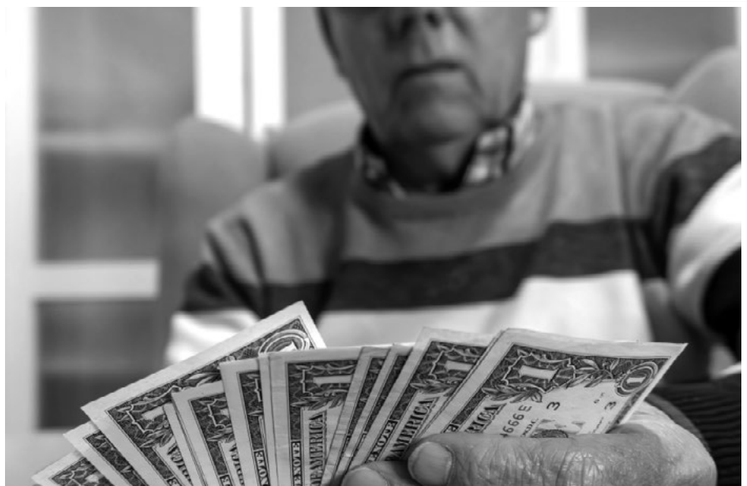
# What the Data Demands:

## Findings from Older New Yorkers' Financial Security



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# Executive Summary

In July 2025, the NYC Department for the Aging (NYC Aging) released The State of Older New Yorkers,[1] a report showing the findings from the citywide service needs assessment (SNA). The survey garnered 8,600 responses from older New Yorkers and caregivers.  In addition to the State of Older New Yorkers, NYC Aging is releasing a series of issue papers that provide deeper exploration and analysis of the survey results related to specific topics; this issue paper focuses on economic insecurity among older adults across four dimensions: food insecurity, housing instability, employment barriers, and financial strain.

## Findings

The SNA study of older adults in New York City revealed significant demographic disparities across food insecurity, housing instability, employment barriers, and financial strain. Some of the specific findings include:

***Financial Security.*** Over 40% of older adults reported trouble paying at least one regular bill.

- The younger cohorts (ages 60 – 74), non-white older adults, and caregivers are more likely to struggle in paying at least one bill.
- Older adults who experienced age discrimination were more likely to report trouble paying at least one regular bill (almost 58%).
- Older adults who report any affordability issues are significantly more likely to be socially isolated, lonely, have mental health needs, have sensory and/or physical impairments, and/or to report discrimination and/or elder abuse.

***Food Insecurity.*** Approximately 30% of older adults reported difficulty or an outright inability to purchase affordable, healthy food in their communities.

- The younger cohorts (ages 60 – 74) and non-white older adults (especially Black, 37%, and Hispanic, 43%) are more likely to struggle with food insecurity in NYC.
- Older adults who have attended an OAC (24%) in the last year are less likely to report food insecurity than those adults who have not attended (35%).

***Housing Insecurity.*** More than 1 in 4 older adults indicated that they do not have stable housing.

- The younger cohorts (ages 60 – 74), non-white older adults, and caregivers are more likely to struggle with housing insecurity in NYC.
- Older adult victims of elder abuse (51%) and crime (37%) are less likely to have stable housing. Additionally, older adults who experienced age discrimination were also less likely to have stable housing (42%).
- Older adults who serve as caregivers are more likely to report housing instability (30%) than non-caregivers, underscoring the financial and practical strains of providing care.

***Impact of Employment.*** Approximately 30.6% of older adult respondents were employed, nearly one in five were not in workforce due to factors beyond their control (including individuals seeking work, disability, or retired not by choice), and 49% were retired by choice.

- Non-white older adults were more likely to be unemployed, but not by choice, compared to White older adults.
- Those who self-identify as caregivers have a substantially higher employment rate, a lower voluntary retirement rate, and a modestly higher involuntary retirement rate.
- Those who have experienced age discrimination show a significantly higher employment rate, a dramatically lower voluntary retirement rate, and a substantially elevated involuntary retirement rate. These findings illuminate how age discrimination creates a double bind: some victims cannot afford to retire when they wish, while others are forced out before they're ready.

The findings reveal that these challenges affect distinct but overlapping populations, with the highest risks concentrated among a younger cohort of older adults (ages 60-74), racial and ethnic minorities, and residents of the Bronx. Hispanic/Latino, Black, and Asian older adults were disproportionately represented in food insecurity and housing instability, while White older adults faced more employment barriers. Those individuals earning less than $60,000 annually expectedly face acute affordability crises, which are then compounded by other vulnerabilities such as mental health problems, social isolation, and lack of healthcare access. This highlights the high cost of living in New York City for older adults among various affordability dimensions. These findings underscore that economic insecurity in later life stems from intersecting vulnerabilities related to age, geography, race, gender, and income, requiring comprehensive, culturally tailored interventions that address both immediate needs and structural inequities affecting older adults' economic well-being.

## Next Steps

Additional work is still needed to continue to address both immediate needs and structural inequities. This includes comprehensive policy interventions (such as protecting and expanding SNAP enrollment), promoting older adult nutrition programs, and accessible and affordable housing development; expanding pathways to preserve tenancy for older adults at-risk of eviction (e.g., housing subsidies), in addition to strengthening rental assistance like the Senior Citizen Rent Increase Exemption (SCRIE) benefit; enhancing Social Security and SSI benefits with geographic cost-of-living adjustments; combating age and racial discrimination in employment; and implementing systemic reforms like universal pension coverage and culturally tailored services for diverse communities.

Stakeholder input has also identified potential themes of future direction: improve digital literacy, increase community hiring and sector-specific training pathways, promote and reimagine existing meal service programs, strengthen coordination and reduce duplication across systems and funding partners; expand and increase housing supply and prevention services; and increase awareness, outreach, and anti-ageism efforts. Only through this dual approach—meeting urgent survival needs while tackling root causes through strengthened retirement security, universal healthcare access, and elimination of discrimination—can we ensure dignity and economic stability for all older adults.

# Introduction

In July 2025, the NYC Department for the Aging (NYC Aging) released “The State of Older New Yorkers,” a comprehensive service needs assessment based on 8,600 responses from older adults and caregivers across all five boroughs. The report examines critical areas including sociodemographic characteristics, quality of life, health and well-being, experiences of mistreatment and discrimination, caregiving, technology use, and awareness of aging services. For complete background information, methodology, and additional findings, please refer to the 2025 State of Older New Yorkers.

Building on this foundation, NYC Aging is releasing a series of issue papers that dive deeper into specific challenges facing older New Yorkers. This issue paper focuses on **affordability**—examining food insecurity, housing instability, employment barriers, and financial insecurity. These interconnected issues don’t just impact individual well-being; research shows they lead to adverse physical and mental health outcomes, limit workforce participation and advancement, and drive-up healthcare costs across our city (Memmott, 2025; Shin et al., 2025). By understanding and addressing these affordability challenges, we’re taking essential steps toward building a healthier, more equitable, and truly age-inclusive New York City.

## 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.[2] The demographics for the full sample of older adult respondents are included in the original report.[3] Table 1 in the appendix provides the weighted demographic information for only those older adult respondents who indicated experiencing food insecurity, episodes of housing instability, employment barriers, and/or financial insecurity.

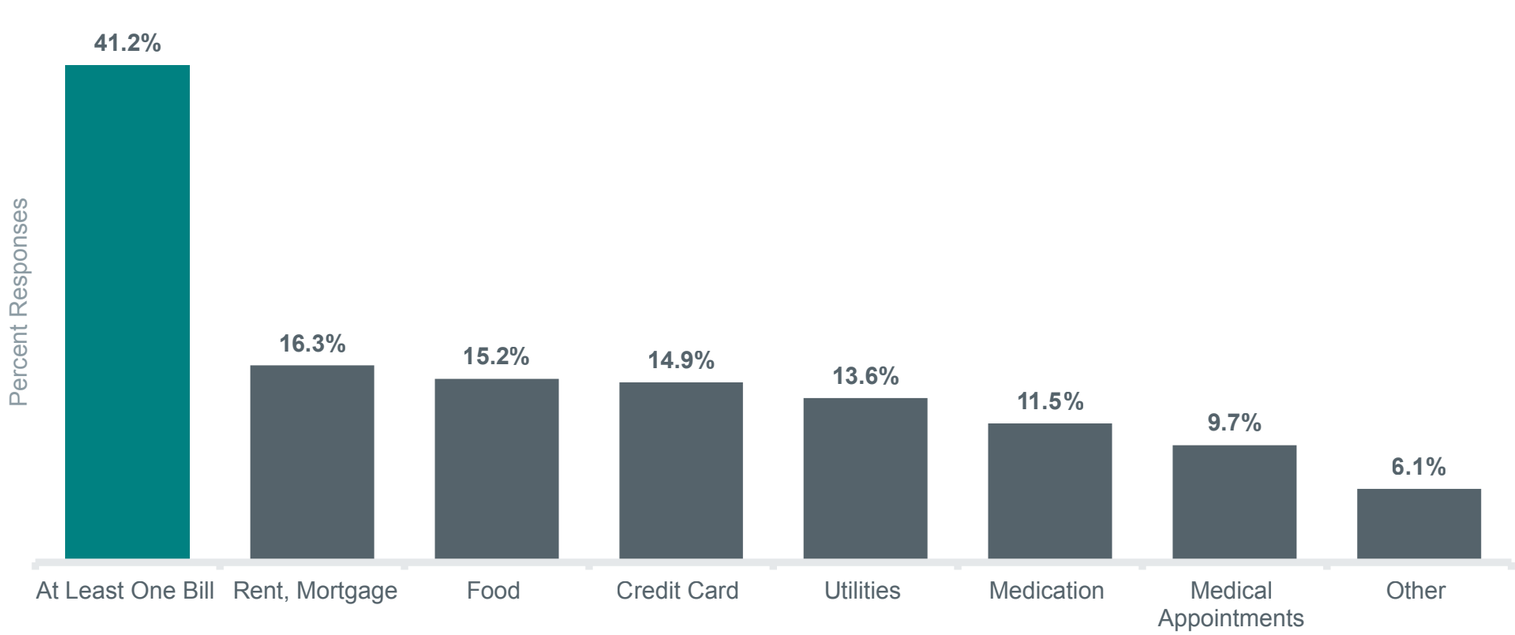
# Affordability Survey Results [4]

## 1.0 Financial Insecurity

Overall, 41.2% of older adults report having trouble paying at least one bill, indicating that financial strain is a reality for a substantial portion of this population. Paying for basic necessities, such as shelter and food, represent the greatest challenges for older adults, with 16.3% of older adults having difficulty paying for housing followed closely by difficulty paying for food (15.2%). Difficulties in addressing these basic needs represent a serious concern for health and well-being. Many older adults struggle with credit card payments and have difficulty paying utility bills, which affects essential services. Additionally, some face challenges affording medications, while others struggle with medical appointment costs. The 6.1% reporting difficulty with “other” bills suggests additional financial pressures beyond these major categories, such as transportation costs, communication services, insurance premiums, or other obligations.

The breadth of payment difficulties across categories reveals that financial insecurity among older adults is not confined to a single type of expense but reflects insufficient income relative to the full spectrum of living costs.

**Figure 1.0 Older Adults reporting trouble paying bills**




*Note: Participants could select more than one response

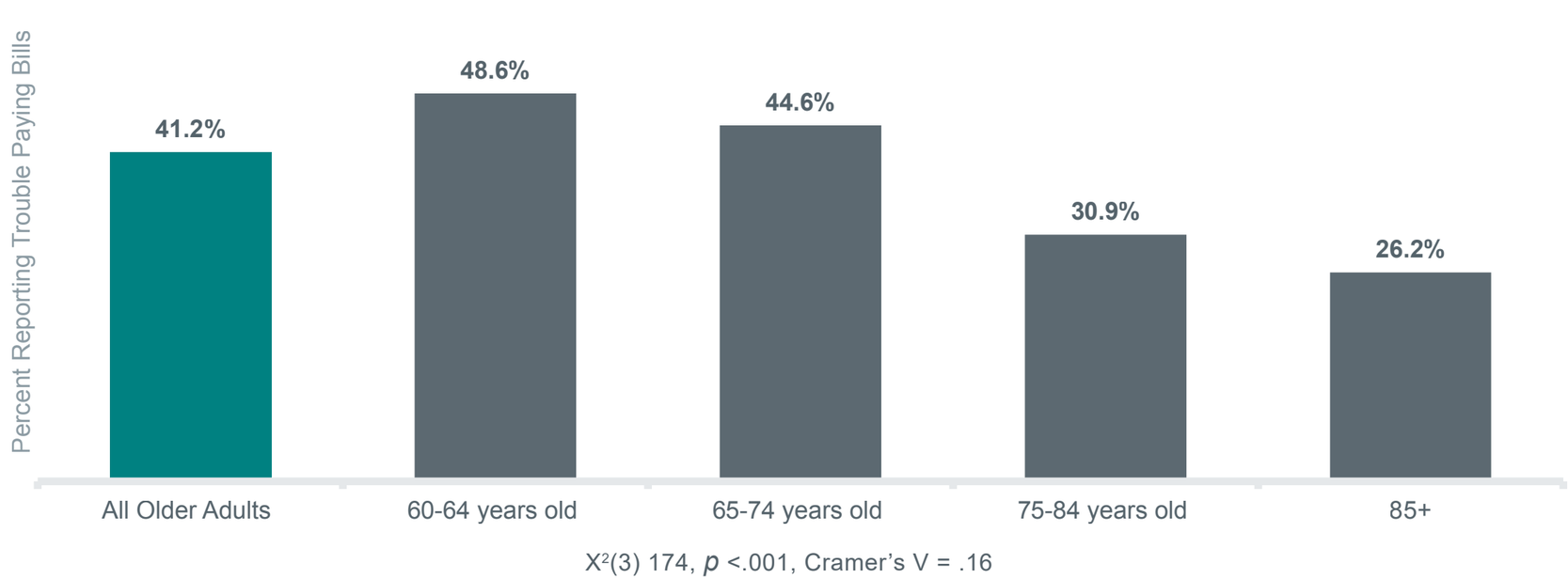
## Sociodemographic Differences:

While the likelihood of trouble paying bills did not meaningfully vary across gender or borough, it did vary by age, race/ethnicity, and income.

***Trouble paying bills and Age*.** The youngest group of older adults, those aged 60-64, experience the highest rate of trouble paying bills at 48.6%, nearly half of this age group and substantially above the overall citywide average of 41.2%. This elevated financial strain likely reflects the precarious economic position of these individuals.

Financial difficulties remain elevated at 44.6% among those aged 65-74, still notably above the overall average. While the decline from the 60-64 age group suggests some stabilization after Medicare eligibility at 65 and access to full Social Security benefits, the persistently high rate indicates constant financial challenges. Financial difficulties drop to 30.9% among those aged 75-84 and further decline to 26.2% among those 85 and older. The fact that, even among the oldest group (85+), more than one in four still report trouble paying bills indicates that financial insecurity persists throughout older adulthood for a substantial minority. From a policy perspective, these findings point to the urgent need for targeted interventions for adults in their 60s and early 70s, a period when financial vulnerability is highest. Programs addressing the income gap between early retirement and full benefit eligibility, healthcare cost assistance for those under 65, and employment protections against age discrimination could help reduce financial insecurity during this critical transition period.

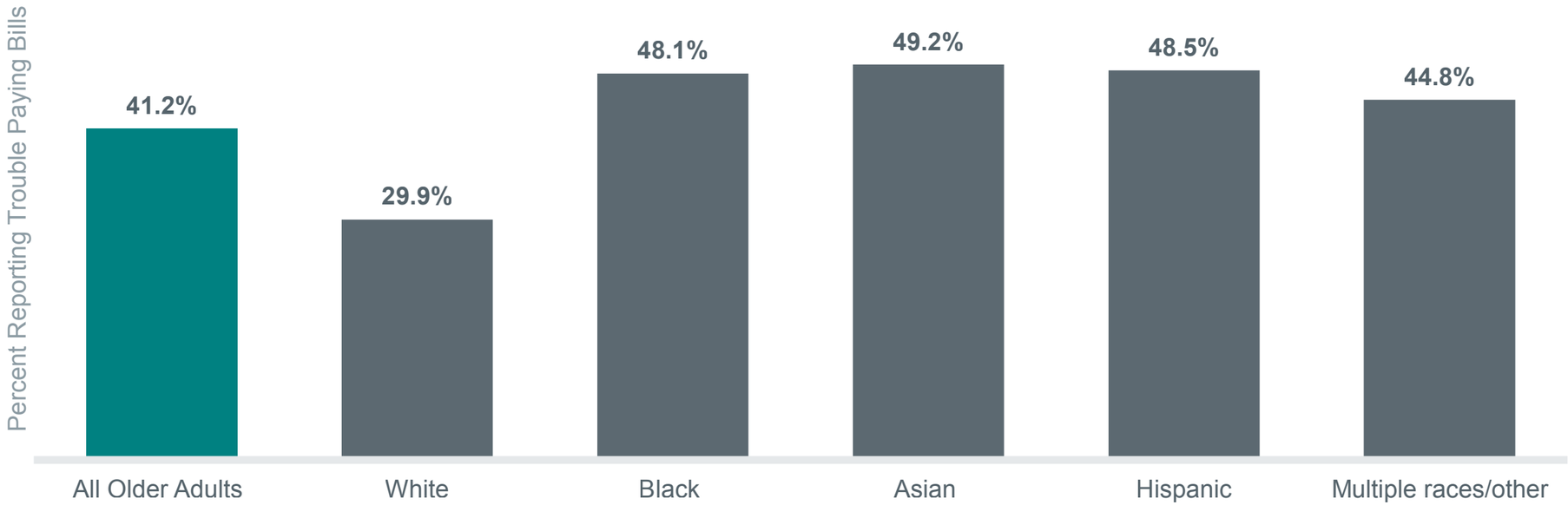
**Figure 1.1 Older Adults report experiencing Financial Insecurity by Age**




$X^2(3)$ 174, $p$ <.001, Cramer's V = .16

***Trouble paying bills and Race/Ethnicity.*** The data reveal substantial racial and ethnic disparities in financial security among older adults. White older adults report trouble paying bills at a rate of 29.9%—the lowest among all groups and notably below the overall citywide rate of 41.2%. In stark contrast, roughly, 50% of older adults from diverse racial backgrounds, including Asian, Hispanic, Black, and those from multiple races/other, are facing financial insecurity. This means that roughly half of older adults of color face difficulty paying bills, compared to less than one-third of White older adults. These differences represent fundamentally different economic realities across racial and ethnic groups in later life.

**Figure 1.2 Older Adults report experiencing Financial Insecurity by Race/Ethnicity**

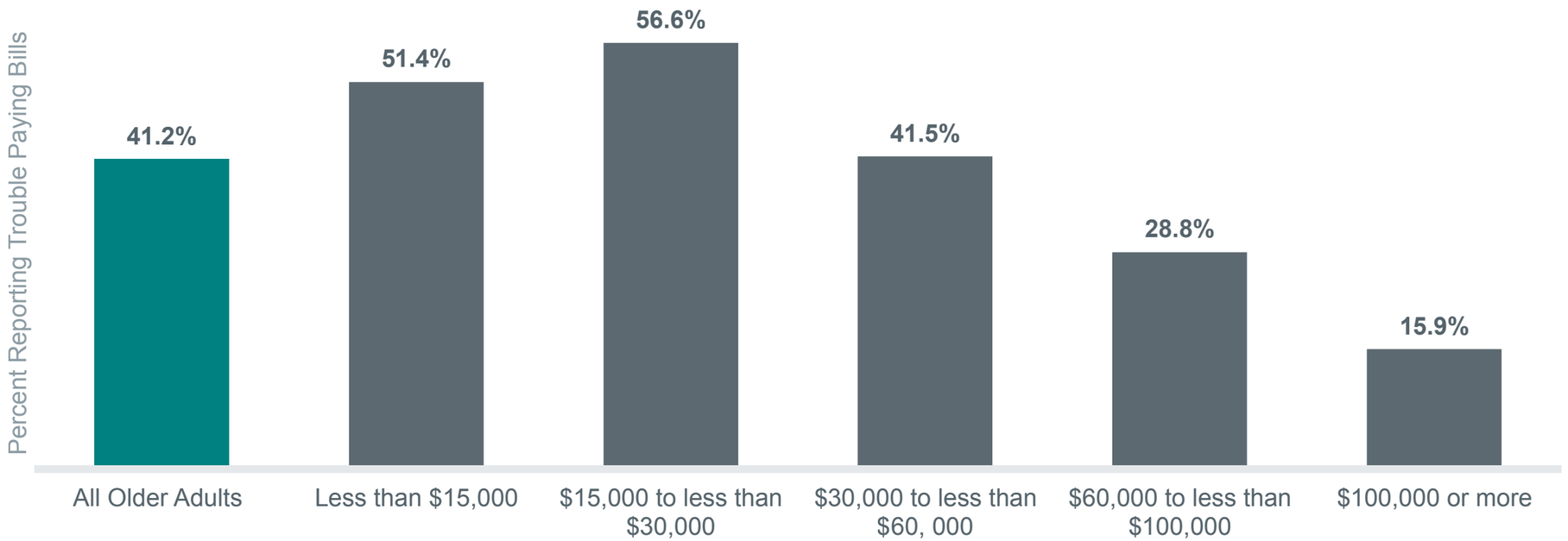



$X^2(4) = 225$, $p < .001$, Cramer's V = .18

***Trouble paying bills and Individual Annual Income.*** When looking at all results by income, it is important to emphasize that individuals reported annual individual income and not household income. The data reveal an expected inverse relationship between individual income and financial insecurity. Older adults with incomes under $15,000 often struggle to pay bills. This difficulty increases for those earning between $15,000 and $30,000, then decreases as income rises. The trend continues: fewer payment issues among those earning up to $60,000, and the lowest rates are found among those earning $100,000 or more.

The 40.7 percentage gap between the highest and lowest income groups is a striking fourfold difference. Notably, the highest financial insecurity rate (56.6%) occurs not at the lowest income level but in the $15,000 to $30,000 bracket. This finding likely reflects a "benefits cliff"[5] where individuals in this income range may earn too much to qualify for certain means-tested benefits—such as Supplemental Security Income, Medicaid, or subsidized housing—yet have insufficient income to meet their needs without assistance. This creates a zone of particular vulnerability where income marginally exceeds poverty thresholds, but higher earnings result in benefit losses that leave households financially worse off. Those earning under $15,000 may have greater access to safety net programs that partially buffer financial strain.

**Figure 1.3 Older Adults report experiencing Financial Insecurity by Annual Individual Income**



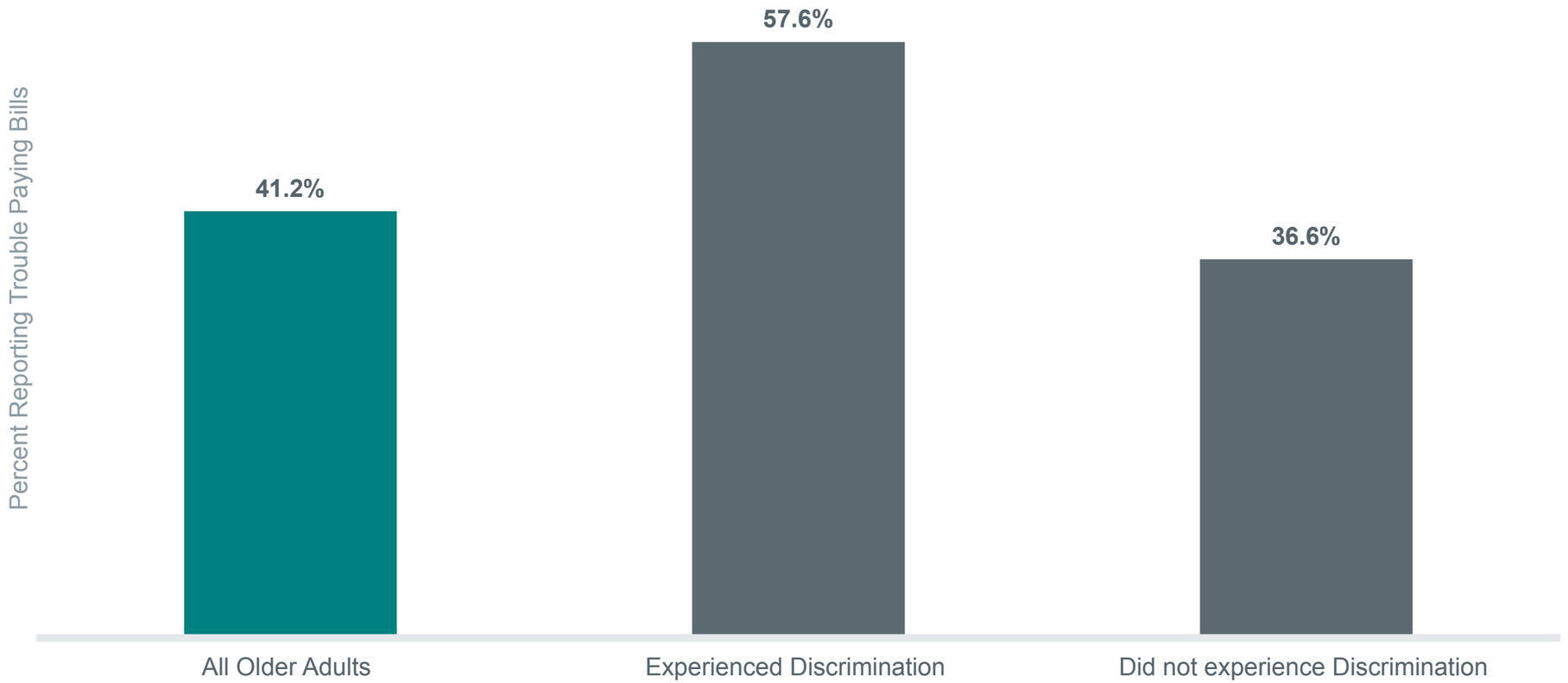

$X^2(4) = 460$, $p <. 001$, Cramer's V = .27

## Needs Related to Aging-in-Place:

The likelihood of indicating being financial insecure was also significantly associated with several variables related to older adults' ability to age-in-place and overall wellness, including experiencing age discrimination, having impairments or mental health issues, or experiencing accessibility issues within the home.

***Trouble paying bills and age discrimination.*** Figure 1.4 reveals a significant association between age discrimination experiences and financial insecurity among older adults, with those reporting financial insecurity substantially more likely to report age discrimination. The data show that 57.6% of older adults who experienced discrimination experienced financial insecurity, compared to just 36.6% of those who did not experience discrimination—a difference of 21 percent. Those who experienced discrimination exceeded the overall baseline of 41.2% for all older adults, that showed a particularly elevated rate of financial vulnerability.

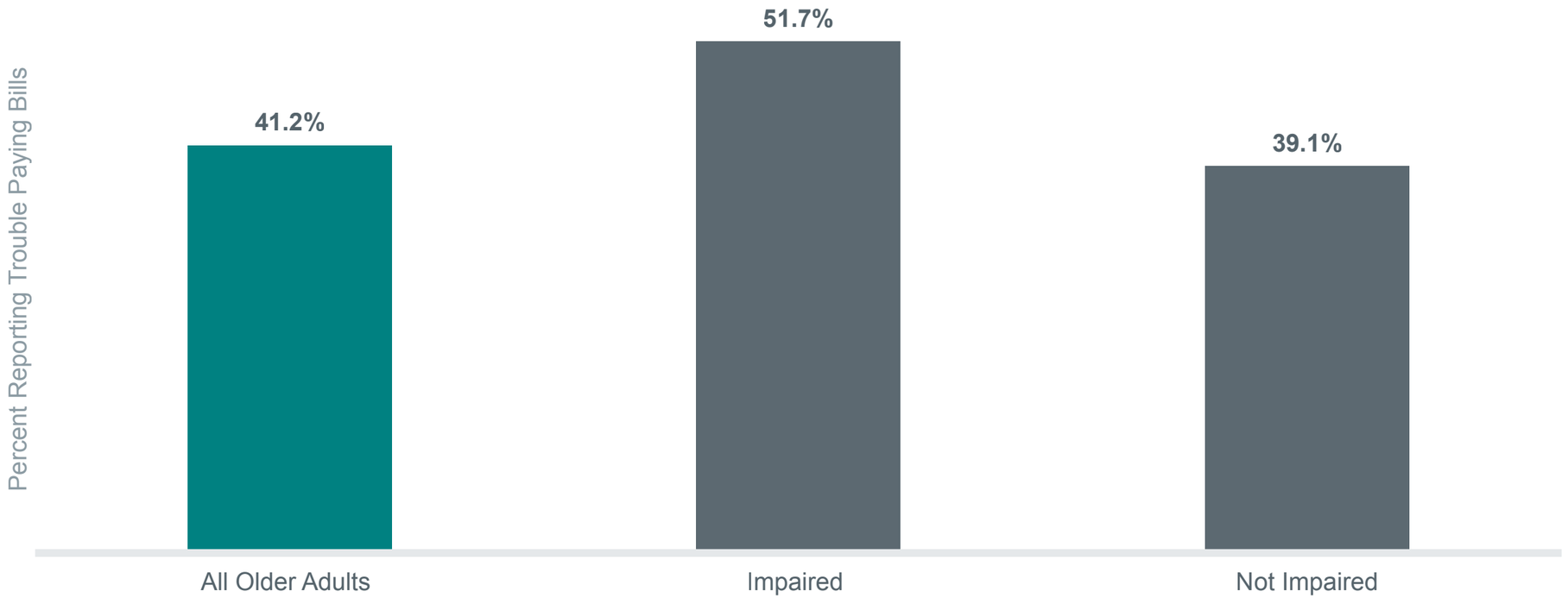
**Figure 1.4 Older Adults Report Experiencing Financial Insecurity and Age Discrimination**




$X^2(1) = 207$, $p < .001$, Cramer's V = .17

***Trouble paying bills and Physical/Sensory Impairment.*** Figure 1.5 illustrates a relationship between physical or sensory impairment and financial insecurity among older adults ($p < .001$). Older adults with physical or sensory impairments face notably elevated economic vulnerability, with more than half reporting trouble paying bills compared to 39% of those without impairments – a difference of 12.6 percent.

**Figure 1.5 Older Adults Report Experiencing Financial Insecurity and Physical/Sensory Impairment**

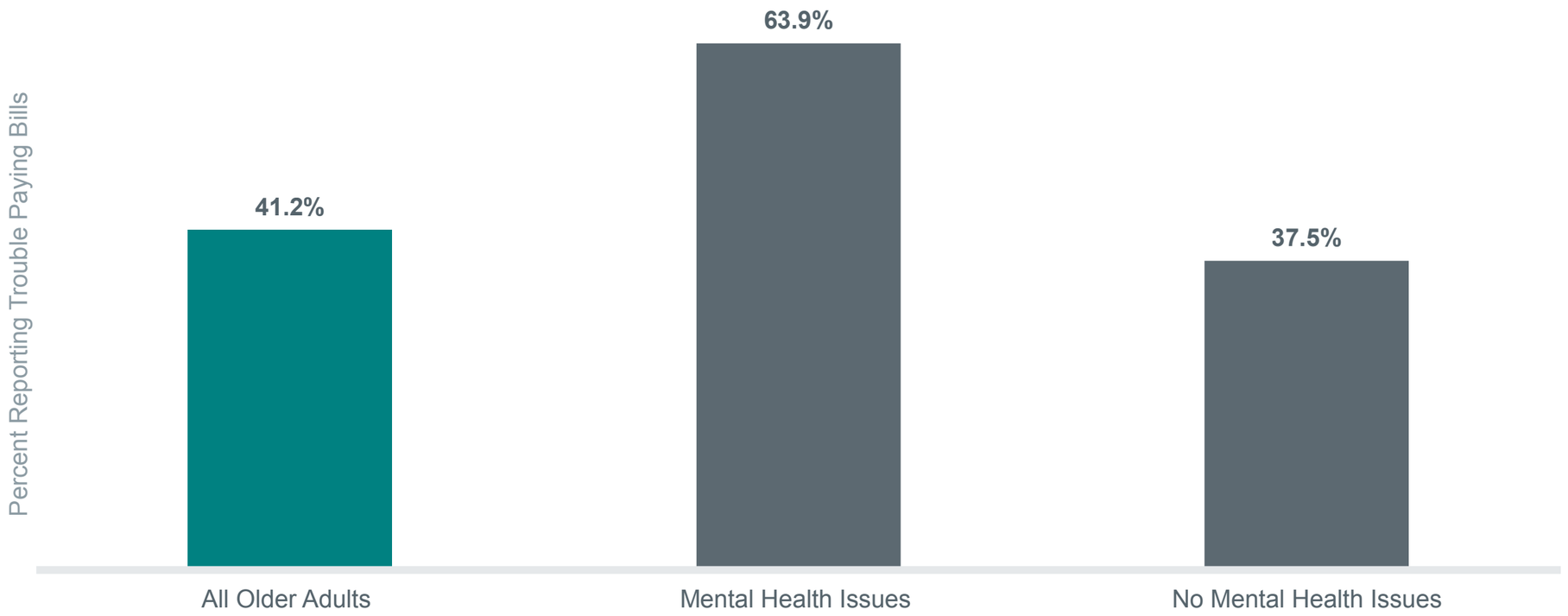



$X^2(1) = 60$, $p < .001$, Cramer's V = .11

***Trouble paying bills and Mental Health.*** Figure 1.6 shows a notable relationship between mental health problems and financial insecurity in older adults ($p < .001$). Older adults reporting mental health challenges, specifically with depression and/or anxiety, report significantly higher levels of financial insecurity. Almost 64% of older adults with mental health issues reported trouble paying bills, compared to 37.5% of those without mental health issues. This more than 26 percent difference represents an increased risk, with nearly two-thirds of older adults with mental health conditions struggling with bill payment compared to just over one-third of those without. The overall rate for all older adults is 41.2%.

The fact that almost two-thirds of older adults with mental health challenges experience financial insecurity likely indicates the pervasive impact that financial security has on one's health and wellbeing. As this relationship does not indicate causation, it may also point to the possibility that individuals with mental health challenges may have a reduced capacity to navigate complex benefit systems, and/or advocate for financial assistance, which could help with the ability to pay one's bills.[6]

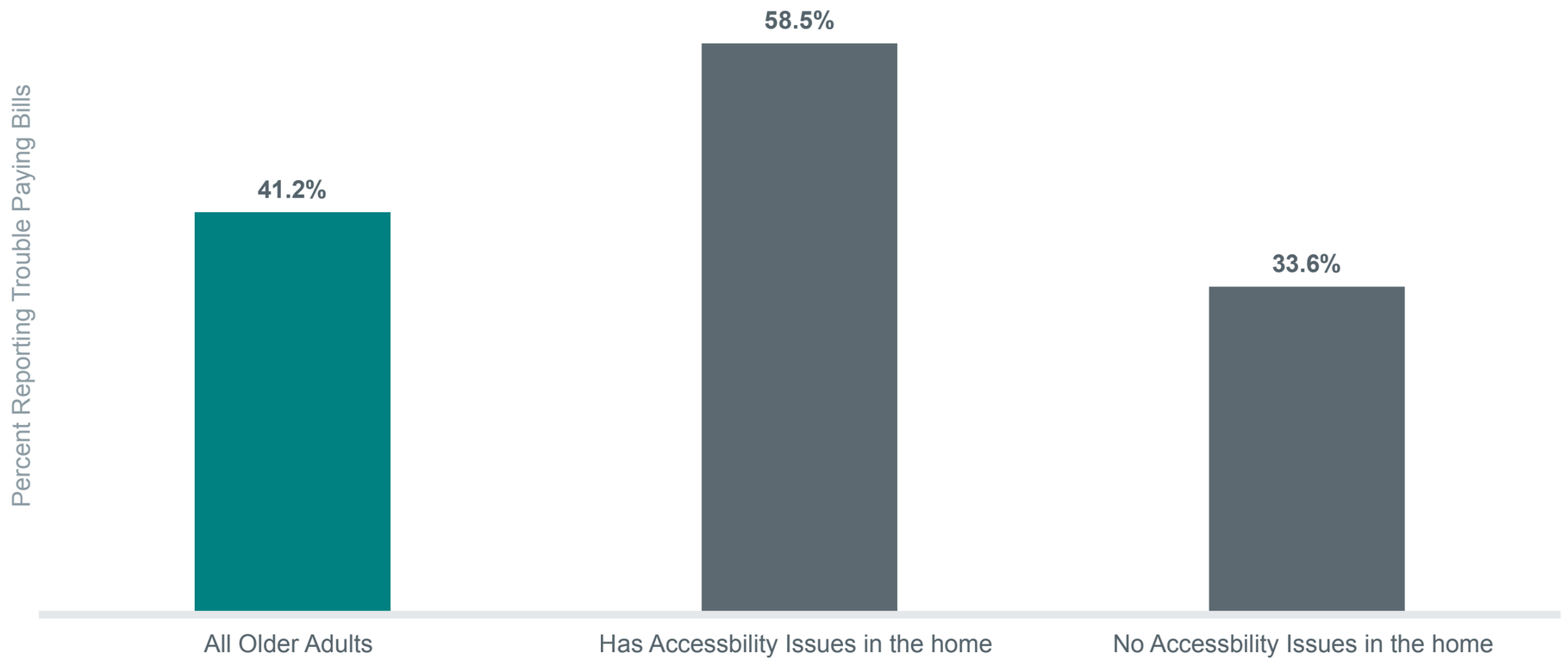
**Figure 1.6 Older Adults Report Experiencing Financial Insecurity and Mental Health**




$X^2(1) = 175$, $p < .001$, Cramer's V = .20

***Trouble paying bills and Accessibility Issues in the home.*** Figure 1.7 illustrates a notable connection between problems with home accessibility and financial insecurity in older adults ($p < .001$). Data reveal that 58.5% of older adults with accessibility issues in their homes have trouble paying bills, compared to just 33.6% of those without such issues—a substantial difference of 24.9 percent.

**Figure 1.7 Older Adults Report Experiencing Financial Insecurity and Accessibility Issues in the home**

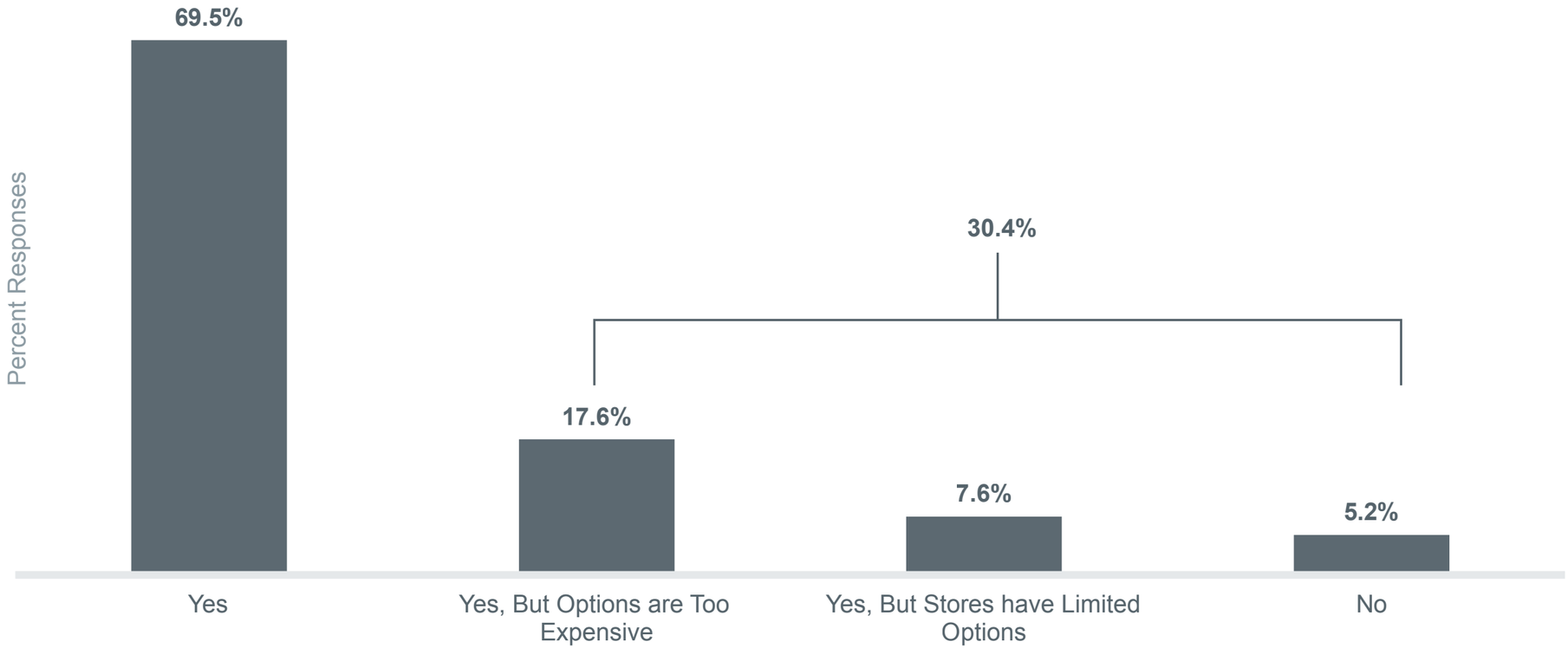



$X^2(1) = 364$, $p < .001$, Cramer's V = .233

## 2.0 Food Insecurity

The data show that while a substantial majority (69.5%) report having access to stores selling healthy food, nearly one-third of respondents face barriers to accessing such stores. The 30.4% experiencing limitations break down into three distinct challenges: cost barriers (17.6%), limited store options (7.6%), and complete absence of healthy food retailers (5.2%). The importance of cost as a barrier highlights how healthy eating intersects with economic inequality.

**Figure 2.0 Older Adults' Ability to Purchase Healthy Food**

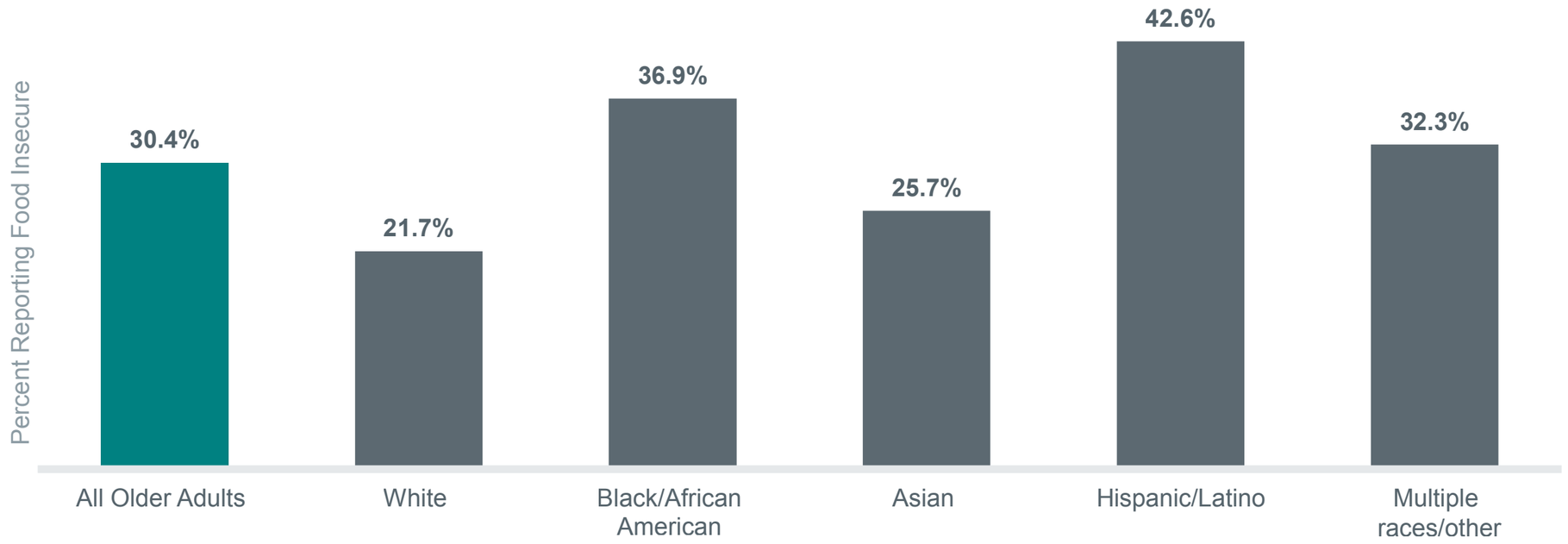


## Sociodemographic Differences:

While the likelihood of food insecurity did not meaningfully vary across age, gender or borough, it did vary by race/ethnicity and income.

***Food Insecurity and Race and Ethnicity.*** While nearly one in three older adults experience challenges in accessing adequate food, this overall figure masks considerable variation across racial and ethnic groups, with rates ranging from 21.7% to 42.6%. Hispanic/Latino older adults face the highest burden at 42.6%, meaning more than two out of every five individuals in this group report food insecurity. Black/African American older adults experience the second-highest rate at 36.9%, which is still substantially above the overall average. White older adults report the lowest rate at 21.7%, nearly half that of Hispanic/Latino older adults.

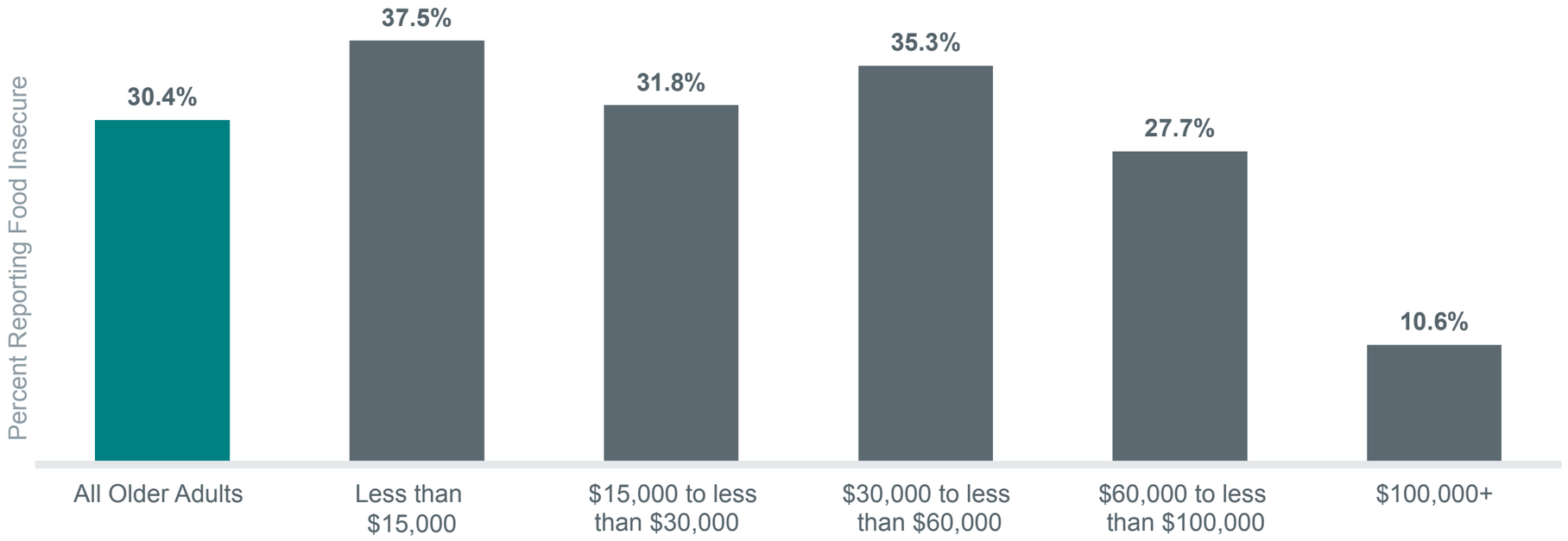
**Figure 2.1 Older Adults report experiencing Food Insecurity by Race/Ethnicity**




$X^2(4) = 223.27$, $p < .001$, Cramer's V = .189

***Food Insecurity and Individual Annual Income.*** More than one-third of older adults living on less than $15,000 per year report food insecurity, a rate that exceeds the overall average of 30.4%. Those in the next income bracket ($15,000 to less than $30,000) face a similarly high rate at 31.8%. Interestingly, those earning $30,000 to less than $60,000 still report a substantial food insecurity rate of 35.3%, which exceeds some lower income brackets. This counterintuitive finding might reflect several dynamics: this group may have income levels that disqualify them from certain assistance programs while still struggling with expenses, they may face higher fixed costs (such as mortgage payments or healthcare expenses) that reduce discretionary income for food, or there may be regional variations where this income level is inadequate in high-cost areas. The drop in food insecurity among those earning $60,000 to less than $100,000 (27.7%) and especially those earning $100,000 or more (10.6%) indicates that financial security substantially buffers against food access challenges.

**Figure 2.2 Older Adults report experiencing Food Insecurity by Annual Individual Income**



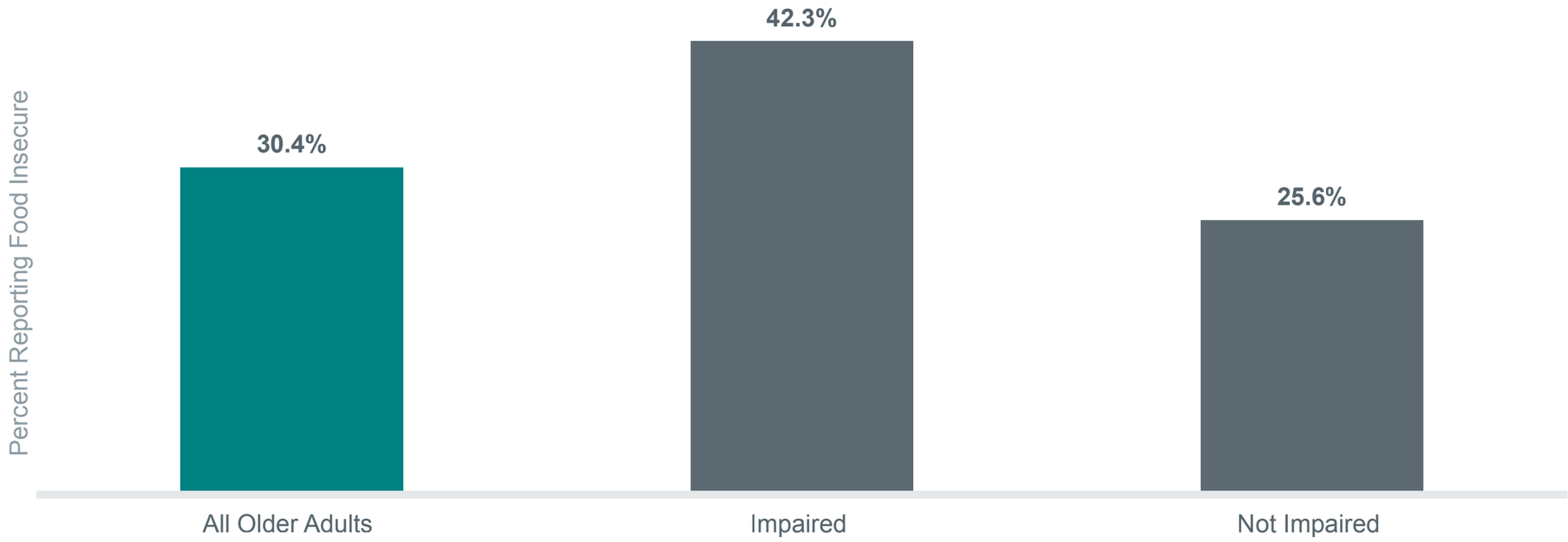

$X^2(4) = 169.81$, $p < .001$, Cramer's V = .17

## Needs Related to Aging-in-Place:

The likelihood of indicating food insecurity was also significantly associated with several variables related to older adults' ability to age-in-place and overall wellness, including reporting physical and/or sensory impairments, socialization, mental health, experiencing elder abuse, and/or attending an older adult center.

***Food Insecurity and Physical/Sensory Impairment.*** Older adults who report food insecurity experience significantly higher rates of physical or sensory impairments compared to their non-impaired counterparts ($p < .001$). Specifically, 42.3% of older adults with impairments report food insecurity, compared to 25.6% of those without impairments. The practical significance is substantial: more than two in five older adults with impairments struggle with food access, suggesting that disability-related challenges—such as mobility limitations affecting grocery shopping, difficulty preparing meals—compound vulnerability to food insecurity.

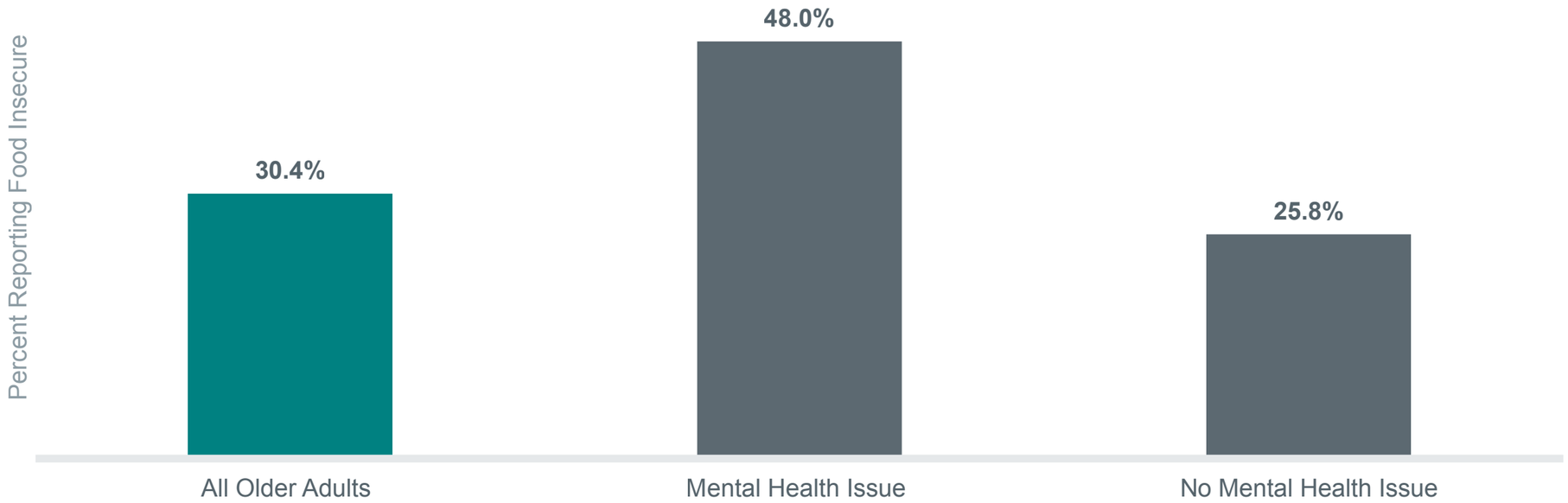
**Figure 2.3 Older Adults report experiencing Food Insecurity and Physical/Sensory Impairment**




$X^2(1) = 122$, $p <. 001$, Cramer's V =. 16

***Food Insecurity and Mental Health.*** Mental health issues are significantly associated with food insecurity among older adults ($p < .001$). Nearly half (48.0%) of older adults who experience mental health problems experience food insecurity, compared to approximately one-quarter (25.8%) of those without mental health issues. This represents a 22.2 percent disparity between the two groups. Although just showing a relationship and not causation, this indicates how food insecurity can have a harmful impact on one's health and wellbeing, as well as suffering from mental health problems can also negatively affect one's ability to access healthy and affordable food.

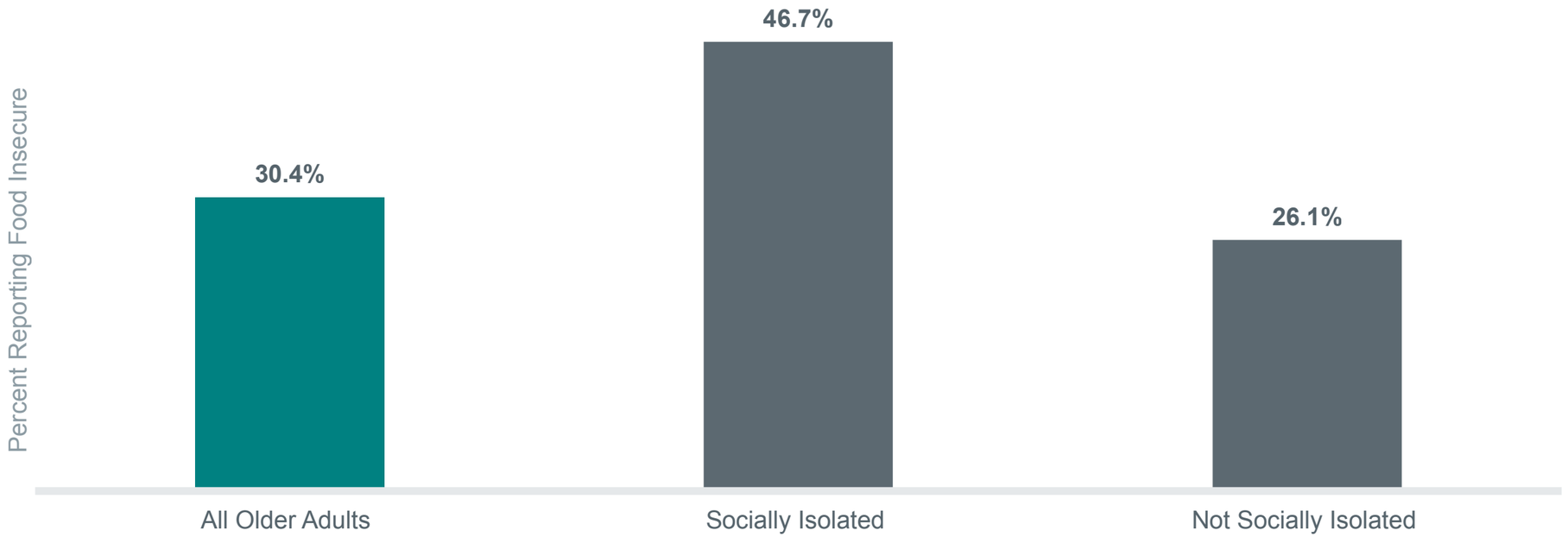
**Figure 2.4 Older Adults report experiencing Food Insecurity and Mental Health**




$X^2(1) = 142$, $p <. 001$, Cramer's V =. 18

***Food Insecurity and Social Isolation.*** Social isolation is associated with food insecurity among older adults ($p < .001$)**.** Older adults who experience social isolation report food insecurity at a rate of 46.7%, compared to 26.1% among those who are not socially isolated, representing a 20.6 percent gap. This implies that lack of social connection is a substantial vulnerability factor for inadequate food access in this population.  Socially isolated older adults experience food insecurity at rates well above the population average of 30.4%, while those with social connections fall slightly below this baseline. This association supports why the Older Americans Act prioritizes socialization (at older adult centers) and food security (in congregate meals, home-delivered meals, and nutrition services).

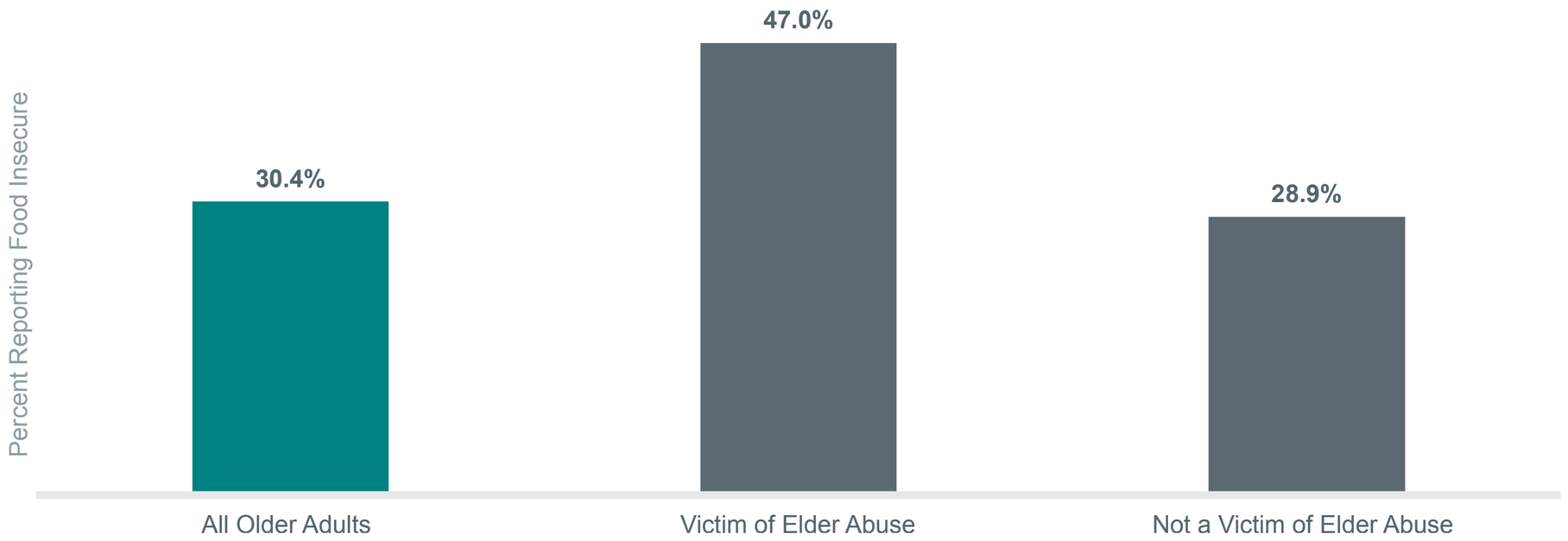
**Figure 2.5 Older Adults report experiencing Food Insecurity and Social Isolation**




$X^2(1) = 211$, $p <. 001$, Cramer's V =. 18

***Food Insecurity and Elder Abuse.*** Older adults who have experienced elder abuse report food insecurity at a rate of 47.0%, which is dramatically higher than the 28.9% rate among those not victimized ($p$<.001). This 18.1 percent difference indicates that elder abuse victims face greater food insecurity, with the overall rate for all older adults at 30.4%.

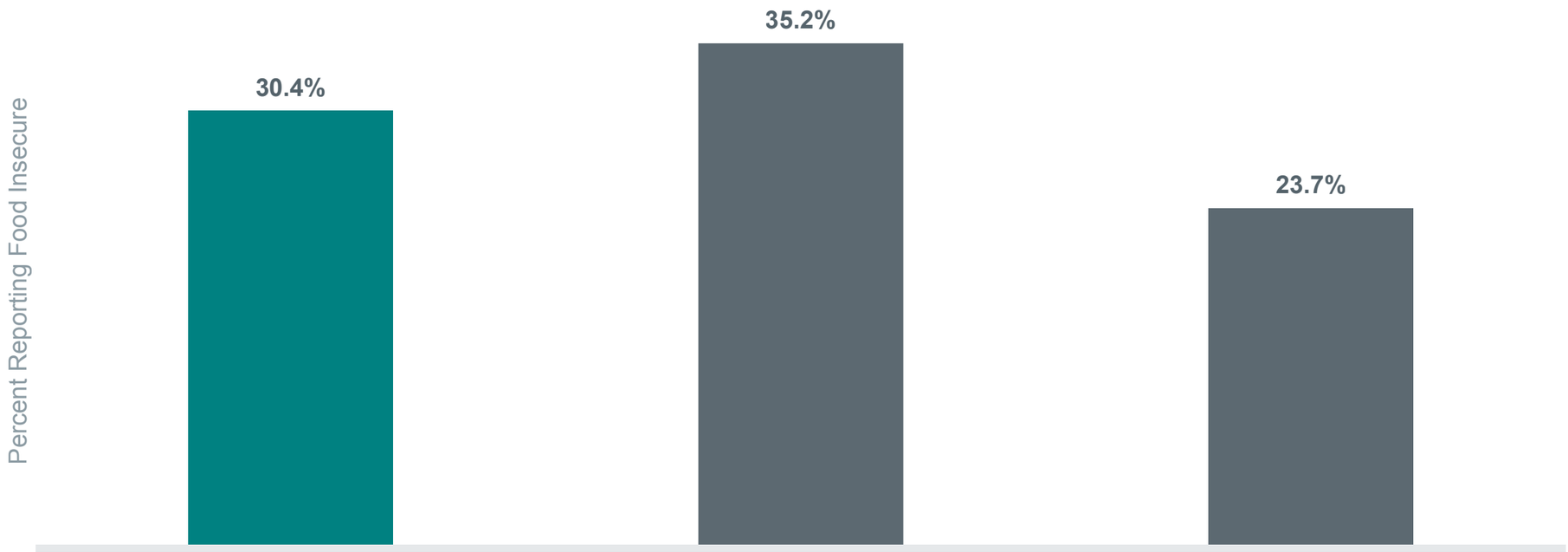
**Figure 2.6 Older Adults report experiencing Food Insecurity and Elder Abuse**




$X^2(1) = 76$, $p$ <. 001, Cramer's V =. 11

***Food Insecurity and Attendance at Older Adult Centers/senior centers (OACs).*** Older adults who have not attended an Older Adult Center (OAC) in the past year report higher food insecurity rates (35.2%) compared to those who have attended (23.7%), representing an 11.5 percent difference. Notably, OAC attendees experience food insecurity below the overall rate for all older adults (30.4%), while non-attendees experience it above that baseline. Although this data suggests that OACs play a valuable role in supporting food security among older New Yorkers, it also highlights that there are still a considerable percentage of older adults who attend OACs who are food insecure. This indicates the need to offer more food options and expand access to centers, potentially targeting high-need areas with new meal program models, as an effective intervention strategy against food insecurity.

**Figure 2.7 Older Adults report experiencing Food Insecurity and Attendance at Older Adults Centers (OACs)**

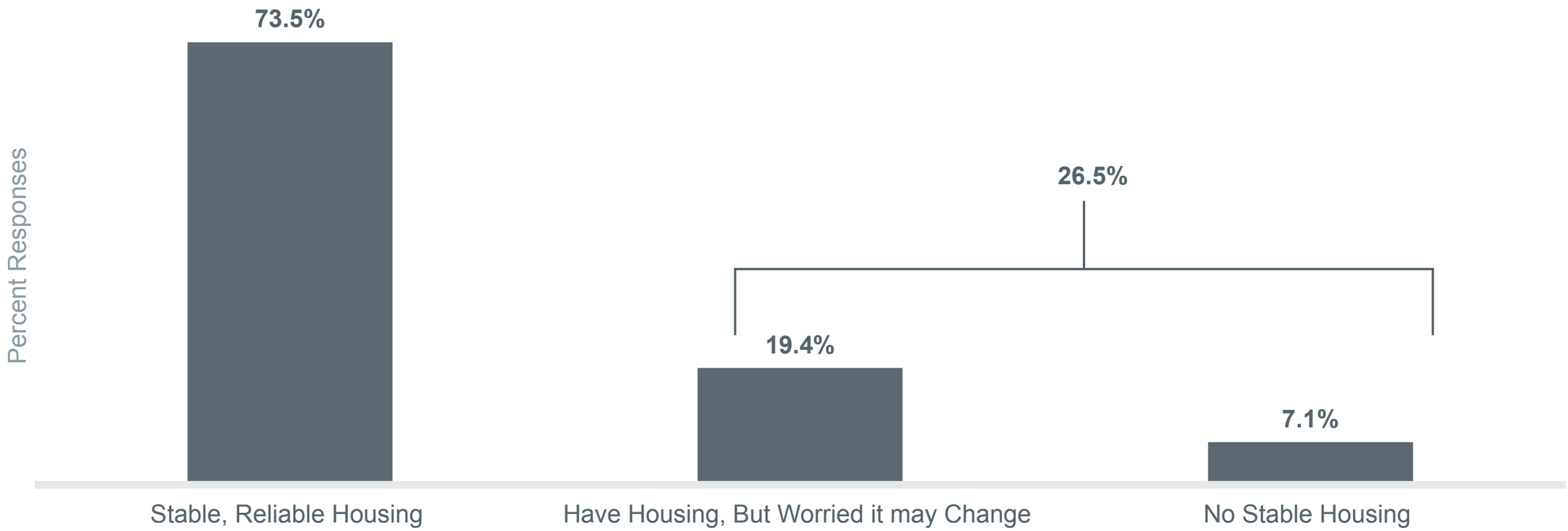



$X^2(1) = 94.33$, $p < .001$, Cramer's V = .12

## 3.0 Housing Stability

Housing stability remains a critical concern for a significant portion of older New Yorkers. While 73.5% report having stable and reliable housing, more than a quarter face some degree of housing insecurity—either living with uncertainty about their current situation or lacking stable housing entirely. About one in five (19.4%) have housing but worry it may change, while 7.1% lack stable housing entirely. For those currently housed but uncertain, although stable for now, they still represent a particularly vulnerable population.

**Figure 3.0 Older Adults' Current Housing Situation**

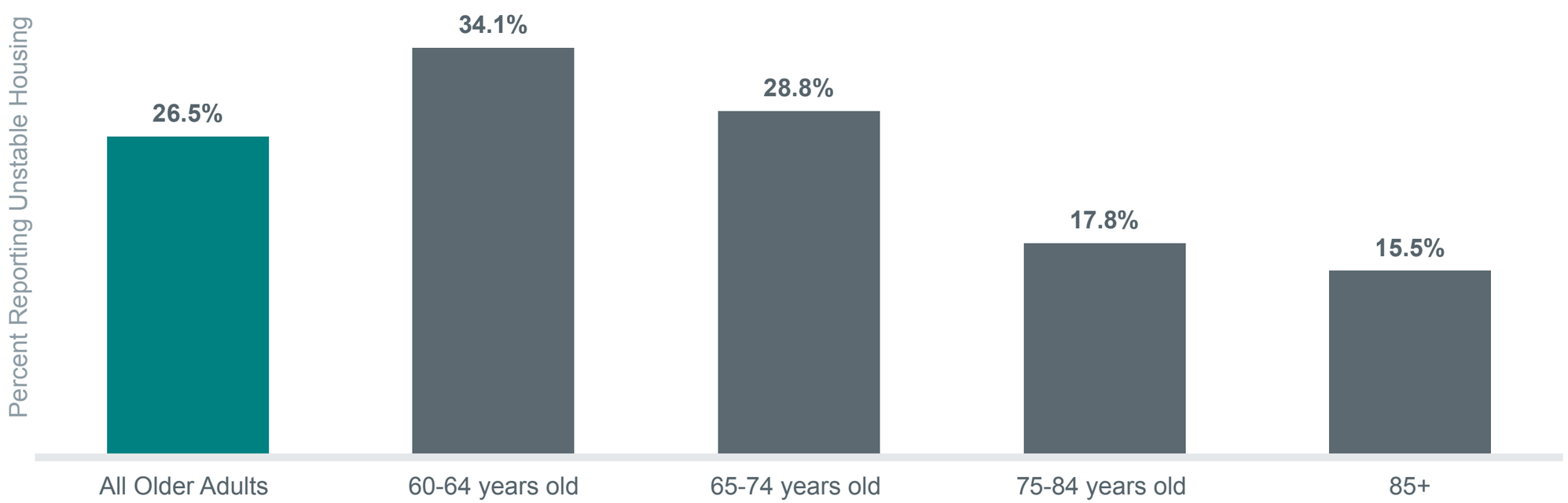


## Sociodemographic Differences:

While the likelihood of housing instability did not meaningfully vary across borough, it did vary by age, gender, race/ethnicity, and income; additionally, it did vary by caregiver status as well.

***Housing Instability and Age.*** The data demonstrates a clear inverse relationship between age and housing instability. The youngest cohort of older adults, those aged 60-64, faces the highest rate at 34.1%, which is notably above the overall average. Housing instability remains elevated at 28.8% among those aged 65-74, suggesting that the younger cohorts continue to present housing insecurity ($p$<.001); this may reflect those individuals who have been persistently unstably housed for years and are now aging into older adulthood. [7] A notable trend emerges in the oldest age groups. Those aged 75-84 report housing instability at 17.8%, and the rate drops further to 15.5% among those 85 and older. Even among the oldest New Yorkers, more than one in seven still experience housing instability, highlighting the persistent nature of this challenge. The higher rates among younger older adults suggest that New York's housing affordability crisis is creating particular vulnerability.

**Figure 3.1 Older Adults report experiencing Housing Instability by Age**



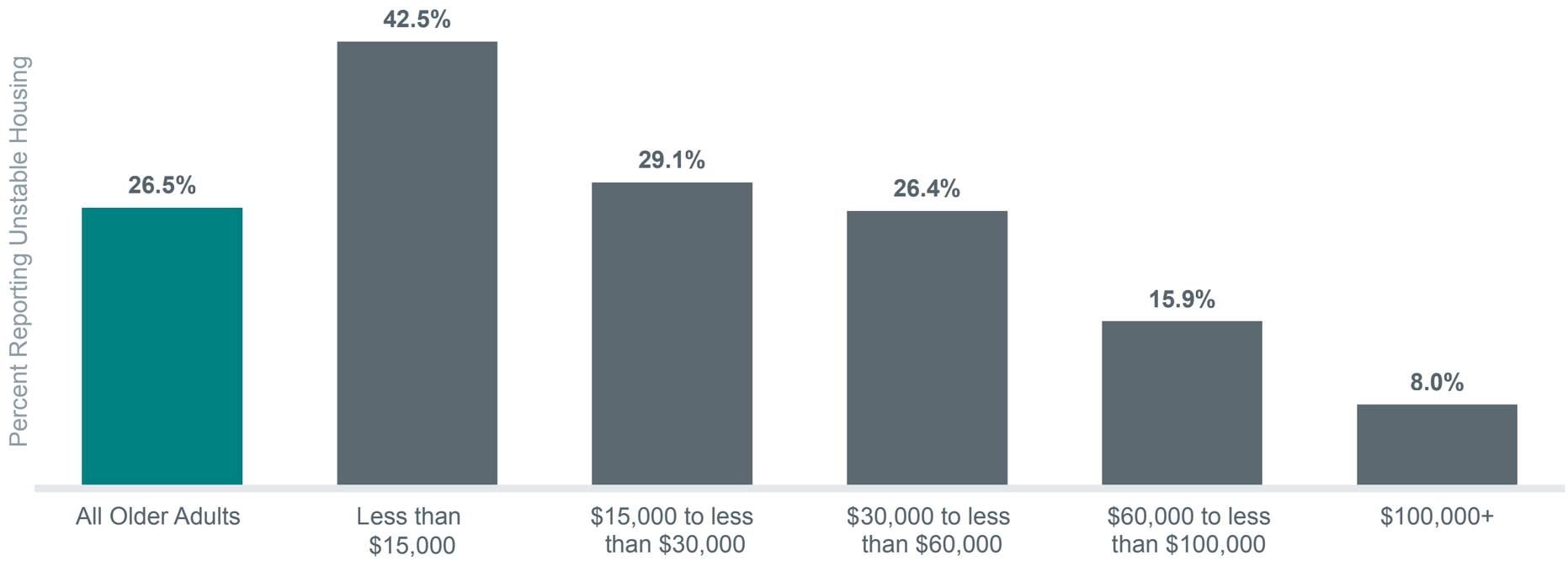

$X^2(3) = 142.92$, $p < .001$, Cramer's V =. 15

***Housing Instability and Individual Annual Income.*** The critical role that income plays in housing stability among older New Yorkers underscores the economic drivers of housing insecurity in this population ($p$<.001). The data shows a robust inverse relationship between income and housing instability. Older adults with annual incomes below $15,000 face a housing instability rate of 42.5%, nearly 60% higher than the overall average of 26.5%. This represents a crisis-level situation where almost half of the poorest older adults struggle to maintain stable housing.

The rate remains elevated at 29.1% for those earning $15,000 to less than $30,000 annually, slightly above the overall average. Those earning $30,000 to less than $60,000 experience housing instability at 26.4%, nearly identical to the overall average. This suggests that moderate incomes provide some buffer but remain insufficient to fully protect against housing challenges, particularly in high-cost areas of New York.

An effect emerges at higher income levels. Housing instability drops to 15.9% among those earning $60,000 to $100,000, and plummets to just 8.0% among those earning $100,000 or more. The concentration of housing instability among lower-income older adults has important policy implications, suggesting that interventions targeting income support, affordable housing access, and rental assistance for economically vulnerable older adults could substantially reduce overall housing instability rates in this population.

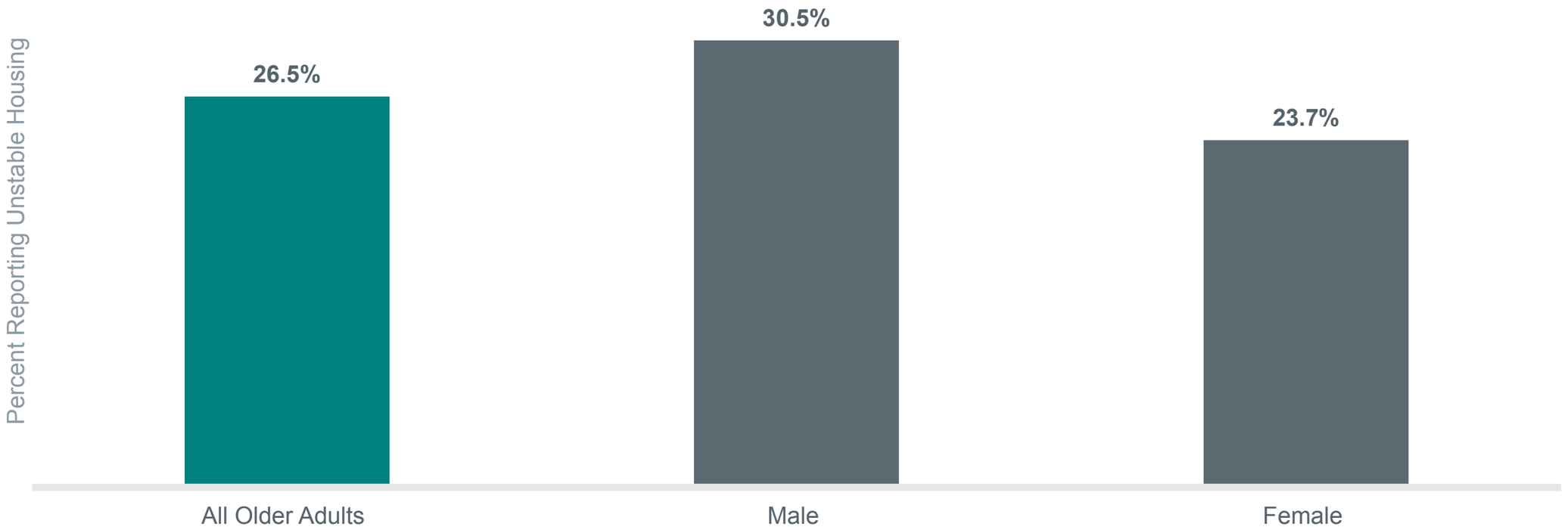
**Figure 3.2 Older Adults report experiencing Housing Instability by Annual Individual Income**




$X^2(4) = 370.32$, $p < .001$, Cramer's V = .25

***Housing Instability and Gender.*** Male older adults report housing instability at a rate of 30.5%, compared to 23.7% among females, —a 6.8 percentage difference.

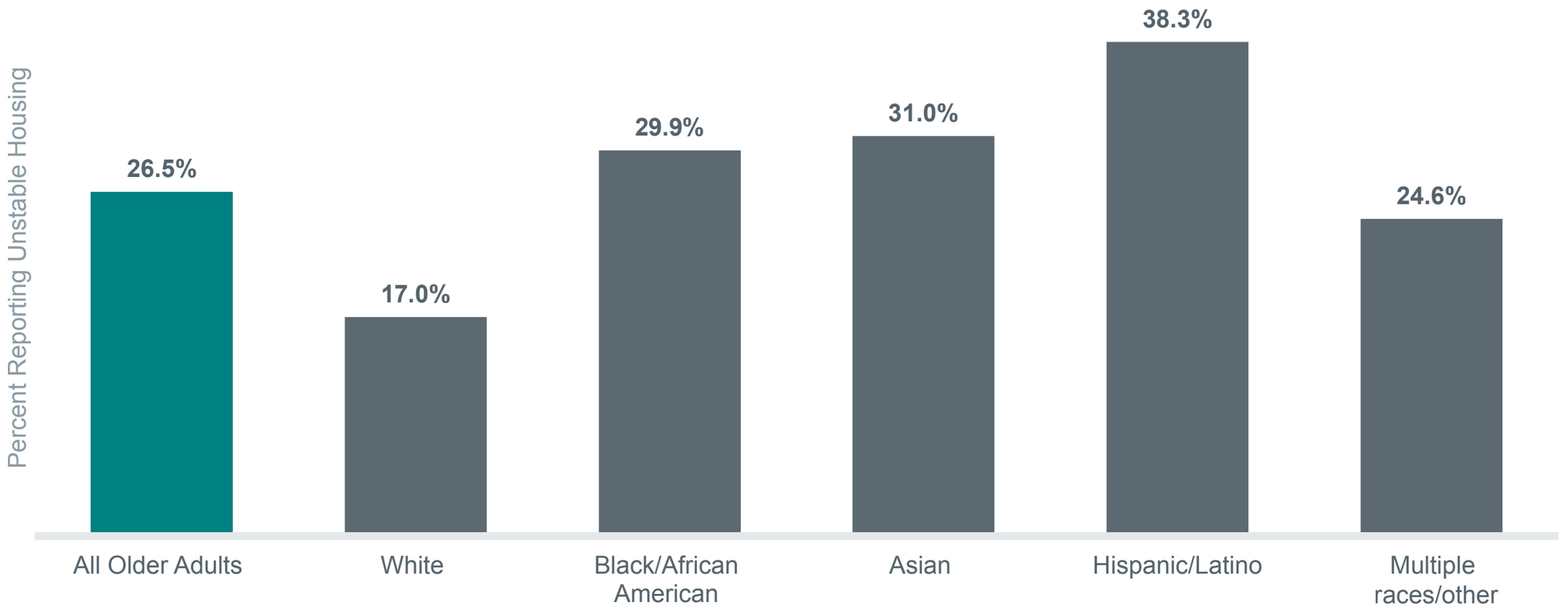
**Figure 3.3 Older Adults report experiencing Housing Instability by Gender**




$X^2(1) = 36$, $p < .001$, Cramer's V = .07

***Housing Instability and Race/Ethnicity.*** Housing instability among older adults varies significantly by race and ethnicity, with Hispanic/Latino older adults experiencing the highest rate at 38.3%. Overall, White older adults are far less likely to report housing instability than all older adults of color. This figure exposes significant racial and ethnic inequities in housing security among older adults, reflecting the cumulative effects of systemic discrimination across the life course. The 21.3 percent gap between Hispanic/Latino and White older adults represents more than a doubling of risk, indicating that structural factors—not individual circumstances alone—drive these disparities.

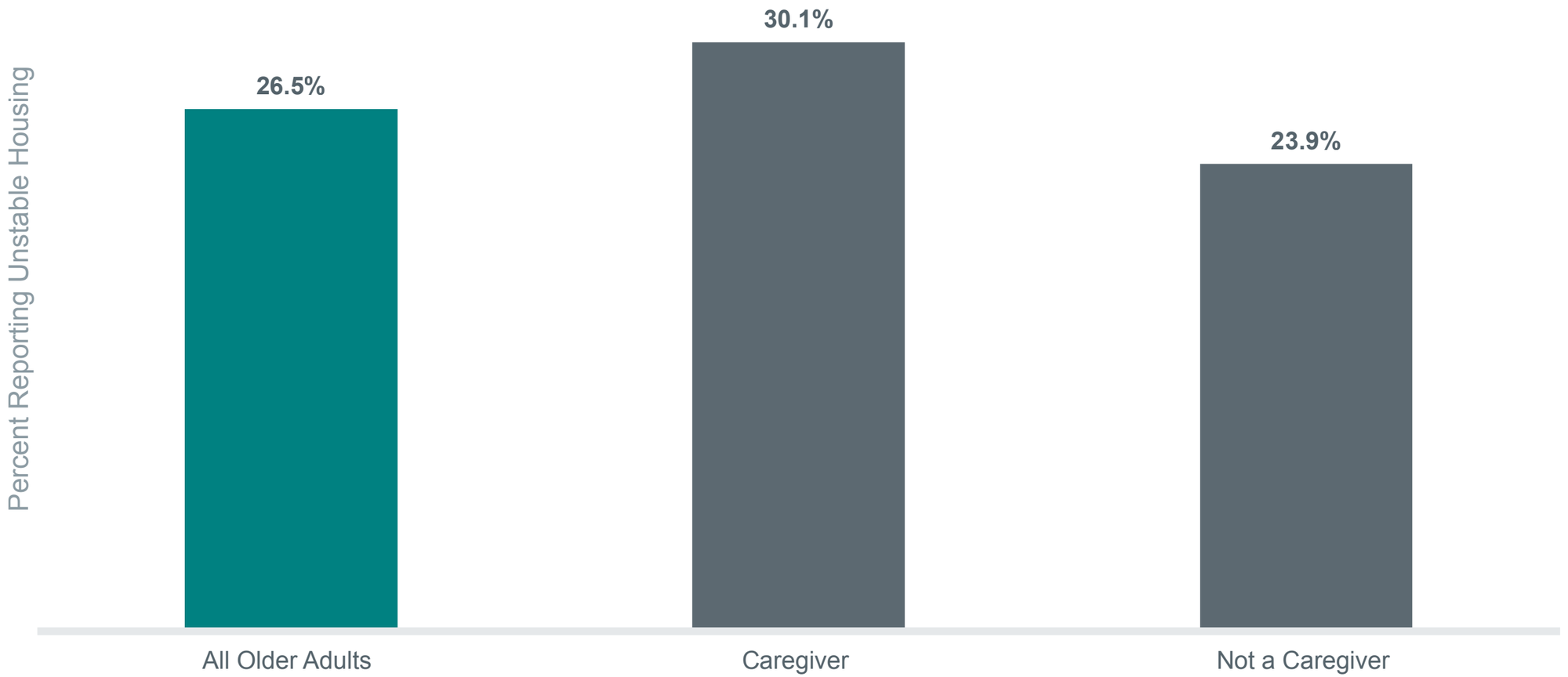
**Figure 3.4 Older Adults report experiencing Housing Instability by Race/Ethnicity**




$X^2(4) = 230.38$, $p < .001$, Cramer's V = .19

***Housing Instability and Older Caregivers***. Older adults who serve as caregivers experience housing instability at a rate of 30.1%, notably higher than non-caregivers at 23.9%. A 6.2 percent difference that underscores the financial and practical strains of providing care.

**Figure 3.5 Older Adults report experiencing Housing Instability by Caregiver Status**



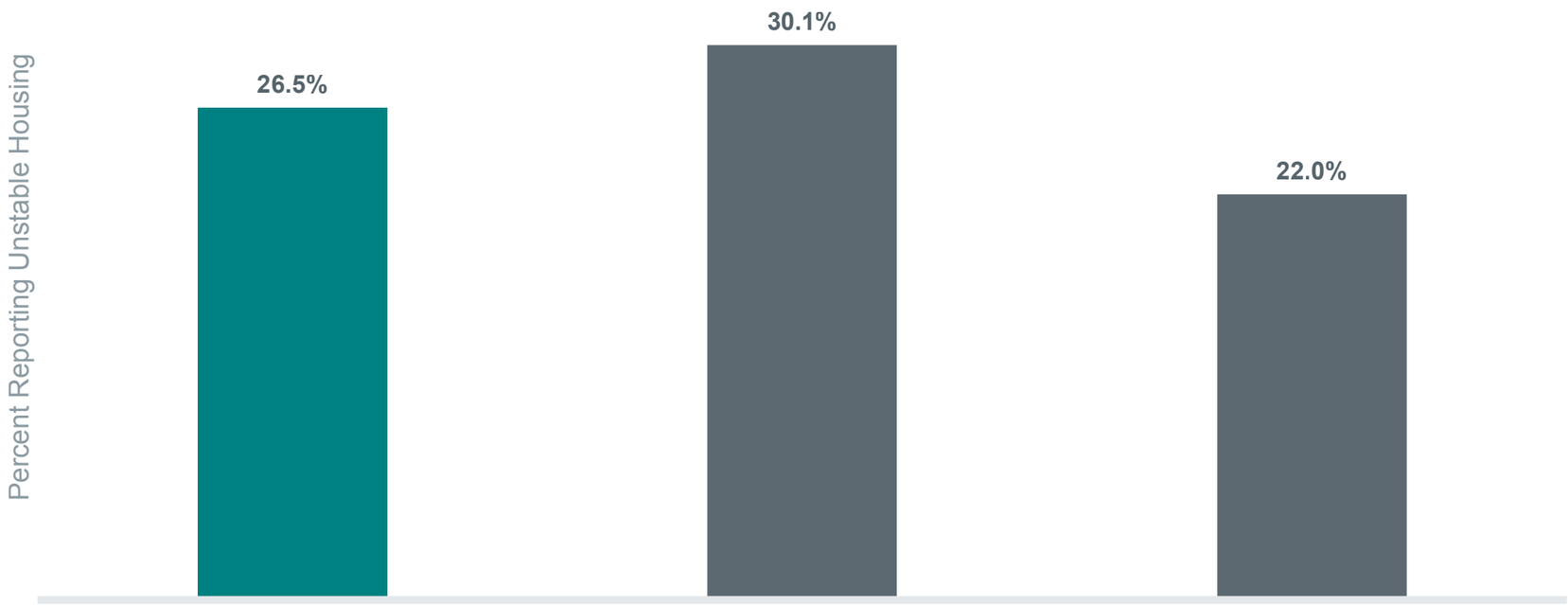

$X^2(1) = 30$, $p < .001$, Cramer's V = .07

## Needs Related to Aging-in-Place:

The likelihood of indicating being housing insecure was also significantly associated with several variables related to older adults' ability to age-in-place and overall wellness, including experiencing age discrimination, elder abuse and/or crime, receiving preventive healthcare, and/or attending an older adult center.

***Housing Instability and OAC Attendance.*** Older adults who have not attended an OAC in the past year are significantly more likely to experience unstable housing at a rate of 30.1%, compared to 22.0% among those who have attended an OAC, an 8.1 percent difference. NYC Aging's older adult centers offer case assistance that can help support completing and renewing applications for housing benefits and for housing, or connect individuals to other resources to help them age-in-place.

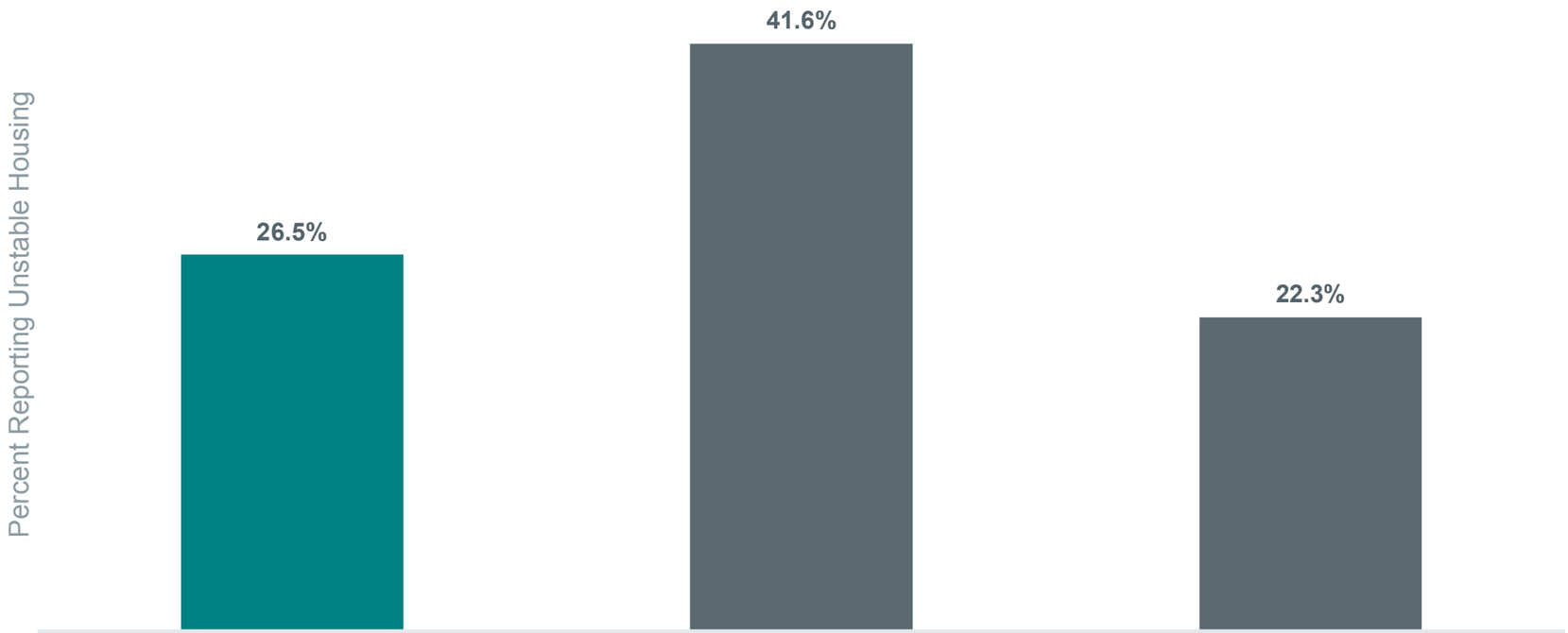
**Figure 3.6 Older Adults report experiencing Housing Instability and OAC Attendance**




$X^2(1) = 49$, $p < .001$, Cramer's V =. 09

***Housing Instability and Age Discrimination.*** Older adults who experience age discrimination are significantly more likely to experience unstable housing at a rate of 41.6%, compared to 22.3% among those who have not experienced discrimination.

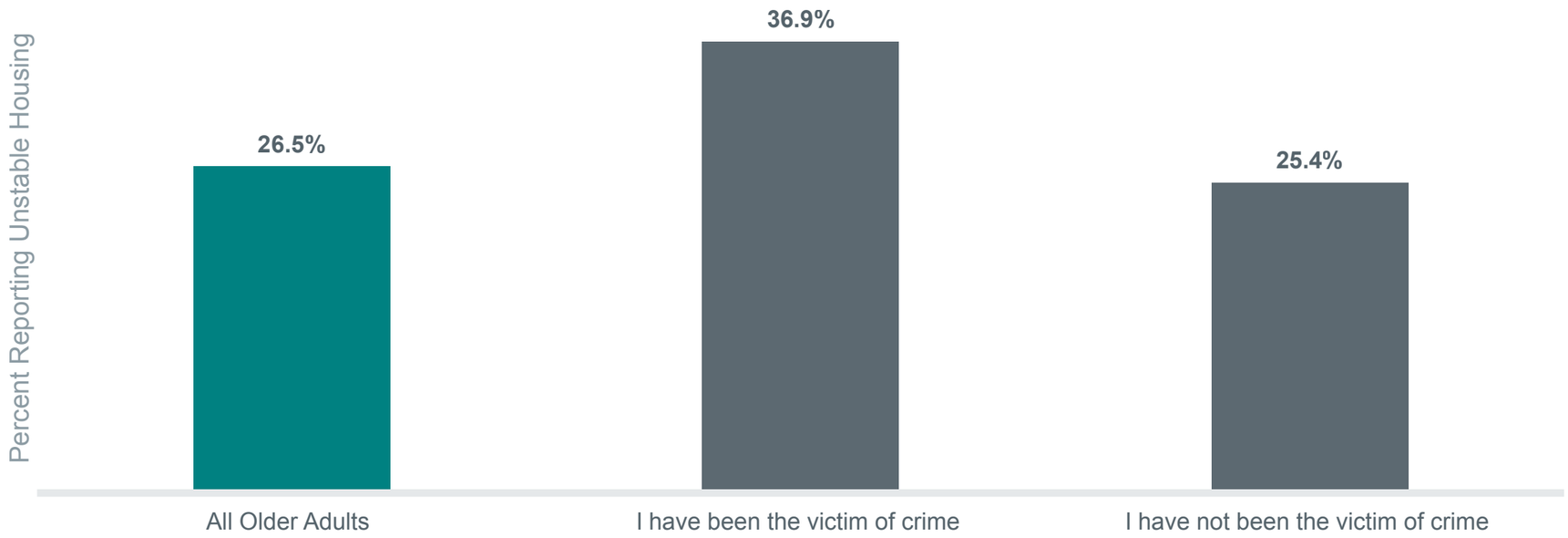
**Figure 3.7 Older Adults report experiencing Housing Instability and Age Discrimination**




$X^2(1) = 208$, $p < .001$, Cramer's V = .18

***Housing Instability and Crime.*** Older adults who have been the victim of a crime are significantly more likely to experience unstable housing at a rate of 36.9%, compared to 25.4% among those who have not been victimized. This 11.5 percent difference represents a higher risk of housing instability for crime victims compared to non-victims, with the overall rate for all older adults at 26.5%, indicating a notable association between criminal victimization and housing challenges. Financial fraud and exploitation are often targeted at older adults and can result in significant financial losses, so it is predictable if being a victim of crimes impacted one's ability to maintain housing. [8]Additionally, other types of crime (e.g., experienced in one's neighborhood) could also make an individual feel more vulnerable in their current housing situation and fearful for the future.

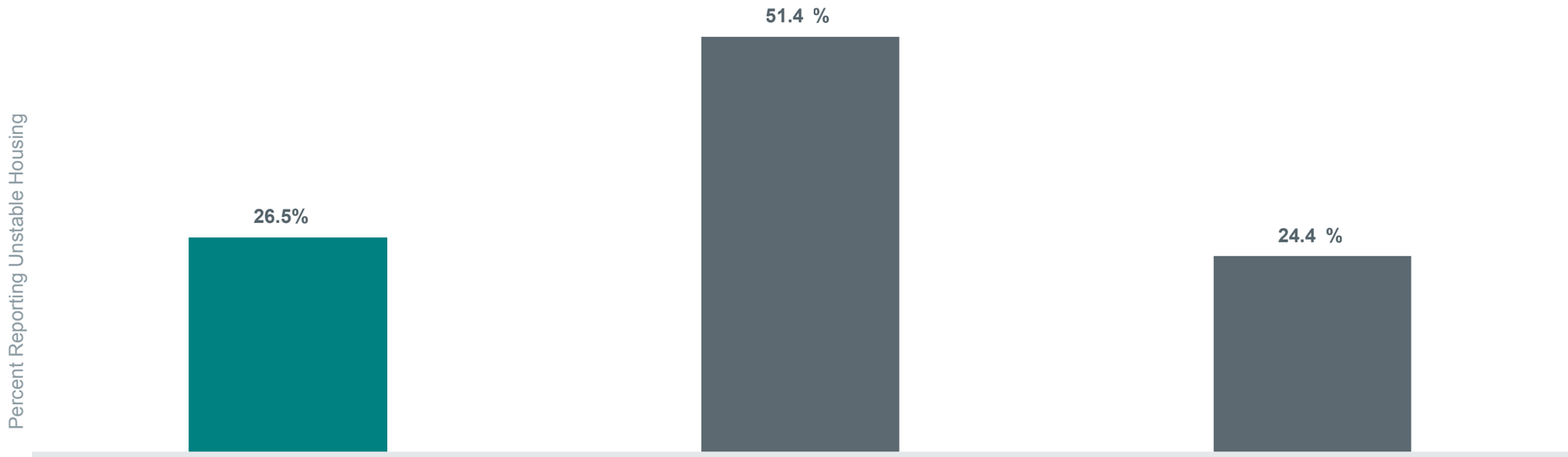
**Figure 3.8 Older Adults report experiencing Housing Instability and Crime**




$X^2(1) = 35$, $p < .001$, Crame<.=. 07

***Housing Instability and Elder Abuse.*** Older adults reporting elder abuse are significantly more likely to experience unstable housing at a rate of 51.4%, compared to 24.4% among those who have not experienced abuse. This 27 percent difference represents the largest disparity observed across all factors examined, with elder abuse victims experiencing housing instability. The overall rate for all older adults is 26.5%. This makes elder abuse one of the most substantial risk factors for housing instability observed across all the analyses, with abuse victims experiencing housing challenges at rates exceeding half the population.  As many older adults often live with their known abusers, it is understandable that they also may feel more vulnerable about their current housing situation.

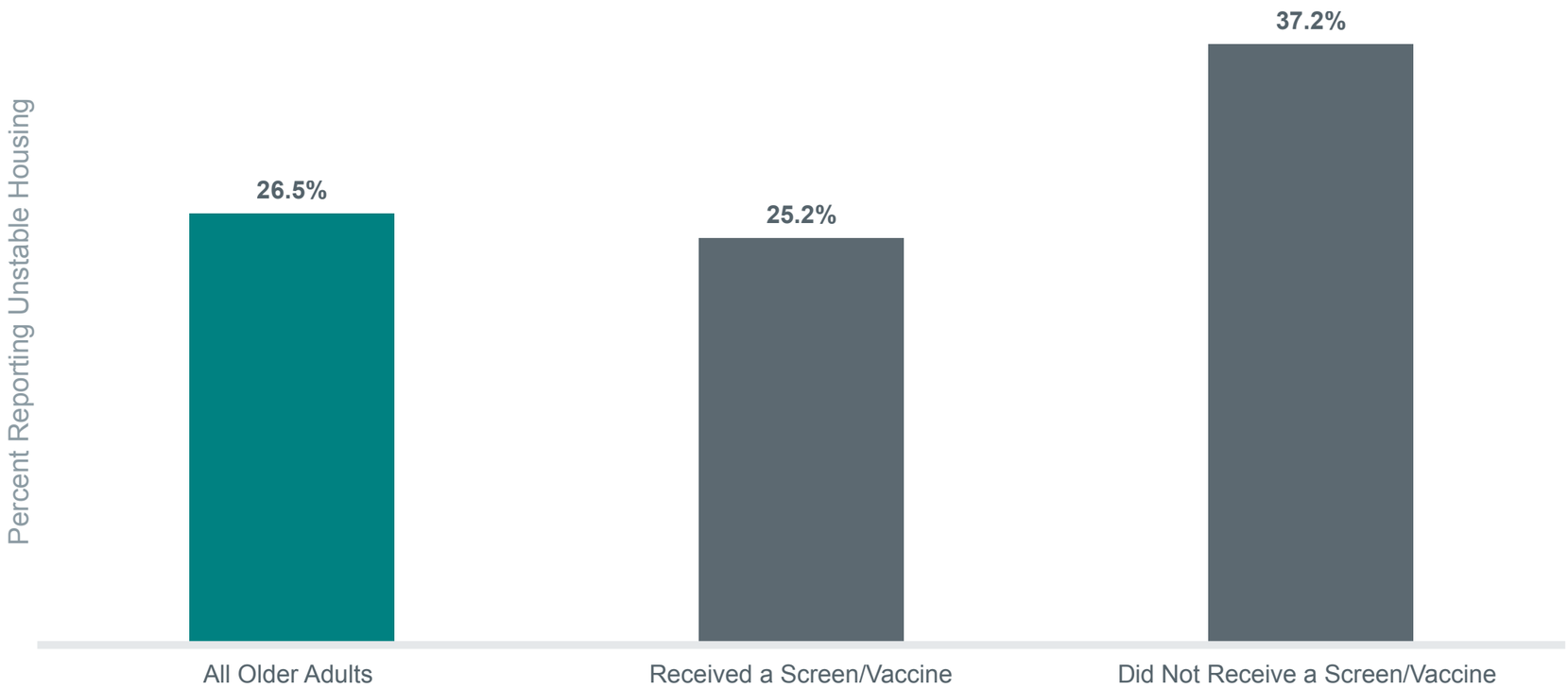
**Figure 3.9 Older Adults report experiencing Housing Instability and Elder Abuse**




$X^2(1) = 179$, $p < .001$, Cramer's V =. 17

***Housing Instability and Health care screening.*** Older adults who have not received a vaccine or screening in the past year experience unstable housing at a rate of 37.2%, substantially higher than both the overall average of 26.5% and dramatically above the 25.2% rate among those who did receive preventive care ($p$<.001). This 12 percent difference perhaps points to how older adults facing unstable housing are more likely to neglect aspects of their health, while dealing with such basic challenges.

**Figure 3.10 Older Adults report experiencing Housing Instability by Not receiving a health screen/vaccine in the past year**

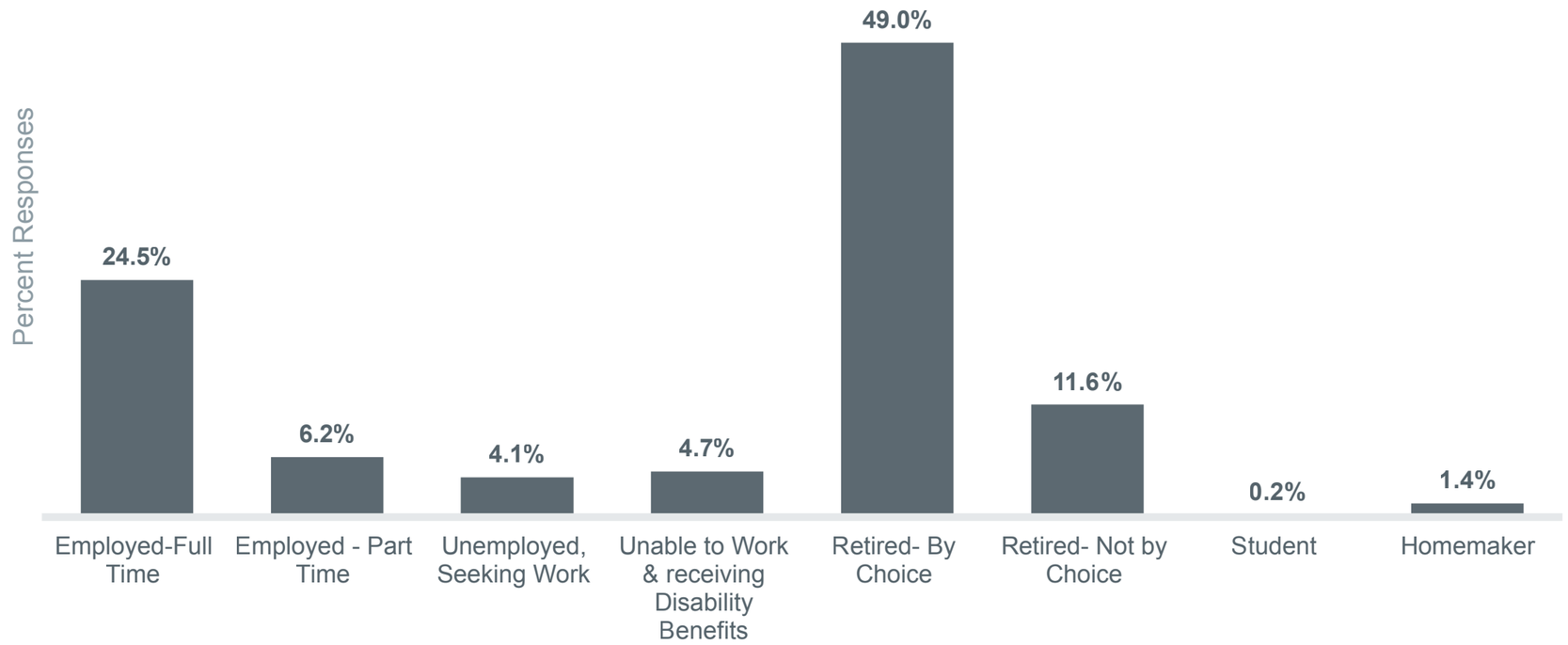



$X^2(1) = 11.53$, $p < .001$, Cramer's V =.04

## 4.0 Employment Status

Nearly half of older adults (49.0%) are retired by choice, representing voluntary exit from the workforce. When combined with those retired not by choice (11.6%), approximately 60% of the surveyed older adult population are no longer in the labor force.  Despite the high retirement rate, roughly one-quarter (24.5%) of older adults remain employed full-time, demonstrating significant continued workforce participation. The relatively small proportion employed part-time (6.2%) suggests that, when older adults work, they tend to maintain full engagement rather than gradually transitioning to reduced hours. When we consider those who are retired involuntarily, unable to work and receiving disability benefits, and unemployed individuals actively seeking work, we find that nearly one in five older adults who are not in the workforce may be unemployed due to factors beyond their control.

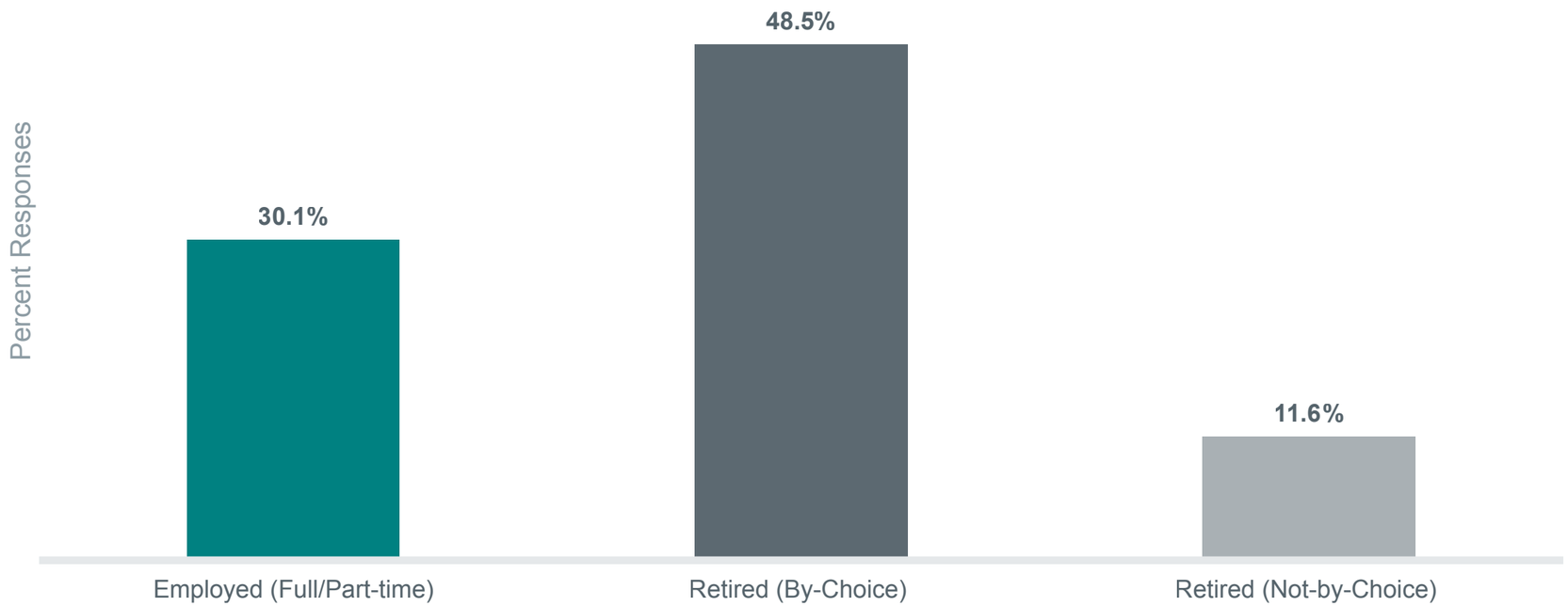
**Figure 4.0 Older Adults' Employment Status**




*Participants could select more than one response

The analytics that follow will explore employment in three categories: those employed (either part time or full time), those retired by choice, and those retired-not by choice (including those who are unable to work due to disability, and those unemployed and seeking work). This new grouping mirrors the distribution above.

**Figure 4.1 Older Adults Employment Status- combined**



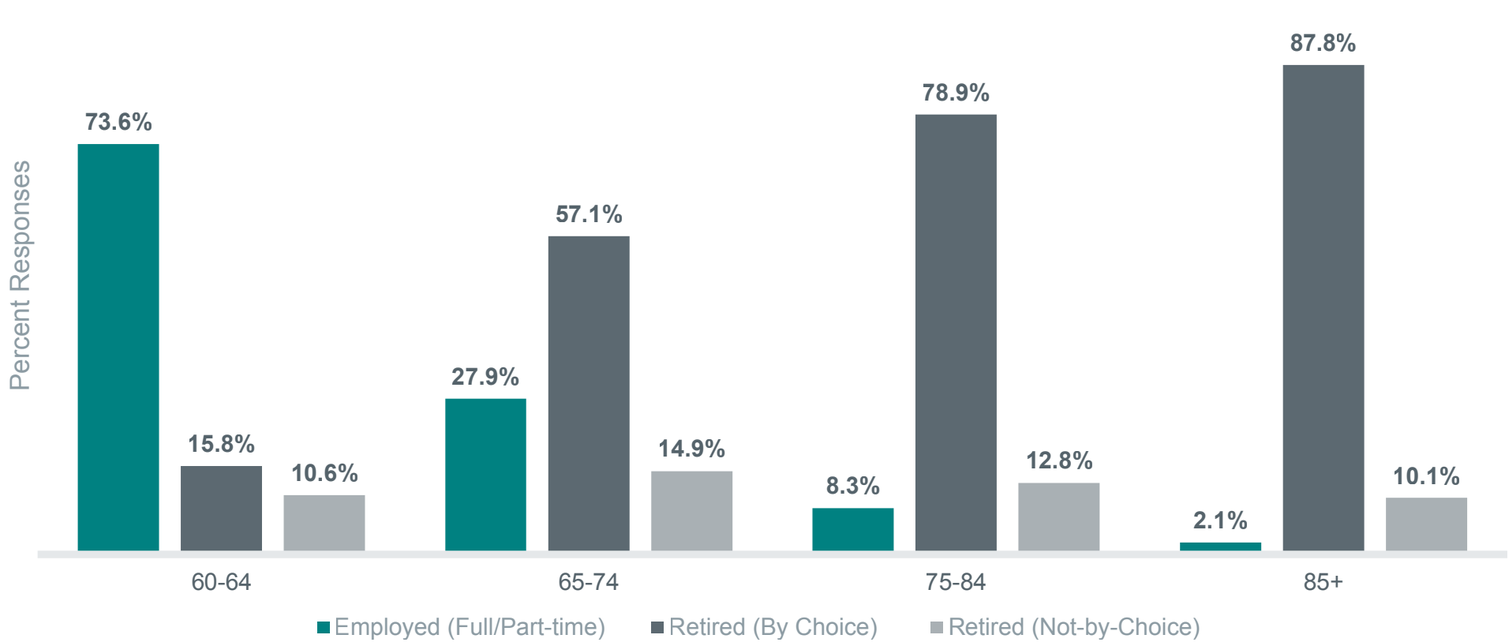
## Sociodemographic Differences:

The likelihood of employment varied by age, race/ethnicity, borough, caregiver status, and income. There were no differences by gender.

***Age.*** Figure 4.2 illustrates the expected transition from employment to retirement as individuals age but reveals nuanced patterns worth examining ($p$<.001). The 60-64 age group has the highest employment rate, with nearly three-quarters of respondents, suggesting many individuals work into their early sixties. The dramatic drop in employment between ages 60-64 and 65-74 likely corresponds to traditional retirement age thresholds and eligibility for full Social Security benefits. By ages 75-84, fewer than one in ten respondents remain employed, and this falls to virtually two percent in the 85+ category, reflecting both the practical challenges of working at advanced ages and the financial security most achieved by that point.

Notably, involuntary retirement rates remain relatively consistent across age groups, suggesting that forced retirement affects a similar proportion of individuals across age groups. This consistency indicates that factors leading to involuntary retirement—such as health issues, caregiving demands, or workplace dynamics[9]—are not disproportionately concentrated in any single age bracket within this older adult population. The persistence of involuntary retirement across all ages highlights an ongoing need for support systems for those who exit the workforce prematurely.

**Figure 4.2 Older Adults' Employment Status by Age**



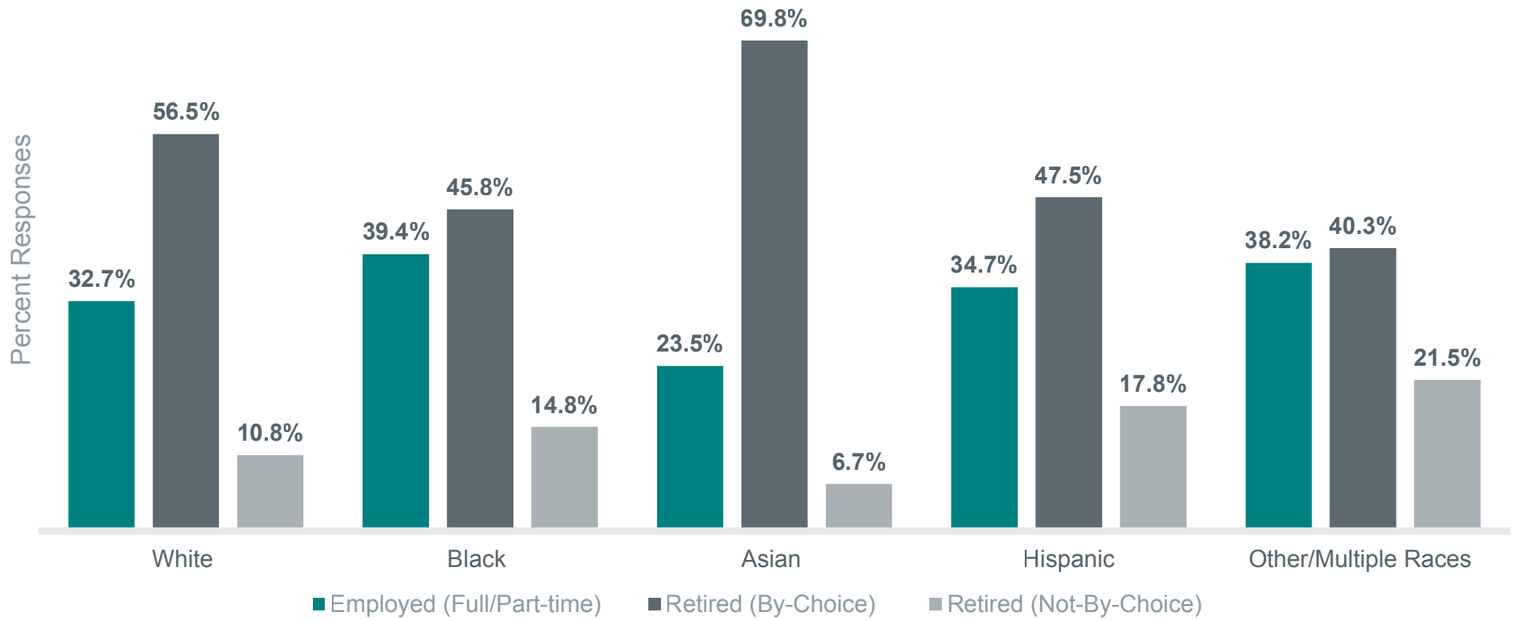

$X^2(6) = 1967$, $p$ <. 001, Cramer's V = .40

***Race/Ethnicity.*** Employment status varies considerably across racial and ethnic groups. Asian respondents have the lowest employment rate (23.5%) and the highest voluntary retirement rate (69.8%), while Black respondents have the highest employment rate (39.4%). Involuntary retirement rates are notably lower among Asian respondents (6.7%) than among all other groups. At 17.8%, the "Retired (Not by Choice)" category for Hispanics is the second highest among all racial/ethnic groups shown, exceeded only by Other/Multi at 21.5%. These disparities reveal critical structural differences in retirement experiences across racial and ethnic groups that likely reflect complex intersections of economic security, occupational history, health outcomes, and systemic inequalities.[10]

The high employment rate among Black respondents (39.4%), coupled with their relatively lower voluntary retirement rate, suggests potential economic necessity driving continued workforce participation. Conversely, the Asian group's low employment rate and high voluntary retirement may indicate greater retirement preparedness,[11] though this broad category masks significant within-group variation.

These findings underscore the need for culturally responsive retirement planning resources and policies that address the specific barriers different communities face in achieving financial security and voluntary retirement.

**Figure 4.3 Older Adults' Employment Status by Race/Ethnicity**



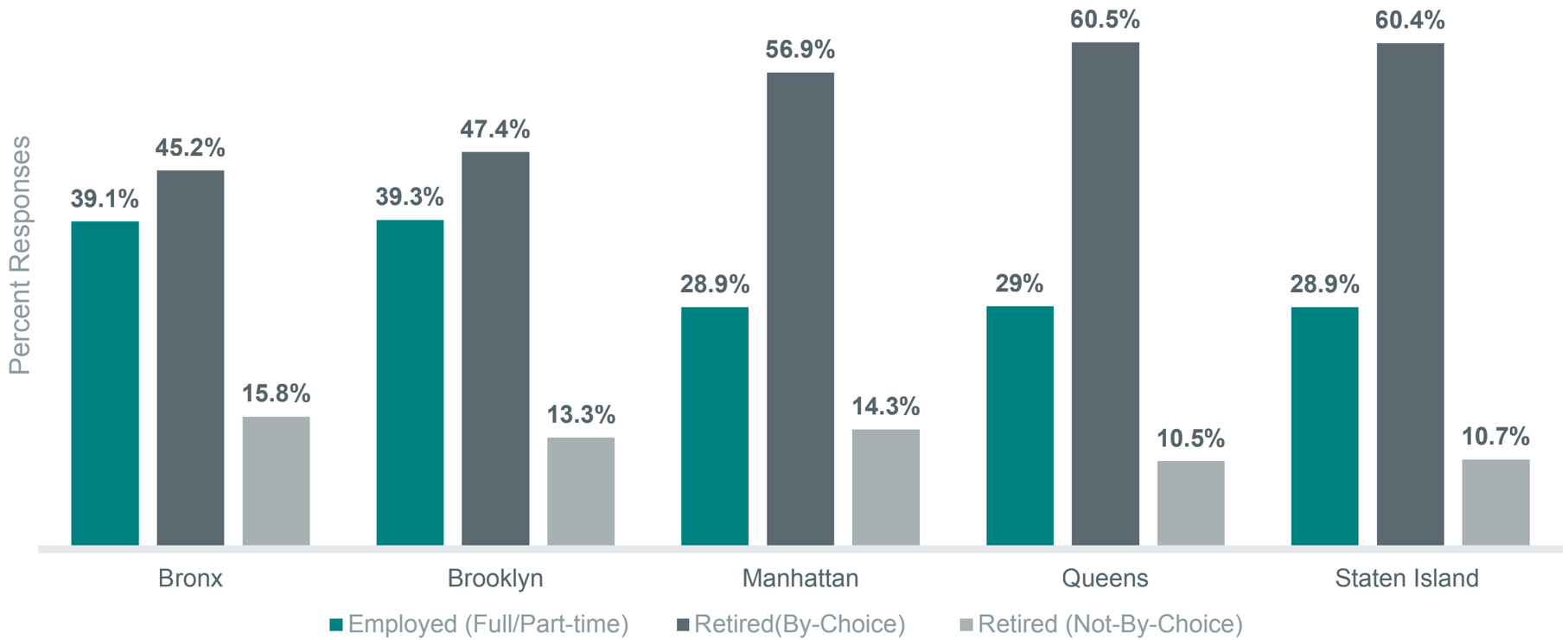

$X^2(8) = 190.3$ $p < .001$ Cramer's V = .13

***Borough.*** These geographic disparities presented in Figure 4.4 likely reflect the distinct socioeconomic characteristics of each borough ($p$<.001). The higher employment rates in the Bronx and Brooklyn, combined with their lower voluntary retirement rates, suggest that older adults in these boroughs may face greater economic pressure to remain in the workforce. The Bronx, historically the poorest borough,[12] has one of the highest employment rates and the highest involuntary retirement rate, indicating potential economic vulnerability among its older residents.

In contrast, Manhattan, Queens, and Staten Island exhibit patterns consistent with greater retirement security—lower employment rates paired with higher voluntary retirement rates. Queens and Staten Island show voluntary retirement rates exceeding 60%, suggesting that residents in these boroughs are more successfully achieving chosen retirement.

The variation in involuntary retirement is also noteworthy with the Bronx's 15.8% rate nearly 50% higher than Queens' 10.5% rate. These findings highlight how place-based factors—including cost of living, housing wealth, local economic opportunities, and community resources—shape retirement outcomes, suggesting that effective interventions must account for neighborhood-level variations in older adults' financial security.

**Figure 4.4 Older Adults' Employment Status by Borough**




$X^2(8) = 109.5$ $p < .001$ Cramer's V =.09

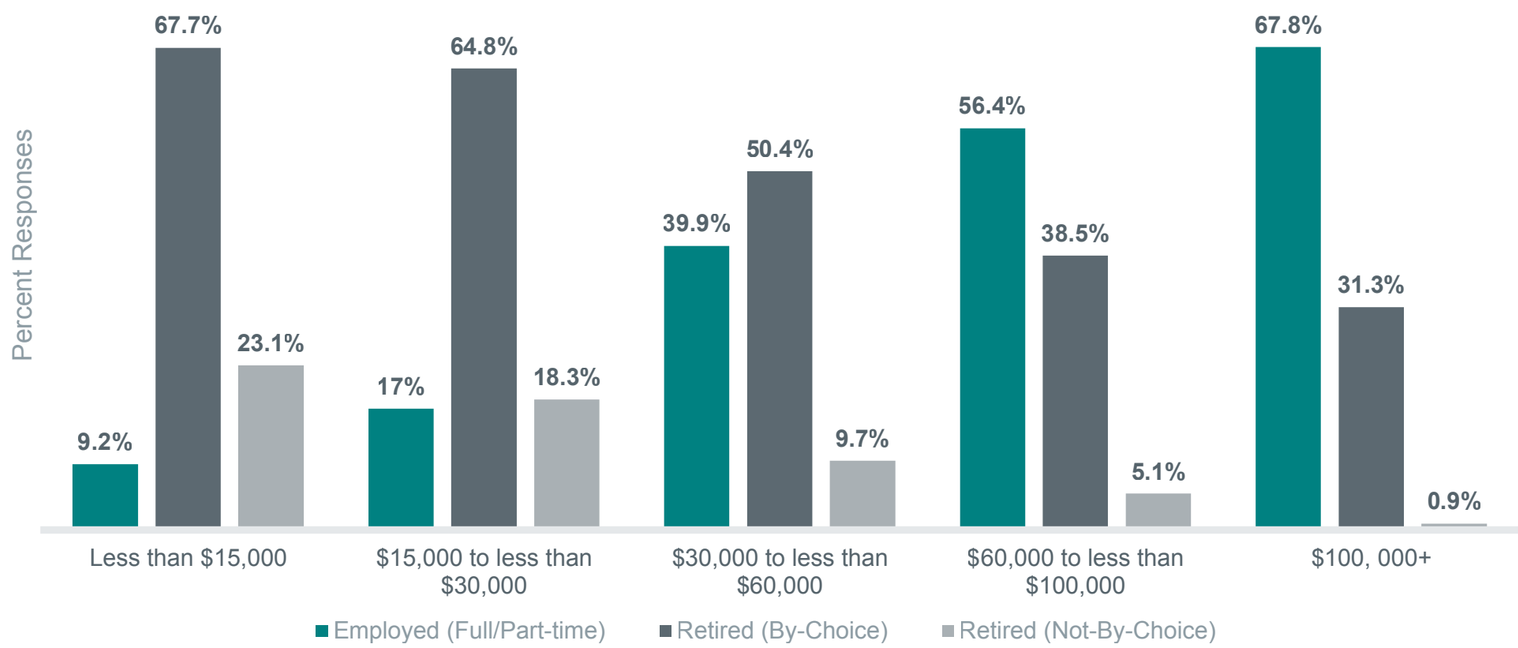
***Individual Income.*** Employment status shows a strong positive relationship with income level. Employment rates increase dramatically from 9.2% among those earning under $15K to 67.8% among those earning $100K or more. Conversely, voluntary retirement rates decline with income, dropping from 67.7% in the lowest income bracket to 31.3% in the highest.

Figure 4.5 reveals a strong association between income and employment status. Higher employment rates among higher earners are expected, as current employment directly generates income. However, the patterns also suggest that those with greater financial resources have more flexibility in their retirement decisions.

The concentration of involuntary retirement in lower-income brackets is particularly concerning. Nearly one-quarter (23.1%) of those earning under $15K are involuntarily retired, compared to less than 1% of those earning $100K or more.

The middle-income categories ($30K-$100K) show more balanced distributions across employment statuses, suggesting a transition zone where individuals have some choice in their employment decisions. The crossover points where employment exceeds voluntary retirement occur between the $60K-$100K bracket, indicating this may represent a threshold of economic security that enables continued workforce participation. These findings underscore how economic inequality in working years compounds into retirement, with lower-income individuals facing both forced early exits and potentially inadequate retirement resources.

**Figure 4.5 Older Adults' Employment Status by Annual Individual Income**




$X^2(8) = 1197.4$ $p < .001$ Cramer's V = .32

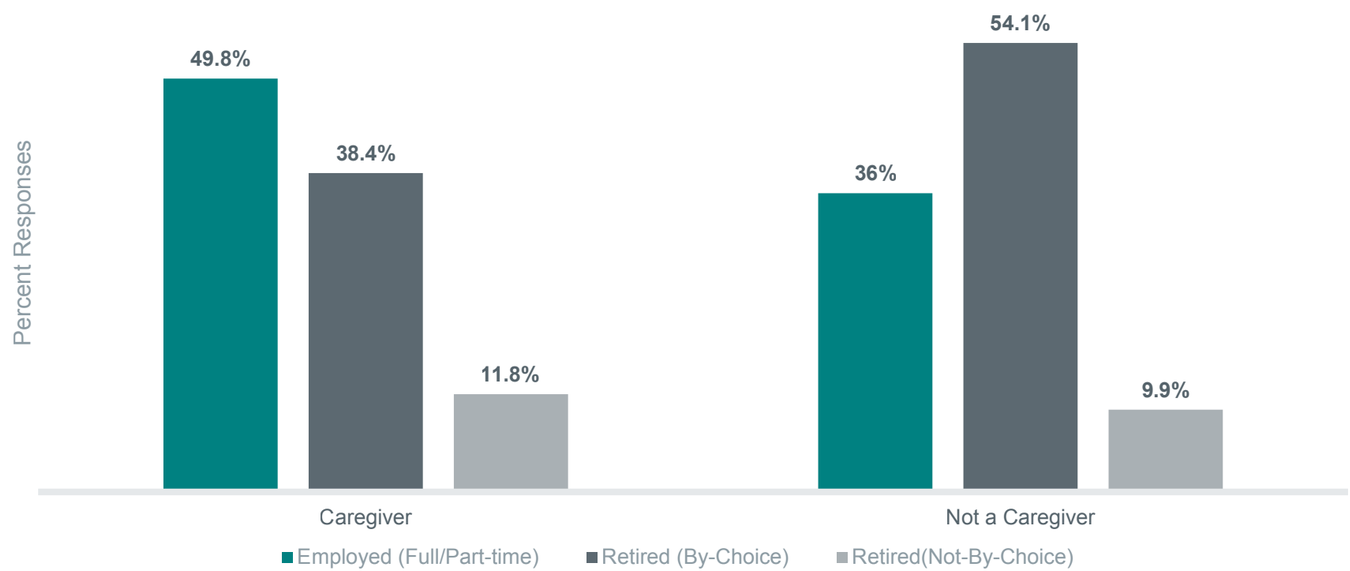
***Older Caregiver.*** Caregiver status shows significant associations with employment status ($p$<.001). Those who are caregivers have a substantially higher employment rate, a lower voluntary retirement rate, and a modestly higher involuntary retirement rate.

Caregivers are employed at nearly twice the rate of non-caregivers and retire voluntarily at considerably lower rates. The striking 14-percentage employment gap between caregivers and non-caregivers reveals an essential tension in the lives of older adult caregivers. While caregiving responsibilities are often time-intensive and emotionally demanding, these individuals maintain employment at notably higher rates than others. This pattern might reflect economic necessity rather than preference—caregiving usually entails substantial out-of-pocket costs.[13]

The 16-percentage gap in voluntary retirement rates between caregivers and non-caregivers reinforces this interpretation. Many caregivers appear unable to retire when they might prefer to, instead juggling employment alongside caregiving responsibilities. This double burden can lead to significant stress, health consequences for the caregiver, and challenges in both work performance and caregiving effectiveness.[14]

The slightly elevated involuntary retirement rate among caregivers suggests that some are unable to sustain the dual demands of work and caregiving, potentially being forced out of employment possibly due to caregiving conflicts, stress-related health issues, or inflexible workplace policies. This creates a particularly vulnerable situation where individuals lose employment income precisely when caregiving expenses are highest. These findings highlight critical policy gaps in support for working caregivers.

**Figure 4.6 Older Adults' Employment Status by Caregiver Status**




$X^2(2) = 71.17$ $p$ <.001 Cramer's V =.16

## Needs Related to Aging-in-Place:

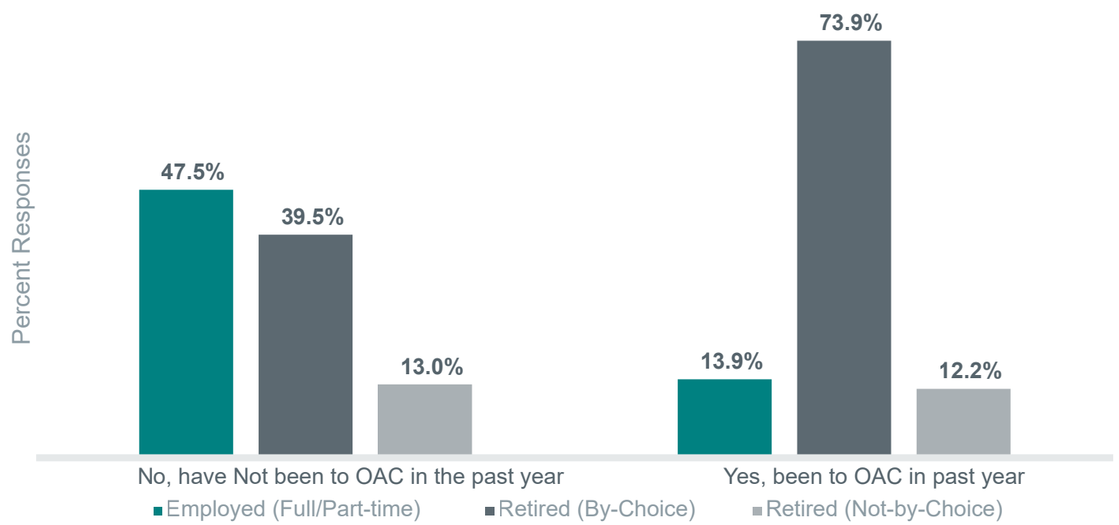
The likelihood of indicating being unemployed also impacted several variables related to older adults' ability to age-in-place and overall wellness, including attending older adult centers.

***Employment Status by Older Adult Center (OAC) Attendance.*** Older Adult Center (OAC) attendance is strongly associated with employment status ($p$<.001). Among those who attended an OAC in the past year, 73.9% are voluntarily retired and only 13.9% are employed, compared to non-attendees, where 47.5% are employed and 39.5% are voluntarily retired. Involuntary retirement rates are similar between both groups (12.2% vs. 13%).

This stark contrast in employment patterns between OAC attendees and non-attendees reflects operational issues. Older Adult Centers typically operate during standard business hours making it more difficult for individuals who are still in the workforce to attend. The high voluntary retirement rate (73.9%) among attendees indicates that OACs successfully reach and serve older adults who have transitioned out of the workforce by choice. The inverse pattern among non-attendees—where employment is the most common status (47.5%)—suggests that work obligations present a significant barrier to OAC participation. Those still employed may lack the daytime availability to attend programs or may not yet identify with the retirement-focused programming typical of these centers. The similarity in involuntary retirement rates between attendees and non-attendees (12.2% vs. 13%) is notable, suggesting that involuntarily retired individuals may face barriers to OAC participation despite having time availability.

These findings suggest that while OACs effectively serve voluntarily retired older adults, there may be opportunities to expand programming to reach better employed and involuntarily retired populations through evening or weekend offerings, targeted outreach, or modified program formats

**Figure 4.7 Older Adults' Employment Status and OAC Attendance**



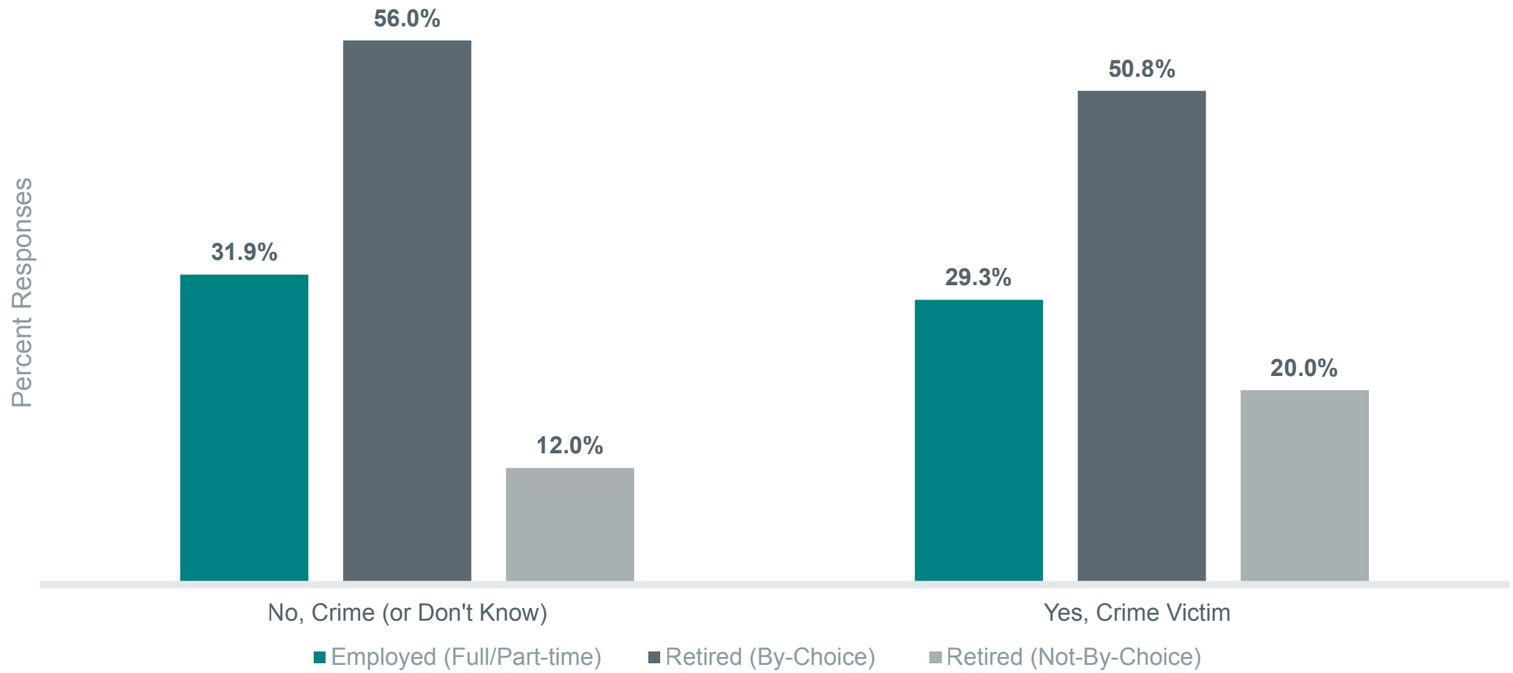

$X^2(2) = 772.18$, $p$ <.001 Cramer's V =.38

***Employment Status by Crime Victimization.*** Crime victimization may directly precipitate involuntary retirement through physical injuries that limit work capacity, psychological trauma such as PTSD or anxiety that impairs job performance, or increased vulnerability to workplace exploitation or discrimination.[15] Financial strain from involuntary retirement might also push individuals into higher-crime neighborhoods or situations.

The lower voluntary retirement rate among crime victims (almost 51% compared to 56% for non-victims) suggests that victimization may disrupt planned retirement trajectories. Some victims may need to continue working to recover financially from crime-related losses, while others may be forced to retire earlier than intended due to the impact of victimization.

These findings highlight the interconnected vulnerabilities older adults face and underscore the importance of comprehensive support services that address both crime prevention and the employment-related consequences of victimization.

**Figure 4.8 Older Adults' Employment Status and Crime Victimization**

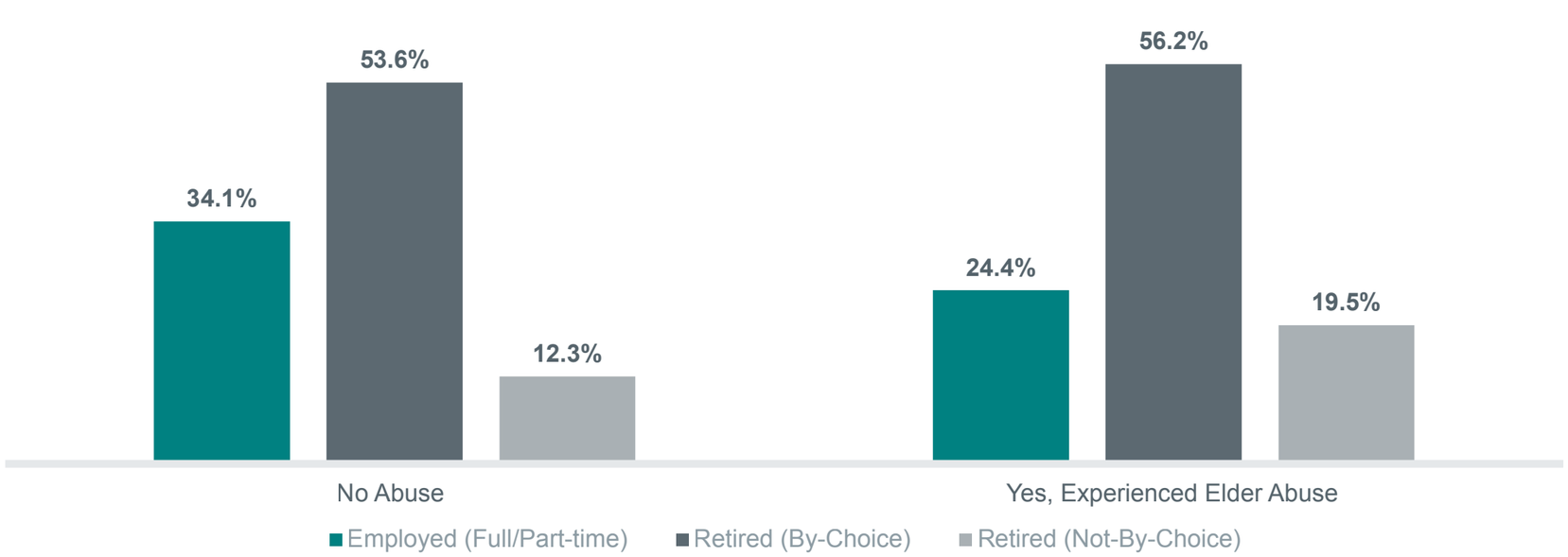



$X^2(2) = 26.50$ $p < .001$ Cramer's V = .07

***Employment Status by Elder Abuse.*** Elder abuse experience shows a concerning relationship with employment status ($p$<.001); those who have experienced elder abuse have a lower employment rate, similar voluntary retirement rates, but a markedly higher involuntary retirement rate. Elder abuse survivors experience involuntary retirement at a rate nearly twice that of those without abuse experience. This is not surprising as perpetrators of abuse often work to isolate the individual, which may lead the victim into early retirement, as well as physical mistreatment necessitating forced retirement due to injuries.[16] This pattern reveals how elder abuse could extend beyond immediate harm to create long-term economic and social consequences.  The substantially lower employment rate among older adults experiencing elder abuse (24.4% vs. 34.1% for those without abuse) represents lost economic security, reduced social engagement, and potential isolation—factors that may compound existing vulnerabilities and even increase risk for continued abuse or exploitation.

Interestingly, voluntary retirement rates remain relatively stable between groups. These findings underscore the critical need for integrated support services that address both the immediate safety concerns of elder abuse and the secondary economic impacts. Workplace accommodations, trauma-informed employment services, financial recovery assistance, and protective legal interventions could help mitigate the employment consequences of abuse and support survivors in maintaining economic independence.

**Figure 4.9 Older Adults' Employment Status and Elder Abuse Experience**



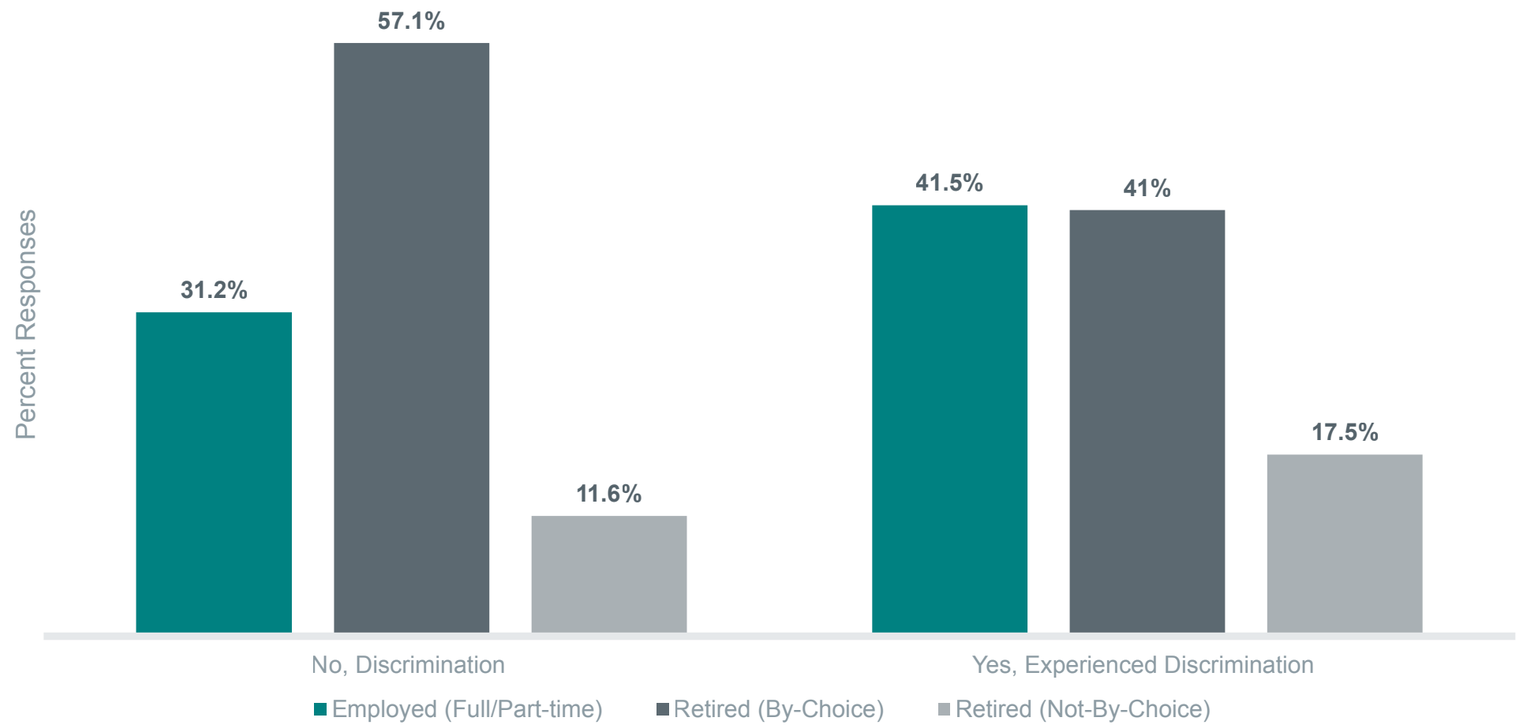

$X^2(2) = 28.58$ $p$ <.001 Cramer's V =.07

***Employment Status by Age Discrimination.*** Experiencing age discrimination is strongly associated with employment patterns ($p$<.001). Those who have experienced age discrimination show a significantly higher employment rate, a dramatically lower voluntary retirement rate, and a substantially elevated involuntary retirement rate. The involuntary retirement rate among discrimination victims is higher than among those without such experiences. This figure reveals a complex and troubling relationship between discrimination and employment status among older adults.

The most striking finding is a 16-percentage gap in voluntary retirement rates between those who have experienced discrimination and those who have not. This pattern is particularly concerning given that continued exposure to workplace discrimination in later years can compound stress, undermine health, and perpetuate cycles of disadvantage.[17]

These findings illuminate how discrimination creates a double bind: some victims cannot afford to retire when they wish, while others are forced out before they're ready. Both pathways reflect systemic inequity that follows individuals throughout their careers and into later life, underscoring the urgent need for stronger anti-discrimination protections, enforcement mechanisms, and remedial economic support for those whose retirement security has been compromised by discriminatory treatment.

**Figure 4.10 Older Adults' Employment Status and Age Discrimination Experience**



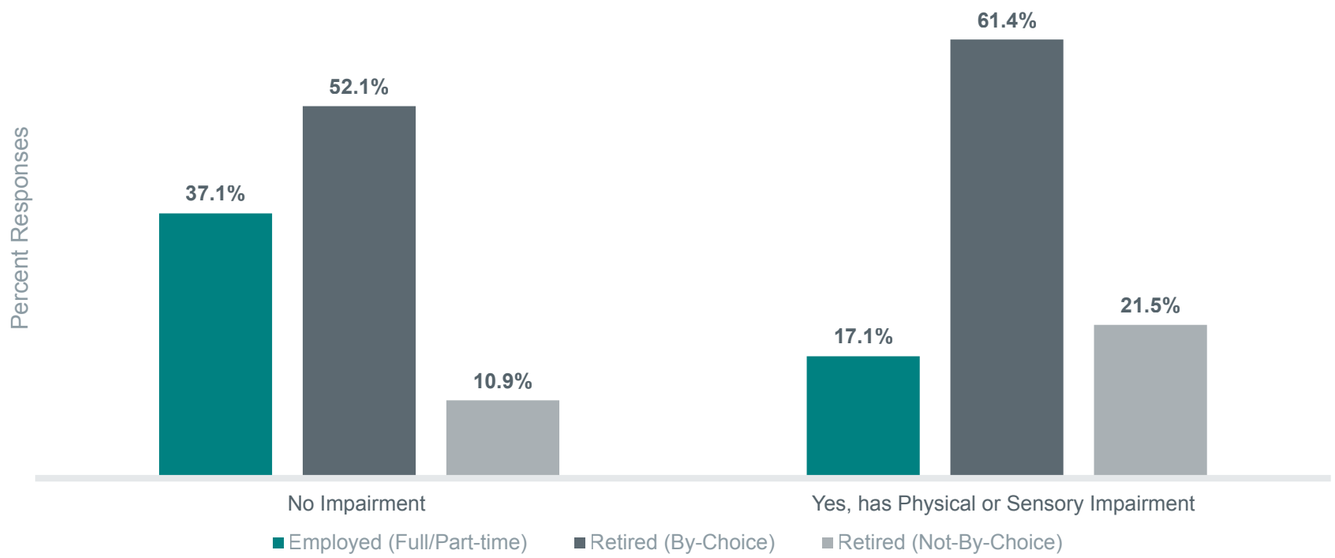

$X^2(2) = 105.73$ $p < .001$ Cramer's V = .13

***Employment Status by Physical/Sensory Impairment.*** Physical or sensory impairments are strongly associated with reduced employment and increased involuntary retirement ($p$<.001). Those with impairments have an employment rate less than half that of those without impairments (17.1% vs. 37.1%), a higher voluntary retirement rate (61.4% vs. 52.1%), and nearly double the involuntary retirement rate (21.5% vs. 10.9%). Figure 4.10 reveals the profound employment barriers faced by older adults with physical or sensory impairments. The 20-percentage employment gap indicates that impairments substantially limit workforce participation, even among those who may wish to continue working.

The near doubling of involuntary retirement rates among those with impairments is particularly concerning, as it suggests that more than one in five older adults with physical or sensory impairments are retired, not by choice. The elevated voluntary retirement rate among those with impairments requires nuanced interpretation; while some may genuinely prefer retirement, others may "voluntarily" retire because they perceive—accurately or not—that continuing employment is impossible given their limitations and lack of available accommodations.[18] This suggests the voluntary retirement category may include individuals making constrained choices rather than fully autonomous ones.

These patterns underscore critical needs for more vigorous enforcement of disability accommodation requirements, workplace culture change to reduce stigma around disability and aging, assistive technology investments that enable continued productivity, flexible work arrangements including remote options, and robust disability benefits as a safety net for those who truly cannot continue working. Additionally, proactive workplace modifications before impairments force exit could extend working years for those who wish to remain employed while supporting dignified retirement for those who choose to leave the workforce.

**Figure 4.11 Older Adults' Employment Status and Physical/Sensory Impairment**

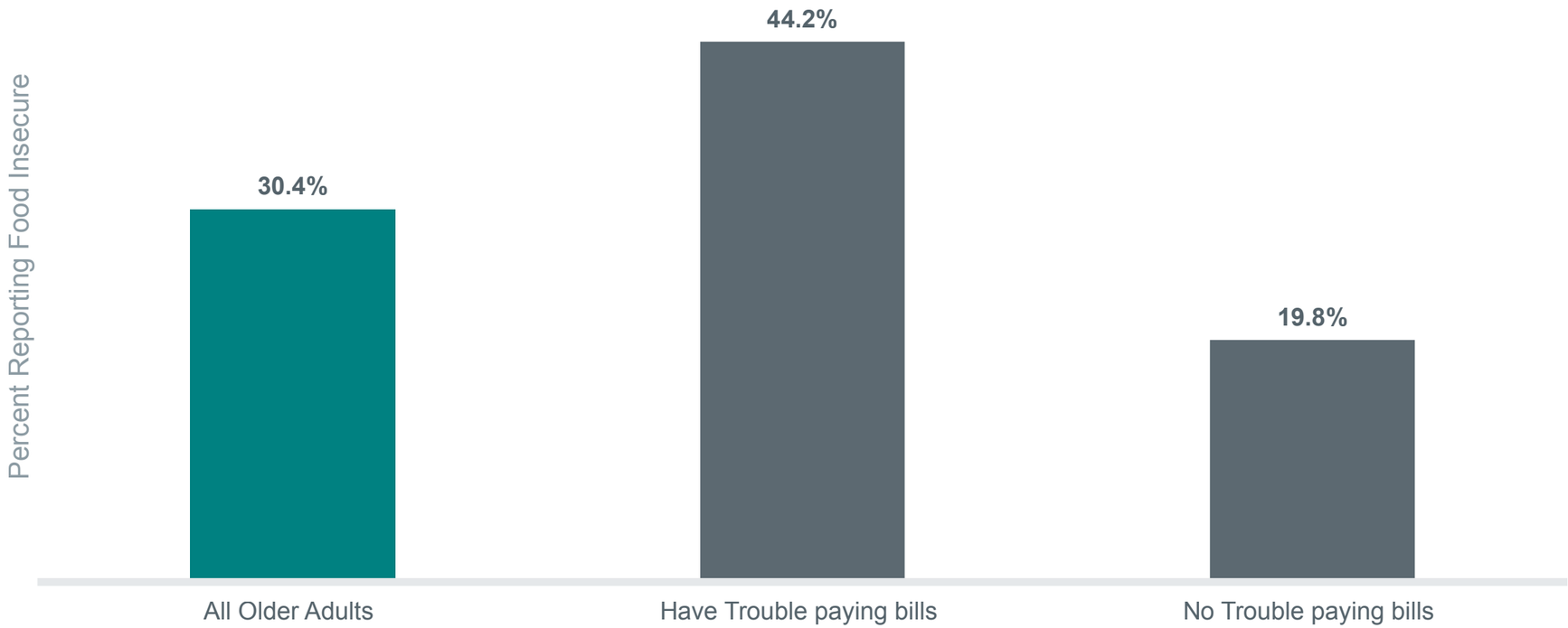



$X^2(2) = 203.83$ $p < .001$ Cramer's V =.18

## 5.0 Co-Occurring Affordability Issues

***Food Insecurity and Trouble paying bills.*** There is a statistically significant relationship between bill-paying difficulties and food insecurity among older adults ($p < .001$). Older adults who report trouble paying bills experience substantially higher rates of food insecurity (44.2%) compared to those without bill-paying difficulties (19.8%). This represents more than a twofold increase in food insecurity risk, highlighting the critical connection between financial strain and basic needs security in this population, underscoring how financial instability directly threatens older adults' ability to maintain consistent access to adequate food.

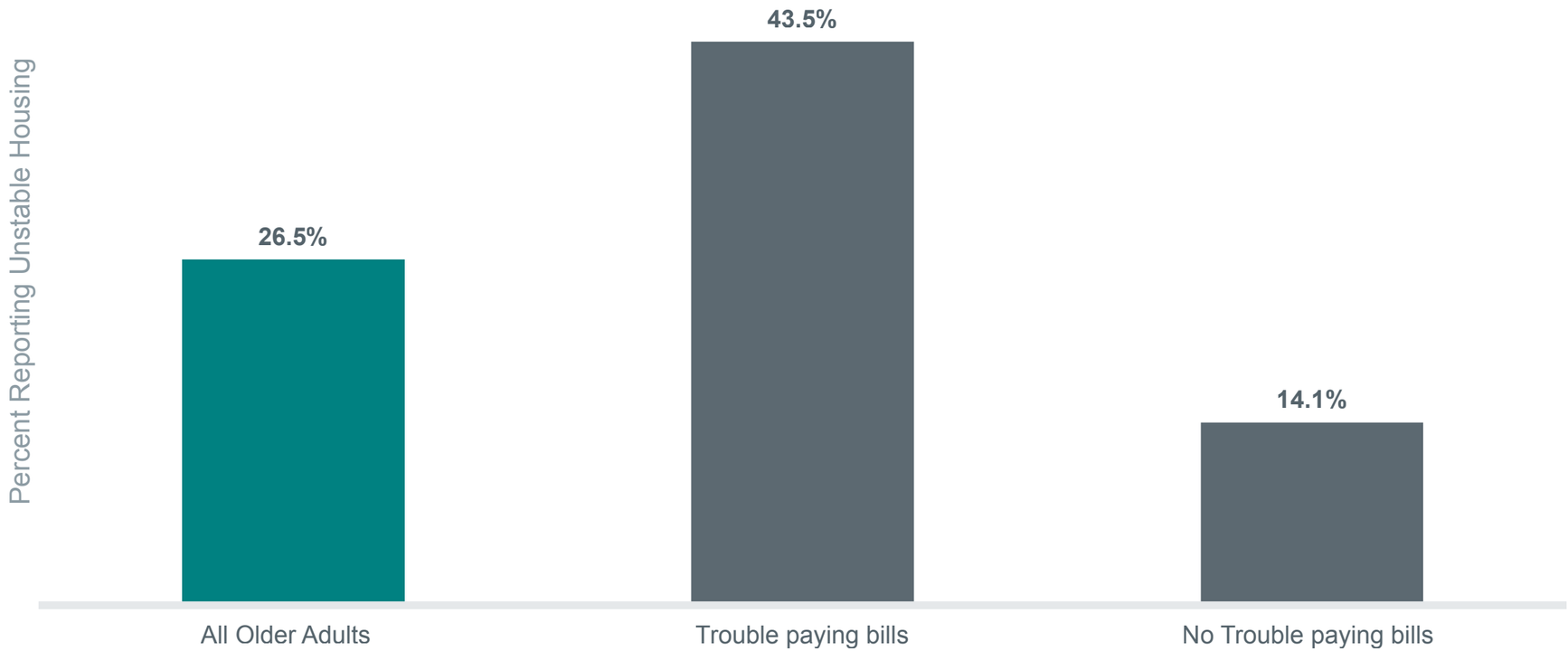
**Figure 5.1 Older Adults report experiencing Food Insecurity and Trouble paying bills**




$X^2(1) = 430$, $p <. 001$, Cramer's V =. 26

***Housing Instability and Trouble paying bills.*** Older adults who are indicate trouble paying bills report unstable housing at a rate of 43.5%, compared to just 14.1% among those without bill-paying difficulties ($p$<.001). This represents more than a three-fold difference (208% relative increase), illustrating the close connection between financial insecurity and housing instability.

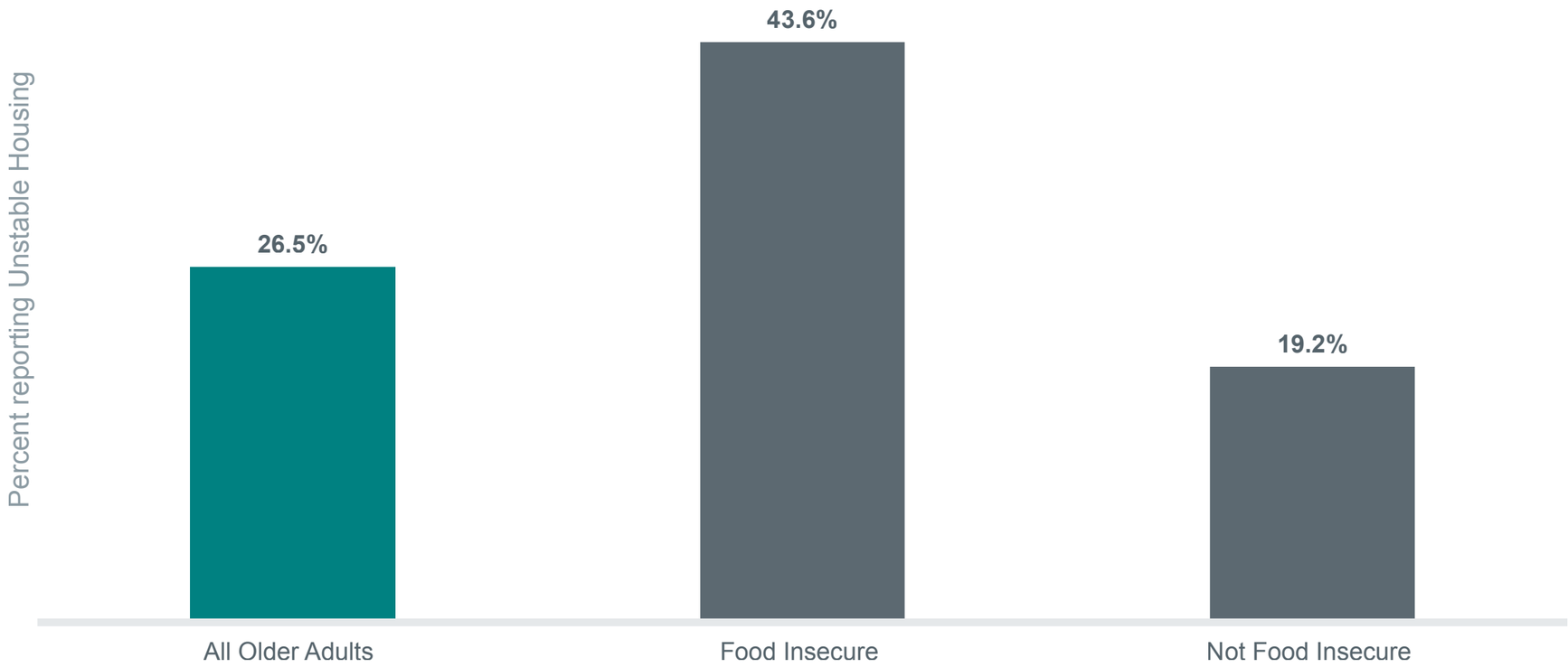
**Figure 5.2 Older Adults report experiencing Housing Instability and Trouble paying bills**




$X^2(1) = 674$, $p$ <. 001, Cramer's V =. 32

***Housing Instability and Food Insecurity.*** There is also a substantial relationship between housing instability and food insecurity($p$<.001). Older adults who are food insecure report unstable housing at a rate of 43.6%, compared to just 19.2% among those who are not food insecure, representing a 127% relative increase—more than double the housing instability rate. The finding reveals that nearly half of food-insecure older adults also face housing challenges, indicating profound material hardship affecting multiple basic needs simultaneously.

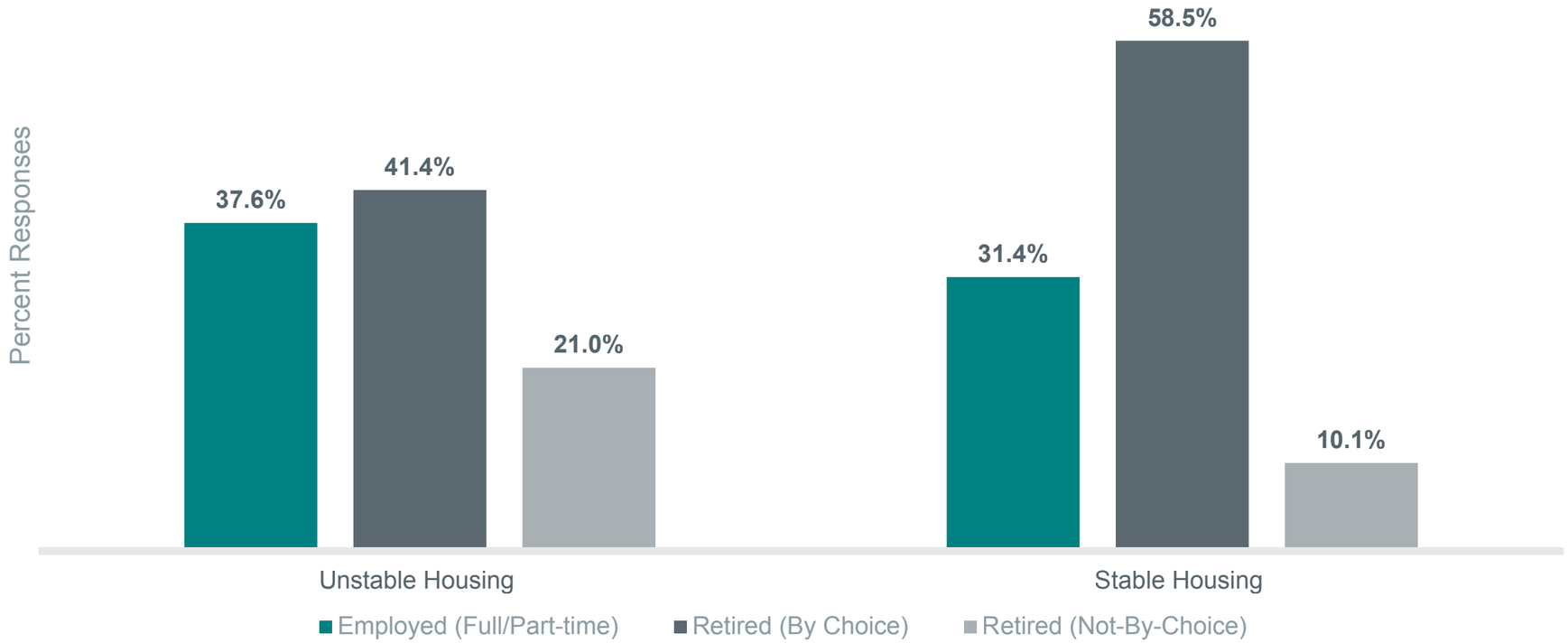
**Figure 5.3 Older Adults report experiencing Housing Instability and Food Insecurity**




$X^2(1) = 391$, $p < .001$, Cramer's V =. 25

***Employment Status by Housing Status.*** Employment status and housing stability are strongly associated ($p$<.001). Notably, involuntary retirement rates differ substantially between the two groups: 10.1% among those with stable housing versus 21.2% among those with unstable housing. The relatively balanced distribution of employed individuals across both housing categories (31.3% stable vs. 37.4% unstable) suggests that current employment alone does not guarantee housing security among older adults. These findings have important implications for policy and practice. Interventions targeting housing stability among older adults should prioritize involuntarily retired individuals, who appear to be at heightened vulnerability. This population may benefit from emergency housing assistance, expedited access to benefits, financial counseling, and supports that address the underlying causes of forced retirement.

**Figure 5.4 Older Adults report experiencing Housing Instability by Employment Status**




$X^2$ =159, $p$ <.001 Cramer's V =.16

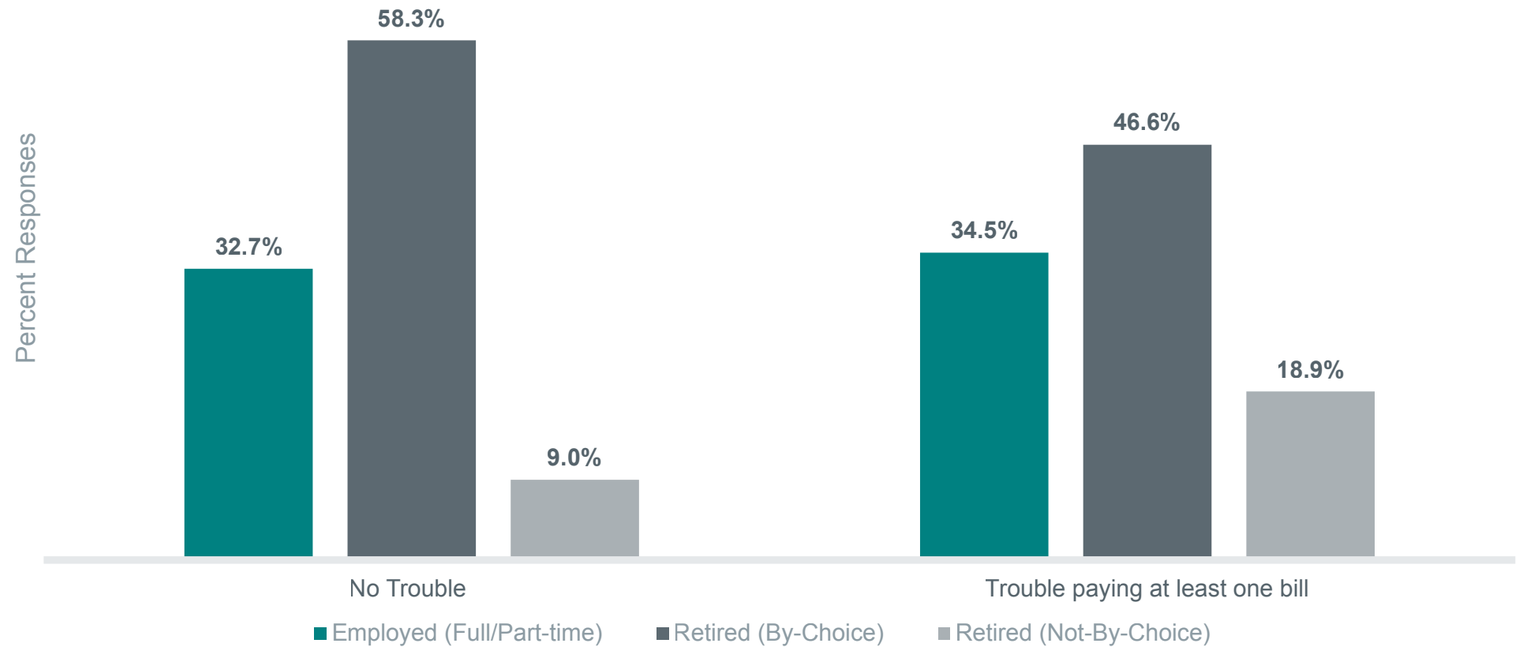
***Employment Status by Trouble Paying Bills.*** The ability to pay bills is strongly associated with employment status ($p$<.001). Notably, involuntary retirement rates differ substantially between the two groups: 9.1% among those without bill-paying difficulties versus 18.8% among those experiencing bill-paying difficulties. This two-fold difference indicates that forced retirement poses significant risks to financial stability.

The inverse relationship between voluntary retirement and bill-paying difficulties (higher rates of voluntary retirement correlate with financial stability, while financial strain shows higher rates of both employment and involuntary retirement) suggests that successful retirement planning and adequate financial resources are protective factors.

These findings have important implications for policy and practice. Interventions targeting financial stability among older adults should prioritize involuntarily retired individuals, who appear to be at heightened vulnerability during the critical transition period when they lose employment income.

Furthermore, these findings underscore the need for policy reforms that better protect older workers from involuntary job loss and provide stronger safety nets during the transition to retirement. By addressing the root causes of involuntary retirement and providing adequate support during these transitions, policymakers can help prevent the financial instability that threatens the wellbeing of this vulnerable population.

**Figure 5.5 Older Adults report Trouble Paying Bills by Employment Status**

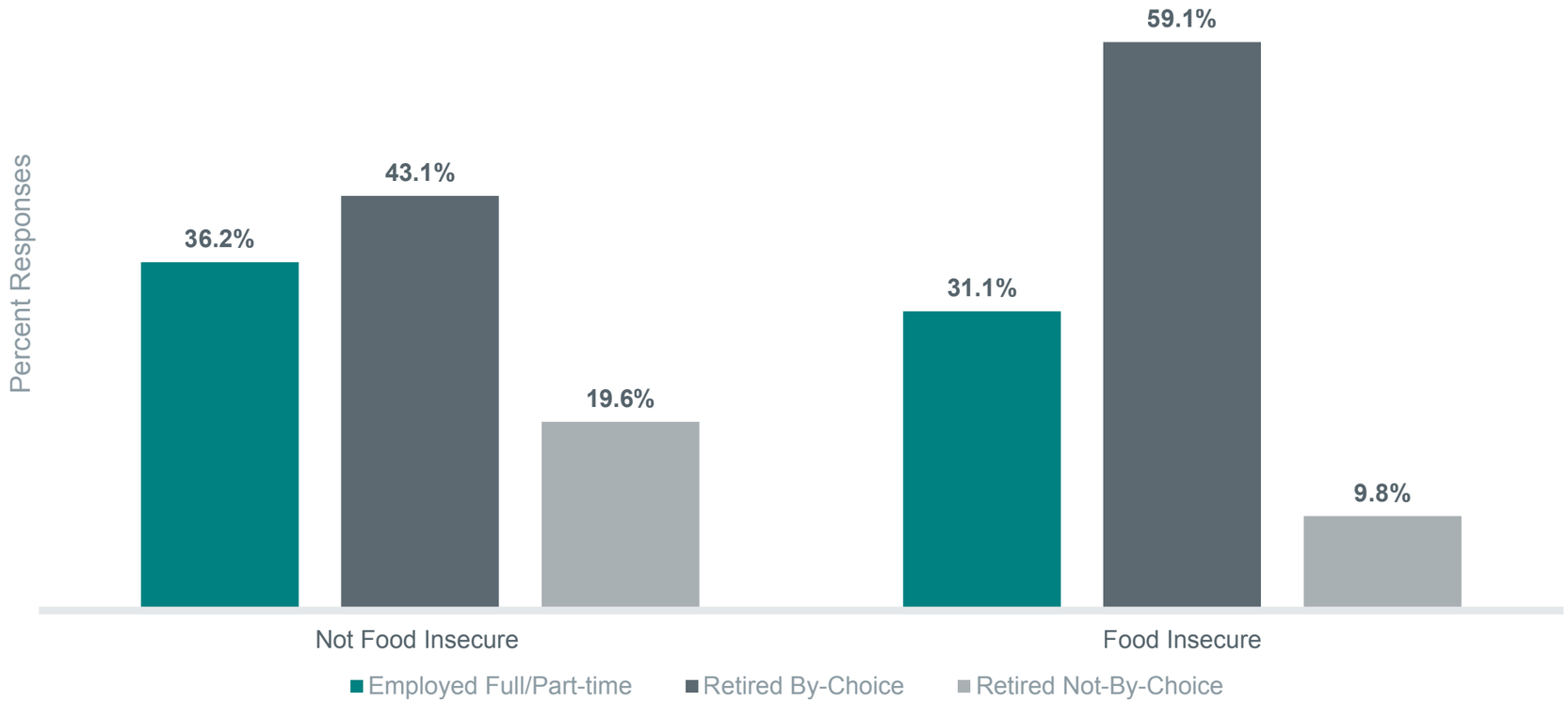



$X^2(2) = 143$ $p < .001$ Cramer's V = .15

***Employment Status by Ability to Purchase Healthy Food.*** The ability to purchase healthy food is strongly associated with employment status ($p$<.001). Notably, involuntary retirement rates differ substantially between the two groups: 9.1% among those who can purchase healthy food versus 19.2% among those who cannot or face challenges. This two-fold difference indicates that forced retirement poses significant risks to nutritional security.

These findings have important implications for policy and practice. Interventions targeting food security among older adults should prioritize involuntarily retired individuals, who appear to be at heightened vulnerability during the critical transition period when they lose employment income but may not yet qualify for full retirement benefits. This population may benefit from expedited SNAP enrollment, connections to food pantries and meal programs, and financial assistance programs designed for older adults.

**Figure 5.6 Older Adults report Food Insecurity by Employment Status**




$X^2(2) = 147$ $p < .001$ Cramer's V = .15

# Conclusion

This analysis examines economic insecurity among older adults across four dimensions: food insecurity, housing instability, employment barriers, and financial strain. The findings reveal that these challenges affect distinct but overlapping populations, with the highest risks concentrated among a younger cohort of older adults (ages 60-74) and residents in the Bronx. Those individuals earning less than $60,000 annually expectedly face acute affordability crises, which are then compounded by other vulnerabilities such as mental health problems, social isolation, and lack of healthcare access. Notably, older adults representing racial and ethnic communities face elevated risks across multiple dimensions, potentially reflecting systemic racism, immigration status, language barriers, and difficulties accessing services.

The research also identifies critical patterns across all older adult demographic groups: food and housing insecurity predictably decline with higher income, yet even among those with higher incomes of greater than $60,000, there exists substantial affordability issues (44.7% still have trouble paying bills, 23.9% live in unstable housing, and 38.3% are food insecure).This highlights the high cost of living in New York City for older adults among various affordability dimensions.

As part of its core mission, NYC Aging actively works to ensure the dignity and quality of life of older New Yorkers by helping them age in their homes and communities.  This has been achieved by creating a community-care approach offering age-inclusive services, such as the following:

1. Programs to address food insecurity, such as congregate meals in older adult centers and home-delivered meals, as well as nutrition education;
2. Programs that help address unstable housing—such as Tenancy and Eviction Support Services (TESS) and legal services that prevent instability—or address accessibility barriers, such as home modification programs; and
3. Programs that supported older New Yorkers who are unemployed or underemployed find new opportunities where they can utilize their skills and knowledge.

Multi-agency initiatives have recently been developed to combat affordability issues as well, including revitalized efforts to protect tenant rights and improve housing affordability and quality of safer housing conditions (NYC Mayor’s Office to Protect Tenants[19] ); expanding workforce training and placement opportunities (Center for Older Adult Workforce Development with NYC Talent); and many initiatives under the NYC Cabinet for Older New Yorkers.

However, additional work is still needed to address both immediate needs and structural inequities. This includes comprehensive policy interventions (such as protecting and expanding SNAP enrollment), promoting older adult nutrition programs, and accessible and affordable housing development; expanding pathways to preserve tenancy for older adults at-risk of eviction (e.g., housing subsidies), in addition to strengthening rental assistance like the Senior Citizen Rent Increase Exemption (SCRIE) benefit; enhancing Social Security and SSI benefits with geographic cost-of-living adjustments; combating age and racial discrimination in employment; and implementing systemic reforms like universal pension coverage and culturally tailored services for diverse communities. Given the challenging and/or possibly unsafe housing situations experienced by elder crime/abuse victims, additional efforts could be made to expand the availability of emergency housing options, and to help increase socialization of this population, including but not limited

to referrals to older adult centers and friendly visiting.  Additionally, following a consensus workshop with stakeholders reviewing relevant data on older adult financial security, the following themes of future direction emerged: improve digital literacy, increase community hiring and sector-specific training pathways, promote and reimagine existing meal service programs, strengthen coordination and reduce duplication across systems and funding partners; expand and increase housing supply and eviction prevention services; and increase awareness, outreach, and anti-ageism efforts. Only through this dual approach—meeting urgent survival needs while tackling root causes through strengthened retirement security, universal healthcare access, and elimination of discrimination—can we ensure dignity and economic stability for all older adults.

# Appendix

**Table 1. Weighted Demographics of "Affordability" of Older Adult Respondents**

Table 1 below presents the weighted demographic data for older adult respondents who reported experiencing food insecurity (Question 25), instances of housing instability (Question 21), employment barriers (Question 5), and/or financial insecurity (Question 24).

| Variable | Food Insecurity (Question 25) | Housing Instability (Question 21) | Employment Status (Question 5) | Financial Burden (Question 24) |
|---|---|---|---|---|
| Age | | | | |
| 60 – 64 Years Old | 34.4% | 35.2% | 14.4% | 33.2% |
| 65 – 74 Years Old | 42.3% | 45.4% | 44.8% | 45.3% |
| 75 – 84 Years Old | 16.2% | 14.1% | 28.1% | 15.9% |
| 85 Years Old or Older | 7.1% | 5.2% | 12.7% | 5.7% |
| Borough | | | | |
| Bronx | 20.3% | 17.1% | 13.5% | 17.0% |
| Brooklyn | 30.4% | 32.1% | 27.2% | 28.5% |
| Manhattan | 16.8% | 18.8% | 21.6% | 18.8% |
| Queens | 27.6% | 26.8% | 31.0% | 30.0% |
| Staten Island | 4.8% | 5.1% | 6.7% | 5.7% |
| Race/Ethnicity[20] | | | | |
| Asian (alone) | 12.0% | 16.2% | 16.1% | 16.8% |
| Black or African American (alone) | 25.5% | 23.6% | 19.7% | 24.9% |
| White (alone) | 27.9% | 25.2% | 38.7% | 28.2% |
| Hispanic/Latino (alone) | 31.5% | 32.4% | 22.7% | 26.8% |
| Some Other Race (incl. multi-race) | 3.1% | 2.7% | 2.7% | 3.3% |
| Gender Identity/Sex[21] | | | | |
| Male | 41.2% | 49.8% | 41.7% | 45.5% |
| Female | 58.8% | 50.2% | 58.3% | 54.5% |

| Variable | Food Insecurity (Question 25) | Housing Instability (Question 21) | Employment Status (Question 5) | Financial Burden (Question 24) |
|---|---|---|---|---|
| Sexual Orientation | | | | |
| Straight or Heterosexual | 85.2% | 82.3% | 82.6% | 77.6% |
| Gay or Lesbian | 4.8% | 4.8% | 5.0% | 5.8% |
| Bisexual | 0.6% | 1.5% | 0.8% | 0.7% |
| Other | 9.4% | 11.4% | 11.6% | 15.8% |
| Annual Individual Income[22] | | | | |
| Less than $15,000 | 31.6% | 40.3% | 34.9% | 31.3% |
| $15,000 - $29,999 | 24.4% | 25.5% | 28.9% | 31.4% |
| $30,000 - $59,999 | 23.8% | 20.3% | 19.3% | 20.7% |
| $60,000 - $99,999 | 16.5% | 10.7% | 11.8% | 12.6% |
| More than $100,000 | 3.7% | 3.2% | 5.2% | 4.0% |

*Note: percentages do not always equal 100% due to rounding errors.

## *Endnotes*

1 New York City Department for the Aging (July 2025). State of Older New Yorkers.

2 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 New York City. All Service Needs Assessment 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, and gender/sex to match NYC demographics based on the 2017-2021 ACS PUMS 5-Year Estimates.

3 New York City Department for the Aging (July 2025). State of Older New Yorkers.

4 In general, we looked at where we observed a statistically significant difference between the areas of interest; however, please note that the results should be interpreted as associations and not causation. Results shown are the results of a deeper dive into the data.

5 National Conference of State Legislatures, "Introduction to Benefits Cliffs and Public Assistance Programs," accessed [December 2024], .

6 Memmott, T. (2025). The impact of material hardship severity and frequency on health outcomes: Evidence from New York City.

7 Byrne, T., Montgomery, A. E., Fargo, J. D., & Culhane, D. P. (2024). Persistence of a birth cohort effect in the US among adults experiencing homelessness. JAMA Network Open, 7(11), e2828494.

8 Federal Trade Commission. (2025). Protecting Older Consumers 2024-2025: A Report of the Federal Trade Commission. This report documents financial fraud, scams, and exploitation targeting older adults, demonstrating the direct link between criminal victimization and financial loss that can compromise housing stability.

9 M. E. Szinovacz and A. Davey, "Predictors of Perceptions of Involuntary Retirement," The Gerontologist 45, no. 1 (2005): 36–47,

10 Federation of Protestant Welfare Agencies & Urban Institute. (2025). *The true cost of economic security: Policy implications for New York City.*

11 Christian E. Weller, Dania V. Francis, and Michele E. Tolson. "Retirement Wealth by Race and Ethnicity: Differences, Trends and Contributing Factors." Society of Actuaries Research Institute, April 2024.

12 NYU Furman Center for Real Estate and Urban Policy. "The Bronx: Neighborhood Data Profile." This profile documents the Bronx's socioeconomic characteristics, including median household income ($48,610 in 2023, approximately 39% below citywide median), poverty rate (27.9%), and labor force participation metrics, supporting the characterization of economic vulnerability among residents.

13 AARP. "Family Caregivers Cost Survey: 2021." .

14 National Alliance for Caregiving & AARP. (July 2025). Caregiving in the US: Research Report. Washington, DC.

15 Office of Justice Programs, Office for Victims of Crime. "Physical and Mental Health." .

16 Office of Justice Programs, Office for Victims of Crime. "Physical and Mental Health."

17 Chang, E. S., Kannoth, S., Levy, S., Wang, S. Y., Lee, J. E., and Levy, B. R., "Trajectories of Perceived Workplace Age Discrimination and Long-Term Associations With Mental, Self-Rated, and Occupational Health," The Gerontologist 59, no. 5 (2019): 876–886, .

18 LeadingAge LTSS Center @UMass Boston. "Study Finds Pronounced Differences Between Voluntary and Involuntary Retirees." December 4, 2019.

19 NYC Mayor's Office to Protect Tenants

20 Race/ethnicity categories are mutually exclusive.

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

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