

New York City Department for the Aging

Annual Plan Summary

Covering

April 1, 2022 – March 31, 2023

for

The Older Americans Act (OAA)

The New York State Community Services for the Elderly (CSE) Program

The Expanded In-Home Services for the Elderly Program (EISEP)

November 2021

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Stakeholder Input

The New York City Department for the Aging (DFTA) has published the 2022-2023 Annual Plan Summary (APS) on its website:

www.nyc.gov/aging

This Plan provides a valuable opportunity for the Department to share its goals, objectives, and program planning with the aging network.

Due to COVID 19, no public hearings on the APS will be held this year. However, DFTA encourages consumers, community partners, advocates, and other interested parties to comment on the Plan or submit testimony on other issues that impact New York City's older adults via email at:

testimony@aging.nyc.gov

All comments must be received by December 15, 2021

DFTA welcomes your input and values your expertise!

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With support from DFTA's operational and financial divisions, the Annual Plan Summary was prepared by the Planning, Policy and Analysis Unit: Sandy March, Senior Analyst; LaTrella Penny, Director; and Joyce Chin, Senior Director of the Office of Management Analysis and Planning. Ryan Gardener-Cook, Demographer, prepared the demographic analyses.

Introduction

New York City Department for the Aging

The New York City Department for the Aging (DFTA or the Department) is the lead Mayoral agency addressing public policy and service issues for the aging. It is also the largest agency in the federal network of Area Agencies on Aging (AAA) in the United States. The Department promotes, administers, and coordinates the development and provision of vital community services that help older New Yorkers aged 60+ within the five boroughs of New York City stay healthy and independent, and serves as an advocate on legislative and policy issues.

DFTA's mission is to work to eliminate ageism and ensure the dignity and quality of life of New York City's diverse older adults, and for the support of their caregivers through service, advocacy, and education.

DFTA continues its long history of collaborative partnerships with community-based organizations for the provision of programs and services, which aim to foster independence, safety, wellness, community participation and quality-of-life.

Purpose and Scope of the Annual Plan Summary (APS)

The Older Americans Act (OAA), Section 306(a)(6)(D), requires AAAs to develop an Area Plan that describes its activities for the upcoming four years. New York State also requires AAAs to submit an Annual Implementation Plan (AIP) to the New York State Office for the Aging (NYSOFA) on programs funded through federal and state resources, including the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP). The Annual Plan Summary (APS) is a synopsis of the AIP and presents DFTA's strategic goals, programming, budget, and service levels. **This Plan represents the third year of a four-year plan covering the period April 1, 2020, to March 31, 2024.**

The OAA requires the provision of various services for older adults, including access to nutrition, benefits counseling, employment opportunities, legal assistance, and in-home services. The CSE Program and EISEP require the provision of community-based services for the frail elderly. The Department works with its Senior Advisory

Council, Interagency Councils on Aging, consumers, advocacy, and provider groups, elected officials, and community boards to identify and address local needs. The allocation of Department resources is determined by legislative mandates and directives, the availability of funding, the results of demographic analyses, assessment of unmet needs, recommendations from local communities, and the availability of services through alternate sources.

Community Dialogue and Feedback

DFTA engages in ongoing dialogue with various community partners and in various forums:

- **DFTA's Senior Advisory Council** is mandated by the OAA, Section 306(a)(6)(D), New York State, and the New York City Charter to advise DFTA and its Commissioner on matters related to the development, administration, and operations of its area plan. The Council includes representatives from the social services, health, and academic communities, as well as from among aging services consumers. The members all serve without compensation and are appointed by the Mayor for three-year terms.
- **Annual Plan Summary Public Hearings.** Public hearings provide an opportunity for older persons, service providers and advocates to identify priority needs, recommend ways to enhance services, and suggest an agenda for legislative advocacy to DFTA and its Senior Advisory Council. The Department for the Aging usually conducts public hearings annually to obtain recommendations and comments on its Annual Plan Summary. This input helps DFTA prepare its plan for upcoming fiscal years and enhance its long-term efforts on behalf of the City's elderly. The Annual Plan Summary hearings have been suspended due to the pandemic.
- **Public Forums and Stakeholder Sessions.** Public forums, including the Annual Plan Summary hearings and Borough Budget Consultations, encourage service providers, community leaders and the public to share their views and recommendations on aging services. Stakeholder sessions include forums to offer input into the design of solicitations and programs, as well as discussions with providers, elected officials, Interagency Councils, community boards, Borough President cabinets and older New Yorkers.

Statistical Overview of Older New Yorkers

New York City's rapidly growing older adult population of over 1.7 million is ethnically, culturally, and economically diverse, with a wide range of service needs. Needs assessment is the first step to ensuring that the City's older adults have access to appropriate and effective services. The Department identifies these needs through ongoing consultation with consumers, providers, advocates, and elected officials, an examination of the potential impact of policy and legislative changes on New Yorkers, and an analysis of changing demographic patterns.

The results of the 2000 and 2010 Censuses, the 2019 American Community Survey (ACS), and population projections through 2040 provide a foundation to determine the current and future needs of New York City's elderly.

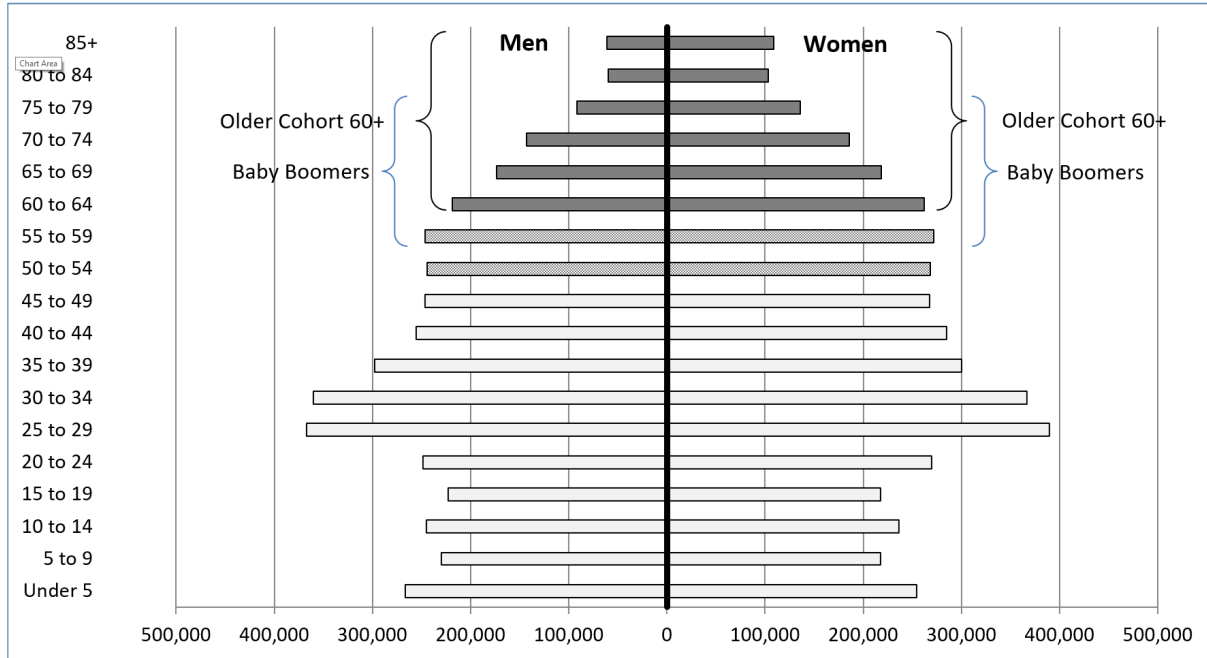
Demographics of the Aging Population: 2000-2040

The Age and Gender Pyramid that follows shows an overall profile of New York City's 2019 population. The area shaded in dark gray reflects the **population aged 60+**, which **comprises 1.76 million adults, or 20.6% of the City's population**. The light gray bars represent those aged 50 to 59, who comprise 1,031,444 people, or 12.4% of the population¹.

By 2040, New York's 60+ population is projected to increase to 1.86 million, a 48.5% increase from 2000. The 2040 number will thus remain at 20.6% of the total population, about one-third above the 15.6% figure in 2000.² The absolute number of residents aged 60+ will increase into mid-century as part of the overall projected increase in the New York City population.

The 1.76 million figure for the current older population is based on a sample survey. Results from these surveys can vary upward or (on rare occasions) downward each year based on the sampling methodology. Nevertheless, the underlying trend of ongoing growth in the older population has held firm in nearly all of the annual projections in recent years.

Age and Gender Pyramid for New York City (2019)³

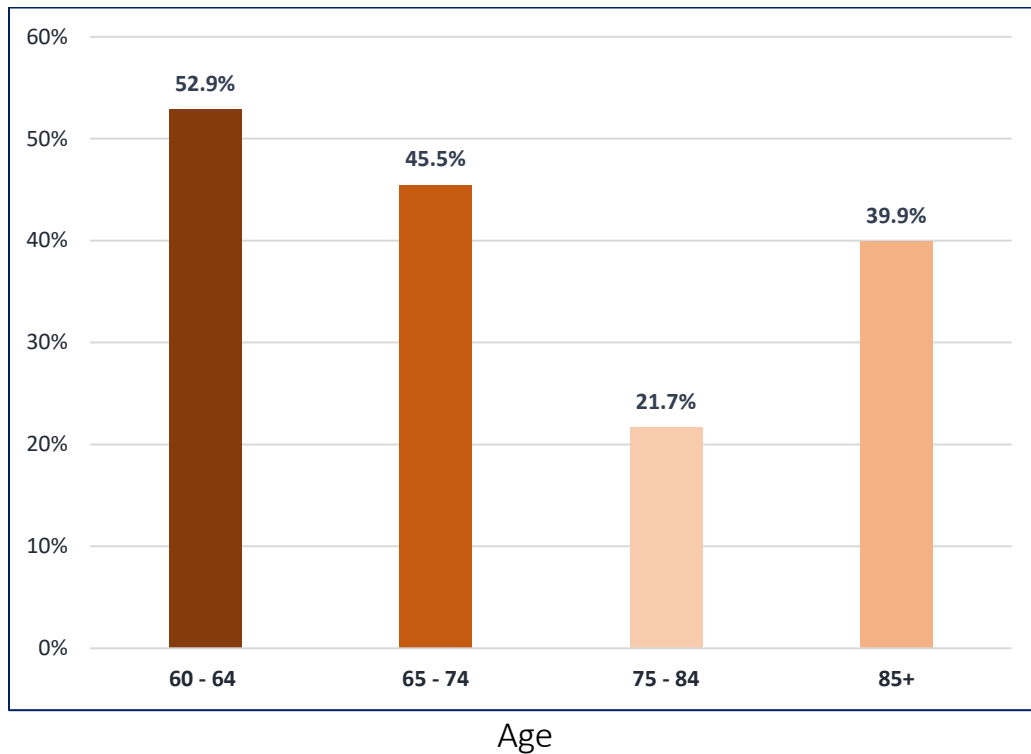


**Note: Each bar represents an age span of five years.*

Aging Within the Older Population

The City’s total older population, which increased from 1.25 million in 2000 to 1.76 million in 2019, has significantly changed in age composition. During this period, the number of residents 60-64 years and older increased dramatically, by 52.9%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly, by 45.5% and 39.9% respectively. Those between ages 75 and 84 increased moderately, at 21.7%. By 2040, boomers will be part of the oldest population group, and the growth of this 85+ group will be 71.7% between 2000 and 2040.⁴

Percentage Change of Selected Age Groups, New York City (2000-2019)⁵



Increase in Life Expectancy

New York City's life expectancy at birth remains at an all-time high of 81.3 years, an increase of 3.7 years from 2000 to 2018⁶. However, life expectancy gains are not shared uniformly across gender or race. Women continue to experience longer life expectancies at birth compared to men. In 2019, New York City women had a life expectancy of 83.6 years, while men had an average life expectancy of 78.6 years⁷. Additionally, the 2010 U.S. Census shows the Hispanic population in New York City to have had an average life expectancy at birth of 82.4 years, the White population of 81.3 years, and the Black population of 77.2 years.⁸ Life expectancy data for Asians were not available in the 2010 US Census.

As of 2019, women continue to outnumber men by 265,724 within the 60+ age group. Among those 85 and older, the number of women is almost double that of men.⁹ By 2040, the sex ratio (number of males per 100 females) for New Yorkers is projected at 80 for those 55-64, 75 for those 65-74, 67 for those 75-84, and 52 for those 85 and older.¹⁰ Thus, as is the case currently, women 85+ in 2040 will

outnumber men their age by roughly 2 to 1. This greater longevity results in more women living alone during their later years, which has various implications related to income, social isolation and other concerns.

Increase in Diversity

From 2000 to 2019, the non-Hispanic White older population continued to decrease, whereas the number of other ethnic and/or racial populations grew rapidly. In 2019, 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 2019, the Black population increased by 65%, the Hispanic population by 105%, and the Asian/Pacific Islander population by 195%.¹¹

Table A: Race/Ethnic Composition 65+ Population in New York City, 2000-2019¹²

Race/Ethnic Profile	2000 Census	2019 ACS	% Change 2000-2019
White (Non-Hispanic)	533,982	522,727	-2.1%
Black	185,088	304,924	64.8%
Hispanic	138,840	284,425	104.9%
Asian/Pacific Islanders	59,056	174,242	195.1%
All Minorities	382,984	763,591	99.4%

Close to half of older New Yorkers speak a language other than English at home.

Linguistic and cultural differences, coupled with the challenges of aging and disability, can limit older adults' access to services and have a significant impact on health outcomes. The table below shows that 20 percent of those aged 65+ speak Spanish at home, followed by Chinese (6.8%), and Russian (4%).

Table B: Top 10 Languages other than English spoken at home amongst the 65+ Population in New York City, 2019 ¹³

Languages spoken at home	Percentage
English	52%
Spanish	20.6%
Chinese	6.8%
Russian	4.0%
Italian	2.2%
Haitian	1.5%
French	1.1%
Korean	1%
Greek	1%
Bengali	0.8%
Yiddish	0.7%
Other	8%

Income and Poverty

The percentage of older New Yorkers below the Federal Poverty Level is nearly twice that of Americans in general. Whereas the United States has experienced a decline in the national poverty rate for older people, from 12.8% in 1990 to 9.9% in 2000 and then remaining relatively stable through 2019, New York City's older adults experienced an increase in poverty from 16.5% to 17.9% for the same period.¹⁴ The 2019 Federal Poverty Level was \$12,261 for a one-person household and \$15,468 for older two-person households.¹⁵

Table C: Poverty by Race/Ethnicity for Older New Yorkers Aged 65 and Above, 2019¹⁶

Race	Total Older Cohort*	Number Below Poverty Level	% Below Poverty Level
White	509,036	63,389	12.5%
Black	292,466	56,256	19.2%
Hispanic	275,450	75,739	27.5%
Asian	170,835	39,805	23.3%

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

A substantially higher proportion of racial/ethnic groups other than the White population live in poverty – 28% of Hispanics, 23% of Asians, and 19% of Blacks. In addition, the number of older women living below the poverty level (21%) is approximately five percentage points higher than that of their male counterparts (15%), which translates to 40% higher poverty among older women relative to the population of older men.¹⁷

In 2019, the median household income for older New Yorkers was \$41,054, lower than the nation’s median of \$48,893.¹⁸ Median income also varies significantly by race. In 2019, the approximate median income of:

- Hispanic households was ~\$22,500, 59% less than that of the White population, whose median household income was ~\$55,000;
- Black households was ~\$37,500 or 32% less than for the White population; and
- Asian households was ~\$32,500, 41% less than in the White population.¹⁹

Functional Capacity and Mobility

As they age, some older adults lose independence due to decreased mobility and cognitive functions and other disabilities. In 2019, 429,411 older people (65+), or 35% of the total non-institutionalized population, reported some level of disability. Of this group:

- 26% had physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying;
- 18% had conditions that restricted their ability to go outside the home, shop, or visit the doctor;
- 10% had mental, cognitive or emotional conditions causing difficulties in learning, remembering, or concentrating;
- 11% were limited in their ability to perform self-care activities, such as dressing, bathing, or getting around inside the home;
- 9% reported hearing disabilities; and
- 6% reported vision disabilities.²⁰

Disability rates for older New Yorkers were roughly equal to national rates (34.6% vs. 33.5% respectively). Over one-third (39%) of older women have some disability. In contrast, just under one-third (32%) of older men are disabled. However, as a result of that contrast and the larger population of older women as compared to men, women make up almost two-thirds (63%) of all disabled older adults. When examining these rates by ethnicity, older Hispanic men (35%), and especially women (49%), have higher disability rates compared with their non-Hispanic counterparts. Disability is also associated with poverty: a higher proportion of older people with disabilities were in poverty (24%) than those without (15%).²¹

Social Isolation

Social isolation is prevalent amongst older people, and evidence indicates that it can have a detrimental effect on their health and well-being, e.g., declines in physical, mental and cognitive health. Research indicates that living alone is one of the main risk factors for social isolation. In 2019, 31% of persons age 65 and over in New York City were living alone, increasing to 38% for those aged 85 and over.²² Compounding this, the poverty rate among those 65 and over living alone (33%) was dramatically higher than among those not living alone (11%).²³ Social isolation is a complex concern for older adults, and it is important to note that living alone is not the only factor that may contribute to vulnerability for certain older individuals. Other factors include limited income, disability, inadequate access to primary care, and the population density of older people, which measures the number of persons 65 and older in an area.²⁴

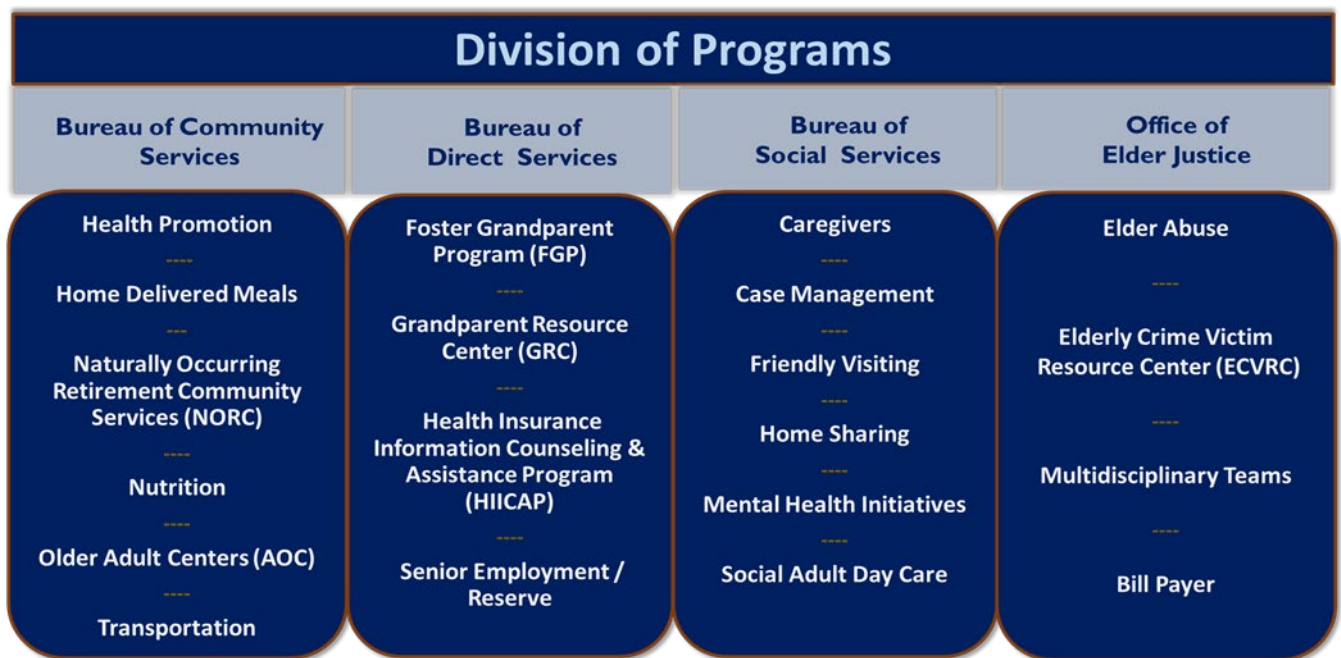
Employment

In 2019, more than one out of every five workers (23%) in the American labor force were 55 or older²⁵, and projections have indicated that this age group will account for a quarter of the labor force in 2022²⁶. The aging of the baby boomer generation, coupled with other factors such as the changing make-up of the job/labor markets and of US economic structural conditions overall, will likely result in ongoing increases in the proportion of the labor market consisting of older people.

DFTA Services

The Department supports a broad range of services, both directly and through over 400 direct service contracts. The next two sections highlight the programs, initiatives, and services through which the Department responds to the current and emerging needs of the elderly. They outline the services provided through the four areas in the **Division of Programs**, as well as through **Other Programs and Initiatives**.

Division of Programs



THE BUREAU OF COMMUNITY SERVICES (BCS)

The **Bureau of Community Services (BCS)** provides various community-based programs and services that help older adults remain active in their communities. BCS comprises the following units and programs:

- **Older Adult Centers (OAC).** DFTA currently funds 249 older adult centers (formerly known as senior centers) throughout the five boroughs, and there are additional sites affiliated with those centers. They provide congregate meals and an environment where older adults can participate in a variety of recreational, health promotional and cultural activities, as well as receive information and assistance with benefits and entitlement programs. Prior to the COVID-19 pandemic, close to 30,000 individuals attended DFTA’s older adult centers and affiliated sites daily. Starting June 14, 2021, DFTA followed City guidance and reopened the centers across the city to in-person congregate activities at 25% capacity. The OACs offer hybrid services, a combination of congregate meals and Grab and Go meal services. In addition, contracted providers provide in-person and virtual programs, and continue telephone contacts with older New Yorkers.
- **Home Delivered Meals.** The Home Delivered Meals (HDM) program provides meals each weekday to hungry and homebound older adults, and its partnership with Citymeals on Wheels supports weekend, holiday, and emergency meals for these recipients. All home delivered meals meet prescribed dietary guidelines.
- **Healthy Aging Initiatives** include the **Health Promotion Services Unit**, and healthy aging-related, grant-funded projects. The **Health Promotion Services Unit** coordinates evidence-based programs throughout the older adult center and NORC networks to promote Chronic Disease Management and Prevention, Falls Prevention, Exercise, and Social and Mental Health and well-being. Its network of older adult volunteers conducts health education programs and activities for older New Yorkers, including Stay Well exercise classes and Keep on Track Blood Pressure Monitoring.
- The **BCS Nutrition Unit** includes dietitians and nutritionists who serve as experts for the Department’s community partners and for seniors living in the community who attend congregate meal programs or receive home delivered meals. They ensure that older adults receive nutritious meals that meet all city, state, and federal guidelines. They also provide extensive technical assistance on meal planning, recipe development,

food safety, and City Agency Food Standards. The nutrition unit will oversee the execution of a new ACL Grant – the Virtual Smart Living Initiative. The Virtual Smart Living Initiative is a three-year project that will take a holistic approach to address the nutritional, social, and mental health needs of older New Yorkers.

- **The NORC and Senior Housing Initiatives Unit.** Senior Housing staff provides information on and referrals for low-income housing for older adults, as well as assistance on other housing-related issues. The Unit also oversees the Naturally Occurring Retirement Community Supportive Service Programs (NORC SSPs), which provide case management, assistance with entitlements and benefits, assistance with health care management, wellness activities, and other social and educational programs. There are currently 28 NORC SSP contracts funded by DFTA.
- **Transportation Services.** The Department provides transportation for older adults through contracted non-profit organizations. These providers transport older New Yorkers who have no access to, or cannot use public transportation, to older adult centers and essential medical, social service and recreational appointments. The program serves all five boroughs.

THE BUREAU OF SOCIAL SERVICES (BSS)

The **Bureau of Social Services (BSS)** provides various programs and services that help older adults remain active in their homes. BSS oversees several programs: **Case Management, Home Care, Friendly Visiting, Caregiver Services** (including Contract caregivers services, missing persons and a “Caregiving Support” campaign), **Social Adult Day, Home Sharing, and Mental Health Initiatives.** In addition to these core programs, two new programs were created and launched: 1) the Reassurance Initiative for Support and Engagement (RISE) through Mental Health Initiatives, and 2) Friendly VOICES (Virtual Opportunities Improving Connections with ElderS). An electronic/animatronic pet project was also launched for Caregivers, SADS and Friendly Visiting participants.

- **Case Management.** Case management services help older persons with functional impairments gain access to appropriate services, benefits and entitlements needed to age safely at home and maintain their quality of life. Case Management is the gatekeeper for DFTA funded in-home services such as home delivered meals, home care, friendly visiting, and the Bill Payer program.
- **Home Care.** The Home Care program is designed for low-income older residents 60 years of age and older who have unmet needs in activities of daily living and do not qualify for Medicaid or other ongoing insurance-funded home care. The goal of this program is to maintain older adults safely at home and prevent or delay the placement of frail elderly individuals into more expensive Medicaid-funded nursing homes. A Home Care concept paper was released in Fiscal Year 2021, and an RFP is planned for Fiscal Year 2022.
- **Friendly Visiting.** Made possible by the Mayor’s Office for Community Mental Health, the Friendly Visiting program matches homebound older adults with dedicated volunteers who commit to making weekly home visits to the older adults in their own homes. Friendly visiting helps reduce loneliness and feelings of isolation and supports older adults in maintaining community connections and re-engaging in social activities. The success of the Friendly Visiting Program has led DFTA to create a new program to combat social isolation among older adults called Friendly VOICES (see below).
- **Friendly VOICES.** Made possible by the Mayor’s Office for Community Mental Health, the Friendly VOICES program works to limit social isolation among active older adults by providing them with friendship and social engagement through phone or virtual one-on-one relationships and small groups.
- **Home Sharing.** The Home Sharing Program was established over three decades ago by the New York Foundation for Senior Citizens with State and private funding. Home Sharing became a program of the City over a decade after its inception when it became clear the service was a useful, safe way to help older adults find roommates, where this arrangement

engenders various financial, social, and other benefits. The Home Sharing program involves contracted staff using a combination of matchmaking software for compatibility and social work staff oversight, matching older adults with roommates to reduce the older adult's risk of social isolation while creating affordable housing opportunities for both hosts (person with space in their home for a guest) and guests (person needing a place to live). At least one of the matched pair must be an older adult.

- **Social Adult Day Services.** Social Adult Day is a supervised program for cognitively impaired and/or physically frail older adults, with program components designed to reduce isolation and maximize individual capabilities through socialization, structured activities, and nutritious meals. These services, combined with transportation and access to case managers, provide respite to caregivers of these participants. DFTA oversees nine discretionary Social Adult Day Service programs.
- **Caregiver Services.** DFTA contracts with 12 caregiver organizations. Nine of the contracts are geographically based, while three are citywide programs focused primarily but not exclusively on three populations: the LGBTQ community, the blind and visually disabled, and Asian populations. These organizations support caregivers by providing information on long term care topics and resources; assisting with accessing benefits and entitlements; offering individual counseling, support groups and care-related training; linking caregivers with in-home, congregate, and overnight respite care; and offering supplemental support services. Results from the caregiver strain index assessment tool indicate that the caregiver programs help to lower caregiver stress.
- **Mental Health Initiatives.** DFTA oversees three contracted mental health programs and one grant funded program. The **Geriatric Mental Health Program (DGMH)** embeds mental health clinicians in community based older adult centers. Mental health clinicians provide engagement activities and programs, conduct mental health assessments, and provide mental health treatment. The **Hub and Spoke Program** is similar to DGMH in that mental health clinicians are embedded at older adult centers where the clinicians provide clinical services at the main site with

the addition of providing only engagement activities/programs and assessments at older adult centers (spoke sites) within the same communities where the main clinical site is located. **PROTECT and Clinical Services – for homebound older adults (PACS-HB)** is an in-home, evidenced-based program (PROTECT) for victims of elder abuse referred from our DFTA funded Elder Abuse programs. PACS-HB also provides in-home clinical counseling for clients from our Case Management Programs. **Tele-PROTECT** is a partnership between DFTA and Weill Cornell Institute of Geriatric Psychiatry that aims to deliver an evidence-based mental health intervention to victims of elder abuse and/or elder crime utilizing virtual or telephonic PROTECT services. This program is funded by the Department of Justice.

During COVID, **RISE** was developed to address the reassurance and supportive counseling needs of older adults who would not qualify for traditional clinical interventions provided through DGMH. Supportive counseling services were provided by trained and supervised volunteers and social work interns in the provision of supportive mental health counseling to older adults. Utilizing social work interns in direct service also has the added benefit of building the workforce for future professionals in the mental health field. DFTA is also a partner with Flushing Hospital Medical Center in the NYS Office of Mental Health's Partnership In Innovations for Older Adults grant. This grant focuses on improving mental health utilizing Fitbit fitness trackers.

- **Missing Persons.** Since 2010, DFTA has worked with the NYPD's Silver Alert Notification System. Silver Alert locates individuals over 60 years of age with a diagnosed cognitive impairment and who have been reported missing and are deemed to be in imminent danger. DFTA's contracted caregiver programs reach out and offer the families support and information on available services geared toward the safety of the older adult.
- **Caregiving Support.** In response to constituent advocacy efforts, the City Council enacted Local Law 97, which required DFTA to work with other City agencies and non-profit entities on the implementation of a survey that identified caregiver needs. Results of the 2017 Survey of Informal

Caregivers in New York City reported that the primary needs were for information and service referrals, respite services, and transportation. A successful media campaign advertising 'Caregiving Support' has resulted in over 2,500 requests for information through 311. Based on the survey results, Caregiver contracts received an increase in funding for respite and supplemental services which was identified as a prime need, and programs continue to offer the services to caregivers in need.

THE BUREAU OF DIRECT SERVICES (BDS)

The **Bureau of Direct Services (BDS)** provides various services and programs that help older New Yorkers make an impact in their communities either as workers, caregivers, mentors to children, or as providers of public service. The Units that make up the Bureau of Direct Services are as follows:

- **The Foster Grandparent Program (FGP)** is federally funded by AmeriCorps and sponsored by DFTA. It is an older adult volunteer program whose primary focus is providing social and emotional support, as well as tutoring in reading and math, to children and youth with special and exceptional needs. Low-income New Yorkers are placed in a variety of community sites, such as Head Start Programs, day care centers, schools, hospitals and family courts. Approximately 300 Foster Grandparent volunteers serve throughout the five boroughs.
- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. As a partner for the Mayor's Action Plan (MAP) for Neighborhood Safety in 15 NYCHA developments, the Grandparent Resource Center collaborates with other City agencies and community leaders to address, seek and engage the grandparents/older adult caregivers of children under 18 years old who reside within designated NYCHA developments. In addition, GRC staff provides intergenerational programming, food-insecurity resources, and assistance with elder abuse and other older adult issues at MAP sites. GRC was the winner of the 2020 NYC Mayor's Office of Operations Excellence in Customer Service Group Award for delivering virtual social service programming to kinship caregivers and is a five-year recipient of

the NYS Kinship Navigator Outstanding Kinship Caregiver Award. The GRC ensured continuity of service to kinship caregivers during the pandemic by providing 374 tablets with free internet access, as well as partnering with Older Adults Technology Services (OATS) for technology training. Caregivers learned how to navigate online access to COVID information, benefits, virtual programming, telehealth, and communication platforms.

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** helps older adults navigate the complexities of all components of Medicare. HIICAP publishes “**A Closer Look at Medicare and Related Benefits for New Yorkers**” annually. The book is translated into Spanish, Chinese, and Russian, and is available in print and online. HIICAP conducts public outreach presentations and workshops to older adults, community partners, and other groups on Medicare, Medicaid, Medigap, Elderly Pharmaceutical Insurance Coverage (EPIC), private health insurance and Medicare’s preventive services. New York State certified counselors provide assistance with Medicare Part D prescription plan selection and enrollment by appointment and via telephone, among other services. In addition, HIICAP has 33 community-based sites citywide that offer 15 different languages.
- The **Senior Employment Unit** operates the **Title V Senior Community Service Employment Program (SCSEP)**, which provides training and employment opportunities for adults 55 and older, including job search skills workshops, career advisement, job fairs, customized employer recruitment for specific occupations, as well as computer technology and customer service training. SCSEP provides ongoing support to the participants upon finding employment, including retention and career advancement support and non-related support through partnerships with other city agencies and the NYC Workforce1 Career Center network.
- Retired professionals 55+ may apply through SCSEP to participate in the **ReServe Program**. Candidates are matched with a specific short-term project in a New York City agency or a non-profit organization. Selected participants, called “**ReServists**,” work on projects up to 15 hours a week and receive a stipend for their contribution. ReServe matches this talent

with the expressed needs of the employer to help fill critical gaps, such as support for social workers, strategic planning, foundation outreach, administrative support, event planning, and Information Technology administration.

- **Silver Stars** is a new program that offers City agencies the opportunity to fill business needs with experienced retired City employees. The program also offers an opportunity for City employees to phase into retirement by allowing them to supplement their income and maintain a productive, social, and vibrant lifestyle without the demands of traditional full-time employment. Phased retirement also allows older adults to support organizational growth by sharing their knowledge and experience with newer employees.

THE OFFICE OF ELDER JUSTICE

The **Office of Elder Justice** works to inform older New Yorkers about protecting themselves from crime and abuse, and helps victims of crime address their safety, emotional and financial concerns. The Office of Elder Justice is made up of the Elderly Crime Victims Resource Center, Elder Abuse Prevention and Intervention Services, the Bill Payer Program, and Multidisciplinary (MDT) teams.

- **Elderly Crime Victims Resource Center (ECVRC).** The Elderly Crime Victims Resource Center provides direct services to victims of crime and elder abuse and supports capacity building by providing training to groups that work with older adults on how to identify the signs of mistreatment and provide proactive intervention. The ECVRC and its community partners provide crisis intervention, counseling, advocacy, information and assistance, emergency financial assistance, and legal services referrals.
- **Elder Abuse Prevention and Intervention Services.** The program provides support to older adults who are experiencing maltreatment (physical, sexual, financial, psychological, and/or active or passive neglect) by someone who has a “trusting” relationship with the elder (a spouse, a sibling, a child, a friend, a caregiver, etc.). DFTA providers offer direct

services with the objective of employing elder abuse intervention strategies to increase the client’s sense of control, and to provide a range of legal and social service options for ending abuse. In addition to direct services, providers conduct community-based presentations and trainings on elder abuse prevention and intervention to support capacity building and awareness.

- **Multidisciplinary Teams (MDTs).** Multidisciplinary teams bring together key stakeholder in their borough(s) that work with agencies serving victims of elder abuse in an effort to coordinate and enhance service delivery in challenging cases that require multi-agency response. These teams comprise groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation on abuse cases. MDTs provide training and outreach to professionals to assist with triage, case coordination and response.
- **The Bill Payer Program.** The Bill Payer Program focuses on bill payment for older adults and supports with financial safety, literacy, and empowerment and helps prevent fraud and exploitation. The program provides a volunteer or automatic payment option. Over the last year, the Bill Payer Program developed and launched a live ongoing monthly webinar series called “Chat with the Friendly Expert”. The series invites experts in the arenas of financial literacy, economic empowerment, benefits and entitlements, and fraud and exploitation to present and give older adults and their families the opportunity to pose questions.

Other Programs and Initiatives

GOVERNMENT AFFAIRS

The **Government Affairs Unit** acts as the agency’s primary liaison to elected officials, community boards, aging services providers, and advocates in order to promote DFTA’s mission and priorities. The Unit prepares DFTA’s city, state and federal legislative agenda, and represents the Commissioner at public hearings, high level meetings and community events. Comprised of five (5) Government Affairs Officers under the guidance and supervision of its Director, the unit also

analyzes pending legislation and keeps the agency abreast of any relevant legislative developments.

Among DFTA's current and ongoing advocacy initiatives are the following:

- Informing the local aging services network about pertinent legislative and budget issues;
- Working cooperatively with interagency councils, advocacy groups, and with City and state citizen groups on behalf of elderly interests by participating in forums and meetings and collaborating on advocacy and policy concerns; and
- Advancing the recommendations in the vision document, "*Building Community Care for an Age-Inclusive New York City*," including supporting the first phase of increased investments in older adult center and naturally occurring retirement communities.

PRESS AND PUBLIC INFORMATION (PPI)

The **Press and Public Information Unit (PPI)** promotes the agency's services and resources in the community through media and public outreach. The unit oversees internal and external communications. This includes managing press inquiries, DFTA's public-facing website, social media channels, the creation and distribution of marketing materials, and media campaigns. In addition, the unit organizes the agency's press events and helps prepare senior leadership and DFTA staff for public speaking events.

In Calendar Years 2020 and 2021, the PPI team continued its promotion of DFTA's programs and services through press coverage, public facing channels and media campaigns.

- **Ageless New York** is the City's first-ever anti-ageism campaign. The campaign featured real New Yorkers and challenged people to rethink their views on aging and older adults. The campaign's PSAs were posted on bus shelters, LinkNYC boards, community and ethnic papers, and digital ads on Facebook and Google. It also included a website (www.nyc.gov/agelessnewyork), where visitors can find research and resources.

- Other media campaigns launched in the past year include the **Caregiver**, **Elder Justice**, and **Friendly VOICES** campaigns, all of which highlighted the services offered by the respective DFTA programs.

PPI also worked with other City agencies to promote COVID-19 initiatives for older adults. In the Spring of 2021, Commissioner Lorraine Cortes-Vazquez appeared with DOHMH Commissioner Dr. Dave Chokshi in a television PSA that aired on local channels with a PSA script written by the PPI unit. In Summer 2021, the Unit collaborated with the Vaccine Command Center on the mobile vaccine initiative at older adult centers and was able to secure a significant amount of press coverage.

In Fall 2021, the Ageless New York campaign will relaunch. PPI is also working to develop a media campaign that addresses vaccine hesitancy among older New Yorkers.

AGING CONNECT

DFTA's **Aging Connect** is a contact center designed to provide older New Yorkers with linkages to age-inclusive programs, resources, and opportunities. Those who call **212-AGING-NYC (212-244-6469)**, Monday through Friday (8:30AM – 5:30PM) will reach a team of multilingual and multicultural Aging Specialists who will provide comprehensive information and critical referral services to local social service providers, community-based organizations, and city agencies. Since its inception in February 2020, Aging Connect has received over 100,000 calls from older adults, caregivers and professionals who might otherwise not have access to needed aging services, information and resources.

Additionally, Aging Connect oversees DFTA's work with NY Connects, the annual Senior Farmers Market Nutrition Program, agency correspondence, volunteer opportunities, and more.

- The **Senior Farmers Market Nutrition Program (SFMNP)** is an annual fresh produce benefits program. In partnership with the New York State Department of Agriculture, during the Summer of 2020, Aging Connect distributed nutritional information to older adults and 46,000 coupon booklets redeemable at farmers markets and stands across the five boroughs.

- **NY Connects** is a statewide ‘no wrong door’ program that offers critical information, assistance, and referrals to individuals in need of long-term care services and supports. In addition to older adults, NY Connects assists persons of all ages with disabilities and individuals with mental health and substance abuse issues. The ultimate goal of NY Connects is to ensure individuals seeking assistance are seamlessly connected with services that address their multifaceted and complex long-term care needs. DFTA NY Connects oversees five contracted borough-based community organizations throughout New York City. In Fiscal Year 2021, over 18,000 callers were assisted by the NY Connects providers.

During the pandemic, NY Connects providers halted all face-to-face outreach efforts to ensure safety of staff and community residents. In response to new food security needs of consumers, providers were able to conduct virtual efforts to explore food and meals resources, including food banks that transported food to local communities. Providers also helped address sensitive needs around burial options for loved ones affected by COVID-19, as well as housing and accessing benefits.

ASSIGNED COUNSEL PROJECT (ACP)

The **Assigned Counsel Project** is a joint collaborative effort between the NYC Department for the Aging, NYC Human Resources Administration (HRA), Office of the Criminal Justice (OCJ) and the New York State Civil Court Access to Justice Program. The goal of the program is to prevent evictions of persons over the age of 60. Potential clients for the program are older adults who are at risk of being evicted from their homes and who have an active case on the New York City Housing Court calendar. HRA OCJ-contracted community-based legal services providers support clients with legal representation, and DFTA/ACP provides social service assistance geared toward identifying service needs and assessing eligibility for various entitlements. The overall objective of the Assigned Counsel Project is to preserve long-term tenancy and to assist older adults in obtaining the services that will allow them to remain safe in their communities.

THE BUREAU OF PLANNING, RESEARCH, EVALUATION AND TRAINING (PRET)

PRET is the research and development arm of the agency, involved in many of the key efforts to launch new initiatives and program and policy directions to ensure the ongoing evolution of aging services in New York City. This work is accelerating during this era of rapid growth and change in the older adult population in order to address the various needs and interests of the highly diverse older population in the City. In designing new efforts and assessing the success of current initiatives and programs, PRET and the Department consider how this work can promote greater equity. This includes accounting for the large number of cultural backgrounds comprising the older adult population and striving to offer particular support for those who are facing a number of issues associated with lower income.

Beyond its focus on innovation through strengthening existing programs and engaging in the planning and design of new initiatives, PRET is responsible for producing a wide range of data reports and special analyses that enable DFTA and its providers and oversight agencies to track progress in the Department's delivery of services to older New Yorkers. The bureau also carries out formal research to advance knowledge within the aging field nationally. It is responsible for the Department's development/fundraising function, in addition to collaborating with the Aging in New York Fund (ANYF) on development efforts benefiting ANYF as the not-for-profit affiliate of DFTA. PRET oversees the planning stages of numerous program development efforts, including the preparation of RFPs and other solicitations. Additionally, PRET coordinates efforts with other DFTA program areas and with ANYF to promote connections between health care plans and providers on one hand, and the network of aging services providers on the other. Finally, the bureau carries out the provider training and capacity building functions of the agency, offering a wide range of curricula that promote professionals' knowledge base and skill sets.

Several key projects and initiatives in the most recent year include:

- **Community Care Plan.** In a far-reaching new initiative, the DeBlasio administration has made \$48 million available annually to increase support for OACs and NORCs in an effort to promote the ability of older people to stay at home and in their communities as long as possible. The initiative supports: increased staffing; increased health management

supports in NORCs; a bolstering of funds for transportation to assist people in getting to services and activities at OACs and elsewhere; support for marketing and outreach to connect with diverse groups, reach people in service and transportation deserts, and to reach the socially isolated; and for more innovative programming and collaborations between OACs and NORCs on one hand and other neighborhood and citywide resources on the other.

- **Requests for Proposals (RFPs).** DFTA is in the final stages of implementation of an Older Adult Center and Naturally Occurring Retirement Community (NORC) RFP. This transformative RFP is expanding OAC and NORC sites by up to 31, to reach a total of more than 300 sites, up from 277, in order to expand the reach of the network and its proximity to the increasing – and increasingly diverse -- population of older people in the City and to better serve the Task Force on Racial Inclusion and Equity (TRIE) neighborhoods. The RFP has emphasized the promotion of the Community Care Plan goals enumerated above. In addition, DFTA commenced its Home Delivered Meals RFP contracts in January 2021, emphasizing increased diversity in cultural meals, higher quality meals, and greater choice for recipients. DFTA is planning the release of two other RFPs, for Home Care and for Elder Justice, for contracts commencing in Fiscal Year 2023.
- **Mental Health Program.** Given the success of this Mayor’s Office for Community Mental Health (formerly ThriveNYC) initiative on reducing depression and anxiety, the Office has provided funding to more than double the size of the program, and planning is underway for implementation this fiscal year. (See more information above.)
- **Data Accuracy.** DFTA has engaged a consultant to embed a module in STARS, which is DFTA’s client tracking system of record, that will provide for a yearly review of clients’ basic identifying information, from address to telephone number, in order to ensure information is as accurate as possible. This is critical always but is especially so in times of emergency and extraordinary situations such as the COVID-19 pandemic. This consultant will work with DFTA programs to train providers on the use of the module, and train staff on how to ensure that the data are being

updated based on the protocol. Training will be completed in November 2021.

- **Health Care Integration Projects.** In June 2020, DFTA implemented its first pilot with a health care provider – Healthfirst – linking Medicare Advantage clients with aging services providers who are helping to assess their needs and to navigate through various referrals, as well as to connect the consumers to a PCP where they currently do not have one, or re-connect where they have not visited recently. Initial results have proved very promising, so that Healthfirst and DFTA are proceeding with a full-scale post-pilot phase beginning in November 2021.
- **Performance Metrics.** Emphasis is being placed on outcomes measures for virtually all DFTA-funded programs to ensure that intended results are being achieved. Metrics have been finalized through discussion with program and PRET, and the goal is to have reports that OIT is currently coding in place arraying the metrics by December 2021. In the meantime, PRET has compiled a report consisting of 28 metrics, some published on a monthly basis and others quarterly, for use by various DFTA offices to help them manage their programs and for other purposes such as media requests and for oversight agencies. Also, Program and PRET are working on a **Continuous Quality Improvement (CQI)** effort to use the metrics to pinpoint areas needing improvement so that program can devise and implement improvement actions. **Customer surveys**, to obtain direct consumer input, are being expanded and refined as part of this process and are due for incorporation into next year’s Program Assessments.
- **Virtual Programming.** The number of older adult centers that offer virtual programming has increased more than six-fold during the COVID-19 pandemic, and offerings increased as well in other DFTA-funded programs. Virtual programming holds great promise as a way to stay in touch with older people both during and after crises such as pandemics, and generally to combat social isolation. DFTA is distributing 10,000 tablets in October and November 2021 through its provider network to OAC members living alone or otherwise at risk who do not currently have devices, in order to connect them to programming and services. DFTA is

also engaging a consultant to beta test a service finder, through its IT office, that will simplify older people's ability to tap into virtual programming and services. If successful, the service finder is due to go to scale in CY 2022.

- **E-Learning.** The demand for DFTA Provider Training and Capacity Building Unit services is large and growing. That Unit has engaged an e-learning specialist to increase offerings through electronic channels. Thus far, an e-learning course has been developed for elder abuse, and other trainings have been made available through videos and other means on aging services for City agencies such as Housing Preservation and Development, OATH, and others.
- **Home Delivered Meals App.** To streamline the HDM delivery process, DFTA will complete full implementation by the end of this calendar year of its new home delivered meals app using smartphones to record deliveries in real time. Various HDM agencies have reported a high level of satisfaction with the app, saying that it has made for a much more efficient service delivery system.

SOCIAL ADULT DAY CARE (SADC) OMBUDS OFFICE

In response to widespread community concern about the proliferation of underregulated social adult day programs, DFTA was designated as the **SADC Ombuds Office** through Local Law 9 of 2015. DFTA's SADC Ombuds Office is charged with registering all social adult day programs operating in New York City and receives and responds to SADC-related complaints or inquiries. In February 2020, Rules for Local Law 9 of 2015 were promulgated authorizing the Office to issue civil penalties for violations of the NYS Office for the Aging's Social Adult Day Regulations.

OFFICE OF PUBLIC & PRIVATE PARTNERSHIPS

The **Office of Public & Private Partnerships** is responsible for developing and overseeing all of the Department for the Aging's public-private and strategic partnerships. Focus areas include establishing and maintaining relationships with

private sector partners to achieve DFTA’s mission, building and coordinating complex, highly visible campaigns on ageism, social isolation, and other older adult challenges, and liaising with the Age Friendly Commission to advance DFTA priorities. The office oversees “**DFTA My Ride**”, a three-year on-demand car service pilot for eligible older adults and individuals with disabilities, developed by DFTA in partnership with the New York City Department of Transportation. The program provides free on-demand transportation for older adults ages (60+) and people with disabilities (18+) living in some neighborhoods in Bronx, Brooklyn, and Queens. The Office of Public & Private Partnerships will also be launching the “**Combatting Ageism: A Diversity, Equity, Inclusion (DEI), and Belonging Approach**” forum series in partnership with AARP National and AARP New York to influence the adoption of ageism within DEI frameworks and securing partnerships for the Ageless New York anti-ageism media campaign.

Projected Resources and Expenditures

July 1, 2021 - June 30, 2022

The Department receives funding from a variety of sources to support the broad range of services described above. Many state and federal grants require the City to “match” a certain proportion of their funding. A significant portion of City tax levy funds are dedicated to match state and federal grants. Most DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides several services directly, including older adult employment assistance, the Elderly Crime Victims Resource Center (ECVRC), and other services for special populations.

The budget figures shown on the following tables are based on information as of September 2021 and are subject to change. Table D (Page 30) lists DFTA’s revenue sources. For City Fiscal Year 2022 (July 1, 2021- June 30, 2022), **the Department's budget is projected at approximately \$487 million**, approximately 16% more than Fiscal Year 2021. City funding represents 69% of the Department’s budget; federal funding 22%; and state funding 9%. Table E (Page 32) reflects planned support for each of the Department's contracted services.

Table D: Projected Fiscal Year 2022 Budget

July 1, 2021 – June 30, 2022

State Funds	
Crime Victims Program	347,208
Foster Grandparents Program State	\$18,443
Community Services for Aging	\$10,072,924
Supplemental Nutrition Assist. Prog.	\$10,509,762
Expanded In-Homes Services	\$18,546,806
Congregate Services Initiative	\$152,288
Unmet Need	\$4,014,270
Transportation Program	\$395,804
Sub-Total State	\$44,057,505.00
Federal Funds	
Title III C Nutrition Services	\$18,849,277
Title III B Supportive Services A	\$10,270,814
Foster Grandparent Grant	\$1,698,359
Title V NCOA Employment Program	\$1,202,867
Title V Senior Community Services Employment. - Year 4 Of 5	\$3,344,495
Nutrition Program for The Elderly	\$10,272,714
Title XX Social Service Block Grant	\$20,551,332
HIICAP - Health Insurance Assistance Pm	\$583,746
Title III D Health Promotion	\$667,026
Title III E Caregiver Support	\$3,514,168
MIPPA Year	\$169,368
Virtual Nutrition Counseling	\$212,017
Fall Prevention	\$149,770
DOJ Protect	\$339,652
Local and State Aid	\$35,690,909
Sub-Total Federal	\$107,516,514
Intra-City Funds	
Reserve-Other Services/Fees	\$183,971
Temp Care - Other Services/Fees	\$350,000
Sub-Total Intra-City	\$533,971
Total Grant Budget	\$151,574,019

Community Development Block Grant	
Community Development	\$2,267,339
Community Development Cares	\$500,000
Sub-Total CDBG	\$2,767,339
Total Grant Budget With CDBG	\$154,341,358
City Tax Levy Per Budget Unit	\$332,841,854
Total Agency Budget	\$487,183,212

Table E: Planned Support by Community-Based Service

July 1, 2021 – June 30, 2022

FY 2021 PLANNED BUDGET		
ACCESS SERVICES		\$82,602,175
Case Management	\$41,136,196	
Transportation/Escort	\$5,108,853	
Information & Referral/Outreach	\$36,357,126	
NUTRITION SERVICES		\$230,906,753
Congregate Meals	\$187,845,528	
Home Delivered Meals	\$41,902,022	
Nutrition Education	\$1,045,539	
Shopping Assistance/Chore	\$113,667	
IN-HOME & CARE SERVICES		\$37,610,614
		\$37,610,614
Home Care	\$34,482,642	
Friendly Visiting	\$1,800,000	
Telephone Reassurance	\$1,327,972	
LEGAL ASSISTANCE		\$1,372,588
		\$2,431,982
EMPLOYMENT RELATED SERVICES		\$6,934,400
		\$6,855,387
Senior Employment	\$5,333,656	
Foster Grandparent Program	\$1,600,744	
OTHER SOCIAL/HEALTH PROMOTION SERVICES		\$127,756,682
		\$94,489,441
Education/Recreation	\$77,485,558	
Elder Abuse	\$5,030,846	
Health Promotion/Screening	\$21,670,205	
Caregiver	\$8,124,445	
NORCS	\$15,043,346	
Residential Repair	\$402,282	

Frequently Used Acronyms

AAA – Area Agency on Aging

ACL – Administration for Community Living

ACS – American Community Survey

AIP – Annual Implementation Plan

OAC – Older Adult Center

APS – Annual Plan Summary

CSE – New York State Community Services for the Elderly Program

DFTA – Department for the Aging

EISEP – Expanded In-Home Services for the Elderly Program

HIICAP – Health Insurance Information Counseling and Assistance Program

MIPPA – Medicare Improvements for Patients and Providers Act

NORC – Naturally Occurring Retirement Community

NORC SSP – Naturally Occurring Retirement Community Supportive Service Program

NYCHA – New York City Housing Authority

NYSOFA – New York State Office for the Aging

OAA – Older Americans Act

ENDNOTES

¹ 2019 ACS 1-Year, Table S0101, U.S. Census Bureau.

² 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

³ 2019 ACS 1-Year, Table S0101, U.S. Census Bureau.

⁴ 2000 Census; New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

⁵ 2000 Census and 2019 ACS 1-Year, Table S0101, U.S. Census Bureau.

⁶ Bureau of Vital Statistics “Summary of Vital Statistics 2018”, July 2020, Table M25, p 75. The New York City Department of Health and Mental Hygiene (DOHMH).

⁷ Ibid, Table M25, p. 75.

⁸ Ibid. Table M24, p. 74.

⁹ 2010 Census and 2019 ACS 1-Year, Table S0101, U.S. Census Bureau.

¹⁰ New York City Department of Planning, “New York City Population Projections by Age/Sex & Borough, 2010-2040”, December, 2013.

¹¹ 2000 Census and 2019 ACS 1-Year, Table S0103, U.S. Census Bureau.

¹² Ibid.

¹³ 2019 ACS 1-Year, Table S0103, U.S. Census Bureau, 2019 ACS 5-Year PUMS Custom Table.

¹⁴ 2019 Census Table 3. Poverty Status of People by Age, Race, and Hispanic Origin: 1959 to 2019, 2019 ACS 1-Year, Table B17001.

¹⁵ Poverty Thresholds for 2019 by Size of Family and Number of Related Children Under 18 Years, US Census Bureau.

¹⁶ 2019 ACS 1-Year, Tables B17001B, B17001D, B17001H, B17001I.

¹⁷ 2019 ACS 1-Year, Table B17001.

¹⁸ 2019 ACS 1-Year, Table, B19037B, B19037D, B19037H, B19037I.

¹⁹ Ibid.

²⁰ 2019 ACS 1-Year, Table S1810.

²¹ 2019 ACS 1-Year PUMS Custom Tables.

²² 2019 ACS 1-Year PUMS Custom Tables.

²³ Ibid.

²⁴ Gusmano, Michael K. and Victor G. Rodwin. “The Elderly and Social Isolation.” Testimony to the New York City Council Committee on Aging, February 13, 2006.

²⁵ 2019 ACS 1-Year, Table S2301, 2019 ACS PUMS Custom Table.

²⁶ of Labor. Bureau of Labor Statistics. “Employment Projections: 2012-2022 Summary.” Available at: https://www.bls.gov/news.release/archives/ecopro_12192013.pdf