



**Department for
the Aging**

“Plan 2025”: Aging Services in an Era of Rapid Population Growth

May 2018

Commissioner

Introduction

Across much of the world, from East Asia through Europe and the Americas, one overarching 21st century trend has been the rapid growth in the population of older people. New York City reflects this global development, with the population of residents aged 60 and over expected to grow from 1.25 million in 2000 to 1.86 million in 2040, a striking 49% increase which has already made that age cohort the largest of all population segments in the City. (See Appendix for a statistical overview of aging trends.)

The NYC Department for the Aging (DFTA) oversees a network of more than 400 contracts to provide services, supports and activities to promote the health and well-being, and generally to enrich the lives, of older New Yorkers. With the rapid growth in the older adult population in New York City in mind, DFTA has crafted "Plan 2025", which lays out a blueprint for adding new services, and making enhancements to or transforming existing services, to respond to the needs of the burgeoning population of older people.

"Plan 2025" is divided into several sections:

Section I: "Contextual Information"

Section II: "Priority Service Areas"

Section III: "Planned Initiatives"

I. Contextual Information

The 1.59 million people 60 and over currently living in New York represent a large city in their own right; this “city within a city” is characterized by several trends, strengths and challenges. Following is information useful to understanding current and projected aging trends, which, in turn, influenced the selection of projects and initiatives included in Section III:

Physical and Mental Health. Though many older New Yorkers flourish into their 80s, 90s and beyond, others experience growing health issues as they age: 36% of the non-institutionalized population exhibit mobility limitations and frailty, and others face health issues such as cardiovascular disease, diabetes, barriers to sound oral care, visual and/or hearing impairments and other disabilities, cognitive impairment, mental health issues (most commonly significant depression and anxiety), nutritional deficits, and a tendency to falls with associated dire consequences. In the absence of adequate interventions to address these issues, the result can be premature aging and death. Conversely, over the past decade, there have been major advances in the development of evidence-based programs and other medical and social program interventions to alleviate, prevent or delay the onset of these problems and issues. An impact analysis commissioned by DFTA and undertaken by the Fordham University School of Social Service (Phase I from 2016; Phase 2 from 2017) tracked older adults enrolled in various senior center activities and confirmed that the centers’ education and health promotion sessions and activities have a major and sustained positive impact on the physical and mental health and well-being of participants.

Nutrition. Numerous studies and analyses have found that seniors in New York City have significant levels of hunger and nutritional deficits, due in large part to income issues and certain health issues such as depression and oral health problems. DFTA is redesigning its home delivered meals program and reviewing the structure and funding of its senior center nutrition programs to determine ways to maximize the impact of dollars spent to combat nutritional deficits and hunger.

Income and Employment. A total of 18% of older New Yorkers are below the Federal Poverty Level (FPL), a rate which is 80% greater than that found for the US older population overall. As a second measure of economic distress, the Mayor’s Office for Economic Opportunity has found that 32% of older New Yorkers can be classified as poor or near poor. Lack of income is associated with less access to health care, especially oral care and mental health interventions, as well as poor nutrition and inadequate housing. Income deficits are especially prevalent among women (and even more so among Hispanic women), who often receive less Social Security than men, and who on average live longer than men, which can pose special problems in maintaining income. A growing percentage of people over age 65 in New York City – currently 17.1% -- are in the labor force, but for a variety of reasons, including ageism, finding employment for those who desire or need it can prove to be difficult or impossible.

Housing. As with so many New Yorkers, a large number of older people are severely stretched in terms of housing costs, especially given that 18% are below the FPL. Additionally, a substantial number of older adults are in need of supportive services to remain safe and healthy in their homes.

Social Isolation and its Relationship to Caregiving. As people age, they can lose connections to family and friends through relocations, through the death of spouses and friends, and other factors. Social isolation has been demonstrated to increase the incidence of various serious-to-severe physical and mental health issues. Lack of transportation options can further aggravate social isolation by reducing the ability of older people to connect with others. Caregivers are often with loved ones up to 24 hours a day, seven days a week, which can in certain circumstances further isolate them from their pre-existing network of family members, friends and other connections to community. A 2017 study commissioned by DFTA estimated that between 900,000 and 1.3 million New York City residents, many of whom are over the age of 60, serve as caregivers of older people.

Elder Abuse. In a Cornell University/Lifespan/DFTA survey from 2011, about 9% of New York City residents over the age of 60 reported having been the victim of elder abuse within the year preceding the survey, with roughly half of that abuse taking the form of financial scams and fraud. Further, 23 of 24 of these older people had never come to the attention of social services providers.

Cultural Diversity. New York City is enriched through the diversity of its people as defined by race, ethnicity, immigrant status, language, and other factors. This diversity has made the City uniquely vibrant, and the older population is no exception. About one-half of this age cohort is made up of immigrants, and virtually every major racial and ethnic group is represented among them. Primary languages spoken in addition to English are Spanish, Mandarin, Cantonese, Russian, and Korean, along with many others. The Appendix to Plan 2025 provides additional detail. With this cultural diversity comes exciting challenges in terms of how to reach so many different groups and how to tailor programming that is sensitive to the cultural and language needs of the people served.

In order to address these and other issues and trends, DFTA funds providers through some 400 direct service contracts that help meet a variety of needs among older New Yorkers. Examples from FY 2017 include:

Senior Centers – 166,882 participants over the course of the year, attending 249 senior centers and 38 other sites affiliated with those centers, who received nutritious meals and participated in activities that promoted social interaction and good health outcomes as well as guidance in accessing benefits;

Naturally Occurring Retirement Communities (NORCs) – 16,737 residents of buildings with substantial numbers of older inhabitants received health counseling and assistance as well as benefits counseling and other supportive and recreational services and activities;

Case Management – 33,261 largely homebound clients received assessments to identify issues needing to be addressed in order to facilitate living independently at home. Of this total, the two largest referrals were to DFTA-funded **home delivered meal programs** (26,536 recipients of 4,487,791 meals); and **State and City home care** for those not eligible for Medicaid-funded home care (3,087 clients);

Caregiver Programs – fielded nearly 10,000 inquiries about caregiver-related issues, many of which resulted in referrals to services such as respite, support groups, and benefits assistance;

NY Connects - a hotline that handled 16,320 calls from people of all ages needing social service and other types of referrals;

Elder Abuse Programs – where approximately 10,000 victims of physical, emotional, sexual and financial abuse received legal and mental health services as well as other supports to deal with the damaging ramifications of abuse; and

Other Programming – including but not limited to senior employment services for those wanting or needing to find a job, transportation services, Medicare counseling, and foster grandparent programming.

Through this variety of programming, DFTA and its partners were able to assist 231,178 older New York City residents in FY 2017. The two principal goals of Plan 2025 are to strengthen, expand and enrich existing aging services programs in New York City; and to create new initiatives and supports that build on existing programs, especially as the aging population in the City continues to grow and evolve. In crafting the Plan, DFTA has taken into account several key Priority Service Areas:

II. Priority Service Areas

Factors and trends delineated in the prior section have given rise to several **Priority Service Areas** within the aging services landscape, which -- given the growth of the population -- are likely to become even more pronounced over time. These areas define the need for services aimed at helping seniors experience good health and well-being while remaining as long as possible within their communities; reaching seniors in great need of services who do not currently avail themselves of them; and supporting those unable to easily leave their homes:

The Need for Affordable Housing. The current Mayoral administration has made an unprecedented commitment to the creation and preservation of affordable units for seniors. A total of 30,000 of the 300,000 units to be developed and preserved between 2014 and 2026 are targeted to seniors aged 65 and over. These units will help meet the need for affordable housing in a City expecting major population growth, where the Mayor's Office for Economic Opportunity has calculated that 32% of residents comprising the senior cohort are poor or near-poor.

DFTA plans to collaborate with the NYC Department of Housing Preservation and Development to provide supportive services for those in need of them who reside in some of the 30,000 units subject to the affordable housing plan, as well as residents living in other rental housing, in order to promote the stability of housing arrangements for older residents needing supports of one kind or another.

In addition, some older people are in need of affordable assisted living options in order to avoid institutional placement, and DFTA will join efforts with City agencies, including HPD, to explore possibilities for including affordable assisted living in the portfolio of City financed housing efforts for older New Yorkers.

In November 2017, the HPD and DFTA Commissioners agreed to have key staff meet regularly to explore the ideas above as well as other possible initiatives that would expand affordable housing availability.

One key initiative was announced in the Administration's January 2018 budget plan, namely, a five-year expansion of the Home Sharing program, which currently matches 72 people annually with owners and renters having space in their homes and apartments.

Mental Health. The level of moderate to severe depression among older people served by DFTA ranges from 7% in senior centers to about 30% among the population suffering from elder abuse. DFTA has been fortunate to receive substantial funds from ThriveNYC to combat depression and other mental health issues through a clinical mental health program lodged in a number of senior centers and through a friendly visiting program for homebound seniors, many of whom are socially isolated. The next section of Plan 2025 references additional program development ideas that DFTA is exploring in the realm of mental health services.

Reaching the Isolated. Social isolation leads to declines in physical, mental and cognitive health. As people age, they can lose their network of spouses, families and friends. DFTA will work with ThriveNYC staff to develop initiatives to combat social isolation in order to reach those currently cut off from services they desperately need. One means to accomplish this is through tapping into innovative technology currently under development to support the senior market.

DFTA currently receives ThriveNYC funds to provide friendly visiting volunteers to reduce isolation among largely homebound clients in DFTA's case management program. Another effort to combat social isolation and associated mental health issues under exploration by DFTA is the use of technologies such as behavioral telehealth, whereby homebound and isolated seniors can be connected from home with mental health services and various activities.

Employing Technology to Strengthen the Reach and Quality of Aging Services. Recent technological advances hold great promise for extending the reach and quality of services available to seniors. As mentioned above, behavioral telehealth technology allows providers to circumvent geographical limitations by "virtually" visiting homes in order to provide interactive mental health sessions for those who cannot easily get to a clinic. Apps to summon point-to-point transportation for everything from medical appointments to just getting out of the house to visit with a friend show great potential for lowering transportation costs and for providing more travel options compared with other transportation modes. A priority area of this Plan is to work with the NYC Department of Transportation, MTA Access-A-Ride, the Taxi and Limousine Commission, and others to inventory current technologies that could be brought to bear to expand the reach, quality and cost-effectiveness of a wide range of services critical to the health and well-being of older New Yorkers, as well as to make technology more accessible to older adults.

DFTA and the Mayor's Office for People with Disabilities have received a Federal Transportation Administration grant to test the usefulness of point-to-point car services to increase access for people of all ages who have disabilities that limit their ability to use Access-A-Ride. These individuals could more readily get to medical appointments, lunch with friends, shopping, etc., by being able to summon car services to pick them up and take them home on a 24/7 basis. This demonstration grant will begin in CY 2019, and results will inform efforts to create a more effective transportation network for older people and others with disabilities.

Improving Nutrition/Reducing Hunger. DFTA's home delivered meals (HDM) program provides 18,000 meals each weekday to the hungry and homebound, and its public/private partnership with Citymeals on Wheels supports weekend, holiday and emergency meals for these recipients. Through redesigning its current program, DFTA can stretch dollars available for home delivered meals while providing more nutrition with greater choice and better meal quality to more people: meal quality is tied to meal consumption.

Achieving efficiencies while improving quality is vitally needed given growing demand as the population increases and as large numbers of older people face severe income limitations. Low income is of course highly correlated with lack of nutrition: the NY Coalition Against Hunger estimated in 2014 that 11% of

the City's seniors are food insecure. DFTA engaged a consultant to help shape thinking concerning the limitations and potential of the current HDM program, and that consultant will soon begin a second phase of work on an HDM redesign implementation plan.

The consultant will also analyze ways to achieve efficiencies in senior centers' procurement, preparation and delivery of high-quality meals. This will include an analysis of whether funds will be needed beyond those gained through efficiencies in order to ensure the provision of appealing and nutritious meals throughout the senior center network.

Promoting the Health of Senior Center Attendees. A major goal of the senior center investment is to achieve maximum benefits from dollars invested in health and wellness programming, from education and nutrition classes to exercise sessions and mental health interventions. DFTA will be developing straightforward metrics to measure success.

Supporting Caregivers. Approximately one million New Yorkers serve as caregivers of older people and people with dementia in New York City. DFTA and City agency and provider partners recently completed a survey of caregivers to hear firsthand about their lives and how government and non-profits can build on the services already offered to support them in their highly demanding and stressful work. The Administration is doubling DFTA's caregiver program budget to \$8 million beginning in FY 2018 in order increase services to caregivers, in part based on recommendations developed by a consortium of agencies in response to the survey findings.

III. Summary of Planned Initiatives and Projects

Plan 2025 is a living document that will evolve based on continuing input from within DFTA and among aging services stakeholders. The Plan includes programs and initiatives where work is in an active developmental stage. It also includes items where work has not proceeded beyond preliminary discussion, and in these instances, Plan 2025 should be considered more of a blueprint than a full-fledged plan.

The projects/initiatives are grouped within three frames; many of the projects could be seen to fall within more than one, and DFTA has placed each within its most relevant frame:

Frame 1: Food, Shelter, Security

Includes projects and initiatives that:

- improve food quality and choice while providing better nutrition; and
- help people avoid eviction through income supports and legal assistance; receive services in Naturally Occurring Retirement Communities; receive supportive services in a home setting; and remain safer in their communities and homes.

Home Delivered Meals Redesign. Each weekday, DFTA-funded providers deliver some 18,000 lunches to largely lower income older New Yorkers; Citymeals on Wheels arranges for delivery on weekends and holidays. DFTA is engaging PricewaterhouseCoopers (PwC) to conduct Phase II of a redesign effort, which will be centered on how to achieve efficiencies in delivery costs and better prices for better food in order to reinvest those savings in higher quality meals with greater choice of cuisines reflecting the diversity of the City. PwC will complete its work later in CY 2018, and results will help shape a concept paper for stakeholder input, followed by a solicitation, with new contracts commencing on July 1, 2020.

Housing. The Mayor's 2014-2026 housing plan – through its inclusion of 30,000 newly created or preserved units targeted to seniors – represents a major resource for older New Yorkers. Beyond this plan, DFTA intends to reach out to several City agencies for possible collaborations:

1. Department of Finance, to discuss ways to further increase enrollment in SCRIE and SCHE;

2. Department of Housing Preservation and Development, concerning possible joint efforts to provide supportive services in targeted units, including through the Senior Affordable Rental Apartments program; and
3. Human Resources Administration, around possible collaborations for people receiving help through recently passed right-to-counsel legislation for all indigent tenants, in order to address stresses and pressures older people may be facing that have contributed to and/or stemmed from their precarious housing situations. A second possible area of collaboration is efforts in support of homeless older New Yorkers.

The Administration included funds beginning in FY 2019 to expand the Home Share program, whereby people in need of housing are matched with homeowners and holders of leases with space for an additional person; the person to be placed and/or the homeowner/lease holder must be 55 or over. The program represents an affordable housing option that the City is able to offer at low administrative cost. Details of the program for FY 2019 and beyond are currently being finalized.

Finally, DFTA would like to explore the expansion of its home repair program, which has proven beneficial through providing simple repairs in homes.

Naturally Occurring Retirement Communities (NORCs). DFTA funds community-based organizations to provide social and health services to residents of NORCs, which are privately and publicly owned buildings and developments where large numbers of people are aged 60 and over. The Department would like to revisit the NORC model to increase its responsiveness, within specified parameters, to needs voiced by residents as well as the involved community-based organizations. DFTA staff will meet with the Commissioner for guidance that will be applied to the development of a concept paper, followed by release of an RFP.

The Division of Planning & Technology (P&T) Quality Assurance/Continuous Quality Improvement (QA/CQI) team will work with DFTA program colleagues and NORC programs to determine what works well in the current Health Indicators program and what could be improved. This program aims to collect baseline information on the NORC population by community, which can then be applied to measuring changes over time, including those that may occur through health care interventions. The team will pinpoint ways to streamline the existing program so that it can achieve greater utility as a longitudinal method to measure changes in health care status. DFTA will analyze DOHMH population health status data to inform this effort. Over time, DFTA will also consider expansion of the Health Indicators program to senior centers.

Transportation. In 2019, DFTA will commence a demonstration using a Section 5310 grant from the Federal Transportation Administration, and overseen by the NYC Department of Transportation (DOT), to test whether point-to-point transportation using an app or calling a dispatcher can free adults with mobility and other issues to get around the City for everything from medical appointments to connecting with friends. DFTA will be reaching out to the Taxi and Limousine Commission (TLC) about progress with similar demonstrations using technology undertaken by TLC and MTA Access-A-Ride. This information will help guide DFTA in developing a detailed plan for expanding transportation options.

Frame 2: Health and Well-Being

Includes programs and initiatives that:

- offer settings where older people, including immigrants and people representing the vast array of linguistic, cultural, racial, ethnic and national groups comprising the City, can gather to enjoy meals together, socialize with one another, and participate in health and wellness programming;
- make staff available to guide people in need of physical and mental health resources;
- provide support and respite to clients to help them counter the stresses and challenges of caregiving;
- promote connections with the health care system to the benefit of older people and the aging services providers who support them; and
- connect clients with services to plan for the end of life and to promote quality-of-life when facing serious health challenges, and later on, in preparing for the end.

Caregiver Program Expansion: With an infusion of \$4 million in funds on top of the \$4 million available from the Older Americans Act, the Administration has doubled resources available for caregivers. In addition, in line with City Council legislation passed in CY 2016, DFTA engaged a consultant and worked with other City agencies as well as entities such as AARP on a survey of caregiver needs. Based on results and the additional funds, DFTA is expanding respite hours. The Department will track hours to determine the extent to which the expanded funds help caregivers deal with the sometimes exhausting stresses of caregiving by making individual, group and overnight respite available to them.

Results from the caregiver survey will also inform a concept paper and solicitation that will be released for new contracts commencing on July 1, 2019.

Transforming the Senior Center Network: The Administration has made available \$10 million annually beginning in FY 2018, expanding to \$20 million by FY 2021, for strengthened senior center programming and to retain existing and attract new talented staff. DFTA worked with OMB to create a model to distribute the funds with the aim of creating greater equity and fairness across the senior center system in terms of levels of support for senior centers. DFTA expects that this substantial increase in baseline support for centers will significantly build upon the strong health, wellness and other outcomes noted in a CY 2017 impact analysis commissioned by DFTA and conducted by the Fordham University School of Social Service. The Department will track outcomes beginning in FY 2019.

DFTA will work with OMB to apply results from PwC's Phase II food sourcing, preparation and delivery analysis to the senior center network in order to assess the adequacy of food funding within the senior center network, how to achieve efficiencies that can be reinvested in quality meal programming with choice for seniors from diverse backgrounds, and whether additional funds beyond those already budgeted for food staff and food purchasing are needed even after savings from efficiencies are achieved.

Case Management. DFTA funds staff associated with 21 case management contracts to provide services to 33,000 older people annually who are largely homebound. Case management professionals work hand-in-hand with the clients to assess needs and to develop care plans to meet those needs. This involves a range of referrals and supports vital to the health, well-being and independence of the older people. Two of the most widely used services are home delivered meals (27,000 clients served in FY 2017) and non-Medicaid funded home care (3,300 clients). DFTA program staff along with P&T research staff will explore ways to further enrich programming in several areas: oral care, mental health, vision, hearing and falls prevention, as well as the connection of clients to primary care physicians to promote better physical health, especially as related to cardiovascular conditions and diabetes. DFTA caregiver program leaders will join this effort to determine how to build synergies between the case management and caregiver programs.

The QA/CQI team will work with program staff to assess the results of the small Home Meds pilot as well as ways to accelerate the process of bringing the program to scale if funds can be obtained.

Mental Health Services. DFTA has been awarded funds through ThriveNYC for two projects: placement of mental health clinicians in senior centers (DFTA Geriatric Mental Health program), and friendly visiting to combat social isolation, which has a major negative impact on physical and mental health status. DFTA recently submitted several proposed items to ThriveNYC staff for possible additional funding. The three highest priorities are:

1. Behavioral telehealth efforts;
2. Expand the Geriatric Mental Health program to additional senior centers; and
3. Establish a working group of researchers and practitioners, including HRA Adult Protective Services, to discuss possible interventions to address hoarding that can lead to changed behaviors within shorter timeframes than found in many current programs and that are scalable in terms of reaching more people than some existing programs; fund shorter-term interventions that can help hoarders change behaviors that place them and neighbors at risk.

Social Isolation. Many caregivers become socially isolated due to the in-home demands of their caregiving, and of course, social isolation includes many others that DFTA does not currently reach through its various programs. DFTA is joining the ThriveNYC sub-committee on social isolation and will use that forum as a means to work with many other agencies on this issue, related to caregivers and other older people, and to arrive at inter-agency methods to address it. Simultaneously, the Aging in New York Fund, which is DFTA's non-profit arm, has named social isolation as one of the two core issues

that it will focus on in upcoming months and years, and ANYF and DFTA are working on a plan of action, to be ready in spring 2018, on how to make further inroads into reaching those who are isolated and to offer supports to them.

Working with Partners in Aging Services and Other Systems to Promote Health Care Linkages.

In 2017, DFTA created a Management Services Organization (MSO) through its non-profit arm, the Aging in New York Fund, to work with ten DFTA-funded providers on developing linkages with the health care world. Through these linkages, health care providers and insurers would refer and pay for competitively priced aging services for their consumers, such as falls prevention programming and home delivered meals. This would allow aging services providers to expand the quality and quantity of services they can offer. In CY 2018, DFTA will be marketing the services to providers in the health care world, and depending on results, may continue to invest in building these linkages through the MSO.

DFTA will also be continuing its small care transitions program with Health + Hospitals (H+H), which is due to end in March 2020.

With the assignment of DFTA to the portfolio of Deputy Mayor Palacio in spring 2018, DFTA plans later in the year to discuss with the Deputy Mayor and the heads of DOHMH and H + H their interest in partnering with upstream providers and advocacy organizations to develop an agenda constituting common interests among the partners vis-à-vis the health care world. One aim would be to reach out to the State Department of Health with this agenda in hand. The agenda would focus on joint exploration with State DOH of ways to build more productive linkages between health care and aging services, among other sectors. These would include the investment of some level of health care resources in aging services to support an expansion of the cost-effective array of services and activities that the aging field provides to older people to help prevent the onset and severity of a host of costly health conditions.

End-of-Life Planning; Palliative Care. In 2019, DFTA plans to explore linkages with palliative care programs to determine possible collaborations for providing end-of-life counseling through DFTA's current programs, as well as to reach other seniors to spread the word about the uses and values of palliative care and of end-of-life planning. This will include vehicles such as symposia to be designed and delivered by the Department's Learning Center.

Elder Abuse. DFTA collaborated with Cornell University and Lifespan of Greater Rochester to publish the first city and statewide elder abuse prevalence study in the nation, which found that 9% of New York City seniors reported having been the victims of elder abuse within the past year. This resulted in a major expansion of funding for contract providers to combat elder abuse, as well as the expansion, beginning in 2018, of Multi-Disciplinary Teams, which bring together a wide range of professionals to tackle particularly complex cases involving different service systems. With the allocation of increased resources to combat this form of domestic violence, DFTA research and program staff will collaborate on an evaluation of its elder abuse initiatives to learn more about the impact of the programs in dealing with the challenges facing elder abuse victims.

Frame 3: Meaning and Purpose

Includes programs and initiatives that:

- connect older people with enriching cultural pursuits;
- connect older people with technologies that can open new vistas and resources to them, as well as promote the use of tools for aging services professionals to increase the efficiency and effectiveness of aging services programming; and
- improve the physical environment and otherwise make New York City a more livable place for aging.

Cultural Activities. DFTA has worked with the Department of Cultural Affairs to place artists in senior centers to give participants instruction on the creation of artworks. It proved to be a program that highly benefited participants, who took great joy in their work, which helped alleviate issues such as depression and anxiety. Given results from this program, DFTA will reach out to Cultural Affairs in 2018 to discuss other possible ways to link seniors with the arts.

Technology. DFTA plans to tap into the rapidly changing technological landscape to help the Department achieve its goals on a number of the initiatives described in this document. This will be done in two ways. First, the Department will review and assess the learning needs of older people in order to promote the ability of interested older adults to use technology in their everyday lives. Second, DFTA will work within the technology field to identify products that can support various efforts undertaken by the Department and its partners. Examples include data sharing in a secure environment, data management, systems development, and products that can lead to more effective and efficient program delivery. As it conducts this work, DFTA will determine whether groups such as Older Adults Technology Services (OATS), as well as City agencies such as DoITT, would like to join in this effort.

Volunteerism. DFTA's Volunteer Resource Center (VRC) presents volunteers with a wealth of opportunities to improve the lives of older people. In CY 2018, VRC staff will work with P&T QA/CQI staff in order to refocus their operations to ensure that volunteers continue to be placed successfully and have a positive experience.

Age Friendly New York. DFTA has collaborated with over 20 City agencies and other entities on a 10-year Age Friendly initiative, where the agencies have developed a host of projects, from transportation safety to increasing the availability of street benches, to make the City more livable for older people.

The second-phase Age Friendly plan was released in CY 2017, and DFTA will be working with the other agencies to monitor implementation of projects developed through the plan.

Building the Workforce; Employment for Older People. With the increasing population of older people comes the continuously growing need for a skilled and well prepared professional workforce. In 2020, DFTA plans to reach out to the Department of Education, as well as undergraduate and graduate university programs, to discuss collaborations that could attract students to focus on studies related to the older population and to take positions in the aging field upon graduation.

DFTA will also reach out to labor experts to discuss ways to increase employment opportunities for older people; results of discussions will inform efforts to expand upon the successful DFTA-funded Senior Employment Services and ReServist programs.

The Department will continue its work with aging services partners and the Administration to ensure adequate support of not-for-profit professionals in order to attract the highest quality human services personnel to the aging services field and to retain them over time.

In early CY 2018, DFTA will complete an analysis to determine the number of additional staff needed at a minimum to allow the Department to carry out the initiatives outlined in Plan 2025.

Programs to be Considered Later in Plan 2025. The Plan above does not address several of DFTA's directly run programs nor several contracted ones. DFTA is conducting internal reviews of those programs and may incorporate additional program development efforts into Plan 2025 in an annual update depending upon the results of the reviews. Similarly, for recently expanded programs, DFTA will be reviewing progress, and depending on the reviews, additional items may be included in future Plan updates. Finally, as alluded to earlier in this document, other needs for existing program enhancements and for new programming will become apparent through ongoing stakeholder input as the aging services field continues to evolve.

Please see the Appendix, which provides a statistical snapshot of older New Yorkers.

Appendix

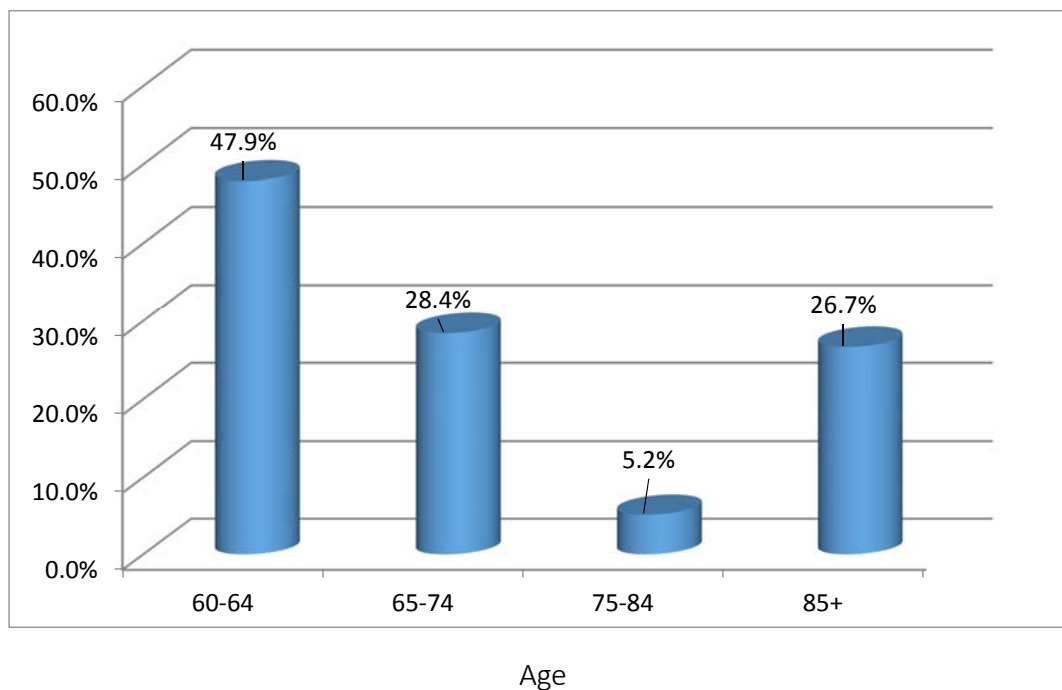
Statistical Snapshot of Older New Yorkers NYC Department for the Aging November 2017

By 2040, New York's 60+ population will significantly increase to a projected 1.86 million, a 48.5% increase from 2000. This group will comprise 20.6% of the total population, compared with 15.6% in 2000. Thus, the elderly, who were less than one in every six New Yorkers in 2000, will make up more than one in every five in 2040.ⁱ

Aging Within the Older Population

The City's total older population, which increased from 1.25 million in 2000 to 1.59 million in 2015, has significantly changed in age composition.

Percentage Change of Selected Age Groups, New York City (2000-2015)ⁱⁱ



From 2000 to 2015, the number of residents 60-64 years and older increased dramatically, by 47.9%. The number of people aged 65-74, and the eldest group (85 and older) also grew quickly by 28.4% and 26.7% respectively. Those between ages 75 and 84 slightly increased by 5.2%. 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.ⁱⁱⁱ Disability is prevalent among the oldest cohort, creating a growing need for long-term care services.

Increase in Life Expectancy

The latest figures indicate that New York City life expectancy at birth is at an all-time high of 81.2 years, an increase of 3.6 years from 2000 to 2015^{iv}. 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 2015, New York City women had a life expectancy of 83.5 years, while men had an average life expectancy of 78.6 years^v. Additionally, the 2010 U.S. Census shows the Hispanic population in New York City to have had an average life expectancy at birth of 81.9 years, the white population of 81.2 years, and the black population of 76.9 years.^{vi} Life expectancy data for Asians were not available in the 2010 US Census.

Increase in the Older Female Population

Not only do women have a greater life expectancy than men, but as of 2015, women continue to outnumber men by 246,580 within the 60+ age group. The number of women is more than double that of men among those 85 and older.^{vii} 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.^{viii} Thus, as is the case currently, women 85+ in 2040 will outnumber men their age by nearly 2 to 1, and this greater longevity results in more women living alone during their later years.

Poverty rates are higher, on average, for women living alone than for those living with a partner or for men living alone or with another person. To a significant degree, this is due to the fact that women tend to receive lower Social Security payments because of time spent out of the paid workforce, as well as the prevalence of lower paying salaries for women than their male counterparts during their years of employment.

Women 65 and older comprise 67.7% of the frail older population. More than one third of older women are in the frail status. In contrast, less than one-fourth of older men are frail.^{ix} Frailty can lead to functional impairments, which may require long-term care.

Increase in Diversity

American Community Survey data show that from 2000 to 2015, the non-Hispanic white older population decreased, whereas the number of minority members of that group grew rapidly. In 2015, 61.5% of New Yorkers 65 and older were members of minority groups, compared to 43% in 2000 and 35% in 1990. Between 2000 and 2015, the Black population increased by 44%, the Hispanic population by 74%, and the Asian population by 137%.^x

Table A: **Minority 65+ Population in New York City, 2000-2015** ^{xi}

Race/Ethnic Profile	2000 Census	2015 ACS	% Change 2000-2015
White (Non-Hispanic)	533,982	483,123	-9.5%
Black	185,088	267,037	44.28%
Hispanic	138,840	240,986	73.57%
Asian/Pacific Islanders	59,056	139,717	136.58%
All Minorities	382,984	647,740	69.13%

There are also significant linguistic differences: nearly 50% of older New Yorkers speak a language other than English at home.^{xii} Linguistic and cultural differences coupled with the challenges of aging and disability can have a significant impact on health outcomes. A review of health literature found that language barriers have a negative impact on access to and quality of health care as well as patient satisfaction and, in certain instances, cost.

The development of a language assistance plan that includes interpreter services and bilingual clinicians is an effective measure for improving care.^{xiii} Executive Order 120 requires the City's social service agencies to provide translation and interpretation services in the top six languages spoken by New Yorkers. Each of these agencies, including DFTA, has developed a language access implementation plan for at least six languages. New York City's 24-hour information and services number, known as 3-1-1, provides services to callers in 175 languages and dialects.^{xiv}

Income and Poverty

Inadequate income continues to be a critical problem facing the elderly in New York City. Whereas the United States has experienced a decline in the national poverty rate for older people, from 12.8% in 1990 to 9.0% in 2015, New York City's older adults experienced an increase in poverty from 16.5% to 18.1% for the same time period.^{xv} The 2015 Federal poverty level was \$11,770 for a single person and \$15,930 for a couple.^{xvi}

The Social Security Administration reports that the current average Social Security benefit for a retired worker is \$1,368 per month.^{xvii} Social Security represents more than half the income for senior headed households in New York City in 2015.^{xviii} This average benefit is often inadequate to cover the high cost of living in New York City.

Table B: **Poverty by Race for Older New Yorkers Aged 65 and Above (2015)**^{xix}

	Total Older Cohort*	Number Below Poverty	% Below Poverty Level (2015)
White	469,821	54,655	11.6%
Black	257,989	47,610	18.5%
Hispanic	234,238	68,697	29.3%
Asian	137,465	30,675	22.3%

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

The percentage of minority elderly living in poverty is significantly higher than for the white population. Data indicate that a substantial proportion of minority older people live in poverty – 29% of Hispanics, 22% of Asians, and 19% of blacks. In addition, the number of older women living below the poverty level (20%) is approximately 4 percentage points higher than that of their male counterparts (16%).^{xx}

In 2015, the median household income for older New Yorkers was \$33,917, lower than the nation’s median of \$40,971.^{xxi} Median income also varies significantly by race. In 2015, the median income of:

- Hispanic households was \$17,500, 63% less than that of the white population, whose median household income was \$47,500;
- Black households was \$32,500 or 32% less than for the white population; and
- Asian households was \$27,500, 42% less than in the white population.^{xxii}

With an increasing percentage of New York City’s older adults living in poverty, a targeted expansion of multiple income supports would help those most in need. These include, but are not limited to Supplemental Security Income (SSI), Medicaid, the Medicare Savings Program and other Medicare subsidies for people of lower income, SNAP (“food stamps”), the Home Energy Assistance Program, affordable housing programs, rent freezes through the Senior Citizen Rent Increase Exemption program (SCRIE), and property tax increase exemptions through the Senior Citizen Homeowner’s Exemption program (SCHE).

Endnotes for Appendix

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

ⁱⁱ 2010 Census and 2015 ACS.

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

^{iv} Bureau of Vital Statistics "Summary of Vital Statistics, 2015", March 2016, Table M25, p 67. The New York City Department of Health and Mental Hygiene (DOHMH).

^v *Ibid*, Table M25, p. 67.

^{vi} *Ibid*. Table M24, p. 66

^{vii} 2010 Census and 2015 ACS.

^{viii} New York City Department of Planning, "New York City Population Projections by Age/Sex & Borough, 2010-2040", December, 2013.

^{ix} 2015 ACS

^x 2000 Census and 2015 ACS.

^{xi} *Ibid*.

^{xii} 2015 ACS.

^{xiii} U.S Department of Health and Human Services. "Health plans take action to improve services for members with limited English proficiency," *Research Activities*, No. 295, Agency for Healthcare Research and Quality, March 2005.

^{xiv} New York City 311 Customer Service Center, *Language Access Plan*, March 23, 2017. Available at: <http://www1.nyc.gov/assets/doitt/downloads/pdf/311-Language-Access-Plan.pdf>

^{xv} 2015 ACS

^{xvi} *Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years*, US Census Bureau.

^{xvii} US Social Security Administration. *Monthly Statistical Snapshot*, May 2017. Available at:

https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/

^{xviii} Office of the New York City Comptroller Scott M. Stringer, *Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population*, March 2017. p. 13. Available at: https://comptroller.nyc.gov/wp-content/uploads/documents/Aging_with_Dignity_A_Blueprint_for_Serving_NYC_Growing_Senior_Population.pdf

^{xix} 2015 ACS.

^{xx} *Ibid*.

^{xxi} *Ibid*.

^{xxii} *Ibid*.