

Appendix A

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Methods

In July 2025, the NYC Department for the Aging (NYC Aging) released *The State of Older New Yorkers*, a report on the findings from the Service Needs Assessment (SNA). The SNA garnered 8,600 responses from older New Yorkers and caregivers across the city. For information on background, methods, and any additional findings, please see the 2025 State of Older New Yorkers.

Survey Development:

The questionnaire and methodology were designed by the Research & Program Evaluation unit in the Planning & Strategic Initiatives Bureau of the NYC Department for the Aging (NYC Aging), with guidance from programmatic staff and senior leadership. The development of the questionnaire included a process of carefully selecting topic areas that were aligned with NYC Aging priorities (including program development and advocacy), could not be obtained in other ways, and minimized the time required to complete the survey.

The questionnaire included 48 questions and took around 20 minutes to complete. Caregivers under 60 who qualified for the study (i.e., cared for an older adult who lived in New York City) were only asked a smaller subset of questions. Main domains captured within the questionnaire include:

- Demographics
- Caregiving
- Social isolation & mental health
- Technology
- Housing
- Food & financial insecurity
- Knowledge and use of aging services
- Discrimination, elder abuse, & elder crime
- Health and safety
- Health care, screenings, & vaccines

For a full list of survey questions, check [Methods & Full Data](#) webpage.

Data Collection

A total of 8,600 surveys were obtained through online and in-person outreach activities from May 2024 to September 2024. Online surveys were completed in Qualtrics, a survey software. Outreach of the survey was done by posting on NYC Aging’s website and social media, as well as amplifying broadly throughout New York City by public officials, NYC Aging-contracted agencies, member agencies of the NYC Cabinet for Older New Yorkers, and other external partnerships. The questionnaire was translated into 10 languages (Spanish, Chinese, Russian, Korean, Arabic, Haitian Creole, Bengali, Polish, French, and Urdu) to reflect the diversity of New York City and in accordance with [Local Law 30 of 2017](#).¹

NYC Aging staff and volunteers attended over 50 events to obtain hard copy questionnaires. Community events included participation in health fairs, libraries, houses of worship, town halls, NYC Parks Department recreation centers, and multiple large-scale NYC Aging events held during the data collection time period. As a result of outreach efforts and the support of our provider network, 21.5% of the sample completed the questionnaire in hard copy. In order to obtain surveys from homebound older adults, many of the case management agencies that NYC Aging contracts with sent out hard copy questionnaires to their clients, which were then mailed back for data entry. Moreover, NYC Aging worked with New York Cares, an organization that recruits volunteers to assist with New York City focused projects. Through this partnership, 106 surveys were completed over the phone with homebound older adult clients of NYC Aging’s case management agencies.

1 <https://www.nyc.gov/site/trie/about/neighborhoods.page>

2 NYC Taskforce on Racial Inclusion & Equity. Neighborhoods. Retrieved June 16, 2025, from <https://www.nyc.gov/site/trie/about/neighborhoods.page>

Focused Community Outreach:

New York City has 59 community boards (also known as Community Districts or “CDs”), representing geographic areas within the city; 14 of these Community Districts (at least 2 per borough) were identified for focused community outreach. These CDs all included a large proportion of older adults residing in the district but a smaller-than-anticipated proportion of older adults receiving services through NYC Aging. Factors to ensure race/ethnicity, income, and geographic diversity were also considered in identifying these 14 CDs. Additionally, 10 of the 14 areas were identified by the Taskforce on Racial Inclusion & Equity (NYC TRIE) as having a high percentage of health and socioeconomic disparities, as well as being highly impacted by COVID-19.² The Community Districts/CDs identified on the next page in Table 1.

Privacy and Survey Incentives:

Individuals were informed that participation in the survey was voluntary, that answers to the questions were confidential and anonymous (unless they chose to provide contact information to enter the gift card drawing), and that they could skip any questions that they didn’t want to answer without consequence.

Through the Community Compensation Fund (CCF)—a partnership between the Mayor’s Office for Economic Opportunity (NYC Opportunity), the City University of New York (CUNY), and ideas42—we received fifty \$50 gift cards to distribute via a random drawing. Participants who wished to be entered into the drawing provided their names and addresses so winners could receive gift cards through the mail. Winners were randomly selected once data collection was complete. All contact information was kept confidential and separate from survey responses and only used for purposes of the drawing.

Table 1. Priority Community Districts

Borough	Community Districts (CD)
Brooklyn	CD 11 Bensonhurst CD 16 Brownsville/Ocean Hill CD 18 Canarsie
Bronx	CD 9 Soundview/Parkchester CD 12 Eastchester
Manhattan	CD 7 Upper West Side CD 8 Upper East Side CD 12 Washington Heights/Inwood
Queens	CD 7 Flushing/Whitestone CD 9 Kew Gardens/Woodhaven CD 12 Jamaica CD 13 Queens Village
Staten Island	CD 1 North Island CD 3 South Island

Data Entry & Data Cleaning

A total of 15,245 survey responses were initially received over the course of the data collection period. However, because the online survey was public facing, nearly half of the online responses were determined to have been completed by “bots” (computer programs coded to respond randomly to online surveys) and not by actual people. After removing 6,133 “bot” responses and 521 duplicate or ineligible responses, 8,600 responses remained and were used in data analysis. For similar surveys conducted in the future, it is recommended to utilize bot protection technology.

The breadth of survey responses, highlighting the geographic and demographic diversity reflected of NYC older adults, showcases the strength of the data collection process used. However, as with any survey, some participant demographics are less representative than others. In particular, responses from Hispanic/Latino participants, individuals residing in Brooklyn, and individuals identifying as male were generally less representative than the broader NYC older adult community. As a result, and in order to generalize these results to the broader population of older adults in NYC, a weighting strategy was utilized.

Survey Data Weighting

Weighting is undertaken to ensure that results can be generalized to the broader population, in this case individuals 60+ living in NYC. This is done by comparing the demographics of our dataset to national largescale datasets. However, one cannot infer the results of this survey to the broader population of caregivers in NYC as there is no comparable dataset. The process of weighting included comparing survey results to the American Community Survey 2017-2021 PUMS 5-year estimates with group quarters removed. The demographics used for weighting were age, gender, race/ethnicity, and borough. Weights were then calculated using an iterative proportional fitting (or raking) methodology. The results can be found on the next page in Table 2.

Table 2. Weighting Scheme for NYC Aging Service Needs Assessment

		Unweighted	Weighted	NYC Older Adult (60+) Population Target
Age	60-64	20.7%	28.1%	28.2%
	65-74	44.9%	41.8%	41.8%
	75-84	26.5%	21.2%	21.1%
	85+	7.9%	8.9%	8.9%
Sex ¹	Male	23.6%	43.2%	42.9%
	Female	76.4%	56.8%	57.1%
Borough	Manhattan	29.5%	20.6%	20.6%
	Brooklyn	23.7%	29.2%	29.2%
	Queens	28.2%	29.3%	29.4%
	Bronx	12.1%	14.5%	14.5%
	Staten Island	6.5%	6.4%	6.4%
Race/Ethnicity (mutually exclusive)	Asian alone	15.60%	14.0%	13.9%
	Black or African American alone	24.10%	21.4%	21.3%
	White alone	38.60%	38.8%	39.0%
	Hispanic alone	17.20%	22.8%	22.7%
	Other (e.g., some other race, two or more races, etc.)	4.50%	3.0%	3.1%

¹ 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.

Questions Used to Identify Caregivers

Due to research indicating that people providing informal caregiving duties may not identify as caregivers, 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.

- **Question 9:** Are you currently a caregiver for a family member, friend, neighbor (providing financial, physical, emotional support)?
- **Question 10:** Do you often spend time assisting others with any of the following activities?
- **Question 11:** Who do you provide assistance to?
- **Question 12:** On average, how often do you provide assistance?
- **Question 13:** How much do you estimate that it costs you per month to provide care, estimating both direct costs and costs as a result of loss in wages?

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