# Building Community Care for an Age-Inclusive New York City

The City of New York
Mayor Bill de Blasio

NYC Department for the Aging

In its final year, the de Blasio administration is introducing a broad, ambitious, and progressive plan to address the changing needs of older adults; a fitting bookend to the administration that began with a breakthrough Pre-K program and, through execution of the Building Community Care for an Age-Inclusive City blueprint, concludes with a lasting mirror image initiative on behalf of older adults.

The early 21st century has been marked by a rapid increase in the older population in New York City, the nation, and around the globe, and this trend is expected to continue through mid-century. Unfortunately, poverty among older people in the City has also grown, while investments in older adult services – what we refer to as "**Community Care**" – have not kept pace.

In response to these trends, it is critical to rethink services and supports, particularly to avoid institutional care until medically necessary. This 5-year roadmap provides the framework to broaden and deepen the work already accomplished and underway to fully realize the long-term vision of the Mayor, the Department for the Aging (DFTA) and aging services stakeholders, namely, the vision of providing services and supports to a growing older population to help them remain in the community with all the associated salubrious effects.

## Benefits of Community Care

Community care, such as that provided through DFTA's network of older adult services, has been shown in numerous studies to keep people healthy longer and to help them avoid institutional care. Further, nearly 90% of Americans express a desire to continue living at home (AARP 2014).[1] A wealth of data extending over decades demonstrates conclusively that people do better at home:

• They are more likely to thrive physically for a longer period of time than if placed in institutional care. Their mental health – as measured by conditions ranging from depression and anxiety to suicidal ideation – remains stronger when receiving services and supports in the community rather than in institutions.[2]

• Supporting a person at home is significantly less expensive and helps to decrease avoidable (re)hospitalizations, emergency room visits, and unnecessary nursing home stays.[3]

• Older people can be most purposeful and fulfilled by remaining in the community. They are more socially connected and bolster their communities through their high levels of faith-based and civic engagement. Finally, they spend in their communities, boosting economic vibrancy.

Cover Photo Credit: Richard Henry, DFTA

## DFTA's Vision for Building Community Care for an Age-Inclusive City

**The City of New York aims to create an age-inclusive and age-friendly New York City that helps aging New Yorkers avoid or delay institutional care while improving their quality of life, health, and safety.**

The de Blasio administration recognizes that for older adults to be able to remain at home in their communities as long as possible, many need a full range of high-quality critical services, resources and opportunities that will support them with their daily living activities, which then promotes the second goal of reducing institutionalization. This is our fundamental vision of community care: to promote universal access to the continuum of services and supports in the community that helps prevent older adults from having to enter a nursing home until – in some small proportion of cases – institutional care either becomes a medical necessity, or individual older adults choose such care based on their own personal preferences.

Currently, there are 41,000 people in New York City nursing homes.[4] This number declined to this level over the past two decades as New York State and City took steps to increase home care access in response to federal Olmstead Decision guidelines from 1999. At this point, we must focus on bolstering community care investments in order to control the size of the residential census even as the older population grows.

This trade-off comes with a positive cost/benefit ratio. The cost of maintaining a resident in a nursing home in New York City is significant relative to the cost of community care services. The annual nursing home cost is $154K,[6] while community care service costs $32K annually (including meals, in-home services, education and recreation services, transportation, just to name a few). Thus, one diverted residential care placement saves about $122,000 annually.

### DFTA continues to focus on equity to reflect and respond to the needs of a growing and more diverse older adult population.

Ramping up these community services is critical over the next five years both to respond to the needs of a growing population itself and to the evolving characteristics of that population. For example, more people are living longer, especially women, which puts added strains on personal income. The racial and ethnic distribution of the population has shifted: there are larger numbers of African Americans and others of African heritage now than 20 years ago in both absolute and percentage terms, as is the case with Latinos and Asians. This ethnic/racial shift has heightened various factors that stem from persistent racial/ethnic disparities and inequalities, in addition to the distinct stresses and challenges experienced by many recent immigrants.

### Community engagement informing the vision.

To build capacity and increase access and transparency, DFTA has facilitated weekly and monthly provider workgroups on the "Center of the Future" and borough-based dialogues with providers and other stakeholders. Following this stakeholder feedback, as well as market research and community needs analyses, the Department has developed this roadmap to structure the City's congregate and community-based programming for older adults, both during the immediate COVID pandemic and other crises that might arise, as well as for the ongoing evolution of community care. Additionally, DFTA has curated several resources available on its website about New York City communities and neighborhoods—which include basic demographics of older adults, anticipated growth in the older adult population, and existing service gaps—to help providers gain a better understanding of their communities' needs.[5]

## Opportunities for Improvement: Challenges facing older New Yorkers and senior service providers

### Changing Demographics in NYC's senior population:

Since 2000, the population of older New Yorkers has increased dramatically -- by 38% -- while the number of older New Yorkers in poverty increased by 41%. In addition, whereas the United States has experienced a decline in the national poverty rate for older people (with a slightly downward trajectory to 9.4% in 2018), New York City's older adults have faced a higher level of poverty at 18.3%. Thus, the percentage of older New Yorkers below the Federal Poverty Level is nearly twice that of Americans in general.

**Changes in Demographics for NYC's Older Adult Population, 2000 – 2018***

| | FY2000 | FY2018 | Percent Change |
|---|---|---|---|
| NYC Population, Older Adults 60+ | 1.25 million | 1.73 Million | 38.40% |
| Poverty Rate, NYC Older Adults 60+ | 18% | 18.3% | 1.67% |
| Number 60+ in Poverty | 225,000 | 317,000 | 40.90% |

*Source: DFTA 2020 Annual Plan Summary.*
*(*population and poverty rates were taken from 2018 ACS data because 2020 Census numbers are not yet available.)*

Photo Credit: Richard Henry, DFTA

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At the same time, the City's older population has become more diverse. Between 2000 and 2018, the non-Hispanic White older population decreased, whereas the number of other ethnic and/or racial populations grew rapidly. In 2018, 59% of New Yorkers 65 and older belonged to ethnic and/or racial groups other than Caucasian, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2018, the Black population increased by 59%, the Hispanic population by 98%, and the Asian/Pacific Islander population by 180%.

**Race/Ethnic Composition 65+ Population in New York City, 2000-2018**

| Race/Ethnic Profile | 2000 Census | 2018 ACS | % Change 2000-2018 |
|---|---|---|---|
| White (Non-Hispanic) | 533,982 | 516,874 | -3.2% |
| Black | 185,088 | 293,933 | 58.8% |
| Hispanic | 138,840 | 275,251 | 98.3% |
| Asian/Pacific Islanders | 59,056 | 165,648 | 180.4 % |
| All Minorities | 382,984 | 734,832 | 91.9% |

**Service models and investments—in terms of amounts, types and geographic focus—need updating in order to fully respond to the types of rapid changes in the NYC population taking place and the arrival of new technologies.**

New York City must address population growth and demographic changes (increased diversity in culture, languages, immigrants) to achieve the full potential of a community care vision. While the current administration's investments have reversed losses from previous administrations and added slightly more, additional investments are needed to keep pace with the growth, diversification, and financial pressures facing this population. In addition, the Department aims to increase the diversity in its portfolio of providers to address historical funding inequities. It also wants to tap into technologies that have come online in recent years that can reach isolated older people, connect people with their communities, and help address a variety of presenting issues.

### Opportunities for greater cohesion and integration between DFTA services as well as with other benefits/resources.

Photo Credit: Richard Henry, DFTA

A critical next-step of this plan is to reimagine Older Adult Centers (OACs; "senior centers") and Naturally Occurring Retirement Communities (NORCs) to promote collaborations, innovations and synergies between these two core DFTA programs. Beyond OACs and NORCs, it is critical to expand the full range of DFTA-funded services that together establish a continuum of care—from OACs for people who are healthy and mobile to home delivered meals for those largely homebound—needed by many in order to remain in their communities.

In addition, several other supports are needed to ensure full utilization of available resources. This includes better marketing and outreach to inform the community about the rich array of community care services available to them. It also encompasses expanded transportation to reach those who are geographically isolated in transportation deserts.

### Chance to leverage system for COVID recovery.

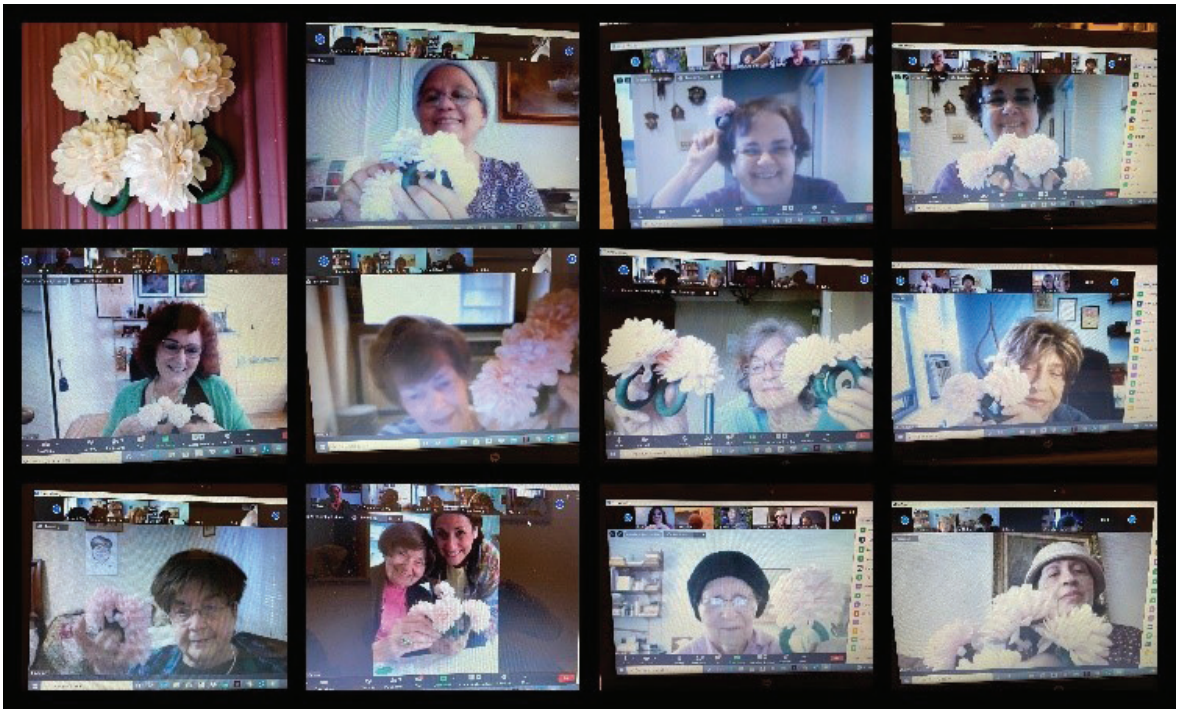
The COVID pandemic has only underscored the critical importance of community care. On the one hand, concentrating older people in institutions has been a tragic driver of the death toll of the pandemic. It has also resulted in detrimental mental health effects due to the isolation necessarily imposed upon nursing home residents during this time. Those isolating at home have fared better in terms of physical health. It has been much easier to avoid the worst effects of isolation within home-based settings, which have allowed continuing connections one-by-one in family households and via community care professionals.

Photo Credit: Richard Henry, DFTA

## Solutions: How our Vision Addresses these Challenges and Opportunities

DFTA seeks to build on the community care elements already in place in order to promote independence, self-reliance, and well-being for the aging cohort. The current Mayoral administration and the Department for the Aging envision a five-year phase-in of funding that will be used to support the growing number of older New Yorkers, most of whom wish to stay at home and in their communities. This will include:

- Expanded network of DFTA programming that is responsive to current and anticipated community needs;
- Stronger integration of NORC/senior center programs with a focus on flexibility, equity and an expansion to underserved areas;
- Improved linkages and referral pathways between services, and collaboration between providers in developing programs, including virtual;
- Expansion of the continuum of services to help support older people in the community, including case management, home delivered meals, home care, caregiver support, connectivity needs, transportation and more. With anticipated growth in the older adult population, more people living longer, and the planned increase in marketing and outreach as a result of the community care investment plan, DFTA projects an ongoing and increasing need for in-home services to ensure individuals can age-in-place;
- Pooling of resources to offer joint programming between, e.g., an OAC located near a NORC, so that OAC members and NORC residents can both benefit;
- Allowing flexibility to re-program funds so that when an OAC discovers that one type of program is particularly appealing to an under-represented group, they can shift dollars to that program from a budget center proving to be less popular than projected;
- Improving marketing and outreach to attract under-represented groups and more members and participants overall;
- Better use of transportation to reach older people isolated in "service deserts" and/or "transportation deserts" and thus unable to use center services. DFTA conducted an analysis to identify those older adults living in areas where it is difficult to connect with essential services due to lack of easy and affordable access to public transport; it is imperative to improve transportation to offer ready-access to aging services sites so that these individuals may age- in-place in their community;
- More multi-cultural programming to appeal to the interests of varied groups, including immigrants;
- Establishing better linkages with neighborhood resources such as libraries in order to build service synergies across the network of programs serving older people in a particular community; and
- Enhanced and expanded virtual programming to reach those unable to get to centers and out of their NORC apartments for on-site programming, as well as large numbers of other New Yorkers currently isolated and unconnected.




*Virtual programming offered by senior centers has helped keep older adults engaged and active throughout the pandemic. Virtual programs include book clubs, comedy workshops, arts & crafts, and fitness classes like chair yoga.*

Photo Credit: Richard Henry, DFTA

## Next-Steps in Realizing the Vision

### Model Budget.

The de Blasio administration previously made major commitments in new City funds towards the OAC program, including a "model budget", which began the process of right-sizing center contracts and eliminating inequities across the system. The final $10 million infusion of funds from this original model budget exercise will be included in the FY 2022 budget, to be dedicated to staffing and programming.

### Upcoming RFPs and New Investments.

The Department is about to release an RFP for both Older Adult Centers (OACs) and Naturally Occurring Retirement Communities (NORCs). Each provider can choose to submit a proposal for an OAC contract, a network of OACs and possibly other providers, and/or a NORC contract. As described immediately above, this RFP will emphasize the need for innovative programming and for building synergies between OACs and NORCs, as well as collaborations between those two programs on one the hand, and other resources in the neighborhood and beyond on the other. In addition, services will require language and cultural competencies that better reflect demographic changes in the older adult population.

The RFP is accompanied by a set of strategic investments to strengthen services for older New Yorkers available via older adult centers and NORCs:

1. **25 new older adult centers or NORCs.** A centerpiece of the RFP is an investment in new centers and/or NORCs in up to 25 community districts. Please see map in Attachment A for more details on the current state compared to locations where additional capacity is needed. These CDs are projected to have among the most rapid growth of the older adult population through 2030. Further, most are among those neighborhoods identified by the City as needing an infusion of resources to promote greater equity for low income, ethnically diverse, immigrant and other groups with particularly great needs.
2. **Expanded outreach.** Citywide and neighborhood-based marketing and outreach will be critical to increase service-uptake, especially amongst those most in need of services.
3. **Increased transportation options. A**s some of the CDs include service or transportation deserts, where there is a lack of subway and/or bus stops, transportation funds are being made available to connect older people to services.
4. **Strengthened staffing.** Funding for the RFP will include additional staff for the existing network of Older Adult Centers and NORCs. This will improve centers' ability to identify needs of seniors and connect them to appropriate services as they age. This includes additional funding for nurses to be on-site at NORCs multiple days per week.
5. **Optimized virtual programming.** Over the course of CY 2021, DFTA is also initiating investments in virtual programming designed to benefit all interested OAC and NORC participants as well as other older New Yorkers.

The community care vision also requires an expansion of in-home community care services beyond OAC and NORC programming to reach the diverse groups comprising the older New York City population. Strategic investments must be made to: a) create a platform for community care which is supported by an expansion of case management, homecare services, caregiver services, and several other essential programs; and b) assist the myriad of participants needing benefits counseling and other types of assistance and referrals to services such as mental health programming. The following future steps along with additional funding are needed to further build on the transformation underway as described above:

1. Increased case management budgets. (Currently, the 21 case management agencies are near, and some above, capacity.) With improved outreach and expanded OAC and NORC capacity, the demand for case management services for those who are fully or partially homebound will continue to grow;
2. Increased capacity to serve home-delivered meal clients and State-funded and City tax levy-funded EISEP home care clients due to increased demand for and availability of case management services;
3. Increased City-funded homecare average weekly hours per client to provide more intensive support needed to keep clients safely at home longer;
4. Increased caregiver support dollars to assist more caregivers in keeping their care receivers at home, a vastly less expensive form of support than institutional care;
5. Continuing investments in virtual programming over time to make vital cultural, exercise, informational and other resources available to as many older people as possible and as a key tool to reduce social isolation. Providers will be welcome to share their content through a DFTA-developed system and could retain their own separate content if they chose to do so; and
6. Devices, connectivity and TA on use of devices for accessing VP offerings, to be made available to low income, older New Yorkers.

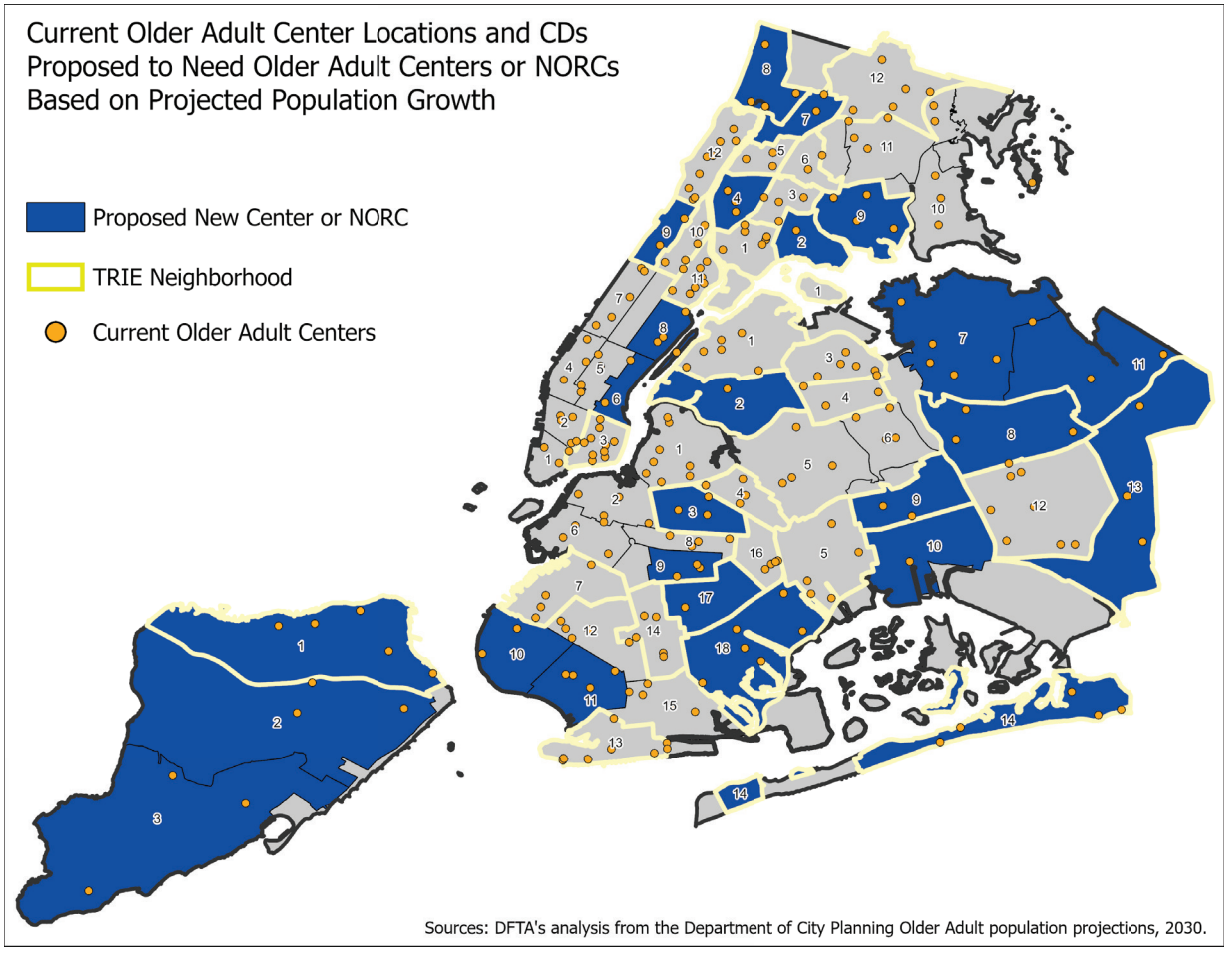
This 5-year plan will achieve the City's long-term vision of providing universal access to appropriate, high-quality community care services and supports to a growing older population. Both the RFP and the overall investment plan stress the need to deliver services in an equitable manner to those with limited resources and/or barriers to obtaining services and supports. Through DFTA's Community Care vision, all New Yorkers shall have the opportunity to age in their communities with all the positive effects of avoiding institutionalization.

### Why Now?

The last RFP for older adult centers was released about a decade ago, and eight years ago for the NORC program. Since that time, both programs have faced a wide range of shifting demographic and other trends, as mentioned previously. Concurrently, in New York City and globally, there has been a technological revolution. In short, the world of older New Yorkers has changed a great deal and by all indications will continue to change, and technologies such as virtual programming are transforming the ability of government and non-profits to help New Yorkers remain healthy and at home. It is critical to transform both OAC and NORC programs, as well as all community care services, in order to better meet the current and projected needs of older adults and local communities. As the City emerges from the unprecedented challenges of COVID, the new RFP and investments in services for older adults will position New York City to come back stronger than ever.

## Attachment A: Map of Current State of DFTA Centers and Future Need

The map below provides the location of current DFTA-funded older adult centers, and Community Districts (CDs) where new centers and/or NORCs are being considered. In addition, highlighted CDs include neighborhoods identified by the Taskforce on Racial Inclusion & Equity (TRIE) as needing an infusion of resources to promote greater equity for low income, ethnically diverse, immigrant and other groups with particularly great needs.



## Attachment B: Citations

1 https://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf

2 Studies include: (a) Kowlessar N, Robinson K, & Schur C (2015, September), New Research Brief: Older Americans Benefit from Older Americans Act Nutrition Programs: https://acl.gov/sites/default/files/programs/2016-11/AoA-Research-Brief-8-2015.pdf; (b) Kim K and Frongillo EA, Participation in food assistance programs modifies the relation of food insecurity with weight and depression in elders. J Nutr. 2007;137(4):1005–10; (c) Thomas KS, Akobundu U, & Dosa D (2015), More Than A Meal? A Randomized Control Trial Comparing the Effects of Home-Delivered Meals Programs on Participants' Feelings of Loneliness, The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 71(6), 1049-1058; (d) Gibbs S and Herr A (2018, April), Providing Home- and Community-Based Nutrition Services to Low-Income Older Adults: Promising Health Plan Practices: https://www.chcs.org/resource/providing-home-community-based-nutrition-services-low-income-older-adults-promising-health-plan-practices/; (e) Rantz M, Popejoy LL, Galambos C, Phillips LJ, Lane KR, Marek KD, et al. The continued success of registered nurse care coordination in a state evaluation of aging in place in senior housing. Nurse Outlook. 2014; 62(4):237–46: https://www.academia.edu/13944526/The_continued_success_of_registered_nurse_care_coordination_in_a_state_evaluation_of_aging_in_place_in_senior_housing; and (f) Manoj Pardasani and Cathy Berkman (June 2017). "Senior Center Evaluation: Final Report": https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/SeniorCenterStudy2017.pdf.

3 Studies include: (a) Tilly (June 2016), Promoting Community Living for Older Adults Who Need Long-term Services and Support, Center for Policy & Evaluation, Administration for Community Living: https://acl.gov/sites/default/files/triage/Issue-Brief-Promoting-Community-Living.pdf; (b) Brewster et al (2018), Cross-Sectoral Partnerships By Area Agencies On Aging: Associations With Health Care Use And Spending. Health Affairs, 37: https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2018/01/Health-Affairs-article_AAAsHC-Outcomes_2018.pdf; (c) Shier et al (2013), Strong Social Support Services, such as Transportation and Help for Caregivers, Can Lead to Lower Health Care Use and Costs, Health Affairs 32 (3): https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.0170. (d) Zielinskie, et al (2017). Access to Public Benefits among Dual Eligible Seniors Reduces Risk of Nursing Home and Hospital Admission and Cuts Costs: https://nutritionandaging.org/access-to-public-benefi-ts-among-ddual-eligible-seniors-reduces-risk-of-nursing-home-and-hospital-admission-and-cuts-costs/; (e) Thomas KS & Mor V (2012), The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents. Health Services Research, 48(3), 1215-1226.

4 Based on NYS Department of Health Nursing Home Profile December 2020 data: https://health.data.ny.gov/Health/Nursing-Home-Profile/dypu-nabu

5 Accessible at: https://www1.nyc.gov/site/dfta/news-reports/guide_to_community_and_neighborhood_resources.page

6 https://nyspltc.health.ny.gov/rates.htm