

**Annual Plan Summary**

**April 1, 2008 – March 31, 2009**

**For**

**Older Americans Act**

**And**

**New York State Community Services  
for the Elderly Program**

**And**

**Expanded In-Home Services for the  
Elderly Program**

**September 2007**

**NEW YORK CITY DEPARTMENT FOR THE AGING  
2 Lafayette Street  
New York, New York 10007**

**Michael R. Bloomberg  
Mayor**

**Edwin Méndez-Santiago, LCSW  
Commissioner**

## **PUBLIC HEARING SCHEDULE**

The Department for the Aging encourages comment upon its Annual Plan Summary and looks forward to receiving testimony at its annual Public Hearings, to be held from October 22 through October 30, 2007.

Hearings are scheduled for each borough as follows:

### **BRONX**

Monday, October 22, 2007  
10:00 A.M. – 12:00 Noon  
Lincoln Medical and Mental Health Center  
234 East 149<sup>th</sup> Street  
Auditorium  
Bronx, NY 10451

### **BROOKLYN**

Tuesday, October 23, 2007  
10:00 A.M. – 12:00 Noon  
Brooklyn Borough Hall Courtroom  
209 Joralemon Street  
Brooklyn, NY 11201

### **QUEENS**

Thursday, October 25, 2007  
10:00 A.M. – 12:00 Noon  
Queens Borough Hall  
120-55 Queens Blvd.  
Room 213  
Kew Gardens, NY 11424

### **MANHATTAN**

Monday, October 29, 2007  
10:00 A.M. – 12:00 Noon  
220 Church Street  
Room 328  
New York, NY 10013

### **STATEN ISLAND**

Tuesday, October 30, 2007  
10:00 A.M. – 12:00 Noon  
Community Board 2 Office  
Sea View Hospital  
460 Brielle Ave  
Staten Island, NY 10314

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*The Annual Plan Summary was prepared by Cara Saunders and Linda Black, Planning Analysts, and Joyce Chin, Director, Office of Management Analysis and Planning, in collaboration with managers and staff throughout the Department. Dr. Jackie Berman, Director of Research, prepared demographic analyses. To receive additional copies, please contact the Department by telephone at (212) 442-0960 or visit the Department's website.*

New York City Department for the Aging  
Website: [www.nyc.gov/aging](http://www.nyc.gov/aging)

## **I. INTRODUCTION**

### **A. NEW YORK CITY DEPARTMENT FOR THE AGING**

The New York City Department for the Aging (DFTA) was established as both a Federal and a municipal entity to represent and address the needs of the elderly residents of New York City. Among the 39 Mayoral agencies in New York City government, DFTA is the lead agency to address public policy and service issues regarding the elderly. The Department is also a part of the Federal network of Area Agencies on Aging (AAA) and is the largest AAA in the nation. In this capacity, the Department represents the concerns of urban centers on a national scale and advocates on legislative, regulatory, and socio-economic issues that affect older adults.

The Department's activities are directed toward the provision of community-based programs and services that foster independence, safety, wellness, and quality of life for older New Yorkers. The Department continues a long history of collaborative partnerships with community-based organizations that work with older adults to help them remain living in their homes and to sustain their independence and active participation in local communities.

### **B. PUBLIC HEARINGS**

Each year, the Department for the Aging conducts public hearings in all five boroughs to obtain recommendations and comments on its proposed Area Plan for the Older Americans Act (OAA), the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP).

The 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 welcomes written and oral testimony on the Annual Plan Summary. Input from the public will help DFTA update its plan for Fiscal Year 2009 and enhance its long-term efforts on behalf of the city's elderly.

The Department provides a written response to public comments. The executive summary of comments received at the public hearings held in October 2006 and the DFTA response are now available on the DFTA website. After the public hearings in October 2007, the Department will prepare an executive summary and the DFTA response will again be available on the agency website.

### **C. PURPOSE AND SCOPE OF THE PLAN**

In accordance with the Older Americans Act Amendments of 2000, this document represents the first year of a Four Year Plan covering the period April 1, 2008 to March 31, 2012. It will be submitted to the New York State Office for the Aging. It presents strategic

objectives for programs funded through the Older Americans Act, the New York State Community Services for the Elderly Program, the Expanded In-Home Services for the Elderly Program, and other sources for the period April 1, 2008 to March 31, 2009.

The Older Americans Act requires the provision of nutrition, employment, legal, access and in-home services; the Community Services for the Elderly Program and the Expanded In-Home Services for the Elderly Program require the provision of community-based services for the frail elderly. The Department works with its Senior Advisory Council, Interagency Councils on Aging, service consumers, voluntary agencies, advocacy and provider groups, and Community Boards to identify and address local needs. The allocation of Departmental 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 other sources.

#### **D. ADVISORY COUNCIL AND COMMUNITY PARTNERS**

The Department provides community partners with various opportunities to constructively engage with DFTA and provide their insights and recommendations:

- **DFTA's Senior Advisory Council:** Council members are service utilizers or providers and offer a unique perspective on aging issues and services.
- **Ongoing Meetings and Dialogue:** Through ongoing meetings and dialogue with community groups, interagency councils, and advocacy groups, the Department gains invaluable feedback and input regarding its services and programs.
- **Public Forums:** Service providers, community leaders, as well as the general public are encouraged to share their views and recommendations in various public forums that focus on aging services (i.e., Annual Plan Summary Hearings, Borough Budget Consultations).
- **Modernizing Aging Services:** The City has convened a group of advisors comprised of several leaders working directly in aging services or related fields, including health and academia, to develop a vision statement to guide how the City will meet the diverse needs of older New Yorkers (see Appendix A, page 51). We have also created four workgroups that include direct service providers and other stakeholders to work with our agencies on case management redesign, senior center programming, home delivered meals, and the long term care point of entry system.

## **E. DEPARTMENT WEBSITE – WWW.NYC.GOV/AGING**

The Department invites the public, community partners, advocates and especially older New Yorkers to visit the DFTA website. It includes the following:

- **Annual Plan Summary:** DFTA will post the Annual Plan Summary in October on the Department's website. In addition, the schedule of the Public Hearings and a copy of the reply card will also be available on the website.
- **Public Hearing Testimonies:** All written testimonies submitted to the Department will also be posted on the website.
- **Information and Resources:** The DFTA website includes resources for older New Yorkers and their families, community partners, and other organizations, including information about DFTA, older adult programs and services, policy information, demographic trends, publications, and a web-based calendar of events.

## II. ASSESSING THE NEEDS OF THE CITY'S ELDERLY

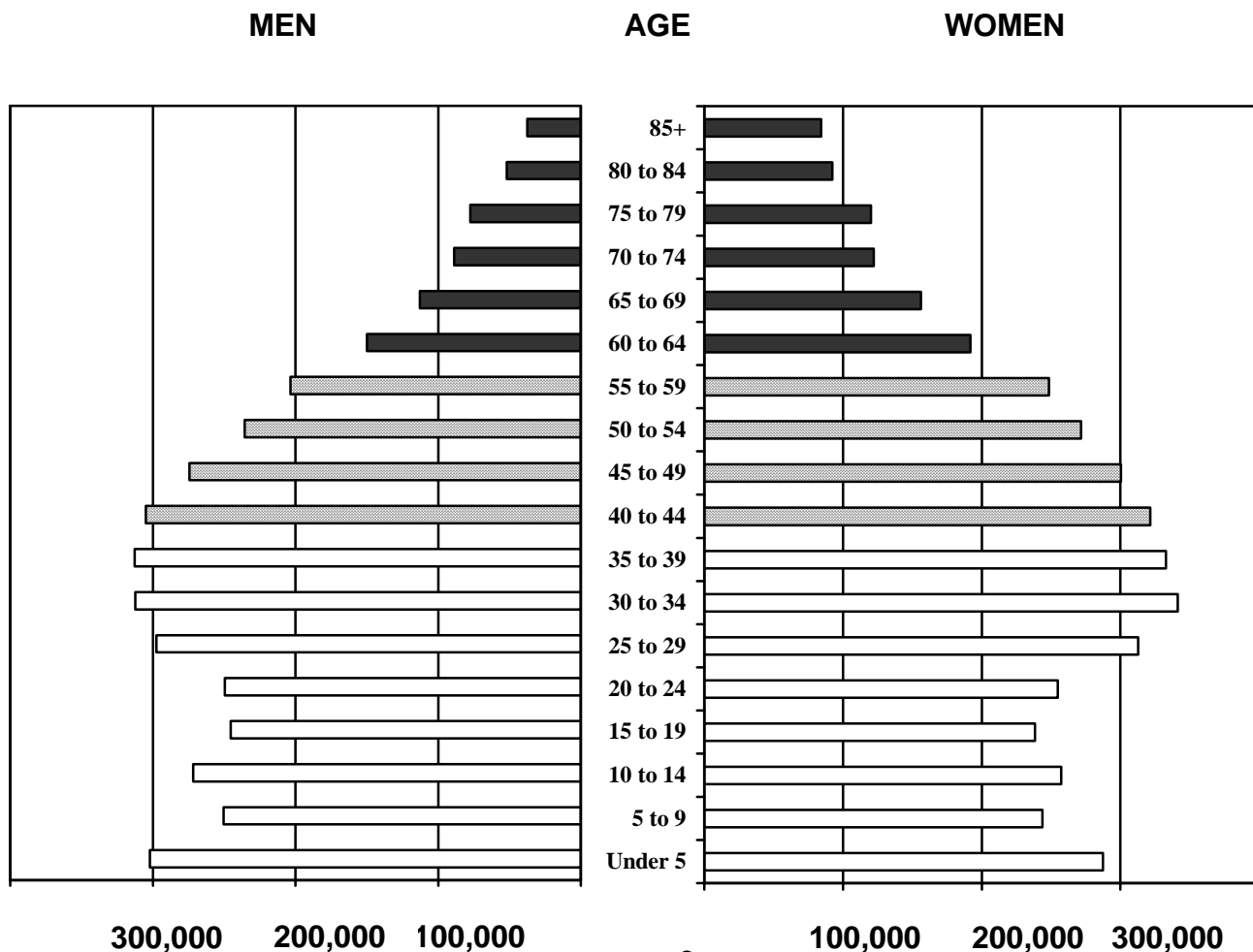
The older adult population in New York City is large and ethnically, culturally, and economically diverse. Older New Yorkers have broad and wide-ranging service needs. Needs assessment is the first step to ensure appropriate and effective services. The Department identifies the needs of New York City's older adults through the following:

- the ongoing process of consultation with consumers, providers, advocates, and elected officials;
- the analyses of changing demographic patterns; and
- the analyses of the potential impact of policy and legislative changes on older New Yorkers.

### A. THE CHANGING ELDERLY POPULATION

The results of the 2005 American Community Survey (ACS), as well as the 2000 Census provide a foundation to determine the current and future needs of the elderly throughout the early years of the 21<sup>st</sup> Century.

**Chart 1. Age and Sex Pyramid for New York City: 2005**



The Age and Sex Pyramid (See Chart 1, p. 6) shows graphically an overall profile of New York City's general population.

- The area shaded in black reflects New York City's elderly age 60 and older (1.28 million adults), representing 16.2 percent of the City's population in 2005.
- The gray area represents New York City adults between the ages of 40 and 59 in 2005. This bulging segment of the population is the post-World War II "Baby Boom," representing 27.2 percent (2.2 million) of the City's population in 2005.

As the baby boom population continues to age and climb up the pyramid, the demand for aging services will increase.

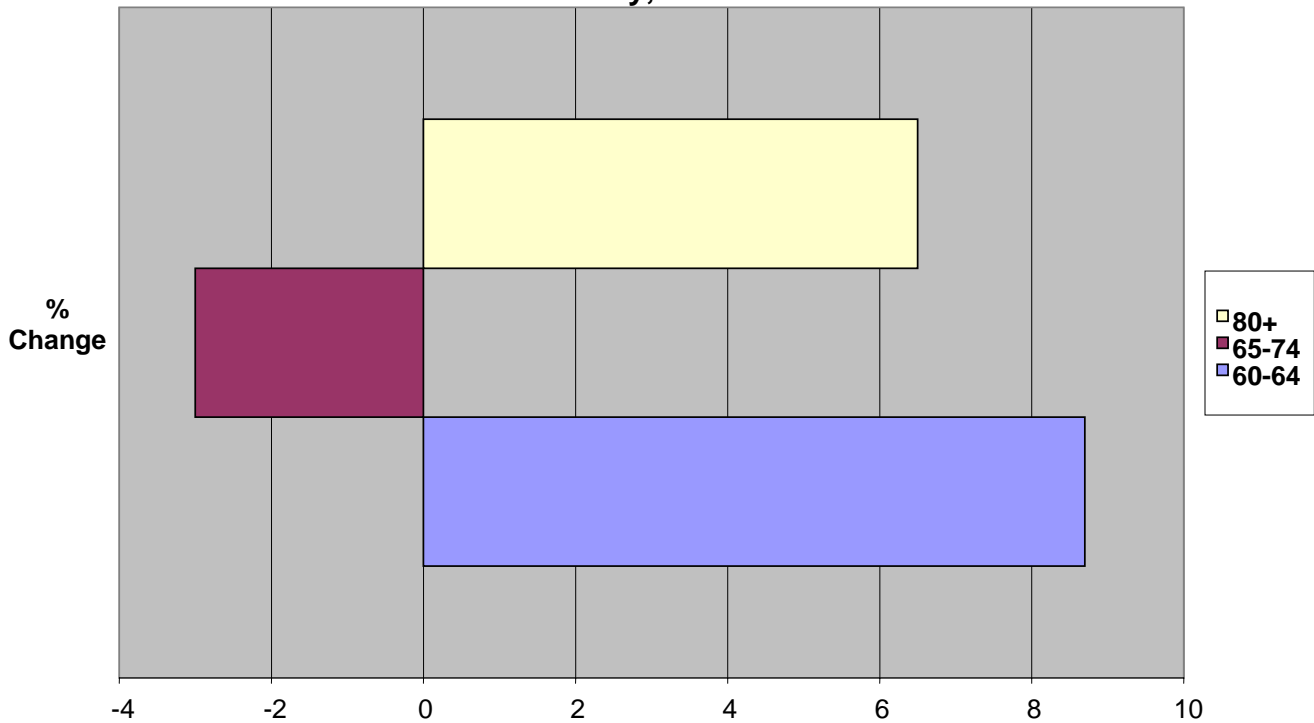
### **Aging of the Elderly Population**

Based on the 2005 American Community Survey (ACS), the total elderly population in New York City increased slightly between 2000 and 2005, from 1.25 million to 1.28 million. While the total population did not change significantly, the composition of the City's elderly did change (See Chart 2, p. 8).

- From 2000 to 2005, the number of young elderly (age 60-64) increased by 8.7 percent. Those in the 80-84 age group increased at a rate of 12.6 percent.
- The number of persons in the very oldest age group, 85 years and over, remained unchanged in the last five years.

This significant increase in the 80-84 age group creates a growing need for long-term care services. In this age group, disability is more prevalent, leading to an increase in demand for programs such as home care, adult day services, home delivered meals, and Naturally Occurring Retirement Community (NORC) programs.

**Chart 2. Percent Change in Population by Selected Age Groups for New York City, 2000-2005**



### **Life Expectancy**

Declining mortality rates among the middle-aged and elderly have resulted in impressive increases in life expectancy in the United States. However, these gains are not shared uniformly across geographical regions, gender, or racial groups.

- From 1980 to 2000, life expectancy at birth in the U.S. rose by 4.2 years.
- Life expectancy in New York City has increased significantly for both men and women in the last decade. The life span for women increased by 3 years. For men, the life span increased by a striking 6.5 years. This is largely attributable to the drop in homicides and deaths resulting from AIDS.
- For the first time in 60 years, life expectancy for New Yorkers is above the national average by about 7 months. Across the nation, as well as in New York City, women continue to experience longer life expectancies compared to men at both birth and age 65.
- Life expectancy also differs by race. For example, whites live longer than blacks. In 2000, whites in New York City had an average life expectancy at birth of 77.6 years, while the average life expectancy for blacks was 72.7 years. Generally lower incomes and higher rates of poverty among blacks affect lifestyle and access to medical care, factors that in turn affect mortality and life expectancy.

Because increases in life expectancy are not experienced equally among the elderly population, service planning must address the existing inequalities and focus on the special needs of frail older women and minority elderly. Planners must consider issues such as a growing percentage of the elderly living alone, affordable and equitable health care, and diminishing income as the elderly age.

**Minority Elderly**

The 2005 ACS data shows that during the 2000-2005 period, the minority elderly population grew at a fast rate. The non-Hispanic white elderly population is shrinking, while the number of minority elderly is rapidly growing (See Table A, below).

**TABLE A.**

**MINORITY ELDERLY (65+) IN NEW YORK CITY 2000-2005**

<b>Race/Ethnic Profile</b>	<b>2000 Census</b>	<b>2005 ACS</b>	<b>Percent Change 2000-2005</b>
Non-Hispanic White	533,982	488,146	- 8.6%
• Hispanic	138,840	169,759	+ 22.3%
• Asian/Pacific Islander	59,056	80,299	+ 36.0%
• Black	185,088	203,967	+ 10.2%
All Minorities	403,875	455,111	+ 12.7%

- In 2005, nearly 48 percent of New Yorkers 65 and older were members of minority groups, compared to 43 percent in 2000, and 35 percent in 1990.
- Between 2000-2005, the Black population increased by 10 percent, the Hispanic population by more than 22 percent, and the Asian population increased by 36 percent.
- Racial and ethnic diversity is accompanied by a growth in languages; nearly 200 languages are now spoken in New York City.

Racial, cultural, and linguistic differences, coupled with the challenges of aging or a disability, can result in different help-seeking patterns. Many of the City’s minority elders experience difficulty in accessing basic services. Some are immigrants who do not have health coverage and may not qualify for Medicare, Medicaid, or other Federal assistance programs. The service system for older adults must become more responsive to the minority elderly. Workers must be bilingual and racially and ethnically diverse to address the changing needs of older adults in their communities. In addition, leaders in the service network must reach out to minority communities to promote an equitable provision of services to all older New Yorkers.

The Department will be one of eight cities participating in the “Improving Hispanic Elder’s Health: Community Partnerships for Evidence-based Solutions” pilot project. The purpose of this project is to bring together teams of local leaders from communities with large numbers of Hispanic elders to review the latest research findings and examples of promising practices on health disparities. DFTA will be partnering with various community agencies, as well as with the Department of Health and Mental Hygiene and the Health and Hospitals Corporation to form the New York City Taskforce on Hispanic Elders’ Health. The Taskforce’s key goals will be to develop and implement strategies for improving Hispanic elders’ access to new Medicare benefits, low-cost evidence-based prevention programs, and other initiatives that can reduce their health disparities. The Taskforce will design and implement a comprehensive, collaborative and integrated approach to reduce the prevalence of diabetes and diabetes-related cardiovascular disease, as well as improve care management and the quality of life for Hispanic elders with diabetes.

### **Income Among the Elderly**

- Lack of adequate income continues to be a critical problem facing the elderly in New York City. In 2005, about 22 percent of all elderly headed households in New York City earned an annual income below \$10,000 and 25% of households earned an annual income of above \$50,000.
- Median household income for older New Yorkers in New York City in 2005 was \$23,415, only slightly higher than the 2000 median of \$23,388. This continues to remain lower than the nation’s household median income of \$28,722.
- In 2005, the median household income of older New Yorkers varied significantly by race/ethnicity. Compared with whites who earned a median household income of \$28,573, the median household income of:
  - Hispanics was \$14,000, 51 percent less,
  - Asians was \$20,500, 30 percent less, and
  - Blacks was \$21,000, 28 percent less.

In New York City, Social Security accounts for approximately 80 to 90 percent of income for people in the lowest two fifth of the income spectrum. Based on data from the Employee Benefit Research Institute (EBRI), the three major sources of income for people 65 and older in New York City include:

- Social Security – received by 85 percent of older persons, constituting 38 percent of total income.
- Income from assets – received by 47 percent of older persons, constituting 18.5 percent of total income.
- Public and private pension – received by 25 percent of older persons, constituting 14 percent of total income.

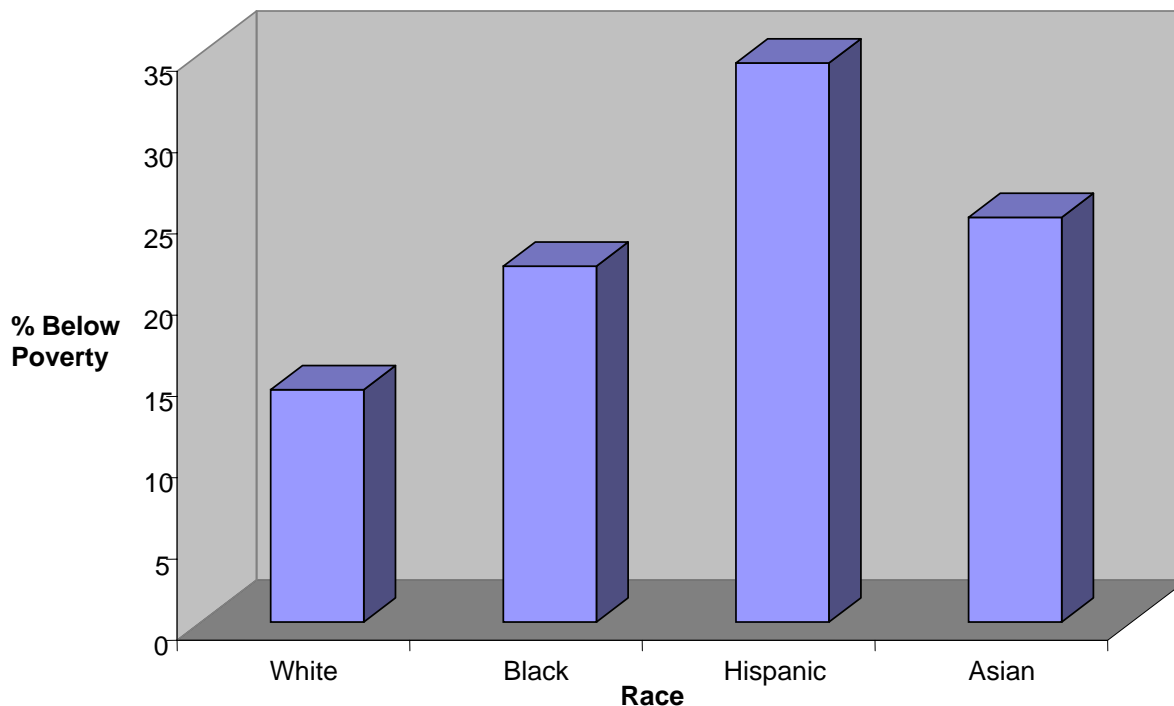
## **Elderly Living Below Poverty**

Whereas the United States has experienced a 9 percent drop in the national poverty rate among the elderly between 1990 and 2005, New York City's older adults have experienced a tremendous increase of 27 percent in poverty. Most older persons receive Social Security benefits, however those benefits are often inadequate to cover the high cost of living in New York City. In 1999, the median annual gross rent paid by New York City households 65 and older was nearly \$7,000. With less income for other necessities such as food, transportation and health care, the elderly who depend primarily on Social Security are vulnerable to poverty.

- The 2005 American Community Survey revealed that 20.3 percent of New Yorkers age 65 and older live in poverty, compared to 9.9 percent nationwide.
- According to the 2005 data, among those age 75 years and older, an alarming 21.6 percent (nearly 100,000 individuals) now live in poverty. Poverty among the elderly in this age group increased from 18.3 to 21.6 percent between 2000 and 2005.
- The number of elderly women living below the poverty level grew from 112,078 in 2000 to 130,922 in 2005, a 16.8 percent increase.
- Among Hispanic elderly, 34.4 percent were living in poverty in 2005; among Asian elderly, 24.9 percent lived in poverty; and 21.9 percent of black elderly were living in poverty.

Poverty is on the rise and is expected to increase dramatically, particularly affecting the oldest and frailest, women, minorities, older New Yorkers living alone and elderly with disabilities. Individuals who became functionally impaired during their working lives are more likely to suffer from poverty during retirement. It is likely that physical disabilities will be a greater cause of poverty among older adults in the future than in the past.

**Chart 3. Percent Below Poverty by Race and Ethnicity in New York City, 2005**



	Total*	Number Below Poverty	% Below Poverty Level 2005
<b>White</b>	488,146	69,589	14.3
<b>Black</b>	203,967	44,660	21.9
<b>Hispanic</b>	169,759	58,331	34.4
<b>Asian</b>	80,296	19,998	24.9

\*Number of persons for whom poverty was determined.

This data indicates that a large proportion of minority elderly live in poverty. Multiple services must be expanded and targeted to reach those most in need, including income support programs, such as: Supplemental Security Insurance (SSI), Food Stamps, Medicaid, Family Health Plus, and meals at congregate nutrition sites, as well as home delivered meals.

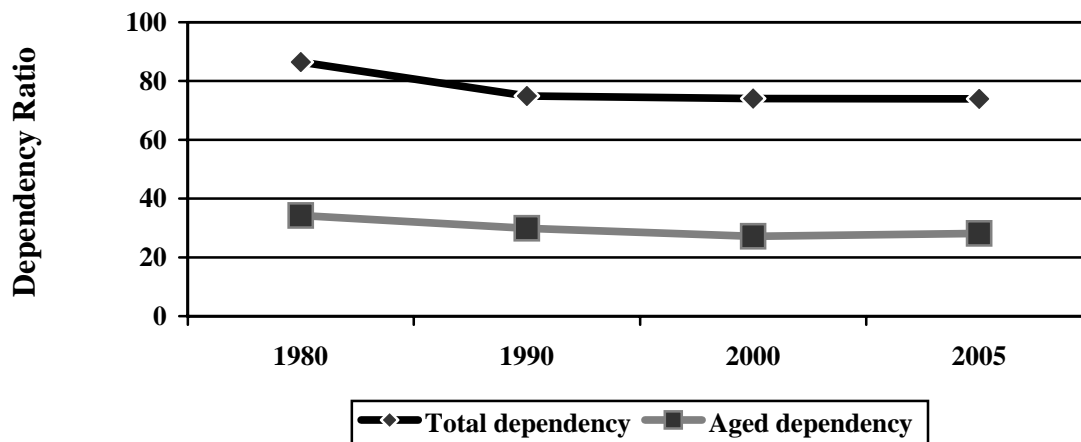
**Dependency Ratios**

The “dependency ratio” is an expression of the number of children and aged persons in a population in relation to the number of working-age persons.

- The “aged dependency ratio” measures the size of the elderly population compared to the working-age group.

- The “total dependency ratio” expresses the number of dependent persons per 100 in the active age groups: the higher the ratio, the greater the degree of dependency.
- The total dependency and the aged dependency ratio in New York City have both declined since 1980.

**Chart 4. Dependency Ratios for New York City: 1980 – 2005**



Despite the recent decline in dependency ratios shown above, the aging of the Baby Boomer generation represented in Chart 1 indicates that this trend will reverse in the next two decades. Projections indicate that New York City can expect that the over 60 population will increase by approximately 20% by 2015.

Planning for the swelling of the older adult population will present challenges in developing future services. The network of services must expand and adapt to the changing needs of a new cohort of well-elderly, while balancing the service needs of the increasing frail-elderly population.

### **Elderly Women**

Between 2000 and 2005, the number of women age 60 years and over increased by 2 percent in New York City. Women continue to outnumber men by nearly 3 to 2. This ratio increases to 5 to 2 among persons 85 years and over.

- The number of women age 85 and over slightly declined between 2000-2005.
- While elderly women account for 60% of all older New Yorkers, they comprise 80% of the frail elderly population.

- Higher longevity among women results in more women living alone during the later years of their life, and they are more likely to have functional impairments, which require long-term care.
- Elderly women are more likely than men to have incomes below the poverty level, since women tend to receive lower Social Security payments. This is due, in part, to time spent out of the paid workforce, as well as a prevalence of lower paying salaries than their male counterparts during their years of employment.

### **Senior Isolation**

The 2000-2005 period witnessed an increase in the number of older persons living alone in New York City, resulting in greater dependency on government and privately funded welfare services. This group is more vulnerable and impoverished than other older New Yorkers.

- In 2005, 35 percent of persons age 65 and over were living alone, compared to 32.5 percent in 2000, and 33.5 percent in 1990. Among those age 85 and older, more than one-half live alone.
- In New York City, older persons who lived alone had the highest poverty rate (33%) among all elderly households.
- Single persons are more likely to have lower household incomes and, therefore, pay a higher proportion of their income toward housing than those who live with other individuals. Correspondingly, older persons living alone are in greater danger of economic hardship.

However, according to Gusmano and Rodwin's "Analysis of Vulnerability Among Older Persons, DFTA Client Services, and Medicaid Home Care" (July 2007), living alone is not the only factor that can contribute to vulnerability. Other factors include elder density, which measures the number of persons 65 and over in an area; poverty; disability; and inadequate access to primary care. Vulnerability is difficult to measure, especially by those suffering from isolation, who are outside of formal networks.<sup>1</sup>

### **Health Status and Functional Capacity**

Disability among the elderly population declined slightly between 2000 and 2005, but still remains prevalent.

In 2005, there were over 405,000 elderly people in New York City who reported some kind of disability level, compared to 417,000 in 2000. This represents 43 percent of the total elderly population aged 65 and over in the civilian non-institutionalized population. Of this group, only 15.5 percent had one type of disability; the other 84.5 percent had two or more types of disabilities.

- Over 34 percent of persons 65 and older had physical disabilities that affected their walking, climbing stairs, reaching, lifting or carrying.
- Over 22 percent of those aged 65 and older had conditions that restricted their ability to go outside the home, shop or visit the doctor.
- About 15 percent had mental or emotional conditions, causing difficulties in learning, remembering or concentrating.
- Over 16 percent of persons 65 and older had sensory disabilities involving sight or hearing.
- Another 14 percent of persons 65 and older were limited in their abilities to perform self-care activities, such as dressing, bathing or getting around inside the home.

Disability was much higher among elderly New Yorkers as compared to the nation as a whole and this was true both for males and females. Poverty is associated with disability. The elderly with disabilities reported higher poverty rates compared with the elderly without disabilities.

About 185,000 elderly in New York City have a severe disability and they need assistance from others to function on a day to day basis. Older women have more difficulty with activities of daily living than do older men.

Disability was related to race but not strongly. Older non-Hispanic black and Hispanic men and women had higher disability rates compared with their counterpart non-Hispanic white men and women.

As the City's population ages and more elderly face disability, there is an ever-greater demand for comprehensive health care, in-home services, and family caregiver support. The service system must be strengthened to address these needs through proper caregiver support and resources, more effective use of case management, affordable medical care and prescription drug coverage, and development of a skilled workforce to meet the growing demand for in-home services.

## **B. FUTURE OUTLOOK FOR THE ELDERLY POPULATION**

As the city prepares to address the challenges of an aging population, knowledge becomes critical in formulating policy, planning for services and effectively allocating resources. In this context, DFTA has been analyzing population projection trends from 2000 through 2030 on various subgroups and their impact on the population as a whole. In the next three decades, the composition of the city's population will change dramatically as a result of immigration, the aging of baby boomers and continuing increases in life expectancy. Important findings and new challenges relating to this future outlook are summarized below.

## **Dramatic Increase in the Elderly Population**

ACS data indicates that between 2000 and 2005 the elderly population 60 years of age and older increased slowly from 1.25 million to 1.28 million. Thereafter, with the aging of the baby boomers, by 2030, the elderly population 60+ will significantly increase to a projected 1.84 million, a 47 percent increase from 2000. This group will comprise 20 percent of the total population compared with 15.6 percent in 2000. Consequently, the elderly who were only 1 in every 6 New Yorkers in 2000, will make up nearly 1 in every 5 in 2030.

The group aged 85 and over is small but rapidly growing. The increase in life expectancy and the growing number of people entering this age group will result in a steady increase from 122,000 in 2000 to 152,690 in 2030, an increase of 25 percent over 30 years. After 2030 the baby boomers start to join this age group. The cumulative growth of the 85 years and over group will be nearly 200 percent between 2000 and 2050 and this group will constitute 4 percent of the total population in 2050, compared with 1.5 percent today.

## **Gender Imbalance**

With aging, the gender imbalance becomes more pronounced, with more females than males due to the generally higher mortality rate for men than women in each age group. By 2030, the sex ratio (number of females per 100 males) among all elderly New Yorkers is projected at 118 for the 55-64 age group, 131 for the 65-74 group, 159 for the 75-84 group, and 213 for 85 years and older. Thus, in 2030, women age 85 and over will outnumber men age 85 and over by more than 100 percent.

## **Increasing Dependency Ratio**

The projections indicate that the city's youth population (ages 0 to 19) is expected to decline as a fraction of the total population from 26.9 percent in 2000 to 23.8 percent in 2030. The number of persons 65 or older is expected to increase significantly while the number of working persons is expected to decline by more than 4 percentage points. Thus, the dependency ratio (a measure of economic dependency between the dependent and the working age segment, see p. 13) is expected to increase from 73 in 2000 to 78 in 2030.

## **C. THE NEEDS OF THE ELDERLY**

New York City's elderly have diverse needs that are expanding and changing as demographic shifts in the population occur over time. While this Plan cannot cover the entire range of these needs, the areas below represent several of the most critical ones.

### **Income Support**

Income support is one of the most critical and growing needs among the elderly:

- The poverty rate among those age 65 and over has increased in New York City from 16.5 percent in 1990 to 20.3 percent in 2005. This is substantially higher than the 10 percent poverty rate for the elderly nationally.
- The fastest growing segments of the elderly population are also the poorest: women living alone, minorities, and those aged 75 and over. Even those above poverty frequently have insufficient incomes.
- The Federal poverty guidelines are very low, \$10,210 for a single person in 2007, and \$13,690 for a couple. Many who are in financial need do not qualify for most public benefits.
- Social Security remains the major source of income for elderly households.
- Households relying heavily upon Social Security tend to earn very little. The current average annual Social Security benefit is \$11,509 for a single retired worker.

With an increasing percentage of New York City's elderly living in poverty it is vital to expand income support services and target older adults who are most in need. Services such as Medicaid, SSI, Food Stamps, congregate and home delivered meals, and housing subsidies provide essential support to older persons to improve their quality of life.

### **Health and Long-term Care**

**Chronic and Acute Illness:** As individuals age, they are increasingly likely to suffer from chronic and acute illnesses.

- The most common chronic conditions among all groups age 50 and older are arthritis, hypertension, hearing impairments, heart disease, visual impairments, chronic obstructive pulmonary disease, and diabetes.<sup>2</sup>
- The leading causes of hospitalization (in 2000) for New York City residents age 65 and older include heart disease, pneumonia and influenza, injuries and poisonings, and cerebrovascular disease.<sup>3</sup> The leading causes of death (in 2005) for New York City residents age 65 and older include heart disease, cancer, diabetes, and pneumonia and influenza.<sup>4</sup>

Medical, public health, and social service providers must work together to improve the quality of health for older adults. Data sharing and increased coordination of patient care can lead to improved patient management and better health outcomes. In addition, public health and social service providers can help the medical community identify ways to address chronic and communicable conditions through prevention. Furthermore, public health, medical, social service providers, and scientific experts must work together to advocate for resources to support research on prevention and treatment of diseases that contribute to the causes of morbidity and mortality among the older population.

**Women's Health:** Although cancer generally dominates the focus of women's health agendas, heart disease is the leading cause of death and disability among women in the United States:

- Women are twice as likely to die of heart disease, than of all cancers combined. Among women age 65 and older in New York City, (in 1996-1998) the mortality rate from heart disease was 2,229.5 per 100,000.<sup>5</sup>
- More than half of all women will suffer a fracture due to osteoporosis (loss of bone mass) in their lifetime. In a 2004 study supported by the Agency for Healthcare Research and Quality, only 46 percent of older women with osteoporosis-related fractures received treatment in the 6 months following a fracture to prevent further fractures as called for by clinical guidelines.<sup>6</sup>

Women in New York City do not receive appropriate levels of preventive care, including immunizations and cancer screenings. In a New York City Department of Health and Mental Hygiene study published in 2005, more than 1 in 3 women age 65 and older did not get flu shots and fewer than half of women age 65 and older have ever received a pneumonia shot.<sup>7</sup> As of 2006, one-quarter of women age 40 and older had not received mammograms. The New York City Department of Health and Mental Hygiene (DoHMH) aims to increase the number of women age 40 and older who receive mammograms from 77 to 85 percent in 2008. Additionally, in the past 3 years, the number of all New Yorkers age 50 and older who have had a colonoscopy in the last 10 years has increased from 42% to 60%.<sup>8</sup>

Better public health information in multiple languages can help educate American women on diseases most likely to affect them. Prevention at an earlier stage and education on effective coping and treatment mechanisms are essential to help them avert or manage debilitating aspects of disease.

**Mobility:** As individuals age, their range of mobility decreases, and their need for appropriate in-home services, adaptive equipment, or the least restrictive environments may change:

- Older Americans Act services, especially those provided to vulnerable older individuals are intended to help the elderly maintain their independence and remain in the community. Older Americans participating in the Home Delivered Meals Program are a vulnerable population that are older, more frail, have higher nutritional risk, have more functional impairments and have lower income. This is an essential service within home and community-based services and helps delay institutionalization.<sup>9</sup>
- In the case of Olmstead vs. L.C., the United States Supreme Court ruled that Title II of the Americans with Disabilities Act (ADA) gave individuals with disabilities the right to be placed in the least restrictive environment, which may include an appropriate community setting. This ruling is not limited to Medicaid-funded

services. The Court's decision calls upon government at all levels to further develop accessible community-based services for disabled persons of all ages (this decision is one of the factors leading states to restructure long term care services away from institutionalization and toward home and community-based services).

Supportive social services provided in the home, including home delivered meals, housekeeping, and personal care, remain the publicly-funded services most in demand by elderly persons with functional impairments. These vital services are needed by older adults who have no one to assist them, as well as by those who have families helping to care for them at home. This highlights the need to eliminate existing barriers to services and create opportunities to prevent inappropriate or premature institutionalization.

**Caregivers:** Family members and other informal caregivers are vital to the supportive network that helps older New Yorkers to remain living in their homes and communities:

- In 2000, there were approximately one million unpaid family caregivers in New York City. On average, caregivers reported providing 20.5 hours of care weekly.<sup>10</sup>
- One in ten households in New York State includes a caregiver for a live-in family member age 60 or older; 25 percent have some caregiving responsibilities for persons living elsewhere. It is estimated that family caregiving saves the New York State health care system approximately \$12 billion.<sup>11</sup>

There is a growing need for services that benefit not only the care recipient, but also provide support for their caregivers. These services include adult day programs, respite care, and alternative models of residential care facilities. Title III-E of the Older Americans Act Amendments of 2000 established the National Family Caregiver Support Program (NFCSP), which provides basic services for family caregivers including information and referral; assistance in accessing benefits and entitlements; peer support; individual counseling; respite care; and supplemental services. This program represents an important model for supporting caregivers and care recipients.

**Health Care Costs:** If health care costs continue to escalate, particularly out-of-pocket costs, the trend will have a devastating effect on income among older persons:

- For people age 50 and older, total health care costs have risen substantially from 20 years ago, even after adjusting for inflation. Health care costs pose a particular burden for those in need of prescription drugs or long-term care services, as well as those with low incomes who do not have Medicaid. High out-of-pocket costs are increasingly a problem for older people who see themselves as unhealthy.<sup>12</sup>
- The Medicare Prescription Drug, Improvement and Modernization Act of 2003 established a new Medicare prescription drug benefit that went into effect in 2006. Medicare beneficiaries age 65 and over may enroll in a stand-alone prescription drug plan offered by private-sector entities. Enrollment in a plan is

voluntary, not automatic; however, if beneficiaries want to participate, they must elect the new prescription drug coverage (also known as Medicare Part D).

The inadequacy of health care coverage and affordable prescription drugs must be addressed on a national scale. Important areas of concern include: coverage for prescription drugs, expenses not covered by Medicare, and long-term care. The detrimental effects of rising health care costs and gaps in coverage are magnified further among a large proportion of New York City's elderly living in poverty (See Chart 3, p.12).

### **Mental Health and Protective Services**

The number of older adults with mental disorders is expected to increase dramatically in the coming decades:

- The 1999 Surgeon General's Report on Mental Health estimates that in the course of one year about 1 in 5 adults experience a psychiatric disorder. Applying this estimate to the NYC population, the NYC Department of Health and Mental Hygiene (DOHMH) estimates that in the course of one year approximately 20% of New Yorkers age 55 and older experiences a psychiatric (mental health) disorder not part of the normal aging process which could include for example, an anxiety disorder or major depressive episode.
- It is estimated that as many as 540,000 older adults age 60 and over in New York State are currently experiencing some sort of problem because they are knowingly or unknowingly misusing alcohol and/or drugs. Chemical dependency problems experienced by older adults are primarily related to alcohol misuse as well as the deleterious interactions between alcohol and prescription or over-the-counter medicines.<sup>13</sup>

New York State has identified the alcoholism and substance abuse problems of the elderly as a major area of concern and is in the process of formulating a plan to address this important issue.<sup>14</sup>

The growth in the number of elderly with mental health needs will have a major impact on the need for acute and long-term care and will result in a significant increase in health service utilization and costs. The substantial under-investment in research, knowledge dissemination, and service development could lead to a public health crisis.<sup>15</sup> These findings highlight the need to integrate elderly mental health and protective services into an affordable and accessible continuum of community-based health and long-term care for older adults.

### **Housing**

Appropriate housing and residential stability are vital to the well-being of older New Yorkers.

Older adults face these housing challenges: Many have inadequate incomes to pay for housing costs, mounting healthcare needs compete with other basic expenditures, and many have physical limitations that must be addressed by in-home care or structural modifications.<sup>16</sup>

- The housing preferences of older people are to age in place and to maximize privacy, autonomy, choice, familiarity, and flexibility.<sup>17</sup>
- There are 217,000 elderly New Yorkers on waiting lists for Section 202 Housing. Section 202 is a federally subsidized housing program, which provides funding for the construction of low-income elderly housing. There are a total of 17,025 Section 202 housing units in the City. Older adults on waiting lists outnumber units by a ratio of 12 to 1.<sup>18</sup>
- In the area of rent regulation, 79 percent of rent control tenants and 27 percent of rent stabilized tenants are age 55 or older. Within 5-7 years, close to half of the current rent stabilized population will be 55 and older. The population in rent controlled units also will become a significantly older population.<sup>19</sup>
- In 2005 the Governor signed enabling legislation that increased the combined household income eligibility limit for the Senior Citizen Rent Increase Exemption Program (SCRIE) from \$24,000 to \$29,000 to be implemented in increments of \$1,000 over a period of five years. On July 1, 2007, the eligibility limit increased to \$27,000.

Flexibility in development and financing of both housing and services for New York's aging population is critical. Creating accommodating environments that promote viable aging in place will maximize independence and autonomy for older persons.

## **Nutrition**

Good nutrition is a vital component in maintaining health and optimal functioning, especially among those age 65 and over:

- Recent data from the American Dietetic Association and the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion indicate that between 2.5 million and 4.9 million older persons nationally do not have consistent access to nutritionally adequate food and are at risk of malnutrition.
- The Elderly Nutrition survey conducted in 1994 by the New York State Office for the Aging reports that one out of four older New Yorkers are at risk of malnutrition. The prevalence of nutritionally-at-risk elderly is highest among those who are most likely to have functional impairment and lower incomes, (i.e. women who live alone, minorities and those who are 85 or older). Moreover, 4 percent of elderly New Yorkers skip one or more meals and 7 percent of elderly said they had to choose between buying food and other necessities.<sup>20</sup>

- The Food Stamp Program through the U.S. Department of Agriculture is an important federal nutrition assistance program available for low-income elderly. Of Americans aged 60 and older, only about a third of those eligible participate in the USDA Food Stamp Program.<sup>21</sup>
- New Yorkers age 65 and older have the lowest Food Stamp participation rate (17%) of all the groups that utilize emergency food programs (EFPs), which include food pantries, soup kitchens and shelter programs. Older New Yorkers are also using EFPs long term, rather than as a temporary form of food assistance. More than half (55%) have used EFPs for more than twelve months, and 38 percent have used the program for more than two years.<sup>22</sup>

Older adults receiving breakfast had greater energy/nutrient intakes, less worry about whether they would be able to get food or run out of food, and fewer depressive symptoms.<sup>23</sup> Adding a breakfast portion to the home delivered meal program could further improve the lives of frail, homebound older adults, according to a recent study supported in part by the Agency for Healthcare Research and Quality. Expanding home delivered meals is one option. In addition, some Senior Centers have under utilized capacity to provide a healthy breakfast to older New Yorkers. Exploring multiple business models and opportunities for collaboration is vital to address nutrition needs.

A study conducted by DFTA in January 2007, “Critical Factors in the Successful Utilization of Senior Center Meals,” found that while there was an overall decline in meals utilization at DFTA-funded senior centers, there are strategies and practices that can be learned to increase meals utilization. The commitment and leadership of the senior center director is essential to meals utilization. Centers that increased meal utilization also understood that the central mission of the senior center is to create and maintain a community for center members.<sup>24</sup>

Hunger and malnutrition can exacerbate many chronic diseases such as cardiovascular disease, hypertension, osteoporosis, cancer, diverticulitis, and diabetes, as well as speed the onset of a number of degenerative diseases. Malnutrition may also contribute to the decline in resistance to disease seen as people age.

Direct prevention and intervention strategies can enhance the nutritional status of older people. Public policies should emphasize screening for nutritional risk factors, employ appropriate nutrition interventions, focus efforts on reducing food insecurity, provide greater availability of nutrition services, provide outreach for Food Stamps among older people, and build better coordination between the aging network and emergency food programs.<sup>25</sup> Integrated public policy must be developed to ensure greater access to appropriate food and nutrition services for older individuals.

## **Information and Service Access**

Reliable consumer information continues to be a major need for older New Yorkers and their families. Clear, concise information about the benefits and services for which they are eligible, as well as assistance in applying for them are needed in multiple languages.

- Current and future caregivers of the elderly, particularly those caring for persons with Alzheimer's disease or related disorders, constitute another group with specific needs for high quality, consumer-oriented information about resources and access to professional guidance.
- There is a growing need for reliable and impartially presented information that clearly explains consumer rights and options in today's complex health care environment.
- Given modern changes in banking technologies and the products and services offered by different banks, unbiased information about low cost accounts, banking safety, and new technology is vital.
- Many recent immigrants do not speak English and have difficulty obtaining essential information. Information on programs and services must be available in many languages to serve recent immigrants over age 60.
- The quality of communication between patients and clinicians can have a significant impact on health outcomes, and limited English proficiency can interfere with effective communication. A review of the literature found that language barriers have a demonstrable negative impact on access, quality, patient satisfaction, and in some instances cost. Furthermore, the research demonstrates that language assistance – bilingual clinicians and interpreter services – is effective in improving care.<sup>26</sup>

## **Technology**

Technological advances will continue to improve the quality of life of older adults. The personal computer and the Internet can be used to enhance communications with family and friends and expand opportunities for lifelong learning:

- Current experiments with “e-learning” demonstrate the potential of online education for older adults, particularly for those with limited mobility. Networks will make it possible to deliver high quality medical service to older adults, including remote diagnoses, and continuous health monitoring.
- According to a study by the Pew Internet and American Life Project, the ranks of Americans over 65 who use the Internet have jumped by 47 percent from 2000 to 2004. As Americans who are comfortable with computers reach the age of 65 the percentage going online should increase.<sup>27</sup>

- Another survey by the Pew Internet and American Life Project demonstrated that, as of December 2006, 33 percent of people over 65 use the Internet compared to 70 percent of those aged 50 to 64.<sup>28</sup> University of California, Berkeley's School of Public Health stated that 21 percent of the 65+ group have used the Internet to look for health information compared with 53 percent of the group age 50 to 64.<sup>29</sup>
- Pilot tests of computerized home health care systems suggest this new technology is likely to become common in households and nursing-homes. Telehealthcare comes in the form of computer-like machines that store patient records, provide tools to monitor everything from blood pressure to body weight, and even connect patients and doctors by video. All stored data is accessible by health care providers in clinical settings.<sup>30</sup>
- New York State agencies recommend that to serve the older population better there needs to be an increasing reliance on existing and new technologies as an effective method of improving communication with consumers, streamlining service and product delivery, and access to services. However, agencies emphasize the need to (1) adapt all technological solutions and tools to the age, language, racial, cultural, educational and disability characteristics of users, (2) recognize that many users will continue to need education and personal assistance in using the Internet and other technologies, and (3) be vigilant about reliability, security, and privacy issues.<sup>31</sup>

Keeping up with changes in technological developments is essential to increasing access and linking services to help support and enhance the lives of older adults.

### **Transportation**

Given the functional decline in mobility among older adults as they age, the availability of appropriate transportation is a critical factor in enabling an individual to live independently.

- The need for transportation for frail elderly persons continues to exceed what can be provided by the service network. Many older adult transportation programs have extensive waiting lists.

The transportation needs of older persons will continue to increase. The goals of transportation services must be to enable the elderly to reach the variety of agencies and programs now available, to obtain the medical and mental health care they require, and to undertake necessary shopping trips to avoid going without important goods. Subsidization of transportation services will always be necessary.<sup>32</sup>

According to the Surface Transportation Policy Project Report, "Aging Americans: Stranded without Options," the United States is currently ill prepared to provide adequate transportation choices for a rapidly aging population.

The report presents new findings based on the National Household Transportation Survey of 2001 and places them in the context of other research on mobility in the aging population. The report's conclusions and recommendations include:

- **Public Transportation:** Substantially increase investment in public transportation systems to expand and improve services to meet the needs of older Americans.
- Increase funding for existing specialized transportation programs that provide mobility for older persons, such as the Federal Transit Administration's Section 5310 Program.
- **Planning and Coordination:** Incorporate the mobility needs of older Americans into the planning of transportation projects, services, and streets.
- **Road and Street Improvements:** Design safer roads for older drivers and pedestrians. Support the "Transportation Enhancements" Program which is the federal source of support for pedestrian safety projects.

The U.S. Government Accountability Office (GAO) recently did a study on transportation-disadvantaged older adults and the data indicates that some types of needs are not being met, including those for trips (1) to multiple destinations or for purposes that involve carrying packages; and (2) to life-enhancing activities. GAO is recommending that the U.S. Department of Health and the Human Services Administration on Aging take several actions to improve guidance and information on transportation-disadvantaged older adults' mobility, including developing guidance on assessing mobility needs and publicizing available information on alternative transportation services and on practices service providers can implement to enhance elderly mobility.<sup>33</sup>

### **Legal Assistance**

Legal assistance can be critically important in dealing with matters such as housing, landlord/tenant disputes, entitlements, consumer affairs and family issues. The legal affairs of older adults may also involve planning for changes in life such as retirement, long-term care, loss of capacity, and end-of-life matters. Publicly-funded and private legal services help the elderly to access the benefits and services to which they are entitled.

- State regulations require Area Agencies on Aging to expend seven percent of their funding on legal services.<sup>34</sup>
- In New York City, the majority of cases handled by DFTA-funded legal services are housing cases.
- In New York City, eviction intervention services are provided to help older adults who are most in need of assistance. While some older New Yorkers living on fixed incomes face formal eviction, others encounter a situation in which the landlord fails to make needed upgrades, a factor that can pose safety problems for those elderly with health problems.<sup>35</sup>

The expanding use of modern technology, including legal hot lines and the Internet, offer new opportunities for older persons to independently obtain information on legal issues.

### **Crime Prevention and Victim's Assistance**

Although the crime rate in New York City has dropped significantly since 1990, a proactive approach should still be taken with crime prevention and victim's assistance. Older persons are still vulnerable to crimes such as residential burglary, purse snatching, pocket picking, fraud, theft of checks from the mail, identity theft, predatory lending, vandalism, and harassment. Older persons are also sometimes victims of elder abuse, which can take many forms, including physical abuse, psychological abuse, financial exploitation, and neglect.

- Older persons are a major target of predatory lenders.<sup>36</sup>
- Assuming a conservative estimate of 40 per thousand, approximately 130,000 elders in New York State may be victims of abuse or neglect.<sup>37</sup>
- Perpetrators of these crimes are often family members or caregivers of the victims. Because of the relationship, victims are often fearful or reluctant to report the abusive crime against them. As a result, the incidence and prevalence of elder abuse is grossly under-reported.

Crime prevention and security education in local communities can help the elderly live safely. Community service providers can offer financial assistance, supportive counseling and medical care to elder abuse victims. Education and outreach to the community is essential to prevent elder abuse. Moreover, the aging community must advocate for legislation that takes a proactive approach to violence prevention.

### **Services for Elderly with Special Needs**

Despite vision, hearing and mental impairments, many elderly can manage independent lives with the support of adaptive devices, rehabilitative services to learn or re-learn functional skills, or environmental adaptations in their home or work setting.

- It is estimated that over 21 percent of the elderly in New York State age 65 and above have a self-reported vision impairment. Hearing loss affects between 30 percent and 85 percent of those over 65 years of age in New York, depending on the definition used.<sup>38</sup>
- With the aging of the population, the number of Americans with major eye diseases is increasing and vision loss is becoming a major public health problem. A 2004 study conducted by the Eye Disease Prevalence Research Group reports that low vision blindness increases significantly with age, particularly in people over age 65. People 80 years of age, account for 69 percent of blindness. The study identifies

age-related macular degeneration (AMD), glaucoma, cataract, and diabetic retinopathy as the most common eye diseases in Americans age 40 and over.<sup>39</sup>

- An estimated four out of every 1,000 older adults have a developmental disability. This includes persons with mental retardation, cerebral palsy, epilepsy, autism and sensory or neurological impairments.

Activities in day programs for persons with developmental disabilities should be age-appropriate for an older clientele and should include education in health and wellness activities.<sup>40</sup> Public and private sectors must forge new partnerships to develop and expand appropriate services for the elderly with special needs, including blind and visually impaired older adults, as well as those who are hearing impaired or deaf.

### **Employment**

As Baby Boomers become a new cohort of the elderly population, the number of older workers will grow substantially over the next two decades. They will become an increasingly significant proportion of all workers.

- By 2008, 1 out of every 6 workers in the American labor force will be over age 55. The U.S. General Accounting Office recommends that government agencies work together to identify sound policies to extend the work life of older Americans.<sup>41</sup>
- Among persons age 55 and older in New York City, 36.2 percent were employed in 2004, and that percentage is expected to increase to 41.2 percent by 2014. Among persons age 75 and older, 6.1 percent were employed in 2004, and that number is projected to increase to 9.6 percent in 2014.<sup>42</sup>
- In the U.S., men and women (age 65-plus) were more likely to be in the labor force in 2005 than in 2004. The majority of older workers (more than 7 out of 10) continued to work full-time in 2005 and those who worked part-time did so overwhelmingly by choice (more than 97%). At present, more than one in four 65-69 year olds remains employed either full-time or part-time.<sup>43</sup>

In New York State, there will be a growing demand for employers to ensure that working environments are adjusted in response to the needs of older and disabled workers, including physical modification, assistive devices, flexible work schedules, off-site work arrangements including telecommuting, and greater use of family leave for caregiving responsibilities.<sup>44</sup>

### **Opportunities For Service and Intergenerational Exchange**

Volunteer opportunities are important to older people who wish to remain active and contribute their talents and skills in various ways.

- Volunteering is positively associated with life satisfaction and perceived health among older adults.<sup>45</sup>
- Older adults who volunteered at least 15 hours per week with Experience Corps, a program that places older adults in public elementary schools, had increased physical, cognitive and social activity levels relative to people of the same age who did not volunteer.<sup>46</sup>
- Today, less than half of those over 50 are being asked to volunteer despite recent research by Independent Sector indicating that “the volunteering rate is about three times higher for those over 50 who were asked than for those who were not.”<sup>47</sup>

Volunteer programs designed to enlist older people in providing services to needy populations can increase community resources while simultaneously providing older adults with opportunities to contribute their skills, remain active, and receive modest stipends. Programs such as ReServe (see page 34), Foster Grandparents (see page 31), Intergenerational Services, the Volunteer Support Project for blind and visually impaired elderly (see page 32) and other local initiatives have barely tapped the invaluable resource of the City's experienced older adults. Public and private support is needed to help these programs grow in size, number, and diversity.

#### **D. MODERNIZING AGING SERVICES**

The Department for the Aging is collaborating with the Mayor's office, other city agencies, and leaders in the field of aging to modernize the framework for providing aging services (see Appendix A, page 51). These efforts will help empower older adults to live healthier and more active lives.

The first step in this process was the *Citywide Planning Summit to Develop Strategies for Modernizing Aging Services in New York City*, which was held in June, 2007. To follow-up on this effort, a group of advisors has been convened to develop a vision statement for aging services. Several other workgroups are underway to gather input as we move towards modernizing services. These workgroups include:

**Case Management** – This workgroup will focus on refining the Department's redesign of case management services.

**Health and Wellness Centers** – This workgroup will focus on refining the senior center model with health and prevention as a core component.

**Point of Entry** – This workgroup will focus on designing a more comprehensive information and assistance program for older adults, as well as those with disabilities, regardless of payer source.

**Home Delivered Meals** – This workgroup will focus on developing a plan to modernize the city's home delivered meals service system.

### **III. DFTA MISSION, STRATEGIC GOALS AND PROGRAM INITIATIVES**

#### **Mission and Strategic Goals**

**DFTA's mission** is to work for the empowerment, independence, dignity and quality of life of New York City's diverse older adults, and for the support of their families through advocacy, education and the coordination and delivery of services.

DFTA's various programs and initiatives during the upcoming 2007-2008 year pursue these six following strategic goals:

1. To foster independence and individual choices, confront ageism and promote opportunities for older people to share their leadership, knowledge and skills.
2. To inform and educate the general public about aging issues, including services, supports and opportunities for older New Yorkers and their families.
3. To be a catalyst for increased resources to enhance and expand programs and services for older New Yorkers.
4. To ensure the provision of quality services fairly and equitably to older New Yorkers.
5. To enhance and expand effective, productive partnerships with consumers, advocates, private and public organizations.
6. To recognize the value of all staff and encourage their creativity in building the Department's capacity for continuous improvement.

#### **Organizational Priorities**

The following section highlights various programs and initiatives by bureau which the Department will direct its efforts during the upcoming 2007 – 2008 program year.

#### **Long Term Care and Active Aging**

- **The Alzheimer's and Caregivers Resource Center** provides thousands of caregivers, professionals, and the general public with information, referral and other caregiver services. Last year the Department offered consultation and technical assistance to community professionals, provided support services for caregivers, and trainings to caregivers, professionals and the general public. The attendance at the Department-sponsored Annual Mayoral Conference on Alzheimer's Disease reached 1,000 participants. The conference provides caregivers, clients, and professionals an opportunity to exchange information and learn about recent developments in research, treatment, support services, technology, and educational resources. In partnership with the New York City Housing Authority (NYCHA), the New York Police Department's (NYPD) Housing Bureau, and the Alzheimer's Association, the Alzheimer's Disease Educational Outreach Initiative helps to ensure that the increasing number of elders with Alzheimer's disease living in public housing receive support from their

community. The objectives of the initiative are to forestall crises, alleviate the need for intervention, and educate NYCHA residents and community stakeholders on signs and symptoms of the disease. The program recently won an Aging Innovations Award from the National Association for Area Agencies on Aging. The Department is also involved with the Safe Return project, a 24 hour program that assists community members and police officers in the safe and timely return of individuals with memory impairment who wander and become lost.

- **Caregiver Program:** The Department will continue to administer the National Family Caregiver Support Program to help caregivers of all ages assist their care recipients to remain in their homes and local communities as long as possible. The Department administers 15 contracts to qualified community-based organizations to operate Caregiver Programs. These Programs provided information, assistance in gaining access to supportive services, individual counseling, support groups, caregiver training, respite care, and other supportive services. The comprehensive website, [www.nyccaregiver.org](http://www.nyccaregiver.org), reflects an ongoing effort to advertise the availability of help and resources to caregivers.
- **The Elderly Crime Victims Resource Center (ECVRC)** provides direct services to victims of crime and elder abuse, as well as provides training to individuals and groups that work with older adults on how to identify signs of elder abuse and provide intervention. The ECVRC and its community partner programs provided crisis intervention, counseling, advocacy, information and assistance, emergency financial assistance, security device installation, and legal assistance services. They will continue to partner with the Mayor's Office to Combat Domestic Violence and assign staff to the Brooklyn Family Justice Center where they provide direct on-site services. This year the ECVRC developed a standardized web-based elder abuse intake, assessment and reporting instrument that is now used by DFTA staff, elder abuse contractors, and Queens Legal Services for the Elderly. In 2006, DFTA assumed the lead in organizing the Elder Abuse Prevention Network, comprised of eighty non-profit organizations, government agencies, law enforcement personnel, district attorneys, academic institutions and private sector groups. The Network was formed to assist victims in accessing a coordinated service response, identifying service gaps, and improving coordination and collaboration for information sharing across agencies. The Prevention Network was recently recognized with an Aging Achievement Award from the National Association for Area Agencies on Aging.
- **Eviction Prevention:** The Assigned Counsel Project (ACP) was created two years ago to provide legal representation to older adults who are at risk of eviction from their homes, with the goal of preserving or finding new housing and addressing the underlying social causes of the evictions. Attorneys who serve on the Assigned Counsel Panel, paired with supervised social work graduate interns under DFTA's Social Work Education Initiative, represent older New Yorkers in Housing Court proceedings. The ACP will be providing ongoing awareness

training to Civil Court personnel, attorneys and judges. The ACP also plans to complete development of a database and refined reporting tool. The Project, currently in Manhattan and Brooklyn, plans to expand to Queens Housing Court this fall, Harlem Community Court, the Bronx and Staten Island.

- **The Foster Grandparent Program** supports a citywide network of community sites, enabling older adults to provide one-on-one care and support to children. Following screening and training, foster grandparents are placed in various settings including elementary schools, Head Start programs, libraries, hospitals, and pediatric and child life units. In addition, volunteers are placed in courts in the juvenile justice system through the Safe Horizon program, and provide mentoring for children in foster care and for children of incarcerated parents. This program has successfully developed partnerships with the Administration for Children's Services (ACS) and the Department of Education, and will continue developing partnerships with the UN Office of Volunteers and the Department of Juvenile Justice. The Foster Grandparent Program expanded its volunteer roster by 20% last year, and plans to continue increasing recruitment and placement of volunteers.
- **The Grandparent Resource Center (GRC)** provides supportive caregiver services to older adults raising their grandchildren. As a part of the National Family Caregiver Support Program, the GRC has built a network of grandparent support groups, programs and services across the city. This year the GRC will provide trainings and presentations on grandparent caregiving to: community-based groups; Parent Coordinators, Parent Support Officers, and other Department of Education employees. For grandparent caregivers, the GRC will present trainings on self-advocacy and empowerment; and professionals and grandparents on how to start support groups. The GRC will continue to support Fordham University's Grandparents Empowerment Training; last year the GRC trained 10 Russian speaking only grandparents. A Russian Speaking Support Group was also established. This year the GRC provided Grandparent Sensitivity Training to Administration for Children's Services (ACS), Department of Education (DOE) and Human Resources Administration (HRA) employees, and plans to increase the number of staff trained this year. The GRC will continue to increase outreach to diverse communities. A bilingual Senior Community Liaison was hired last year to further promote services to the Latino community and through the Brookdale Relatives as Parents Program (RAPP) seed grant, a consultant was hired and trained to conduct outreach to Latino, African and Caribbean grandparent families. Last year, the GRC co-sponsored four health forums with caregiver coalitions in each borough, with five planned for this year. The GRC will also be collaborating with DFTA's Health Promotion Unit and the Department of Health and Mental Hygiene to provide health education to support groups and grandparent caregivers. The GRC will continue to work with intergenerational programs for teenagers being raised by their grandparents. Camp opportunities will be explored with the Fresh Air Fund, Child Care Inc.'s Resources and Referral Parent Service, and Resources for Children with Special

Needs. The GRC has also maintained strong relationships with AARP, the Kincaid Coalition, various city agencies and faith-based organizations.

- **Housing:** DFTA will continue advocating for the expansion of more affordable older adult housing, including the development of new housing, as well as assisted living opportunities. As a part of DFTA's Aging in Place Initiative the U.S. Department of Housing and Urban Development (HUD) co-organized Section 202 trainings for non-profit and NYCHA elderly housing coordinators and resident advisors. Trainings were conducted on mental health, legal and end of life issues. This year DFTA will work with Naturally Occurring Retirement Communities (NORC) on redesigning the NORC assessment tool to reflect outcome measures, updating its current housing resource directory, and promoting the Health Indicators Project and Chronic Disease Self Management Program.
- **The Intergenerational Unit** promotes intergenerational programming as a resource to: counteract aging and youth stereotypes; provide opportunities for older people to share their leadership, knowledge and skills; advance intergenerational understanding and responsibility; and enhance existing aging services. The Unit collaborates with various community-based service providers, public high schools and the Department of Education to promote, support and diversify intergenerational programming throughout the city. The Department's Volunteer Support Project, which helps blind and visually impaired homebound elderly remain connected to community life, will continue recruiting, training and matching volunteers with visually impaired homebound elders. The Intergenerational Work Study Program (IWSP) provides the intergenerational component at the Millennium Art Academy. This public high school supports an ongoing weekly intergenerational program of art and humanities projects, as well as student internships in community agencies serving elders. The IWSP also provides the Young Gerontologist Career Program (YGP) monthly seminar series to motivate student interest in becoming professionals in the fields of gerontology and geriatrics. The program has recently won an Aging Achievement Award from the National Association for Area Agencies on Aging. Two new annual scholarships for graduating IWSP students were recently donated by community providers. The Unit will also begin collaborating with DFTA's Alzheimer's and Caregivers Resource Center to train IWSP and Young Gerontologist students, utilizing video conferencing technology.
- **Long Term Care:** The Department plans to provide Home Care services in pursuit of its goal to assist the most vulnerable older New Yorkers to remain living in their homes and communities. DFTA collaborates with HRA's Community Alternative Systems Agency Offices (CASA) to transition clients seamlessly from DFTA funded temporary home care to Medicaid Home Care services. DFTA, in partnership with the Mayor's Office for People with Disabilities (MOPD) and the United States Postal Service (USPS), recently launched its Carrier Alert Program. Local postal carriers are trained to recognize warning signs such as mail accumulations, that socially isolated elderly or persons with disabilities may need assistance. If one chooses to register, a Carrier Alert sticker is placed on the inside of their mailbox. DFTA

will compile a database of addresses for the USPS and a listing of emergency contact information for DFTA use only. Enrollment forms in English, Spanish, Russian and Chinese are available on the DFTA website. This past February, DFTA held its first HIV/AIDS conference to heighten community awareness, and to encourage HIV/AIDS educational programming at senior centers and NORC programs. The percentage of people living with HIV/AIDS in New York City and who are over age 50 is currently 31% and is expected to grow. DFTA will be working with the Department of Health and Mental Hygiene, the Health and Hospitals Corporation, and AIDS organizations to support AIDS initiatives.

- **The Long Term Care Community Resource Center** was created to enhance service delivery through referral and case consultations among the different units of DFTA's Long Term Care and Active Aging Bureau. Routine meetings and trainings among supervisors and staff from each unit have improved inter-unit communications, the referral process, and case response time. A clinical consultation team was also formed. Work is continuing on the development of an inclusive intake form and centralized database. The Resource Center has also facilitated communication among community partners in the delivery of services. Quarterly borough-wide meetings with community partners have allowed for improved communication, referrals and case resolution among agencies. Long Term Care and Active Aging will continue to represent DFTA on the One City/One Community Project, as well as any interagency initiatives.
- **Nutrition Services:** The Senior Options Program in the Bronx provides home delivered meal recipients the flexibility of twice weekly delivery of frozen meals or daily delivery of a hot meal. The program has been a success, with 42 percent of all clients and more than 80 percent of new clients choosing frozen meals, with an 87% satisfaction rate.<sup>48</sup> Senior Options recently won an Aging Achievement Award from the National Association for Area Agencies on Aging. The Department organized the distribution of Farmers Market check booklets to eligible low-income older adults. DFTA will also be sending senior center cooks to the Trans-Fat Help Center, recently developed by the Department of Health, with the ultimate goal of eliminating trans-fats from the menus of senior centers across the five boroughs.
- **The Senior Employment Service (SES) Program** will continue to expand its recruitment, training, and employment opportunities, enabling older adults to remain active and independent in their communities. The Department provides older workers age 55 and over with services that include job search skills workshops, career advisement, job referrals, and access to the Internet for job searches. Last year, the program provided computer technology and customer service training. The Program exceeded enrollment goals, and aims this year to provide additional placements above the Federal contractual goal for Title V trainees. The SES will also expand partnerships with public and private organizations to create employment and training opportunities for older adults. Last year, the SES Unit added 62 new employers to its Employer Bank and developed 22 new work training sites. This year, the Unit will continue to recruit

new host agencies that provide marketable skills training and who demonstrate an interest and commitment to hiring Title V trainees. SES will also build new relationships with the goal of encouraging the hiring of baby boomers, and continue to hold employer forums and job fairs for targeted industries. This past July, the Department, in conjunction with ReServe Elder Services, launched the largest municipal program in the nation to give retirees age 55 and older the opportunity to share their expertise with city agencies. The program will match retirees – or ReServists – with short term city agency projects that utilize their experience and expertise. More than 100 ReServists will be placed at various city agencies.

- **Social Work Education Initiative (SWEI):** In addition to the placement of social work graduate interns with the Assigned Counsel Project, the Social Work Education Initiative plans to place social work students in DFTA's Long Term Care, Research, Elder Abuse and Aging In Place units. Last year, the SWEI placed students in the Intergenerational Program, the Elder Abuse Unit, and with Alzheimer's and Caregiver Services. SWEI staff represent DFTA on Columbia University's School of Social Work Aging Advisory Committee, as well as on Fordham University's Graduate School of Social Service's Practicum Partnership Program Advisory Committee.
- **The Work Experience Program (WEP)** will assign Personal Care Aides (PCAs) to adult day care centers and older adult housing facilities. The PCA program provides health-related services to adults with physical disabilities and chronic disabling illnesses. The PCA curriculum will expand with the addition of health education, cultural diversity, conflict resolution, and time management workshops. WEP will continue to provide training and certification on elder abuse, dementia and Alzheimer's disease. The Home Care Aide Training on Alzheimer's disease, which recently won an Aging Achievement Award from the National Association for Area Agencies on Aging, found significant retention of knowledge about Alzheimer's across all language groups as a result of the enhanced training. The program will also expand to add two new internship sites and two new home care agency employers. WEP workers are also assigned to senior centers as supportive staff to better serve the elderly. WEP workers provide clerical, maintenance and community services; deliver meals to the homebound; and assist in preparing and serving food. Training for WEP workers in senior centers in computer technology, food handling and clerical services will be enhanced. Last year the WEP program achieved a 96% job placement rate for PCA graduates, and had a consistent 90% employment retention rate. The Unit will provide and conduct special bilingual PCA classes in Chinese and English, and Spanish and English.

### **Community Outreach and Emergency Preparedness**

- **Emergency Planning:** The Department is continuing to implement its comprehensive Emergency Response Plan to ensure delivery of core services in

the event of an emergency. The Department is continuing to work with the Office of Emergency Management (OEM) to develop and refine emergency response procedures, and develop its network of cooling centers. Last year, the Department organized the distribution of more than 50,000 emergency food packages to home delivered meal clients and senior center members to add to their emergency supply kits. DFTA's Long Term Care personnel also helped staff the Office of Emergency Management Centers and senior centers during last summer's blackout in Queens.

- **The Health Insurance Information Counseling and Assistance Program (HIICAP)** conducts public outreach presentations for the elderly, community partners, and other professional groups on changes to Medicare, Medicaid, and private industry health insurance. The Department will also make presentations for groups at risk for diabetes and those under-utilizing available screening tests and treatments. The Department also has 45 community-based assistance sites that provide education on the Medicare Part D prescription drug coverage plan, and last year provided assistance to approximately 10,000 New Yorkers. HIICAP conducts ongoing training sessions for its volunteer counselors to inform them of legislative actions and annual guideline changes that impact health insurance coverage for older adults.
- **The Health Promotion Unit's** activities are conducted with the help of a broad network of older adult volunteers who work with other older New Yorkers at community centers. Volunteers continue to lead health promotion activities such as exercise classes, hypertension monitoring, walking clubs, and other programs serving older adults. Partner to Partner, a peer support activity that provides one-on-one "friendly listening" at senior centers has added 10 new sites. The Department has organized and supervised cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training for staff from senior centers citywide. The Department is continuing to educate the elderly about cardiovascular risk factors and what actions they may take to stay healthy. The Unit plans to double the number of "Know Your Number" volunteers, a campaign that encourages older adults to know their cholesterol, weight and blood pressure numbers, and aims to increase the number of "Keep on Track" Blood Pressure programs by 20%. The "Keep on Track" program employs elder volunteers to motivate their peers to monitor and control their blood pressure, and recently won an Aging Achievement Award from the National Association for Area Agencies on Aging. Flu inoculations were also provided in partnership with the Department of Health and Mental Hygiene (DoHMH). The Department will continue to conduct health education programs, lectures and classes that offer instruction on a variety of health subjects, with an emphasis this year on heart related topics.
- **The Home Energy Assistance Program (HEAP) Unit** collaborated with the Department of Finance and the Department of Environmental Protection to utilize their client database in creating a more comprehensive and accurate mailing list for conducting outreach to potential HEAP clients. The Unit will also improve its outreach efforts through increased application distribution and a more timely

application process where all applicants will receive HEAP applications within 5 business days of their request. HEAP also meets monthly with Human Resources Administration staff to expedite the resolution of clients' cases. The Department will continue to educate the aging network, public officials, and utility companies about HEAP and how they can assist their constituents.

- **The Outreach Unit** provides information and application assistance to older New Yorkers and their caregivers regarding benefits and entitlement programs. The Unit attends outreach events citywide to conduct presentations and distribute information about DFTA programs and services to older New Yorkers, elected officials, caregiver organizations, government agencies, and community partners.
- **The Senior Citizen Rent Increase Exemption Unit (SCRIE)** assists qualified older adults age 62 or older who are income eligible, to remain living in rent regulated apartments located within the five boroughs of New York City by authorizing exemptions from future increases in their monthly rent. In 2005, the Governor signed enabling legislation that increased the combined household income eligibility limit for SCRIE from \$24,000 to \$29,000 in increments of \$1,000 over a period of five years. On July 1, 2007, the eligibility limit rose to \$27,000. SCRIE applications are now also available on the ACCESS NYC website, [home2.nyc.gov/accessnyc](http://home2.nyc.gov/accessnyc).
- **The Weatherization, Referral, and Packaging Program (WRAP)** enables low-income clients to receive complete weatherization, related home repairs and ancillary support services. WRAP will increase the number of needs assessment home visits and provide ongoing technical support. This summer, the WRAP Unit coordinated the delivery and installation of 1,500 portable air conditioners to eligible elderly living in apartments that did not have a working air conditioner. The Unit also collaborated with the NYS Division of Housing and Community Renewal (DHCR) to weatherize the homes of 154 eligible DHCR wait list clients. In addition, the Unit updated its educational brochures and resource materials, including its Housing Guide, which provides information on affordable housing, utility assistance and home repairs.

### **Intergovernmental/Legislative Affairs**

- **Advocacy:** The Department will continue to advocate on key issues affecting the elderly. See "Advocacy Objectives" on page 41 for details.
- **The Intergovernmental Unit** serves as DFTA's representative and primary contact point for other governmental and private agencies. The Unit also maintains and coordinates DFTA's Senior Advisory Council. The Unit's goals are to establish, enhance and expand relations between DFTA and elected officials; disseminate vital information to older adults, elected officials, government agencies, and the general public; facilitate and encourage active participation in Department, local and citywide events; and help older adults to become

advocates for themselves. The Department and the Aging in New York Fund, Inc. organize Age in Action, an annual day-long festival celebrating the talents and accomplishments of older New Yorkers, with 10,000 older New Yorkers in attendance this year. The Department will also continue to sponsor Older Americans Day and special events such as the Senior Stroll, which last year brought more than 2,000 older New Yorkers together. In partnership with the Department of Education, the Department also provided free school buses to enable older adults to take over 500 trips last year.

### **Organization Development and Training**

- **The Office of Organization Development and Training** will continue to provide quality classroom and long-distance learning experiences for older New Yorkers and their caregivers, volunteers, DFTA staff, and the staff of DFTA's community partners. These trainings address case management skill-building, publicly-funded benefit and entitlement programs, successful meals utilization practices and strategies, fundraising, technology skills, mental health disorders, emergency preparedness, safety and fire prevention, and management and supervisory skills. The goal is to enhance management, supervisory, social service, and technology skills, and to provide effective and efficient services to older New Yorkers and their families.

### **Management and Budget**

- **The Development Unit** will continue to collaborate with community partners and government agencies to develop proposals for State, Federal, and private foundation funding. This past year, DFTA was granted three AmeriCorps\*VISTA program members to work with senior centers in low-income neighborhoods. The VISTA program is part of the Corporation for National and Community Service (CNCS), whose mission is to provide opportunities for Americans to engage in public service. These volunteer coordinators worked to develop health promotion, benefits and entitlement assistance programs, and educational and creative activities for older adults. The Development Unit secured a four year AARP Foundation grant to begin its Consumer Fraud Prevention Project. This month, the Project will set up volunteer-staffed consumer fraud prevention call centers. Trained elder volunteers will contact fraud victims and potentially vulnerable older adults and alert them to the dangers of telemarketing and other types of fraud that may use wire transfer services. The Unit also secured a Reader's Digest Foundation for Sight award to advance the independence and quality of life for older persons with vision loss. DFTA's non-profit arm, the Aging in New York Fund, will be collaborating with the five organizations that constitute the vision rehabilitation services network in New York City: VISIONS/Services for the Blind and Visually Impaired; Lighthouse International; Helen Keller Services for the Blind; the Jewish Guild for the Blind; and the Catholic Guild for the Blind. This network will form the New York City Coalition for Aging and

Vision, provide large-scale training for community aging services and healthcare, and implement community-based activities which address the needs of older persons, including education, screening, referral and direct service.

- **The Facilities Management Unit** will work to improve community facilities by completing more renovations and assisting an increasing number of senior centers in meeting the Federal Americans with Disabilities Act (ADA) requirements, to perform systems upgrades and to improve the overall condition of senior center premises.
- **The Information Technology Unit** will continue to launch new interactive features on its website [www.nyc.gov/aging](http://www.nyc.gov/aging) to help publicize Department events to older adults, community-based organizations and other partners. A new feature was launched on the Department's website which allows everyone to see each DFTA contract budget and the year-to-date actual spending, based on the invoices community partners submitted to DFTA. The Department will continue to revise and add new initiatives to its website to provide those who log on with additional information regarding the services and benefits available to older New Yorkers. In addition, last year the Department upgraded computers for its contracted case management agencies.
- **Mental Health:** In the past two years, the Depression Screening Initiative, developed in conjunction with DoHMH and the Mental Health Association of New York, has partnered with 51 senior centers and 7 case management agencies to identify depression in older New Yorkers and increase access to treatment in high risk areas of the City. The project has identified senior center participants at risk for depression, who are referred to their primary care physician, and screens homebound clients. Another major goal has been to educate older adults that depression is not a normal part of aging, and is highly treatable. The Initiative has educated older adults in English, Spanish, Chinese, and Korean. The Depression Screening Initiative recently received an Innovation Award from the National Association for Area Agencies on Aging. DFTA and the Aging in New York Fund (ANYF) were also awarded an Aetna Foundation grant. In partnership with the Mental Health Association and the New York City Housing Authority (NYCHA), DFTA and ANYF proposed to improve the identification and referral to primary care providers and mental health services of elders with undiagnosed depression living in NYCHA NORCs. The project will involve training and education of NYCHA and NORC staff, screening and referral, and education seminars for older adults about available mental health services.
- **The Research Unit** will be partnering with VISIONS/Services for the Blind and Visually Impaired through a grant from the National Eye Institute to provide training to elder volunteers from DFTA's Health Promotion Unit in English, Spanish and Cantonese. Training will enable Health Promotion volunteers to: identify vision impairment in the population they serve; refer these older adults to VISIONS; and talk to other older adults about vision loss and eye health while encouraging them to seek service. So far 80 elder volunteers from 40 senior

centers, older adult housing units and NORCs have been trained. DFTA's Organization Development and Training Unit will be offering additional training on the project to senior center staff in October and November.

- **Transportation:** The Department plans to continue providing transportation for the elderly in New York City through its contracted non-profit organizations. These providers transport frail older New Yorkers who have no access to, or cannot use, public transportation. These community-based transportation programs are located in each of the five boroughs and are available to older adults for the purpose of attending senior centers and essential medical and social service appointments.

## **Awards and Grants**

**National Association for Area Agencies on Aging – Aging Innovations Awards:** This year, DFTA received recognition for eight of its programs from the National Association for Area Agencies on Aging (n4a). DFTA received two n4a Aging Innovation Awards in the “Innovation” category and six in the “Achievement” category. These awards annually showcase groundbreaking and successful programs from the hundreds of Area Agencies on Aging nationwide that are innovative, demonstrate sound management practices and can be replicated.

DFTA's two “Innovation” category awards were presented to:

- The **Alzheimer's Disease Educational Outreach Initiative** (see “The Alzheimer's and Caregivers Resource Center,” page 29), and
- The **Depression Screening Initiative** (see “Mental Health,” page 38).

DFTA's six “Achievement” category awards were presented to:

- The **Chinese American Alzheimer's Coalition of New York City**, which was developed to help service providers within the Chinese community organize collectively to address issues related to Alzheimer's Disease,
- The **Elder Abuse Prevention Network for New York City (NYCEAPN)** (see “The Elderly Crime Victims Resource Center (ECVRC),” page 30),
- The **Home Care Aide Training on Alzheimer's Disease** (see “The Work Experience Program (WEP),” page 34),
- The **‘Keep on Track’ Blood Pressure Monitoring Program** (see “The Health Promotion Unit,” page 35),
- The **Senior Options Pilot Program** (see “Nutrition Services,” page 33), and
- The **Young Gerontologist Program** (see “The Intergenerational Unit,” page 32).

**The Department also received a number of research and development grants this year. They include:**

- The **AARP Foundation Grant**, to establish the Consumer Fraud Prevention Project (see “The Development Unit,” page 37),

- The **Reader’s Digest Foundation for Sight Award**, to establish the New York City Coalition for Aging and Vision to advance the independence and quality of life for older persons with vision loss (see “The Development Unit,” page 37),
- The **Aetna Foundation Grant**, for elders with undiagnosed depression living in NYCHA NORCs (see “Mental Health,” page 38),
- The **National Eye Institute** grant, to provide training to DFTA’s Health Promotion Unit volunteers on services for the blind and visually impaired (see “The Research Unit,” Page 38), and
- The U.S. Administration on Aging’s pilot project, “**Improving Hispanic Elder’s Health: Community Partnerships for Evidence-based Solutions**” (see “Minority Elderly,” page 10).

DFTA shares these awards and grants with the Department of Health and Mental Hygiene, the New York City Police Department, the New York City Housing Authority, the Aging in New York Fund, the Health and Hospitals Corporation, and DFTA’s community partners, including the Alzheimer’s Association, VISIONS/Services for the Blind and Visually Impaired and the Mental Health Association of New York. The Department will continue to establish collaborations and partnerships to develop integrated services which promote choice, flexibility and empowerment.

#### **IV. ADVOCACY OBJECTIVES**

The Department's advocacy efforts are directed towards improving the quality of life for older New Yorkers. The Department evaluates and comments on the fiscal, policy and programmatic implications of proposed Local, State, and Federal laws, regulations, and policies affecting the elderly. It develops policy objectives to be enacted into Federal, State, and City legislation and proposes them to the Mayor's Office.

The Department presents testimony at legislative and administrative agency hearings, disseminates information about the findings of its impact analyses, and participates in local, state, and national meetings and conferences.

The Department has identified the following advocacy initiatives for 2008-2009:

**At the Community level**, the Department will:

- Analyze and disseminate information and data to the elderly and the aging services network to use in their advocacy efforts.
- Inform the local aging services network about pertinent legislative and budget issues.
- Work 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.

**At the City Level**, the Department will:

- Work with other City agencies to increase awareness of aging issues by reviewing, analyzing, and coordinating activity on City, State, and Federal matters of interest to the elderly, including the impact of proposed legislation.
- Develop Federal and State agendas on aging service priorities for inclusion in New York City's legislative program.
- Assess proposed laws and regulations regarding health insurance, nursing homes, home care, housing, transportation, and energy to determine their impact on the elderly.

**At the State level**, the Department will continue its efforts to advocate for:

- Increased funding for aging programs, including the Community Services for the Elderly Program (CSE), the Expanded In-Home Services for the Elderly Program (EISEP), the Supplemental Nutrition Assistance Program (SNAP), and the Social Adult Day Care Program (SADC).

- Shifting spending away from institutional care and toward community-based alternatives.
- Increased funding for and expansion of the Naturally Occurring Retirement Community (NORC) Supportive Service Program which provides supportive services to elderly individuals in their residential building.
- Expansion of more affordable older adult housing units, assisted living opportunities, and financing for the development of new housing for older New Yorkers.
- More oversight of assisted living facilities.
- Support for programs that help kin caregivers (grandparents and other relatives) raise children.

**At the Federal level**, the Department will continue its efforts to advocate for:

- Adequate funding to implement the Older Americans Act (OAA) of 2006, which added several new initiatives to the existing responsibilities of the aging services network in the areas of aging in place, transportation services, multigenerational and civic engagement activities, technology-based services, benefits outreach and counseling, community planning and emergency preparedness, and the delivery of mental health screening and treatment services for older individuals, among others. We have an excellent opportunity to prepare now for the enormous number of baby boomers who will need economic, health, and long-term care protection as they age.
- Funding the new long-term care provisions in the OAA, and continuing and expanding existing demonstration programs on consumer-directed home-diversion and evidence-based programs.
- Kinship caregiver support legislation that will provide assistance to the growing number of grandparents and other relatives raising children.
- The expansion of the Federal Section 202 Supportive Housing for the Elderly Program and the Assisted Living Conversion Program for Section 202 buildings.
- An increase in funding levels for the Federal Low-Income Home Energy Assistance Program (HEAP).
- An additional increase in funding levels for the Federal Section 5310 Program – Transportation for Seniors and Persons with Disabilities, and inclusion of the provision that would permit Section 5310 funds to be used for operating assistance in addition to capital expenditures. In addition, increase funding for the new National Technical Assistance Center for Senior Transportation.
- Federal funding formulas that ensure New York's fair share of funding for vital programs and services for older New Yorkers.

- Increase funding for the Real Choice Systems Change Grants, which are used to enable states and community partners to make effective and enduring improvements in community-integrated services and long-term support systems that allow older adults and persons with disabilities to remain in their homes and communities.
- Support the President's recommended increase of \$50 million (for a total of \$298 million) for Money Follows the Person (MFP) demonstration grants, which are designed to help states shift Medicaid's institutional bias to systems offering greater choices for individuals and a full range of home and community-based services.
- Funding to support the implementation of the recently passed Lifespan Respite Care Act, a new initiative to expand and enhance respite care services to family caregivers; to improve the statewide dissemination and coordination of respite care; and to provide, supplement, or improve access and the quality of respite care services to family caregivers. Respite care reduces caregiver burnout that has a direct link to nursing home placement and increased Medicaid costs.
- Support Medicare reforms that: promote chronic disease management; increase health promotion, mental health, and disease prevention measures; and protect beneficiaries from prohibitive out-of-pocket expenses. Additionally, DFTA strongly supports a re-direction of Centers for Medicare and Medicaid (CMS) funding (at least \$41 million, totaling approximately \$1 for every person with Medicare) to Area Agencies on Aging and Title VI programs to support their role in providing one-on-one counseling and enrollment assistance in the Medicare prescription drug program. As changes occur in the Part D program, (e.g., pharmacies are added, drugs are dropped) it is anticipated that more older adults will need counseling and enrollment assistance.
- Support the Elder Justice Act which would create a combined law enforcement and public health approach to study, detect, treat, prosecute and prevent elder abuse, neglect and exploitation.
- Support the SSI Extension for Elderly and Disabled Refugees Act which would amend the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), to prevent termination of critical assistance to elderly and completely disabled refugees and asylees.
- Support the Middle Class Opportunity Act of 2007, which would create a new Eldercare Tax Credit to help families care for their aging parents. This provision would allow a credit for costs incurred to care for parents or grandparents who do not live with the taxpayer. As many caregivers do not live with the relative needing care and in many cases provide long-distance support and care, this provision would encourage continued family involvement in caring for older relatives.

## **V. PROJECTED DEPARTMENT RESOURCES, EXPENDITURES AND SERVICE OBJECTIVES**

**July 1, 2007 - June 30, 2008**

The Department receives funding from a variety of sources to support a broad range of services. The majority of DFTA-funded services are provided through contracts with community-based organizations. DFTA also provides a number of services directly, including information and referral, older adult employment assistance, certification for the Home Energy Assistance Program (HEAP), the Senior Citizen Rent Increase Exemption (SCRIE) Program, and other services for special populations.

For City Fiscal Year 2008 (July 1, 2007 - June 30, 2008), the Department's budget is projected at \$292.9 million, a 6 percent increase from \$275.3 million in Fiscal Year 2007. Table C (pages 45-46) lists DFTA's revenue sources. City funding represents 48.7 percent of the Department's budget, Federal funding is 38.7 percent, and State funding is 12.6 percent.

Many State and Federal grants require the City to contribute a certain proportion of funding; this required contribution is called match. It should be noted that a significant portion of City Tax Levy funding is dedicated as match for State and Federal grants.

Finally, funding from the private sector also supports Departmental activities. Citymeals-on-Wheels is a private sector organization that works with the food industry, the business community, and the general public to support emergency food packages and home delivered meals. Foundation and other private support enhance employment services, the Intergenerational Work Study Program and other special projects.

Table D (pages 47-48) reflects current support for each of the Department's contracted services. Planned levels of service for City Fiscal Year 2008 appear in Table E (pages 49-50). Tables D and E represent DFTA's plan as of the Fiscal 2008 Adopted Budget. In addition, Table E does not include planned service levels for some services directly provided by the Department.

**TABLE C.**

**PROJECTED FISCAL YEAR 2008 BUDGET**  
**NEW YORK CITY DEPARTMENT FOR THE AGING**  
**July 1, 2007 - June 30, 2008<sup>1</sup>**

<b><u>FEDERAL FUNDS</u></b>	<b><u>FY 2008 PLANNED BUDGET</u></b>	<b><u>TOTALS</u></b>
OAA Title III B Social Services	\$ 11,298,920	
OAA Title III C Nutrition	23,782,099	
OAA Title III D Health Promotion	747,720	
OAA Title III E Caregiver Support	4,139,991	
OAA Title V Senior Community Services Employment	4,299,683	
OAA Title VII Ombudsman	335,000	
Title XX Social Service Block Grant	25,262,085	
USDA Cash-In-Lieu	8,414,439	
ACTION - Foster Grandparents	1,635,277	
HEAP (Home Energy Assistance Program)	272,790	
HIIICAP (Health Insurance Information, Counseling and Assistance Program)	266,500	
WRAP (Weatherization, Referral and Packaging Program)	1,574,412	
NYCHA Community Development Block Grant	29,400,000 2,000,000	
		<b><u>\$113,428,916</u></b>
<b><u>STATE FUNDS</u></b>		
CSE (Community Services for the Elderly)	\$ 7,228,412	
EISEP (Expanded In-Home Services for the Elderly)	19,485,740	
Foster Grandparents	34,534	
SNAP (Supplemental Nutrition Assistance Program)	9,076,492	
CSI (Congregate Services Initiative)	339,852	
Crime Victims Assistance Program	408,052	
LTCIEOP (Long-term Care Insurance Education and Outreach Program)	100,000	
LTCOP (Long-term Care Ombudsman Program)	246,069	
		<b><u>\$36,919,151</u></b>

<sup>1</sup> Foundation and other private support also support Departmental activities.

**CITY FUNDS**

City Tax Levy	\$ 142,081,000	
Intra-City Transfer: WEP	172,425	
Intra-City Transfer: Homecare	300,000	
		<u>\$142,553,425</u>

**GRAND TOTAL****\$292,901,492**

**TABLE D.****PLANNED SUPPORT BY TYPE OF COMMUNITY-BASED SERVICE****NEW YORK CITY DEPARTMENT FOR THE AGING**

July 1, 2007 - June 30, 2008

	<b><u>FY 2008 PLANNED BUDGET</u></b>	<b><u>TOTALS</u></b>
<b><u>ACCESS SERVICES</u></b>		
Case Management	\$17,065,391	
Case Assistance/Counseling	18,978,154	
Transportation/Escort	12,301,004	
Information & Referral	<u>2,638,960</u>	
		<b><u>\$50,983,509</u></b>
<b><u>NUTRITION SERVICES<sup>2</sup></u></b>		
Congregate Meals	\$66,374,479	
Home Delivered Meals	31,970,412	
Nutrition Education/Counseling	686,267	
Shopping Assistance/Chore	809,291	
		<b><u>\$99,840,449</u></b>
<b><u>IN-HOME &amp; CARE SERVICES</u></b>		
Homemaking/Personal Care	\$21,882,066	
Housekeeping/Heavy Duty Cleaning	5,309,708	
Social Adult Day Care/Respite	936,418	
Social Adult Day Services	3,055,505	
Friendly Visiting	660,157	
Telephone Reassurance	<u>828,655</u>	
		<b><u>\$32,612,509</u></b>
<b><u>LEGAL ASSISTANCE</u></b>		
		<b><u>\$1,554,439</u></b>

<sup>2</sup> Citymeals-On-Wheels no longer contracts through DFTA. The value of those contracts is not shown on this chart.

**EMPLOYMENT RELATED SERVICES**

Title V	\$3,692,611	
Foster Grandparent Program	<u>1,635,277</u>	
		<b><u>\$5,327,888</u></b>

**OTHER SOCIAL/HEALTH PROMOTION SERVICES**

Education/Recreation	\$21,415,247	
Health Promotion/Screening	1,630,812	
Intergenerational Service	1,025,399	
Residential Repair	<u>740,463</u>	
		<b><u>\$24,811,921</u></b>

**NATURALLY OCCURRING RETIREMENT  
COMMUNITIES (NORCS)****\$6,561,000****FAMILY CAREGIVER SUPPORT**

Respite (Individual and Group)	\$2,867,162	
Information and Outreach	1,597,246	
Caregiver Services	583,809	
Supplemental Services	<u>224,183</u>	
		<b><u>\$5,272,400</u></b>

**TOTAL SUPPORT: \$224,812,977**

**TABLE E.****PLANNED SERVICE LEVELS BY TYPE OF COMMUNITY-BASED SERVICE****NEW YORK CITY DEPARTMENT FOR THE AGING****July 1, 2007- June 30, 2008**

	<b><u>PLANNED UNITS OF SERVICE</u></b>	
<b><u>ACCESS SERVICES</u></b>		
Case Management	394,881	Hours
Case Assistance/Counseling	316,034	Hours
Transportation/Escort	712,059	One-Way Trips
Information & Referral	308,554	Contacts
<b><u>NUTRITION SERVICES</u></b>		
Congregate Meals	9,572,365	Meals
Home Delivered Meals	3,771,559	Meals
Nutrition Education/Counseling	2,344	Contacts
Shopping Assistance/Chore	16,267	Hours
<b><u>IN-HOME &amp; CARE SERVICES</u></b>		
Homemaking/Personal Care	1,404,451	Hours
Housekeeping/Chore	337,139	Hours
Social Adult Day Care/Respite	49,525	Hours
Social Adult Day Services	35,429	Slots
Friendly Visiting	10,276	Visits
Telephone Reassurance	56,345	Calls
<b><u>LEGAL ASSISTANCE</u></b>	33,957	Hours
<b><u>EMPLOYMENT RELATED SERVICES</u></b>		
Title V	654	Positions
Foster Grandparent Program	380	Positions
<b><u>OTHER SOCIAL/HEALTH PROMOTION SERVICES</u></b>		
Education/Recreation	238,859	Sessions
Health Promotion/Screening	14,072	Sessions
Intergenerational Service	65,609	Hours
Residential Repair	8,960	Hours

<b><u>NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCS)</u></b>	74,348	Hours
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**FAMILY CAREGIVER SUPPORT**

Respite (Individual and Group)	38,732	Hours
Information and Outreach	43,049	Contacts
Caregiver Services	7,415	Sessions
Supplemental Services	6,919	Items

## APPENDIX A: A VISION FOR AGING SERVICES IN NEW YORK CITY



THE CITY OF NEW YORK  
OFFICE OF THE MAYOR  
NEW YORK, N.Y. 10007

August 21, 2007

Dear Colleague:

We are writing to update you on our efforts to develop a new City framework for addressing the changing face and needs of our growing senior population. Through these efforts, we are working to make it easier for consumers to learn about and access services, enhance consumer choice and control, and empower seniors to live healthier and more active lives.

Elements of the new framework shall include a redesign of case management services provided by the Department for the Aging (DFTA) through its contract agency partners, and the design of a long term care point of entry system. We also are reviewing DFTA's senior centers and senior meals programming to modernize them in the near future.

To guide and inform our planning, we have created a vision statement that reflects our thinking about how the City should strive to meet the various needs of older New Yorkers. We have attached this vision statement for your review, and we welcome your comments.

We have convened a group of advisors comprised of several leaders working directly in the field of aging services or related fields including health and academia, to help refine the vision. We have also created four workgroups that include direct service providers and other stakeholders to work with our agencies on case management redesign, senior center programming, senior meals, and the long term care point of entry system.

We intend for this planning process to be inclusive of the many stakeholders in the field of aging services to help ensure that our efforts are reflective of and responsive to the changing needs of our city's senior population. Again, we invite you to review the attached draft vision statement, and provide us with your comments by e-mailing them to Marlon Williams at [mwilliams1@cityhall.nyc.gov](mailto:mwilliams1@cityhall.nyc.gov) by September 11, 2007.

Thank you for your participation in this very important endeavor.

Sincerely,

Handwritten signature of Linda I. Gibbs.

Linda I. Gibbs  
Deputy Mayor for Health and Human Services

Handwritten signature of Edwin Méndez-Santiago.

Edwin Méndez-Santiago  
Commissioner, Department for the Aging

Handwritten signature of Robert Doar.

Robert Doar  
Commissioner/Administrator  
Human Resources Administration

Handwritten signature of Thomas Frieden.

Thomas Frieden  
Commissioner  
Department of Health and Mental Hygiene

## APPENDIX A: A VISION FOR AGING SERVICES IN NEW YORK CITY

New Yorkers are living longer and healthier than ever. Indeed, life expectancy in New York City has now surpassed the nation as a whole, and more New Yorkers are choosing to stay here as they age. Over the next twenty years, city demographers expect that older New Yorkers (60 and above) will nearly double in number and will constitute 20.2% of the City's total population.<sup>49</sup> As our population ages, the City will be transformed by the social and economic contributions of an increasingly vibrant older adult population. This transformation will challenge traditional models for supporting people as they age.

New York City strives to be a place that accommodates older New Yorkers as vibrant contributors to the city and its communities and where older New Yorkers are supported in their endeavors to live the fullest lives possible. With local government, non-profit organizations, and private companies working together, New York City aspires to be a model city comprised of communities that are characterized by their ability to support and engage people as they age.

By strengthening partnerships, modernizing programs, and reinforcing the network of services and opportunities available to older New Yorkers, we aim to:

- ***Empower individuals as they age to live independently and vibrantly;***
- ***Create a more seamless continuum of supports that fosters quality of life and community connectedness in a manner that meets the wide-ranging needs and preferences of older individuals and their families; and***
- ***Ensure that City-funded programs are responsive to the needs and preferences of the most vulnerable older New Yorkers and are designed to support their lifestyles and choices.***

To achieve and sustain this vision as a municipality operating in accordance with national and state laws and regulations, our approach for local planning will be guided by the following principles:

### Engagement

- ***Programs*** – The City and its partners should strive to meet the diverse interests and abilities of older New Yorkers by continuously reflecting on and adapting to their changing interests and needs.
- ***Outreach and Access*** – Community-based programs, including libraries, schools, museums, and religious institutions, should be supported to develop and sustain programming that meets older New Yorkers' interests and engages them in lifelong learning and other opportunities for enrichment.
- ***Civic Engagement*** – Older New Yorkers should have volunteer and service opportunities that value their experiences and benefit their communities.

- Employment – Older New Yorkers should have work opportunities that are reflective of their skills and experience.
- Cultural Diversity – Programs and services should be reflective of the increasing ethnic and cultural diversity of New York’s older adult population.

### **Mobility**

- Transportation – Public transportation should be safe, convenient, and readily accessible to older New Yorkers and those with limited mobility and/ or disabilities. Transportation options should enable people to move independently or with their caregivers throughout the City.
- Accessibility – Businesses, services, and public spaces should follow the guidelines for universal and accessible design to ensure that older New Yorkers are able to fully navigate the City’s built environment and, by extension, sustain their full participation in the social and economic life of the City.

### **Housing**

- Affordability – Affordable housing options should be available and accessible to ensure that older New Yorkers can remain in their homes and connected to their communities if they choose to do so.
- Quality – Older New Yorkers should have safe and secure housing that provides for their health and well being.
- Design – Builders and developers should be strongly encouraged to incorporate principles of universal design into housing developments.

### **Health and Wellness**

- Access to Information – Older New Yorkers and their caregivers should have multiple and easy points of access to a comprehensive inventory of resources that help them make informed decisions about healthy aging, public benefits, long term care, mental health, and other supportive services.
- Service Plan Management – Where appropriate, the City should work in partnership with its provider network to manage the multiple service needs of older New Yorkers who are receiving City-funded services.
- Access to Services – Older New Yorkers should have convenient access to an integrated health care and social services system that provides comprehensive, streamlined services, including preventive health care; strategies for managing chronic medical and mental health conditions; and advanced directives, palliative care, and end of life care options.
- Care Coordination – Services should be coordinated whenever possible, in a manner that supports self-management of chronic diseases and values the older New Yorker’s family as a critical partner in the development and execution of a coordinated care plan.
- Health Insurance – Older New Yorkers should have coverage that is affordable and that meets their health needs.
- Healthy Living – Older New Yorkers should have convenient access to healthy foods and programs that promote overall wellness.

- Safety – The activities of all stakeholders should be coordinated to ensure that older New Yorkers can lead safe and secure lives free of abuse, neglect, and other forms of physical, emotional, or financial exploitation.
- End of Life Care – All New Yorkers should have information and access to compassionate, appropriate, and affordable choices about end-of-life care.

### **Integration and Coordination**

- Collaboration – The public, non-profit, and private sectors should work in partnership to accomplish the City’s goals for improving aging services.
- Planning – The modernization of the vast array of City services should be planned with the input of older New Yorkers and should be coordinated to ensure that services are appropriate to each individual's abilities and circumstances.
- Accountability – To ensure that programs are responsive to the evolving circumstances of older New Yorkers, relevant City-funded services should be routinely evaluated and improved using standardized evaluation methodologies and evidence-based models.

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