Choice)	11.6%
	Student	0.2%
	Homemaker	1.4%
Annual Individual Income ¹⁰	Less than \$15,000	25.9%
	\$15,000 - \$29,999	23.6%
	\$30,000 - \$59,999	21.2%
	\$60,000 - \$99,999	18.6%
	More than \$100,000	20.7%

Summary of Key Findings

This report focuses on financial and food insecurity, affordable and accessible housing, and social isolation and mental health as top needs among older New Yorkers aged 60 and over. The key findings reported here are explored more thoroughly in the corresponding section of the report.

The Invisible Workforce: Caregivers:

- Over 40% of older adult respondents who care for others in their lives did not self-identify as a caregiver
- Approximately 40% of older adult caregivers indicated that they are also care receivers, meaning that they receive regular assistance with at least one day-to-day task.

- Nearly 30% of caregivers under 60 years old in our sample indicated that they are part of the “sandwich generation,” meaning that they care for both an older adult and a minor.
- Even though the vast majority of younger caregivers (86%) are employed full-time, close to 55% of caregivers under 60 spend at least 15 hours a week performing caregiving duties.

Fulfilling Basic Needs:

- Over 40% of older adults reported trouble paying at least one regular bill.
- Approximately 30% of older adults reported difficulty or an outright inability to purchase affordable, healthy food in their communities.
- More than 1 in 4 older adults indicated that they do not have stable housing, either because they are worried that they will lose their housing in the future or because they truly lack housing.
- Over 30% of older adults reported at least one factor impacting their ability to access or use some of the rooms or spaces in their homes.
- More than 1 in 3 older adults reported at least one factor limiting their ability to go places outside of their homes.

Healthy and Safe Living:

- Approximately 1 in 3 older adult respondents did not receive their flu vaccine in the past year.
- Of the nearly 9% of older adults who reported being deaf or having serious difficulty hearing, close to half do not wear hearing aids.
- Approximately 22% of older adults indicated that they are not socializing with others as often as they would like, and 17% of older adults reported relatively high levels of loneliness.
- Nearly 18% of older adults in our sample were found to have possible anxiety and/or depression.
- 30% of older adults indicated that they are not currently engaged in volunteer work, but that they would like to be if the opportunity arose.
- Over half of older adults indicated that they do not have or do not know if they have a plan in case of a citywide emergency, such as a flood or blackout.

Crime, Abuse, and Factors in Ageism:

- Approximately 1 in 8 older adults reported experiencing age discrimination in the workplace, and another 12% experienced age discrimination in interpersonal relationships.
- Nearly 15% of older adult respondents reported being the victim of elder abuse or crime since turning 60 years old. Notably, over half of those older adult victims did not report the abuse or crime to the police.

Older New Yorkers' Digital Divide:

- Approximately 12% of older adults indicated that they do not have or do not know if they have internet access in their homes.
- Over 30% of older adults indicated that they do not own, or have but don't use, a computer or tablet.
- The primary reasons for not having internet or a computer/tablet were being unable to afford one or not knowing how to set it up and/or use it.

New Yorkers' Knowledge of Aging Services:

- When asked to identify whether they had knowledge of specific services for older adults and caregivers, most (80.3%) knew of at least one type of service, but nearly 20% of older adult respondents were entirely unaware of any type of aging services.
- Though nearly half of the older adult sample were caregivers, less than 25% of older adults indicated knowledge of caregiver services.
- Over half of the older adult sample had not attended an older adult center (OAC) in the past year, and 40% of older adult respondents were unaware of older adult centers altogether.

The Invisible Workforce: Caregivers¹¹

New York City is home to an estimated 1.3 million individuals who provide uncompensated care for someone in their life.¹² These caregivers, who are often family members or close friends of the individuals receiving care, perform invisible labor that requires significant time and energy. Caregiving can further require substantial financial cost and personal sacrifice, often without adequate training, resources, or support from formal systems.¹³ This section addresses the needs of caregivers who are 60 or older, and younger caregivers looking after an older adult living in New York City.



Caregiver Demographics.

Significantly more younger caregivers (86.3%) reported working full-time than older caregivers.



Definition of a Caregiver:

Due to research indicating that people providing informal caregiving duties may not identify as caregivers,¹⁴ NYC Aging researchers created a “caregiver” label based on the participants’ responses to multiple questions related to caregiving. A participant was labeled an “eligible caregiver” if they responded affirmatively to any of the following caregiver-related questions, even if they did not self-identify as a caregiver. For the specific questions that were used to identify caregivers, please refer to Appendix A.

Nearly 56% of all survey respondents were identified as eligible caregivers. Caregiver demographics are reported in Table 2. Notably, 71.8% of the caregiver sample were older adults, and there are some key demographic differences between the older (60+) and younger (under 60) caregiver respondents.¹⁵ First, significantly more younger caregivers (86.3%) reported working full-time than older caregivers (27%, $p < .001$). Additionally, the younger caregivers were significantly more likely to live outside of New York City (7.6%) than older caregivers (2.5%), although all cared for an older adult who lived in New York City ($p < .001$).¹⁶ The older caregivers (27.4%) were conversely more likely to live in Manhattan than the younger caregivers (13.8%, $p < .001$). Finally, younger caregivers were more likely to identify as Hispanic (26.4%) than older caregivers (16.8%), while older caregivers (35.9%) were more likely to identify as White than younger caregivers (20%, $ps < .001$).

Table 2. Unweighted Demographics of Caregiver Respondents

Variable		All Care-givers	Caregivers < 60 (n = 1,350)	Caregivers 60+ (n = 3,432)
Age	Under 60 years Old	28.3%	100%	---
	60 – 64 Years Old	20.1%	---	28.0%
	65 – 74 Years Old	33.3%	---	46.5%
	75 – 84 Years Old	15.3%	---	21.4%
	85 Years Old or Older	2.9%	---	4%
Borough	Bronx	12.9%	15.5%	11.9%
	Brooklyn	26.6%	30.1%	25.1%
	Manhattan	23.5%	13.8%	27.4%
	Queens	26.8%	26.8%	26.9%
	Staten Island	6.2%	6.2%	6.3%
	Outside of NYC	3.9%	7.6%	2.5%
Race / Ethnicity ¹⁷	Asian (alone)	16.7%	16.6%	16.6%
	Black or African American (alone)	26.8%	31%	25.2%
	White (alone)	31.3%	20%	35.9%
	Hispanic/Latino (alone)	19.5%	26.4%	16.8%
	Some Other Race (incl. Multi-Race)	5.7%	6%	5.6%

Table 2. Unweighted Demographics of Caregiver Respondents

Variable		All Care-givers	Caregivers < 60 (n = 1,350)	Caregivers 60+ (n = 3,432)
Gender Identity / Sex ¹⁸	Male	76.8%	80.7%	75.3%
	Female	23.2%	19.3%	24.75%
Sexual Orientation	Straight or Heterosexual	92.3%	91.8%	92.7%
	Gay or Lesbian	3.6%	3.2%	3.7%
	Bisexual	1.6%	2.7%	1%
	Other	2.6%	2.2%	2.6%
Employment ¹⁹	Employed (Full-Time)	43.6%	86.3%	27.0%
	Employed (Part-Time)	7.5%	5.9%	8.1%
	Unemployed (Seeking Work)	3.6%	3.7%	3.5%
	Unable to Work & Receiving Disability Benefits	2.8%	0.9%	3.6%
	Retired (By Choice)	32.6%	1.1%	45%
	Retired (Not By Choice)	8.3%	0.7%	11.2%
	Student	0.6%	1.5%	0.2%
	Homemaker	1.7%	1%	1.9%
Annual Individual Income ²⁰	Less than \$15,000	17.1%	6.7%	21.2%
	\$15,000 - \$29,999	18.1%	7.7%	22.3%
	\$30,000 - \$59,999	24.4%	23.9%	24.6%
	\$60,000 - \$99,999	25.7%	37.8%	20.8%
	More than \$100,000	14.8%	23.9%	11.1%

Perhaps more importantly, over 40% of older adult caregivers did not self-identify as a caregiver. Caregivers over 60 years old responded “No” when asked if they are currently a caregiver for a family member, friend, or neighbor. However, their responses to other caregiving-related questions indicated that they were in fact performing caregiving duties despite not self-identifying as a caregiver. Any outreach to support these individuals would need to take this into account, as a sizable proportion who might benefit from services might not think that a caregiver program would help them and not think to reach out for assistance.

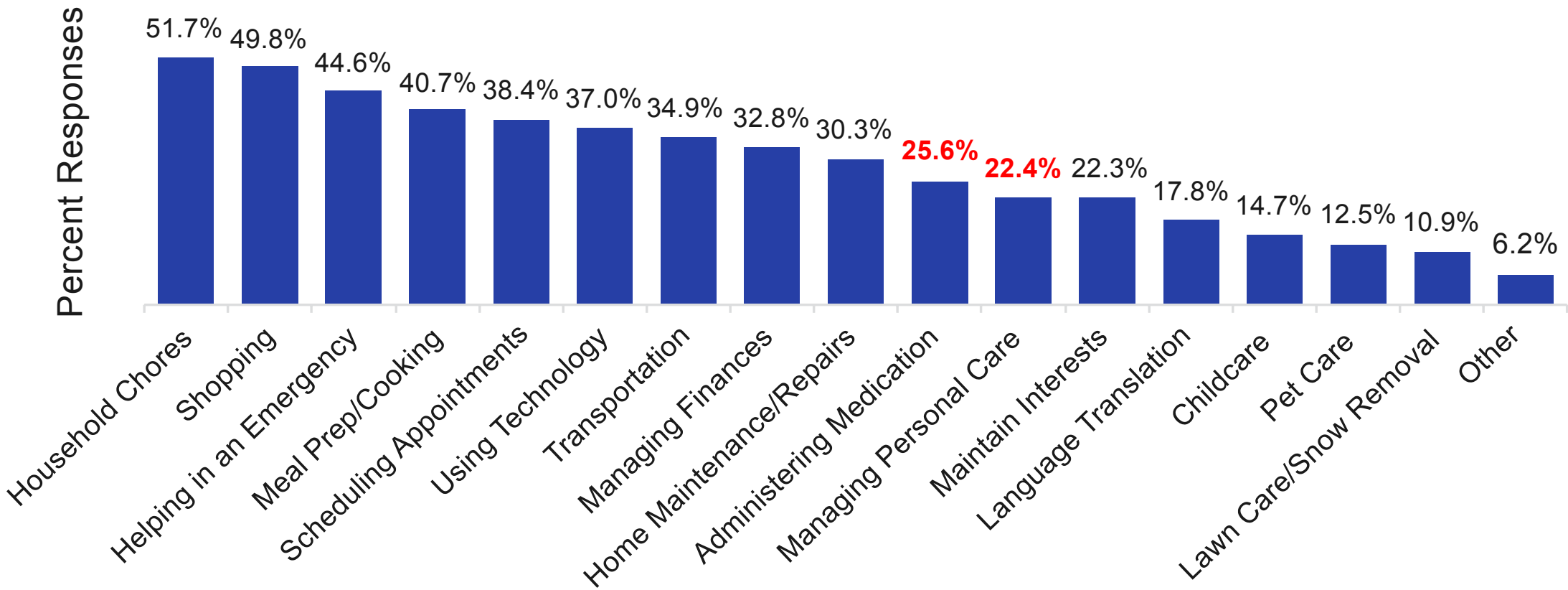
Results also show that the most frequently performed caregiving tasks did not differ by the age of the caregiver. Both caregivers over and under 60 years old reported that they most frequently assisted the person they were caring for with household chores, shopping, emergency assistance, meal preparation/cooking, and scheduling appointments. The 6.2% of “Other” responses represent caregiving tasks not otherwise identified by the survey, including care coordination and management, emotional support and companionship, and escorting the care receiver to necessary appointments.



Frequently Performed Caregiving Tasks

It is also worth noting that around one-quarter of caregivers perform intensive tasks that are likely to necessitate living with the receiver of care.

Table 3. Number of Tasks Frequently Performed as Caregivers by Age of Caregiver.



Note: Participants could select more than one response.

For instance, 26.6% of caregivers administer medication and 22.3% manage personal care. Further, approximately 40% of older adult caregivers indicated that they are also care receivers, meaning that they receive regular assistance with at least one of the tasks. Initial analyses also indicated that the likelihood of receiving care with at least one task tended to increase with age ($p < .001$).

Unique Burden on Younger Caregivers

27% of caregivers under 60 reported spending at least \$500 on caregiving every month.

While the general kinds of caregiving tasks remained consistent across age groups, the number of caregiving tasks performed with regularity differed between older and younger caregivers. Close to 30% of caregivers under 60 years old indicated that they are part of the “sandwich generation,” ²¹ meaning that they care for both an older adult and a minor. Additionally, caregivers under 60 years old performed statistically significantly more caregiving tasks than older adult caregivers ($p < .001$). Findings show that younger caregivers regularly perform an average of seven caregiving tasks while older caregivers regularly perform an average of four caregiving tasks. Younger caregivers may have reported performing more caregiving tasks because they care for multiple people, as caregivers were able to answer the caregiving questions based on the full scope of their caregiving obligations rather than their obligations towards one specific person.

Table 3. Number of Tasks Frequently Performed as Caregivers by Age of Caregiver.

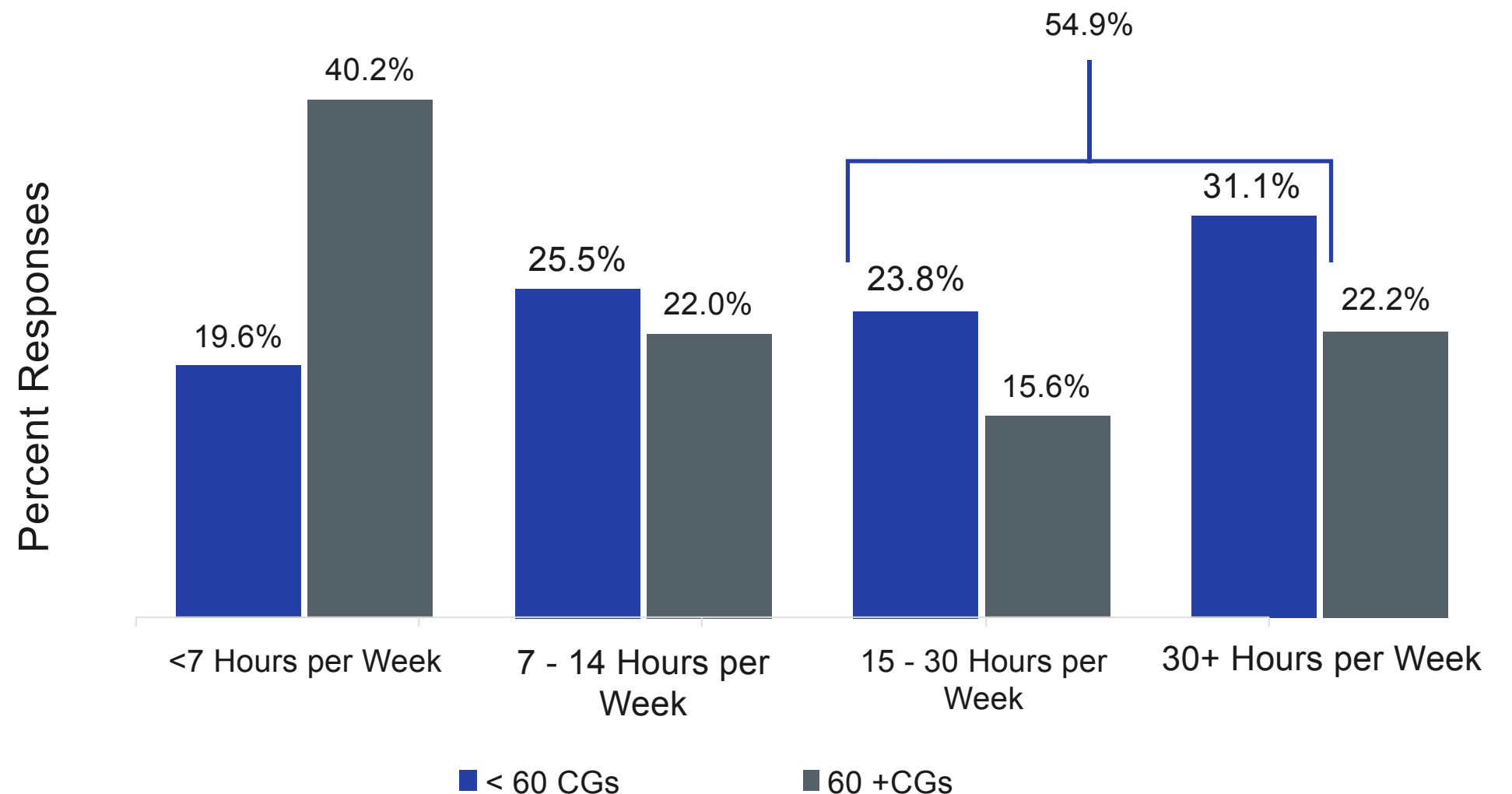
Number of Tasks Performed as Caregiver	All Caregivers (n = 4,799)	Caregivers < 60 Years Old (n = 1,350)	Caregivers 60+ Years Old (n = 3,432)
Mean	4.9	7.1	4.1
Standard Deviation	3.8	3.7	3.4
Median	4	7	3
Mode	1	6	1

Time Spent Caregiving

Younger caregivers are also spending a substantial amount of time providing care, often while still being employed.

Even though more than 86% of caregivers under 60 are employed full-time, nearly 55% of them spend more than 15 hours per week caregiving, and one-third of younger caregivers spend more than 30 hours per week on caregiving responsibilities. This means that in addition to working full-time, the vast majority of caregivers under 60 are also working a second, unpaid, part or full-time job.

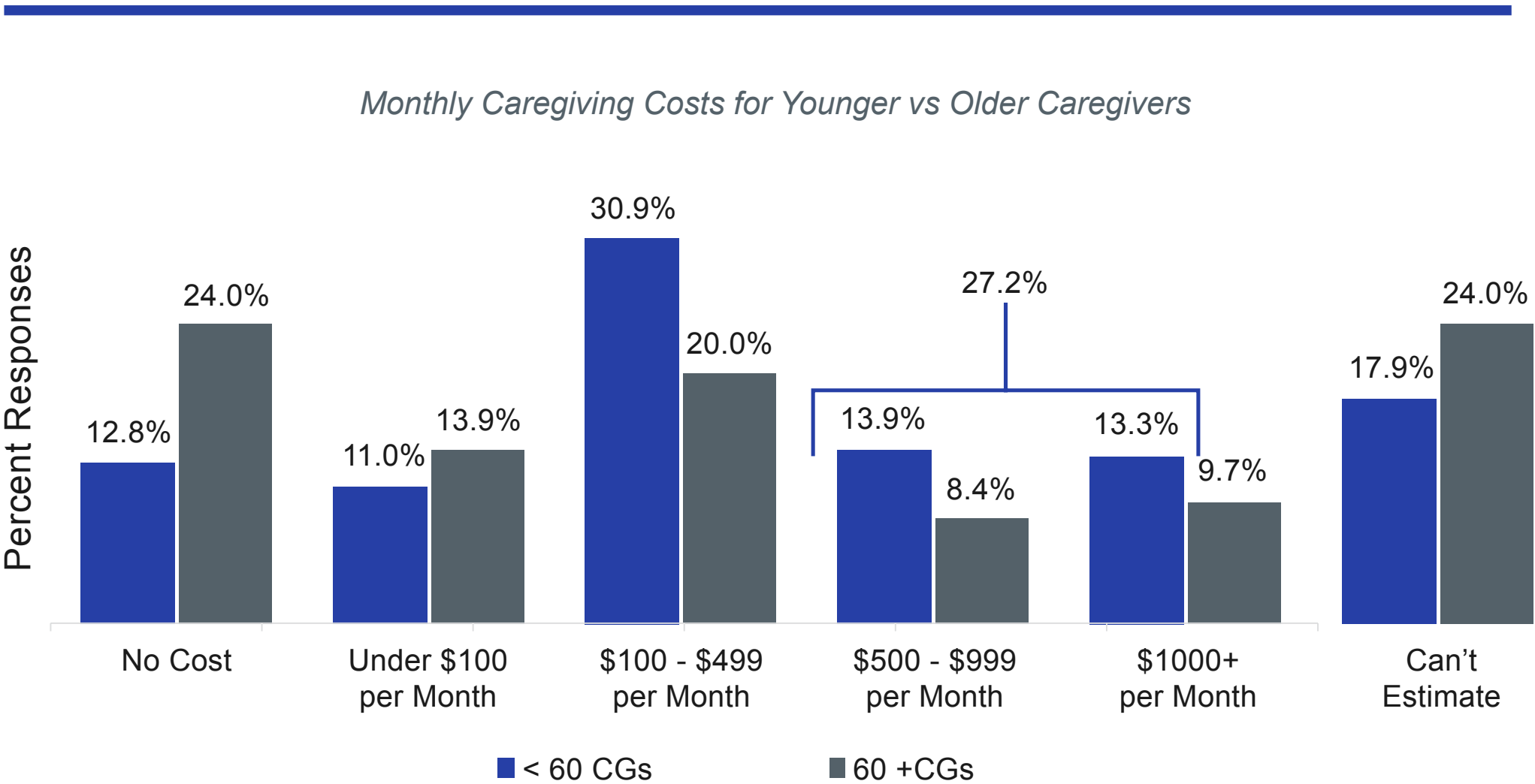
Comparison of Respondents Weekly Time Spent Caregiving For Younger vs Older Caregivers



Caregiving Costs

Additionally, younger caregivers also reported higher caregiving costs than older caregivers.

Almost 25% of caregivers over 60 reported no caregiving costs compared to close to 13% for caregivers under 60. Conversely, 27% of caregivers under 60 reported spending at least \$500 on caregiving every month compared to 18% of caregivers over 60. Estimating the cost of caregiving remains a challenge. Perhaps because they were unable to calculate the cost of lost wages due to their caregiver responsibilities, approximately 18% of caregivers under 60 years and 24% of caregivers 60+ reported that they were unable to provide their monthly cost. Perception also plays a role in calculating caregiver costs, as the caregiver must identify both the work and the associated cost as related to caregiving. For example, somebody who is providing care to a spouse may not see the work as caregiving or as a related expense because it benefits them both.



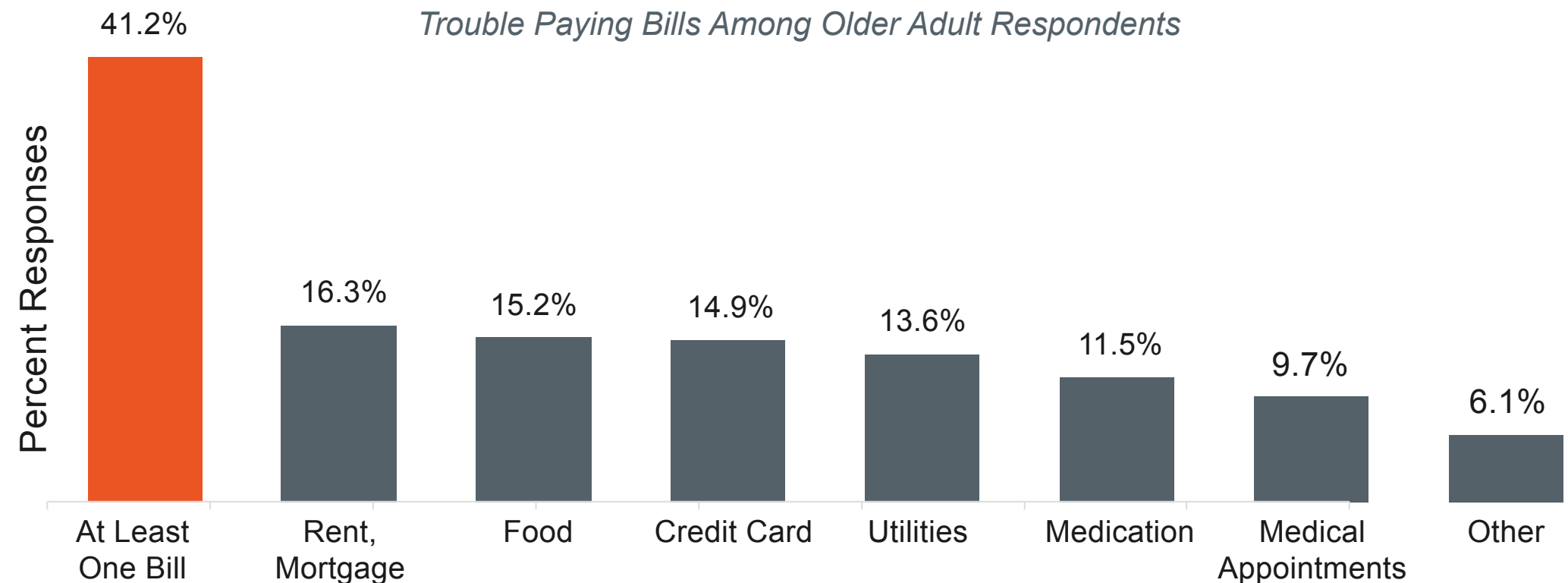
Fulfilling Basic Needs

The SNA included several questions assessing older adults' ability to fulfill their basic needs, thus contributing to their overall quality of life (e.g., financial stability, access to affordable food and housing, accessibility, and mobility). While overall, older adults fare quite well when examining factors that impact quality of life, it should be noted that a large proportion expressed financial hardship in a range of areas, including the costs of housing, food, and daily expenses.



Affording to Age-in-Place

Over 40% of older adults reported trouble paying at least one regular bill. The top four bills that older adults reported difficulty paying were rent/mortgage (16.3%), food (15.2%), credit card bills (14.9%), and utilities (13.6%).



Note: Participants could select more than one response.

The 6.1% of “Other” responses represent financial hardships not originally captured in the survey. Responses in this “Other” category included difficulty paying for transportation, taxes, loans, insurance, home repair and maintenance. Additionally, some people reported that although they could pay their bills, they had nothing left over for emergencies or fun activities.

It is not surprising that older adults struggle to pay their bills, as nearly half of the older adult respondents reported an annual individual income under \$30,000. While annual individual income is not a true measure of need or financial insecurity, it is relevant to consider as the true cost of living in New York City continues to rise. ^{22 23 24}

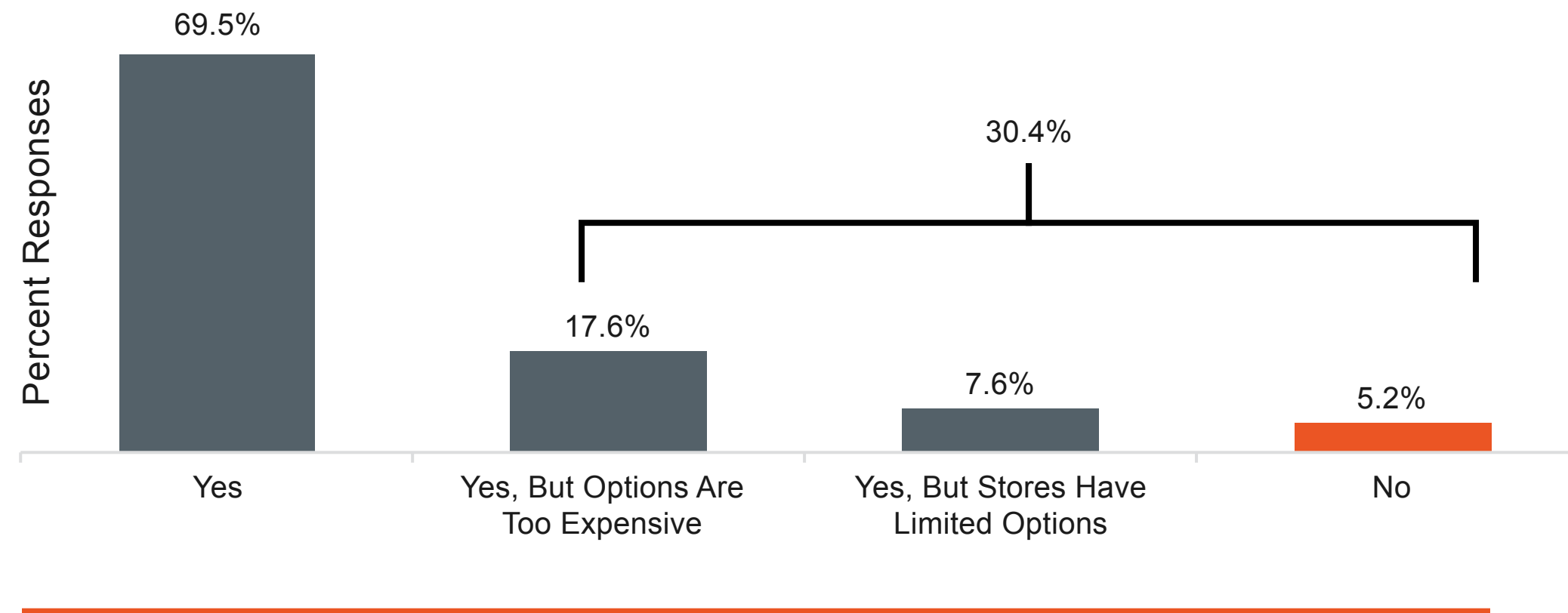
Initial analyses further explored the relationship between age and financial needs, and found paying bills tended to decrease with age ($p < .001$). However, additional analyses are necessary to better understand the reason for this relationship. See Appendix C for more information on how each need differs by age group for each reported need.

Food Access

Approximately 30% of older adults reported difficulty or an outright inability to purchase affordable, healthy food.

Most of these individuals reported that healthy food options are available but are limited or too expensive. Moreover, over 5% reported that they are entirely unable to purchase healthy food in their communities.

Ability to Purchase Healthy Food Among Older Adult Respondents



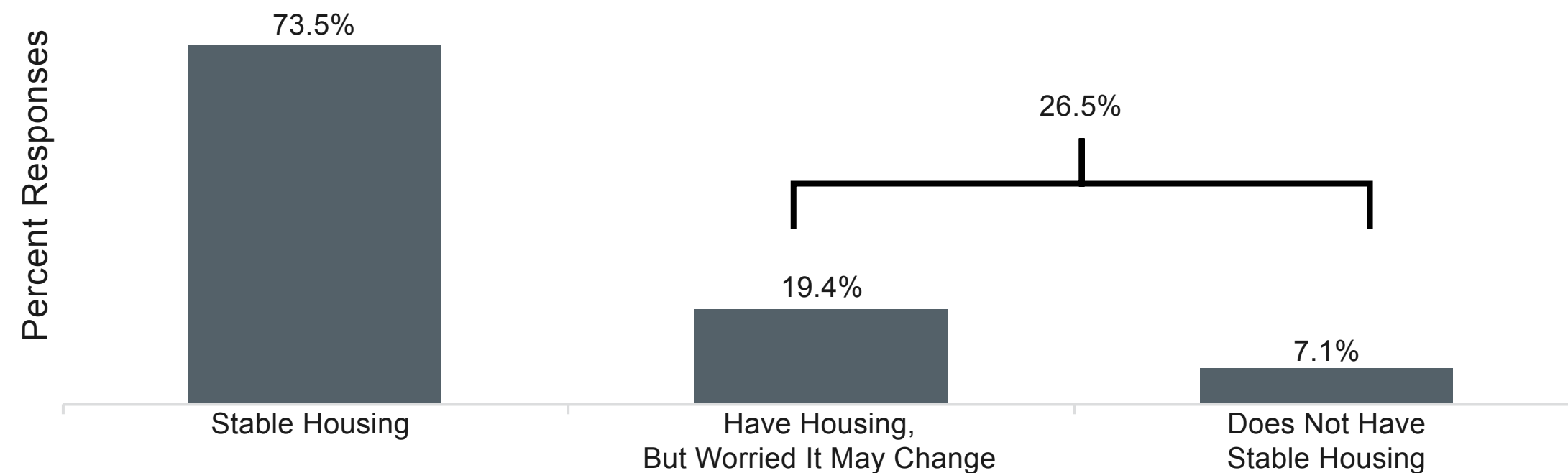
Initial analyses also found a significant relationship between age and the ability to purchase healthy food, such that the ability to purchase healthy food tended to increase with age ($p < .001$).

Housing Stability

Initial analyses showed that access to stable, reliable housing tended to significantly increase as older adults aged ($p < .001$). However, many older adults reported struggling to find reliable housing.

Over 25% of older adults indicated that they do not have stable housing, either because they are worried that they will lose their housing in the future or because they truly lack housing. Just over 7% indicated a true lack of housing, meaning that they are living with friends or family, staying in shelter or motel, or have nowhere to sleep at night.

Housing Stability Among Older Adult Respondents



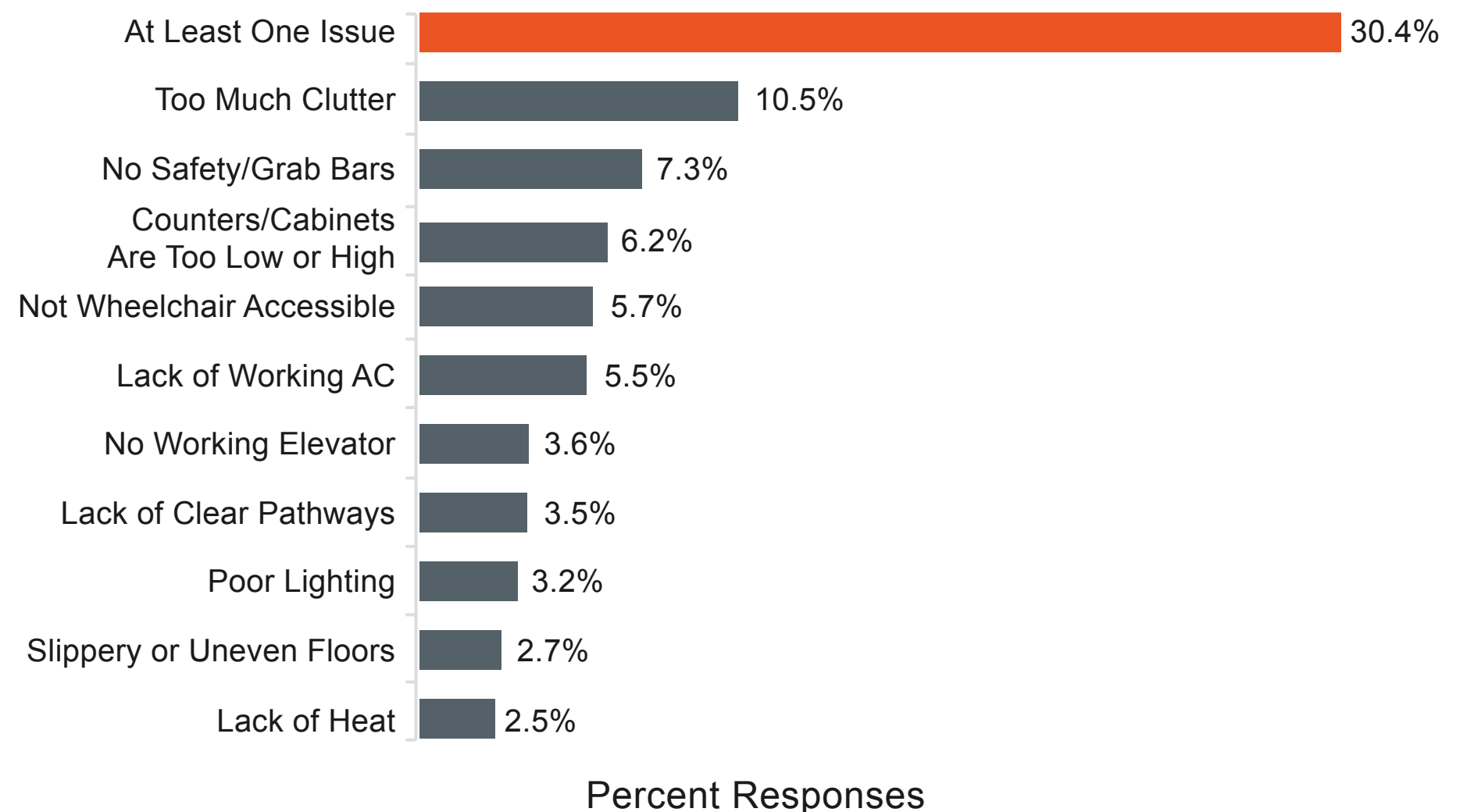
These findings reflect statewide research showing that housing insecurity among older adults in New York State exceeds the national average.²⁵ It is not surprising given the lack of affordable housing in New York City, and the rising costs of rental units, that close to one in five older adults are concerned for the long-term stability of housing.

In-Home Accessibility

Quality of life, as well as the ability to age-in-place, is impacted by factors including the safety of one's home environment. But over 30% of older adult respondents reported at least one factor impacting their ability to access or use some of the rooms or spaces where they live.

Some of the most reported in-home accessibility problems included clutter, lack of safety/ grab bars, counters or cabinets that are hard to reach, and spaces that are not accessible by wheelchairs. These factors contribute to a high likelihood of falls among older adults ²⁶

Accessibility Problems At Home Among Older Adult Respondents



Note: Participants could select more than one response.

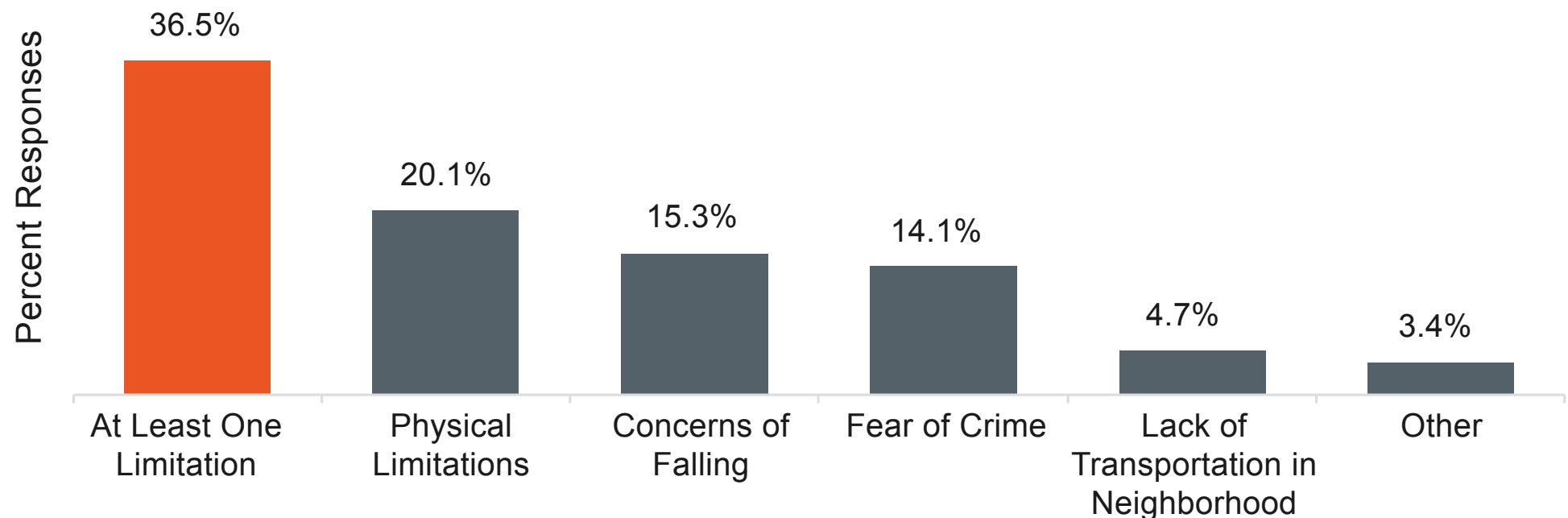
“Too much clutter” represents a range of issues from general disorganization to the greater concern of hoarding, which could lead to other health and safety issues. While the survey did not specifically ask about clutter, this suggests there is a need for more mental health services and heavy-duty cleaning services for older adults.

Getting Around Your Home and Community

Many older adults also reported limitations in their ability to access their community.

This question likely identifies both older adults who cannot leave their homes at all, and those who can leave with some difficulty. Over one-third of older adults reported at least one factor limiting their ability to go places outside of their home. Initial analyses also indicated it became harder to leave home as respondents aged ($p < .001$).

Factors Limiting Ability to Leave Home



Note: Participants could select more than one response.

Responses in the “Other” category include problems related to the (in)accessibility of the environment outside the home including mental health barriers, financial hardship, and caregiving responsibilities.

Many of these barriers could be reduced by structures that allow for greater accessibility including improved lighting, installing more benches, and increasing the time for individuals to cross the street. ²⁷

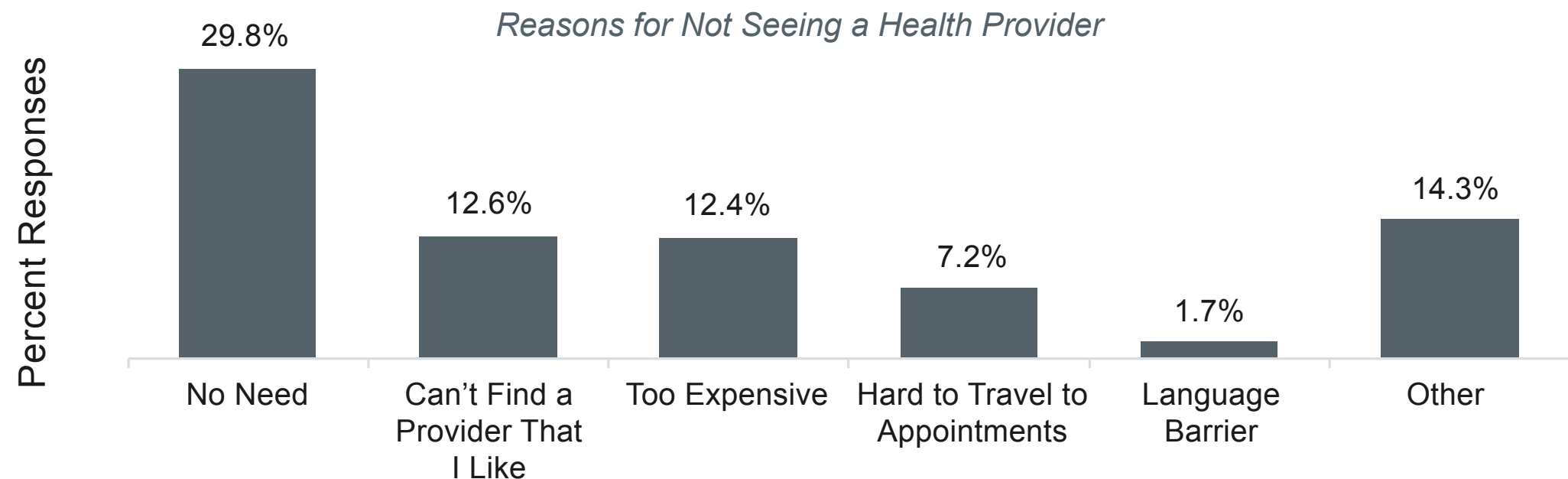
Healthy and Safe Living

The SNA further assessed older adults' needs regarding their mental and physical health, as well as their overall wellbeing. In addition to access and the utilization of health care services, these questions assessed loneliness and social isolation, volunteerism, and emergency planning.



Physical Health²⁸

The vast majority of older adults in our sample (93.5%) reported seeing a healthcare provider in the past year. But the most common reasons provided for not seeing a provider—lack of need, the inability to find a suitable provider, and the cost of care—indicate that older adults continue to experience barriers accessing needed medical care.



Note: Participants could select more than one response.

Importantly, adults aged 65 and older account for 70%–85% of flu-related deaths and 50%–70% of flu-related hospitalizations.²⁹ However while a large majority of older adult respondents (83.5%) reported receiving at least one vaccine or screening in the past year,³⁰ one-third (33.6%) indicated that they did not receive their flu vaccine in the past year.

While the vast majority of older adults are proactive in promoting their physical health, for those who don't routinely have an annual physical or an annual flu vaccine, greater education concerning the importance of preventive care in ensuring one's health is warranted. Health promotion and wellness classes offered through OACs and naturally occurring retirement communities already do a great deal to assist in this effort.

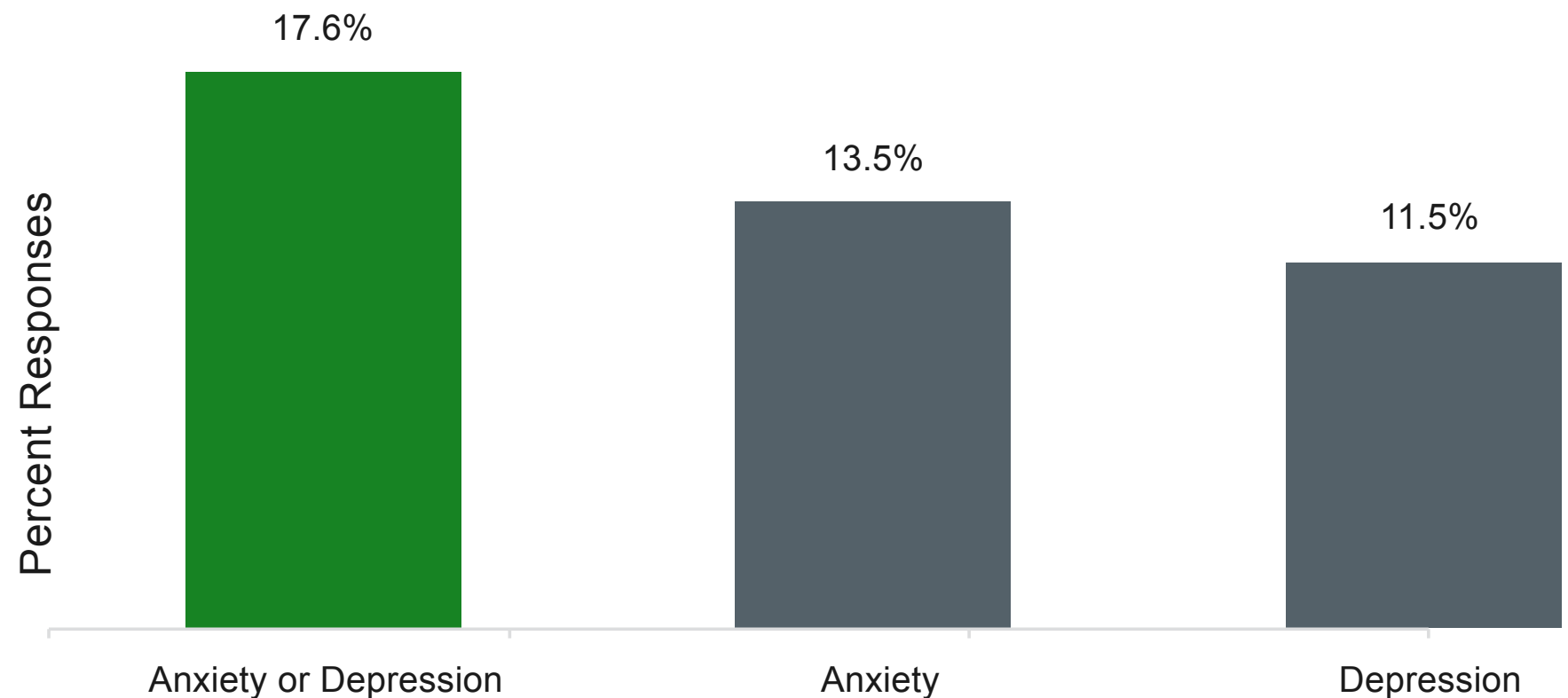
Of note, 4.4% and 8.9% of our older adult respondents reported serious vision or hearing impairments, respectively. Initial analyses showed a significant association between age and both vision and hearing impairments such that the likelihood of reporting the impairments increased with age ($ps < .01$).

Additionally, of the 8.9% of older adults who reported being deaf or having serious difficulty hearing, close to half (44%) do not wear hearing aids. This finding is worrisome because research shows a strong connection between untreated hearing loss and depression,³¹ among other negative physical effects.³² It is worth noting that one of the likely deterrents in obtaining a hearing aid is cost, as hearing aids are not covered by Medicare.³³

Mental Health

Despite common misconceptions, depression, anxiety, and loneliness are not normal aspects of aging. However, for individuals suffering from mental health challenges, treatment is available and is quite effective.³⁴

Likelihood of Mental Health Needs Among Older Adult Respondents



The analyses identified mental health as a key need among older adults. Approximately 22% of older adults indicated that they are not socializing with others as often as they would like, and 17% of older adults reported relatively high levels of loneliness.³⁵

Close to 18% of older adults in our sample were found to have possible anxiety and/or depression, indicating a potential need for them to seek mental health services.³⁶ This finding reflects existing research that estimates that 14% of older adults have a mental health need.³⁷

Volunteer Engagement

While not directly connected to mental health, opportunities to volunteer can help to reduce feelings of social isolation and loneliness.³⁸

Even though OACs provide services for anyone 60 years or older, the most common reason for not attending OACs was feeling too young to attend a center. Though the participants were all at least 60 years old, some of them wrote in comments such as, “They’re too old,” “I don’t like hanging out with old people because (I) don’t feel, look, or act old,” and “Makes me feel old and poor to be with that group.” These responses are indicative of ageism (i.e., negative stereotypes towards and attitudes about individuals based solely on their age), even within the older adult community. They also suggest an incorrect assumption that OACs only serve those who are struggling financially and may need welfare assistance. Comments like these show that more work needs to be done to challenge ageist stereotypes and to combat ageism around and within the older adult community.



Emergency Preparedness

Over half of older adults indicated that they do not have (43.7%) or do not know if they have (12.6%) a plan in case of a citywide emergency, such as a flood or a blackout.



While less than ideal, older New Yorkers may be more prepared than those surveyed nationally. National surveys suggest that only 26.1% of older adults (50+) have a plan for a disaster.³⁹ NYC Aging and NYC Emergency Management (NYCEM) have worked to offer Ready New York presentations ⁴⁰ to nearly all of NYC Aging-funded congregate providers (OACs and NORCs) for information about emergency planning and Go-Bags. The fact that over half of older adult respondents lack an emergency plan may be cause for concern as climate change increases the likelihood of natural disasters. It is essential that all New Yorkers have a plan in place, particularly those who are vulnerable or mobility-impaired, thus requiring additional planning.

Crime, Abuse, and Factors in Ageism

Research shows that ageism contributes to negative physical and mental health outcomes among older adults, adverse hiring and promotion decisions in the workplace, and even higher healthcare costs. ⁴¹



Reported Age Discrimination

When asked if they had ever been impacted by discrimination because of their age, more than one-fifth of respondents answered affirmatively.

Approximately one in eight older adults reported experiencing age discrimination in the workplace (e.g., passed over for promotions due to age) and another 12% experienced age discrimination in interpersonal relationships (e.g., people using demeaning phrases, stereotypes, or jokes about older adults).

Older Adult Respondents Reporting Age Discrimination

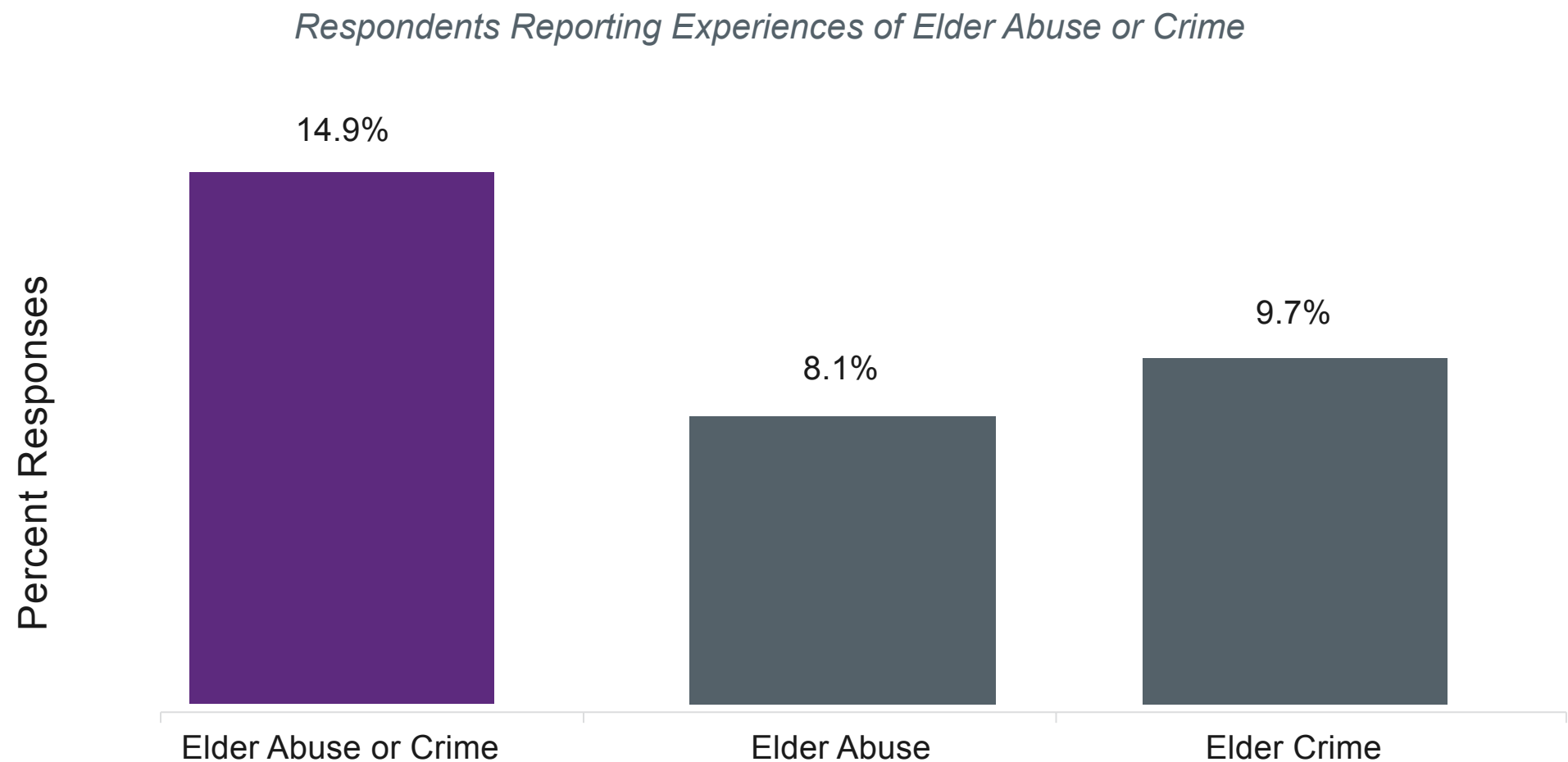


The approximately 3% of “Other” responses represent examples of discrimination not originally captured in the survey. For example, responses in this category included discrimination because of factors other than age as well as age discrimination in healthcare, housing, and transportation. A few of these responses also displayed some evidence of internalized ageism, as some of the older adults used their age to justify their unfair treatment (e.g., “got too old to work” and “I’m hesitant to approach or talk to people who, I’ve decided, would not want my company.”)

Initial analyses revealed a relationship between age and self-reported discrimination such that the likelihood of reporting age discrimination tended to decrease with age ($p < .001$).

Crime and Elder Abuse

In addition to discrimination, many older adults are targeted for crime by an unknown assailant and/or can be abused by family, friends, or other trusted individuals in the community.



Nearly 15% of older adult respondents reported experiencing elder abuse or crime. These findings are consistent with both national and citywide rates of elder abuse.⁴²

Notably, 51.4% of the older adults who self-reported experiencing crime or abuse since turning 60 years old did not report the abuse or crime to the police. These numbers reflect evidence of under-reporting found in the 2011 prevalence study (which found that only 1 in 24 of elder abuse victims reported the abuse to anybody in the formal elder abuse service system),⁴³ and they suggest that the numbers reflected in our survey may similarly under represent the true rates of elder crime and abuse in New York City.

Older New Yorkers' Digital Divide

Despite misperceptions that older adults cannot or do not use technology, older adults are more digitally connected than ever before.⁴⁴ The vast majority of older adults indicated that they have access to the internet and a computer or tablet. However, cost and the need for assistance were two frequently reported barriers to accessing and using these forms of technology.

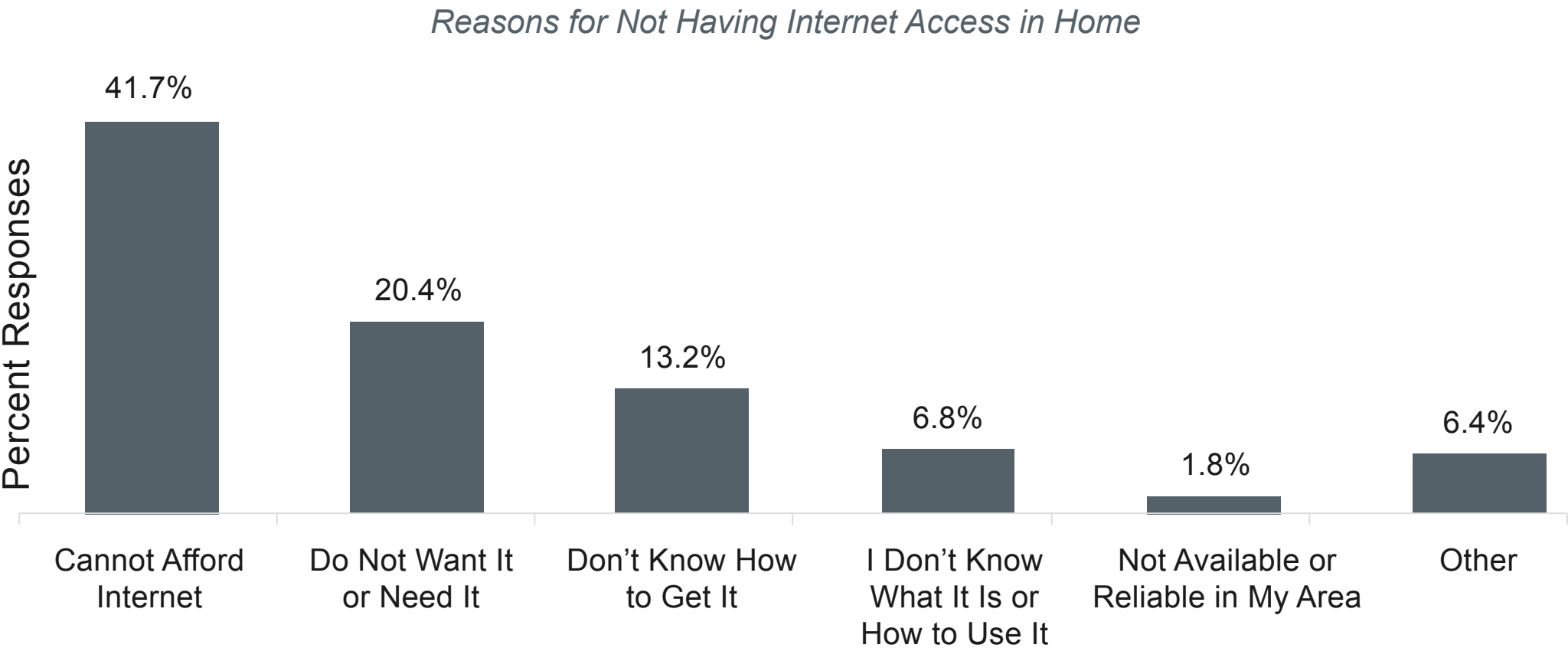


Internet Access

Approximately 12% of older adults indicated that they do not have or do not know if they have internet access in their homes.

It is worth noting that even with significant effort to make hard copy surveys available, nearly 80% of the responses were completed online. Thus, it is possible that these numbers may undercount the proportion of older adults who lack internet access.

Regardless, results show that the most common reason reported for a lack of internet at home was an inability to afford internet, followed by simply not wanting or needing it.



Note: Participants could select more than one response.

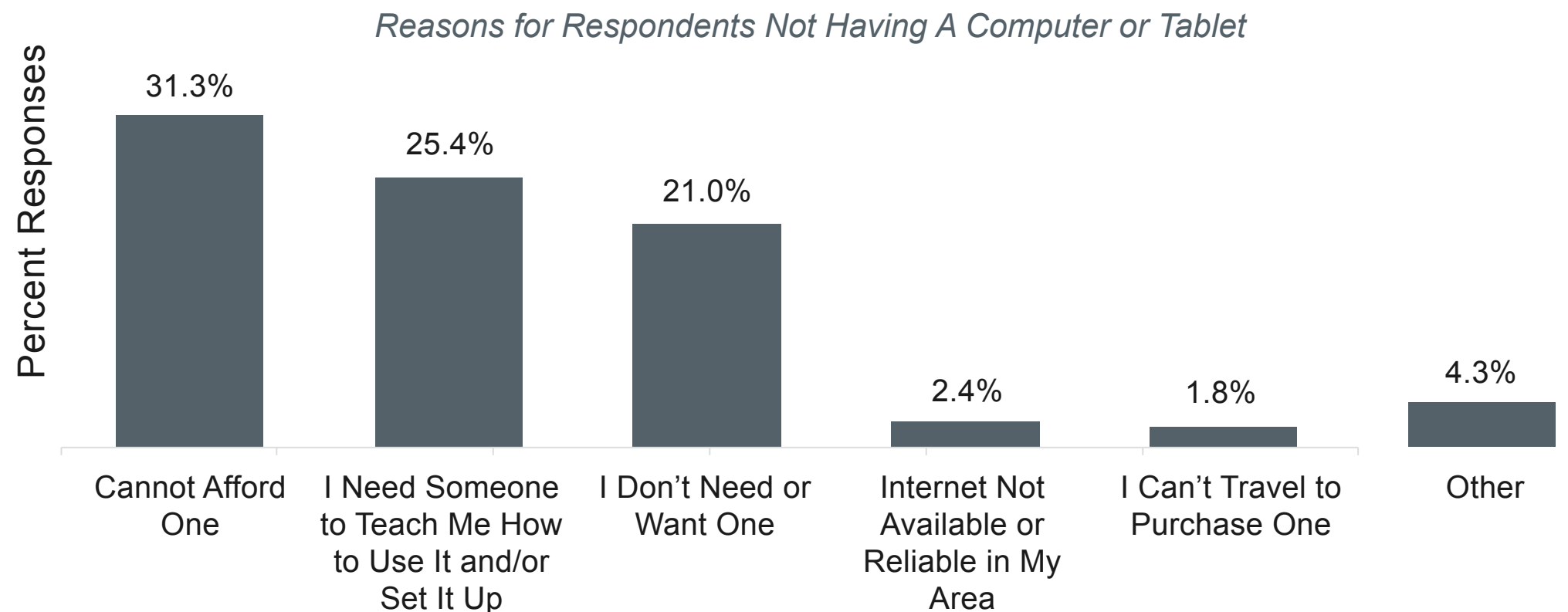
The 6.4% of “Other” responses represent reasons respondents provided that were not originally captured in the survey. Responses in this “Other” category include disabilities that hinder the participants’ ability to use or obtain internet and housing-related barriers to obtaining internet (e.g., living in a shelter or with friends). Additionally, a handful of participants indicated that while they do not currently have internet, they will have it soon.

Computer Access

Internet access seems to be more widely accessible among our older adult sample than computer/tablet access.

Over 30% of older adults indicated that they do not own or have a computer or tablet. Again, preliminary analyses suggest that the likelihood of owning and using a computer or tablet tended to decrease with age ($p < .001$).

As with internet access, the primary reasons for not owning or using a computer involved not being able to afford one or not knowing how to set it up or use it.



Note: Participants could select more than one response.

The 4.3% of responses in the “Other” category include disabilities that hinder the participants’ ability to own and/or use a computer or tablet, having lost or broken their devices, and reasons reflective of ageist beliefs about older adults’ ability to use and learn new technology. For example, some people wrote in comments such as “98 years old is too late to start” and “too old (98).”

Although the findings indicate that a large proportion of older adults have internet access and own computers, it is likely that this number is inflated as a result of such a large proportion of the surveys being completed online. However, findings indicate that cost is a major obstacle for older adults who don’t have either internet access or computers.

New Yorkers' Knowledge of Aging Services

One specific purpose of the survey was to learn more about the population of older adults in New York City who are not currently connected with aging services, to provide better, more complete support to older adults and caregivers. We hypothesized that older New Yorkers are not utilizing aging services because of a lack of knowledge about what exists.



Knowledge of and Need for Services

Anecdotally, a common response from older adults and caregivers we connected with while doing community outreach was that they did not know about the agency or what services are available for older adults in New York City.

However, when asked to identify whether they had knowledge of specific services for older adults and caregivers, most (80.3%) knew of at least one type of service but 19.7% of older adult respondents were unaware of any aging services.

Although many older adults had heard about critical services available to both active older adults in the community, such as OACs, and services for homebound older adults, such as home-delivered meals, it is concerning to find such a high proportion of older adults who are unaware of these services, 40.1% and 49.5%, respectively.

Corresponding to the narrative within the caregiving section, even though nearly half of our older adult respondents were caregivers, less than 25% of them indicated they were aware of our caregiver services.





Older Adult Respondents' Knowledge of Aging Services ⁴⁵

Aging Service	Know About Service
At Least One Service	80.3%
Older Adult Centers	59.9%
Home-Delivered Meals	50.5%
Help Obtaining Benefits/Entitlements	42.5%
Health Insurance Assistance	38.0%
Home care / Housekeeping	37.6%
Mental Health Services	31.3%
Transportation Services	30.4%
Technology Classes/Support	29.0%
Legal Assistance	27.2%
Rent Control Assistance	26.5%
Employment Opportunities	26.1%
Crime Victim Services	25.5%
Volunteer Opportunities	25.0%
Caregiver Services	23.3%
Home Maintenance / Repair Assistance	22.7%
Information Services	20.7%
Other	3.8%

Note: Participants could select more than one response.

Attendance at Older Adult Centers

A considerable portion of NYC Aging budget goes to the funding of over 300 OACs in the community. OACs play a central role in encouraging socialization, healthy nutrition, and physical fitness for older adults.

Over half of our older adult sample (53.2%) did not attend an OAC in the past year, and less than one-third (29.2%) regularly attend OACs. Preliminary analyses showed a significant relationship between age and OAC attendance such that “older” older adults (ages 65+) were more likely to have attended an OAC than “younger” older adults (ages 60-64, $p < .001$). Additionally, 61% of older adult respondents between the ages of 75-84 years old said they attended an OAC in the last year, which is consistent with OAC participants’ average age.

Even though OACs provide services for anyone 60 years or older, the most common reason for not attending OACs was feeling too young to attend a center. Though the participants were all at least 60 years old, some of them wrote in comments such as, “They’re too old,” “I don’t like hanging out with old people because (I) don’t feel, look, or act old,” and “Makes me feel old and poor to be with that group.” These responses are indicative of ageism (i.e., negative stereotypes towards and attitudes about individuals based solely on their age),⁴⁶ even within the older adult community. They also suggest an incorrect assumption that OACs only serve those who are struggling financially and may need welfare assistance. Comments like these show that more work needs to be done to challenge ageist stereotypes and to combat ageism around and within the older adult community.





Table 4. Most Common Reasons for Not Attending OACs.

Reason for Not Attending OACs	Percent of Responses
I feel too young to attend a center.	17.8%
I am not familiar with what senior centers offer.	16.1%
I don't know where one is in my neighborhood.	15.3%
The center is not open when I can attend.	13.2%
I don't like and/or am not interested in the activities.	11.6%
I can't travel to the center.	9.1%
I am afraid of getting sick (e.g., COVID concerns).	6.6%
I can't physically access the center. ⁴⁷	6.0%
I do not like the food or have dietary restrictions that are not met at the centers.	4.3%
I do not travel to the center because of crime in my neighborhood.	2.5%
No one speaks my language at the center.	1.9%
The members at the center are not friendly.	1.9%
Reasons related to mental health, physical health, or mobility	1.2%

Conclusions:

The findings in this report highlight that although many older adults in New York City have access to healthy food and stable, accessible housing, a significant proportion of older New Yorkers are struggling to meet their basic needs and maximize their quality of life.

Other implications point to the broad need for education and community outreach to ensure that older adults and caregivers who would benefit from aging services are aware of their existence and are willing to use them.

These early findings should be used to initiate discussions with stakeholders, community partners and other agencies, including members of the Cabinet for Older New Yorkers, to develop ways to address these findings and increase the quality of life for older New Yorkers.



The Invisible Workforce: Caregivers:

The SNA findings highlighted the important role that informal caregivers play in supporting the ability for older New Yorkers to live safely at home. The survey identified unique needs among those caregivers who are under 60 years old, compared to those who are 60 years old or older.

Younger caregivers:

- Nearly 30% of caregivers under 60 years old in our sample indicated that they are part of the “sandwich generation,” meaning that they care for both an older adult and a minor.
- Even though the vast majority of younger caregivers (86%) are employed full-time, close to 55% of caregivers under 60 spend at least 15 hours a week performing caregiving duties.

Older caregivers:

- Over 40% of older adult respondents who care for others in their lives did not self-identify as a caregiver.
- Approximately 40% of older adult caregivers indicated that they are also care receivers, meaning that they receive regular assistance with at least one day-to-day task.
- Although NYC Aging offers invaluable assistance to these caregivers – through its 12 community-based programs throughout the city – many may not identify as caregivers and therefore would not know they could avail themselves of this service.

Fulfilling Basic Needs:

The SNA identified that many older adults are struggling to fulfill their basic needs. For example:

- Over 40% of older adults reported trouble paying at least one regular bill.
- Approximately 30% of older adults reported difficulty or an outright inability to purchase affordable, healthy food in their communities.
- More than 1 in 4 older adults indicated that they do not have stable housing, either because they are worried that they will lose their housing in the future or because they truly lack housing.
- Over 30% of older adults reported at least one factor impacting their ability to access or use some of the rooms or spaces in their homes.
- More than 1 in 3 older adults reported at least one factor limiting their ability to go places outside of their homes.

These findings show that low-income older adults often need to choose between the high cost of housing, purchasing healthy food, and paying for needed medication. While existing policies and programs assist older New Yorkers access food, housing, and other necessary resources, with a growing number of older adults calling NYC home, more support is needed to ensure the ability to age-in-place.

Healthy and Safe Living:

The SNA identified needs regarding older adults’ mental and physical health, as well as their overall wellbeing.

- Even though most older adults reported a healthcare provider recommended a screening or vaccine in the past year, 1 in 3 respondents did not receive their flu vaccine during this period.

- Close to half of respondents who said they were deaf or have serious difficulty hearing do not wear hearing aids.
- Approximately 22% of respondents indicated they would like to socialize with others more, and 17% of older adults reported relatively high levels of loneliness.
- Nearly 18% of older adults in our sample were found to have possible anxiety and/or depression.
- 30% of older adults indicated that they are not currently engaged in volunteer work, but that they would like to be if the opportunity arose.
- Over half of older adults indicated that they do not have or do not know if they have a plan in case of a citywide emergency, such as a flood or blackout.

NYC Aging offers many services that address these results. Identifying ways to educate and connect older adults to these resources is an opportunity to support many more residents to age-in-place.

Crime, Abuse, and Factors in Ageism:

The SNA also identified crime, elder abuse, and discrimination as a serious issue faced by many older adults.

- 14% of older adult respondents reported that fear of crime posed a barrier to their ability to leave their homes.
- Nearly 15% of older adult respondents reported being the victim of elder abuse or crime since turning 60 years old. Notably, over half of those older adult victims did not report the abuse or crime to the police.

- Approximately 1 in 8 older adults reported experiencing age discrimination in the workplace, and another 12% experienced age discrimination in interpersonal relationships.

As one of its core missions, NYC Aging is actively working to combat ageism, which can take root as early as grade school. As a result, multiple anti-ageism educational efforts have been launched under the NYC Cabinet for Older New Yorkers.⁴⁸ However, additional work is needed to continue to dismantle stereotypes and increase safety for older adults in New York City.

Older New Yorkers' Digital Divide:

While many older adult respondents indicated that they have access to the internet and a computer and/or tablet, the SNA identified a need among older adults to more easily access and use these forms of technology.

- Approximately 12% of older adults indicated that they do not have or do not know if they have internet access in their homes.
- Over 30% of older adults indicated that they do not own, or have but don't use, a computer or tablet.
- The primary reasons for not having internet or a computer/tablet were being unable to afford one or not knowing how to set it up and/or use it.
- Many programs designed to provide technology education and assistance to older adults already exist – such as NYC Aging's Connected Communities program and tech classes offered at OACs, as well as other citywide services like HPD's Neighborhood Tech Help initiative offered at NYC's public libraries – but additional work is still needed to help bridge the digital divide.

Going Forward

In the coming months, the agency will be releasing issue briefs delving into more detail and analyses to better understand the implications discussed in this report. Additionally, we will continue to engage and partner with stakeholders – including community-based providers, advocates, elected officials, and members of the Cabinet for Older New Yorkers – to discuss ways to address the findings. As the findings show, the work to achieve a more age-inclusive city where New Yorkers can age-in-place in their communities cannot only be the responsibility and mission of the AAA but must include New York City as a whole through innovative collaborations and strategic public-private partnerships.

For further information about methodology, the raw survey data, and additional age breakdown analyses, please see Appendices A – C.



Citation

Research and Evaluation Unit. (July 2025). [The State of Older New Yorkers: Building an Inclusive Future.](#) New York City Department for the Aging.

1 American Community Survey 2019-2023 PUMS 5-year estimates with group quarters removed; NYC Department for the Aging. “A Survey of Informal Caregivers in New York City.” 2017. <https://www.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>

2 1980 Census; Feinberg, Lynn, Ari Houser, and Donald Redfoot. The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers. (Washington D.C.: AARP Public Policy Institute, August 2013). http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/baby-boom-and-the-growing-caregap-insight-AARP-ppi-ltc.pdf.

3 American Community Survey 2019-2023 PUMS 5-year estimates with group quarters removed

4 American Community Survey 2019-2023 PUMS 5-year estimates with group quarters removed

5 Grants to State and Community Programs on Aging, 45 C.F.R. § 1321.65 (2025).

6 This report primarily focuses on responses from older adults (60+) residing in New York City. Caregivers who are under 60 years old and/or live outside of New York City are excluded from the following analyses except those in the caregiving section of this report.

7 Race/ethnicity categories are mutually exclusive.

8 While we asked about gender identity in the SNA, the American Community Survey only asks about sex. For this reason, we had to weight to sex rather than gender identity.

9 Employment options are not mutually exclusive. Participants could select more than 1 response.

10 Annual individual income is not a proxy for poverty, as the Federal Poverty Levels take household size into account.

11 The purpose of this survey was to better understand the needs of older adults and their caregivers in New York City. Consequently, participants under 60 years old or who lived outside of New York City were only included in the dataset if they indicated that they care for an older adult. To the extent that we were unable to determine the age of the care-receiver (e.g., the participant only indicated that they care for a friend, family member, or neighbor), the caregiver was included in the dataset unless they clearly indicated they only provided care to a minor. Older adults living in New York City and providing kinship care to a child under 18 were also included in these results.

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<https://www.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>

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14 Beatie, B. et al., (2021). Caregiver identity in care partners of persons living with mild cognitive impairment. *Dementia (London)*, 20, 2323-2339. doi: 10.1177/1471301221994317

15 The demographic differences reported here reflect only the sample of caregivers who completed the survey. Additional research is needed to understand how the caregiver sample generalizes to the larger population of caregivers in New York City.

16 This difference is likely due to the different eligibility requirements for participants were 60 years old or older compared to those who were under 60 years old.

17 Race/ethnicity categories are mutually exclusive.

18 While we asked about gender identity in the SNA, the American Community Survey only asks about sex. For this reason, we had to weight to sex rather than gender identity.

19 Employment options are not mutually exclusive. Participants could select more than 1 response.

20 Annual individual income is not a proxy for poverty, as the Federal Poverty Levels take household size into account.

21 Lei, L., Leggett, A., & Maust, D. (2023). [A national profile of sandwich generation caregivers providing care to both older adults and children](#). *Journal of the American Geriatrics Society*, 71, 799-809. doi:10.1111/jgs.18138.

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25 New York State Comptroller (2024). *New Yorkers in need: The housing insecurity crisis*. <https://www.osc.ny.gov/files/reports/pdf/new-york-housing-insecurity.pdf>

26 Appeadu, M. K., & Bordoni, B. (2023). [Falls and Fall Prevention in Older Adults](#). In *StatPearls*.

27 For more suggestions about physical space design, NYC Aging supports findings in recently published guidelines from the City: “Building A Family-Friendly City”: https://www.nyc.gov/assets/designcommission/downloads/pdf/FamilyFriendlyCity_DesignGuidelines.pdf.

28 There is a fair amount of information already available about older adults’ health both nationally and locally. Additional reports and resources are listed on the webpage.

29 Center for Disease Control (2024, September 5). *Flu and people 65 years and older*. <https://www.cdc.gov/flu/highrisk/65over.htm>

30 More details will be provided about other vaccines and screenings in an upcoming health brief.

31 Mener, D.J., et al. (2014). [Hearing loss and depression in older adults](#). *Journal of the American Geriatrics Society*, 61, 1627-1629. Doi: 10.1111/jgs.12429

32 Lin, F.R., & Albert, M. (2014). [Hearing loss and dementia – who is listening?](#) *Aging and Mental Health*, 18, 671-673. doi: 10.1080/13607863.

33 National Council on Aging. (2024, March 26). *Medicare and hearing health for seniors*. <https://www.ncoa.org/article/medicare-and-hearing/>

34 Reynolds, C.F. et al. (2022). Mental health care for older adults: Recent advances and new directions in clinical practice and research. *World Psychiatry*, 8, 336-363. doi: [10.1002/wps.20996](https://doi.org/10.1002/wps.20996).

35 When asked how often they feel lonely in a typical work, 12% of older adult respondents answered, “occasionally or a moderate amount of the time” and 5% answered “all of the time.”

36 Participants completed two short measures commonly used to measure depression and anxiety, the Patient Health Questionnaire (PHQ-2) and Generalized Anxiety Disorder scale (GAD-2), respectively. The PHQ-2 and GAD-2 measures are considered a “first step” in identifying a mental health need. Though not diagnostic, a positive score on these two measures indicates a possible mental health need, and best practices recommend additional screening. See Kroenke K., Spitzer R.L., Williams J.B. (2003). [The patient health questionnaire-2: Validity of a two-item depression screener](#). *Medical Care*, 41, 1284-92; Kroenke K., et al. (2007). [Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection](#). *Annals of Internal Medicine*, 146, 317-25. doi: 10.7326/0003-4819-146-5-200703060-00004.

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45 While this data does not predict the number of respondents who may have connected with NYC Aging services, it does show that our data collection efforts successfully reached older adults outside of our existing network.

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47 This response option indicates areas where the centers themselves are not accessible in some way (e.g., “the center is at the top of a steep hill that is almost impossible to walk up” and “the elevator doesn’t always work”).

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