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**GROWING OLD IN
NEW YORK CITY:
THE AGE REVOLUTION**

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TRENDS IN A DEMOGRAPHIC REVOLUTION: POPULATION AND INCOME

The size of the senior population will continue to grow, especially the 75+ and 85+ cohorts

- 1.3 million people age 60+ in NYC (60 is the eligibility age for programs contracted through the Department for the Aging as set by federal law)
- age 60-75 – declined by 9% since 1990 census
- age 75-85 – grew by 5.1% since the 1990 census
 - age 85+ - grew by 18.7% since the 1990 census – fastest growing segment of the NYC population
 - **minority elderly – comprise 47% of elderly, up from 35% in 1990 census**
 - women live longer than men
 - Growing number of older gay men and lesbians – currently represent approximately 6% of the NYC elderly population
 - Baby boomers began to turn 60 in January 2006 – next age wave to hit NYC
- The number of older New Yorkers living alone is significant – 31% of older men compared to 45% of older women live alone; 42% of African-American seniors live alone; 40% of white seniors; 34% of Latino seniors

Age cohort 85+ is the fastest growing segment of the NYC population

Income is not evenly distributed among the elderly and the city's elderly poverty rate is double that of the national average. Elderly are not accessing public benefits for which they may be eligible.

- Median income for elderly household - \$23,388. Single elderly person - \$16,821. Single female, age 65+ - \$12,513
- Median income by ethnic groups – Hispanics, \$14,000; Asians, \$18,500; Blacks, \$19,500; Whites, \$27,000
- **Elderly poverty rate in NYC is almost double the national rate – close to 20% in NYC vs. 10% nationally**
- Underutilization of public benefits – Only 32% of eligible seniors receive food stamps; 52% receive SSI; 58% Medicaid; 40% Senior Citizen Rent Increase Exemption program (SCRIE) which subsidizes rent for seniors with incomes up to \$25,000 paying 1/3 of their income in rent (will increase \$1000 per year for four years)

One out of four poor and near-poor seniors live on an estimated \$3 a day after paying for food and housing.

- Minority elderly living below or at poverty – 60% Latino and African-American; 2/3 of Latino elderly, the most disadvantaged, have incomes below \$10,000
- One out of four poor and near-poor seniors live on about \$3 a day after paying for food and housing

What the population trends mean for our city:

There will be an escalation in the number of:

- older persons
- those living longer
- elderly living alone below poverty levels
- elderly women
- older New Yorkers needing services and long term care
 - Research shows that 80% of seniors want to “age in place” in their homes and communities.
 - Community-based services are critical to achieve this goal along with affordable housing options
- size and proportion of minority elderly, including immigrants, will also rise
 - As the diversity of NYC’s elderly population increases, race, ethnicity, and culture will be even more important in service planning and delivery.

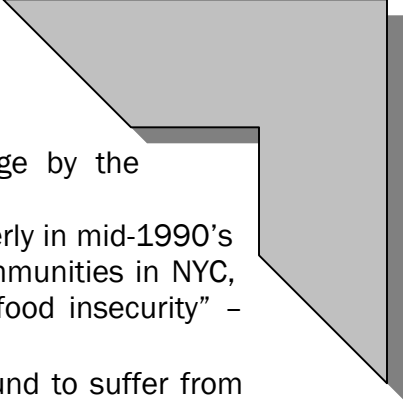
80% of seniors want to “age in place” in their homes and communities

Living And Health Status

There has been a decline in chronic disability among the elderly and the decline will continue. However, there is a strong relationship between education, economic status and health. Minority populations have traditionally suffered from poorer health. In the 1990’s, Latino elderly reported the lowest incomes and poorest health and highest levels of functional disability.

Given the high number of minority and immigrant elderly there will be substantial numbers living at or below poverty. Nutritious meals, community-based services, and entitlement programs will be essential.

- Average out-of-pocket medical expenses –
 - Annual out-of-pocket expenses - \$ 2,430 – 19% of income
 - Long term care costs, especially for those above Medicaid, are not subsidized by government

- 
- Nutritional status – “food insecurity”
 - 2005 Food Bank report documents increased usage by the elderly of every food pantry in NYC
 - Urban Institute’s national study of hunger and the elderly in mid-1990’s reported 52% of elderly in two low-income Latino communities in NYC, Washington Heights and East Harlem, experienced “food insecurity” – CSCS did the NYC portion of this study.
 - Nationally, more than 5 million older Americans were found to suffer from food insecurity – primarily due to poverty. Other factors included the inability to shop and cook.

Mental health -

- The elderly are an underserved population when it comes to receiving mental health services through the Medicaid program. For those above the Medicaid level, there is little affordable, accessible mental health services specifically designed to meet the needs of older adults
- Issues include grief and loss, alcohol abuse, depression, anxiety, and dementia



CAREGIVERS AND THE WORKFORCE THE ELDERLY DEPEND UPON FOR COMMUNITY-BASED SERVICES

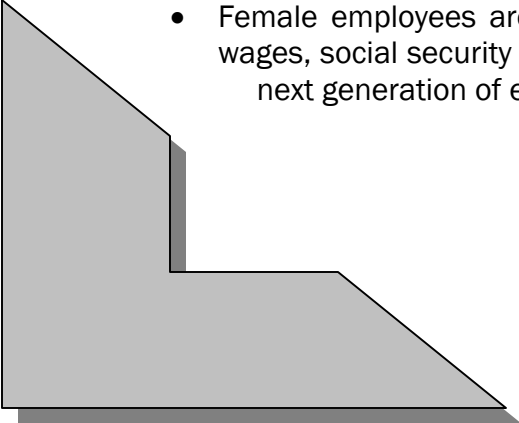
Caregivers and Family Structure

Policies impacting the elderly, impact caregivers, most of whom are women.

- The National Caregiving Alliance, in collaboration with AARP, reported in their 2004 research report *Caregiving in the U. S.* that 83% of all care for the elderly is provided by families, saving government billions a year in long term care costs. Loss of these services for the elderly has a direct impact on the workforce.
- Overall, 61% are women – daughters, daughter-in-laws, other female relatives
- Average hours of caregiving per week – 21
- Almost one out of five caregivers provide 40+ hours a week of caregiving. Of these, the substantial majority are women
- **37% are also raising children – “sandwich generation.”** More than half of African-American caregivers have one or more children under 18 at home
- 59% of all caregivers work outside the home, either full or part time.
- **Community-based services** play a critical role in assisting caregivers by supporting tasks they need to do: 82% of caregivers provide transportation; 75% do grocery shopping; 69% do household chores; 59% prepare meals.
- Half of caregivers report their own health care costs increase due to caregiving.

**83% of all
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Caregivers in the Workforce

- Met Life Caregiving study, *Juggling Act*, reports that private industry loses as much as \$29 billion a year on lost worker productivity due to elder care responsibilities of the workforce.
 - The study identified a “**glass ceiling for caregivers,**” mostly women, who cannot move ahead in the work force due to elder care responsibilities
 - 40% report caregiving affects job advancement
 - Female employees are deprived of \$660,000 in lost income including wages, social security payments, and pension contributions, creating the next generation of elderly poor.
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Workforce Serving Seniors

There is a crisis in staffing to care for older New Yorkers in the community.

- Salaries range between \$12,000-\$35,000.
- For the first time since April 1999, there was a 14% salary increase plus \$1000 bonus awarded in April 2005
- Large turnover and vacancy rate among staff due to low salaries and no city-funded pension. These work conditions will create the next generation of elderly poor.
- Budget cuts will lead to job layoffs. Most staff at these programs are NYC residents. Much of the workforce is comprised of minority individuals and women.
- Salaries for case managers working with homebound elderly average \$33,600, including the 14% increase awarded in 2005.. They have been handling caseloads averaging 91, with waiting lists
 - With the new Expanded In-home Services for the Elderly Program (EISEP) money, case managers will be added, reducing the caseload size to 65-70.
- Staff recruitment and retention are very problematic with professionally trained social workers with Master's degrees difficult to find even as clients' needs grow ever more complex.



GOVERNMENT CHALLENGE OVER THE NEXT DECADE

Challenges at City Level

Why is it important to understand that all of the funding for meals and services to the elderly is discretionary, having no legal mandate to protect it or the elderly who need the services? What choices does government have to make during times of economic downturn?

All funding for services through the Department for the Aging is discretionary, meaning there is no legal mandate to fund meals and services for the elderly. In times of fiscal crisis, these programs are vulnerable to deep cuts if government chooses to use its option to cut them. It is the piece of the pie chart on the budget that can be and has experienced proposed and actual budget cuts. Inside this piece of the pie are thousands of elderly individuals. This is the only set of services that exists for the four out of five seniors not eligible for Medicaid. Additionally, meals and many services are provided without regard to income, including Medicaid-eligible elderly.

All services for seniors in NYC are discretionary meaning there is no legal mandate to fund meals and services for the elderly.

- There is *no legal mandate* for senior services funded under the NYC Department for the Aging (DFTA) and *City dollars support about 40% of the services for seniors in NYC.* All of the services for seniors in NYC are *discretionary* – meals, transportation, case management for homebound, home care, and other services.
- Dominance of discretionary funding leads to unpredictable funding streams as we are witnessing with looming budget cuts. Planning is even more difficult, given the demographic changes the city faces. As a consequence, there will be little capacity in agency infrastructure for senior community-based supports, including recruitment and retention of bilingual staff.
- If senior centers are closed, budgets cut and other services eliminated, seniors will have nowhere else to go to replace these supports which are necessary to maintain them in their homes and communities. Cutting senior center budgets hurts the homebound as meals-on-wheels and transportation come out of senior centers. Devolution has been seriously felt by DFTA: Only 14% of DFTA's budget is federal Older American Act (OAA) funds. Change in interstate funding formula resulted in NY State receiving far less of the national share for new funds added to OAA

which is 40% underfunded nationally.

- One exception is the new National Caregivers Support Program (see Caregivers section). Funds began flowing in early 2003. Reauthorization of OAA in 2006 can impact the funding NYC receives for meals and services.

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Why are social services important to maintaining the elderly in the community?

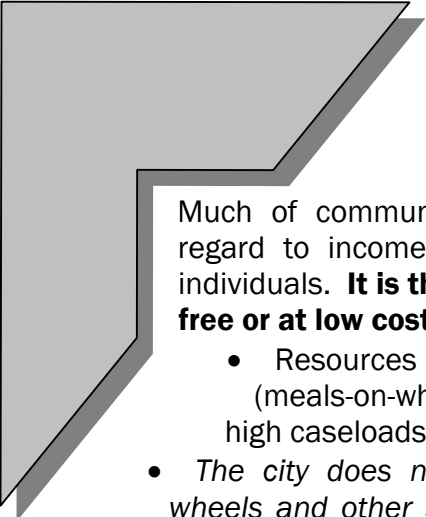
While much is heard about health care, the fact is that government dollars that keep people out of nursing homes, where possible, comes through DFTA in NYC, making these services cost-efficient and critical to the health and well-being of older New Yorkers. In most cases, programs are provided by nonprofits on the neighborhood level that contract with DFTA. Because New Yorkers have life expectancies that now exceed the national average, as reported by the NYC Department of Health and Mental Hygiene, these services take on even greater importance in maintaining an older and larger elderly population in the community.

A cluster of “aging in place” challenges and needs of seniors will demand increased attention in the next few years in NYC:

Adequate community-based care

- Well-supported senior centers (see “Who Elderly New Yorkers Depend Upon for Help” for more information on senior centers)
- Nutrition programs – congregate on-site meals and meals-on-wheels
- Transportation
- Affordable housing and assisted living
- Expanded adult day care
- Case management with homebound elderly
- Home care
- Naturally Occurring Retirement Communities (NORCs)
- Mental health services
- Caregiver support services
- Grandparents raising grandchildren support services
-
- Other aids to respond to senior’s emerging needs that will allow them to “age in place”

Implications of no legal mandate, discretionary funding, for these services has multiple consequences for policymakers as well as seniors and caregivers:



Much of community-based network of services is available without regard to income, serving both Medicaid and non-Medicaid eligible individuals. **It is the only network serving the non-Medicaid elderly for free or at low cost.**

- Resources are woefully inadequate with waiting lists for services (meals-on-wheels, transportation, case management, home care), high caseloads and high staff turnover.
- *The city does not track waiting lists for meals-on-wheels and other services. Therefore, the true unmet need of the elderly is unknown*
- Caregivers are negatively affected and significantly burdened in personal and work lives when neighborhood-based services are lacking, inaccessible, or unaffordable (see Caregivers section)

**of the elderly
is unknown.**

Competitive bidding for senior services (RFP process) has made access to services more difficult for seniors and their families

City's RFP process is structured as a competitive vendor process and has "unbundled" and eliminated some services. Unbundling has fragmented ongoing effort to strategically integrate community-based services into an "aging in place safety net." For more information, see CSCS's report, **More With Less Is Impossible**

- Concern has been raised that funding will be reduced through the RFP process where efforts to do so through the budget process have been unsuccessful
- DFTA is attempting to move towards regionalized contracts, i.e., larger contracts that DFTA asserts will bring cost savings. Moving away from community-based services may not be more cost-efficient and can be detrimental to meeting the needs of an elderly population that is growing more diverse, poorer and more frail as they live longer in the community.
 - Bronx meals-on-wheels pilot program, "Senior Options." begun October 2004, is an example of regionalizing contracts.
 - Quality of food and service, impact on social isolation of homebound seniors and whether or not there has been cost savings has yet to be determined.
 - The city may expand this new service delivery model to other boroughs.

FEDERAL IMPACT ON OLDER NEW YORKERS AND ON SERVICES

Impact of 1996 federal welfare reform legislation on elderly immigrants

Over 60,000 elderly immigrants were at-risk of losing benefits and thousands more could never access them since this legislation was enacted.

- Immigrants cannot receive Medicaid, food stamps and other benefits until five years after entry.
 - NY state court case ruled that NY has to provide Medicaid under the state constitution.
 - Congress recently passed the Agriculture bill that included restitution of food stamps to legal immigrants with disabilities no matter when they entered the country. This includes elderly immigrants.
- NY State has funded the Food Assistance Program whereby the state purchases federal food stamps and disseminates them to eligible elderly immigrants.
- ESL classes in senior centers help some become citizens and helps seniors learn enough English to function in their daily lives. See CSCS's February 2004 report, *Elimination of ESL Classes in Senior Centers – Unkept Promises* at www.cscs-ny.org/archive/other/2004/elssurvey04.html
- Welfare reform impact on elderly – see CSCS website – www.cscs-ny.org

Olmstead Supreme Court decision (1999)

- Contains decisive language requiring states to develop community-based services under the American with Disabilities Act to either release people from nursing homes or prevent their institutionalization. This includes the elderly, Medicaid and non-Medicaid funded services.
- Prevention is key as once an elderly individual enters a nursing home, they rarely can return to the community.
- Budget cuts to community-based services move away from compliance with Olmstead. For further information on Olmstead, go to the CSCS website, www.cscs-ny.org/archive/other/olmstead.html

**Olmstead
decision requires**



WHAT IT TAKES TO MAINTAIN SENIORS IN THE COMMUNITY, ALLOWING THEM TO “AGE IN PLACE”

Why is it important to “age in place”?

Seniors need to have the ability to remain in their homes due to factors such as:

- increasing number of elderly people living below poverty
- living longer
- shortage of affordable housing
- rising costs of medical care

Research reports that over 80% of seniors prefer to remain in their homes. Their families prefer this as well. This phenomenon affects seniors across economic lines.

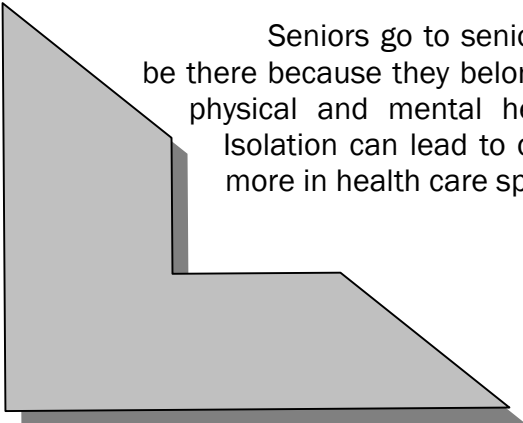
Aging in place not only provides the comfort and security of familiar surroundings, but also allows the senior the choice to remain independent. To accomplish aging in place, a continuum of care funded by government is required. Aging in place is good for NYC because it:

- allows communities to remain intact by no longer being stripped of their valuable senior members
- promotes the retention of long term community relationships that have been established over a lifetime

Aging in place means more than just not going into a nursing home. If a senior center is closed and a senior is told to attend a center in another neighborhood, it can be the beginning of a slippery slope of isolation. Many seniors will not attend another center because it is difficult for them to get to it for the following reasons:

- Physical difficulty
- Sense that it is not *their* senior center or neighborhood anymore – loss of a sense of belonging
- Cultural differences of senior centers

Aging in place means more than just not going into a nursing home. If a senior center is closed, it can be the beginning of a slippery slope of isolation



Seniors go to senior centers out of their own choice. They want to be there because they belong and are among peers. This is crucial to their physical and mental health and quality of life as they grow older. Isolation can lead to deterioration and illness that could cost the city more in health care spending.

Social isolation issues and the need to keep seniors engaged in community life:

Social isolation impacts physical and mental health of the elderly. There is a growing number of seniors, especially the old-old (85+) living alone, on meager incomes.

- Meals-on-wheels model in the Bronx, “Senior Options,” reduced the five days a week hot meal delivery to two days a week frozen meal delivery as well as the face-to-face contact when meals are delivered.
 - It opened a window into the city’s need to develop an in-depth understanding of social isolation among New York City’s older New Yorkers coupled with strategies that address this growing phenomenon. It is more complex than just changing how meals are delivered.

Services funded through the Department for the Aging (DFTA) – called the “aging services network”

This network of non-Medicaid funded services, assisting seniors of all income groups, was already fragile, underfunded with increasing demand, before the fiscal crisis.

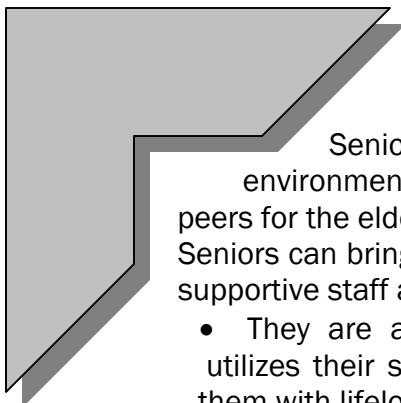
- Four out of five seniors are not eligible for Medicaid and depend upon these services
- Since the money is all discretionary, not entitlements, seniors are on waiting lists for meals and services, often for more than 2-3 months
- Medicaid is a richly funded program with the state and city spending over \$2 billion.
- Medicaid funds home care which can provide up to 24-hour care, transportation, adult day care and nursing homes.
- Seniors not eligible for Medicaid have only the programs funded through DFTA to rely upon (see EISEP case management and home care below).
- EISEP increased by \$10 million – city to get \$3.8 million. There are still waiting lists for home care and inordinately high case management caseloads.

It is in the city’s interest to invest in social service, non-medical support services that are delivered on the neighborhood level.

Seniors depend upon social service, non-medical support services to keep them out of nursing homes. Given the cost of nursing homes, it is in the city’s interest to invest in these services that are available on the neighborhood level:

Senior Centers

Why do seniors go to a senior center?



Senior centers provide a safe, accessible, user-friendly environment with peers for the elderly in their neighborhood. Seniors can bring their interests, skills and concerns to an environment of supportive staff and peers

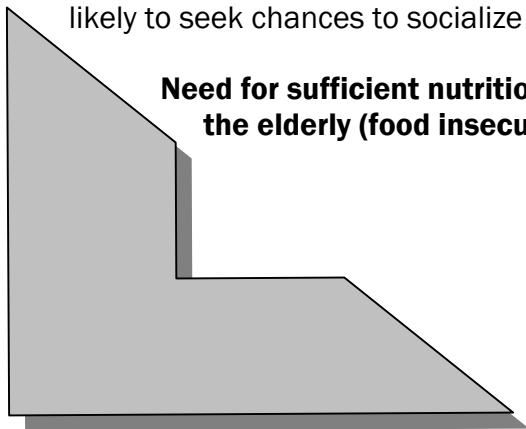
- They are a vibrant part of a community which welcomes them, utilizes their skills and interests developed over a life time and helps them with lifelong education
- The impact on their mental and physical health is immeasurable as they remain connected to life in a meaningful way
 - Senior centers provide seniors with nutritious meals, social services, help with public benefits, counseling, educational and cultural activities, exercise and health-related programs, computer training, ESL/Citizenship classes, and opportunities for volunteerism that give purpose to the older person’s life.

The average age of a senior center participant is 77 years and 50% have incomes under \$10,000. Most are women who live longer and are poorer.

- Seniors attend senior centers to help them cope with life’s stresses as seen after the events of 9/11 and to avoid isolation
- Services and programs are provided in a variety of languages to meet the needs of the diverse elderly population - including English, Spanish, Chinese, Russian, Creole, and Korean.
 - That is why the decision to close a senior center must take into account

the population served. Some centers cater to a particular population while many work with a diverse population. Expansion of ESL to more senior centers is needed.

Senior centers do not just warehouse the elderly in a “babysitting” fashion. They carefully plan services to enhance the lives of the elderly, with input from senior participants, in one convenient, accessible place. The average age of a senior center participant is 77 and 50% have incomes under \$10,000. Most participants are women who live longer and are poorer. Women are also more likely to seek chances to socialize and participate in activities.



Need for sufficient nutritious meals – Hunger and malnutrition among the elderly (food insecurity)

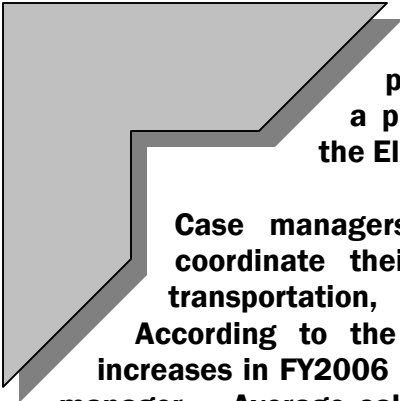
What is the issue?

There are hunger and malnutrition issues for both homebound and more independent elderly, characterized as “food insecurity” by the Urban Institute in its study on hunger and the elderly. One out of every two seniors in NYC Latino neighborhoods studied reported “food insecurity.” The primary cause is poverty. The inability to cook and shop are also factors. Similarly, information gathered by the Food Research and Action Center (FRAC) shows that a majority of people ages 65 to 75 are not consuming even two-thirds of the nutrients they need to stay healthy.

- Currently, seniors get one meal for each weekday at senior centers. On the weekends, they are on their own. A weekend meal program provides some seniors with one additional meal taken home from the senior center for the weekend – still less than one a day.
- The meals-on-wheels program is specifically for homebound seniors who cannot get out to the senior centers.
- There is an existing weekend meals-on-wheels program funded through private fundraising by Citymeals, a private non-profit. Citymeals also funds some seniors on waiting lists. Government funding is far behind in meeting the nutritional needs of the homebound.
- Meals-on-Wheels comes primarily out of senior center kitchens. If senior centers are closed or funds cut, it impacts homebound elderly. Hundreds of homebound elderly are on waiting lists for meals. A state study reported that 70% of seniors eligible for homebound meals are *not* getting them. It is unknown at this time if the pilot program in the Bronx is providing more meals than it had been historically as it does not build capacity to increase the number of meals. It cuts funds and staff while requiring the same number of meals be delivered.
- Studies completed by the American Dietetic Association as part of the Nutrition Screening Initiative demonstrated that for every \$1 spent on elderly nutrition, a minimum of \$3.25 is saved in health care costs. Hospital stays happen less frequently and are shorter in duration if a senior eats nutritious meals. Lack of food must be viewed in context of health status, functional ability and socialization.

Studies completed by the American Dietetic Association demonstrated that for every dollar spent on nutrition screening and intervention, at least \$3.25 is saved.

What is the importance of homebound elderly receiving meals and services? The only affordable system for the four out of five seniors who are not eligible for Medicaid to receive case management and home care is overloaded and in a workforce crisis.



Case management and home care for elderly people above the Medicaid level is available through a program called the Expanded In-Home Services for the Elderly Program (EISEP)

Case managers go into the homes of the homebound and coordinate their care including financial, medical, nutritional, transportation, mental health and family assistance needs. According to the NYC Department for the Aging, state funding increases in FY2006 brought caseloads to an average of 65-70 per case manager. Average salaries are about \$33,600 making staff recruitment and retention problematic. After receiving no salary increases since April 1999, a 14% salary increase was approved in April 2005. Budget cuts will exacerbate problems in this already overloaded system.

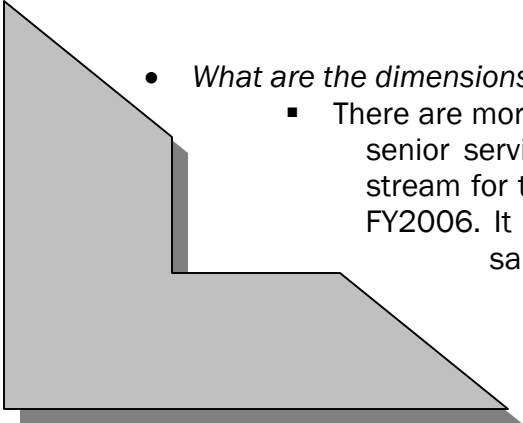
Home care under the EISEP program – for seniors above the Medicaid level

- Provides 4-20 hours weekly of personal care services such as shopping, cleaning, bathing and toileting. Medicaid pays for many more home care hours, sometimes 12 hours or more daily.

Ensure appropriate transportation for seniors by supporting operating costs of vans

- *Why is transportation an issue and need for seniors?*
 - Transportation was the #3 resolution at the White House Conference, outranked only by resolutions on reauthorization of OAA and the development of a coordinated and comprehensive long term care policy
 - Transportation can be the difference between a senior attending a program, receiving a meal and getting to a doctor – or not. The ability to get to medical appointments, get to programs that stave off isolation, and shop for food all contribute to a senior’s ability to stay in the community. This low cost care prevents costly nursing home institutionalization.

Transportation can be the difference between a senior attending a program, receiving a meal and getting to the doctor – or not.

- 
- *What are the dimensions of the issue?*
 - There are more than 400 vans operated by senior centers and senior service organizations citywide. A dedicated funding stream for the operational costs of vans was established in FY2006. It costs at least \$40,000 a year (insurance, fuel, salaries, maintenance, parking). Insufficient

funding results in some vans not operating full-time and waiting lists for transportation. Budget cuts would prevent some vans from going on the road at all.

Helping seniors live independently - How can seniors with Alzheimer's or physical disabilities remain in the community?

Adult Day Services –

- Until recently, there has been no model program to provide congregate settings for seniors with physical disabilities and cognitive impairments such as Alzheimer's, despite national findings that such programs significantly enhance the quality of life of these elderly individuals and provide respite for their caregivers.

- *What is adult day services? Who benefits from these programs?*

- Adult day services are small, congregate programs tailored to the needs of seniors with cognitive problems such as Alzheimer's and physical impairments. Seniors with these impairments receive a spectrum of social services including therapeutic activities, supervision, nutritious meals, and socialization in a safe, supportive environment. Caregivers benefit from much needed respite and support. Employers and their workforce benefit from this as workers can remain productive knowing their loved one is in a safe, therapeutic environment. The city benefits by lengthening the time seniors can age in place in their homes and communities rather than move into a nursing home.

Adult social day programs are the only affordable programs that exist for the non-Medicaid elderly population with dementia or physical disabilities and cost less than half of the Medicaid-funded medical model.

- *What are the benefits to policy makers?*

▪ These adult day programs are the only affordable programs that exist for the non-Medicaid elderly population. This model costs less than half of the Medicaid funded medical model.

- *What are the priorities as these programs are expanded?*

- There are so few at present, almost every neighborhood needs to develop this kind of program. There is a need for a dedicated funding stream not subject to budget cuts.



Ensure social workers in senior centers to address mental health needs

What is the importance of mental health services for the elderly?

Recognition is increasing of the importance of providing mental health services to seniors living in the community to help them stay mentally and physically healthy and enhance their ability to age in place.

- Social workers help seniors combat depression, grief and loss, substance abuse, dementia, anxiety and crisis intervention. They can also work with families and caregivers.

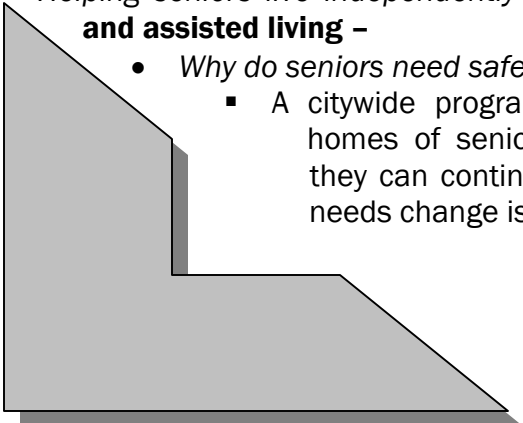
- *What would a geriatric mental health program at senior centers do?*
 - A program would provide mental health services and monitoring of seniors at senior centers citywide. Senior centers are a safe, user-friendly environment for the elderly who are underserved in the mental health services arena. It also provides local access mental health services to a culturally and ethnically diverse population no matter where a senior lives. This program currently exists but is not available citywide and is regarded as a beginning step in developing a citywide program to help seniors address their mental health needs.

- *What would be the result?*
 - The result would be to address untreated mental health issues that can lead to additional physical health problems and additional health care system involvement. Train staff to identify problems. Allows seniors to age in place.

Helping seniors live independently - **Naturally Occurring Retirement Communities (NORCs) -**

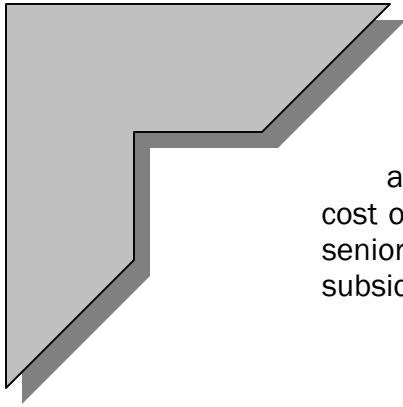
- Help seniors live independently by bringing services to where seniors live in housing developments that have a large concentration of elderly. Services include case management, social services, adult day services, transportation, education and recreational activities.
 - Examples - Penn South, Stanley Isaacs Housing Project, Co-Op City. There are 28 NORCs citywide.

Helping seniors live independently - **Seniors need more affordable housing and assisted living -**

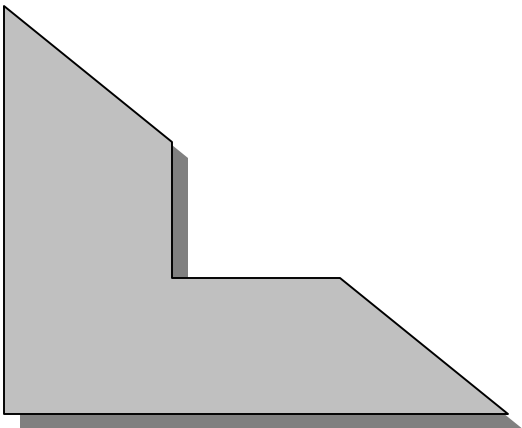
- *Why do seniors need safe, secure housing?*
 - A citywide program to assess the safety and security of homes of seniors to prevent accidents and ensure that they can continue to live in their homes as their physical needs change is needed.
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- Falls prevention and home modification can save millions of health care dollars from being spent. This involves assessing a senior's home and making the necessary changes to prevent falls and modify the environment to change with the senior's needs, e.g., grab bars in the bathroom.
- *What is the need for affordable housing for older New Yorkers?*
 - There is a growing need for new and affordable housing for the elderly in sustainable neighborhoods. The Housing First! Plan, *Building for the Future, New York's Affordable Housing Challenge*, calls for affordable housing for all New Yorkers, including 21,000 apartments for the elderly and people with special needs. NYC needs to develop a housing policy for the elderly.
 - Need to develop financing mechanisms for senior housing: tax credits, bonds, grants and operating funds
- *Why is assistance with rent important to help a senior age in place?*
 - Less than half (40%) of eligible seniors utilize the Senior Citizen Rent Increase Exemption (SCRIE) benefit whereby the city subsidizes the rent if:
 - a senior has less than a \$25,000 income
 - is in a rent regulated building
 - uses more than one-third of her income for rent.
 - State legislation increased the eligible income level by \$1000 a year for five years, to \$29,000. There is a need for outreach to educate seniors about this program. Affordable rent is obviously critical to allowing seniors to remain in their homes securely.
- *What is assisted living? Why is it currently not affordable?*
 - Assisted living is housing with services including social services, home care and medical services available as needed.
 - Current assisted living residences in NYC are at market rate – often \$40,000 or more a year. There is virtually no affordable assisted living for low- and moderate-income elderly.
 - NY's Assisted Living Reform Act will make it difficult for nonprofits to build and operate affordable assisted living.
 - 37 states have a Medicaid waiver designed to pay for a senior's rent and services. New York State does not have such a waiver.

d
moderate-income



- A government investment of capital dollars, tax credits and grants is needed to build affordable assisted living residences. Any funding that lowers the cost of building debt service lessens the amount of money a senior will have to pay monthly. Ongoing operational subsidies are also needed.



THE PERFECT STORM: AGE WAVE CRASHES WITH BUDGET STORM – IMPACT OF FISCAL CRISIS ON SENIOR SERVICES

How services are delivered to the elderly

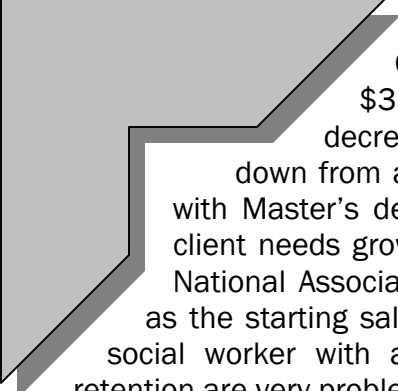
- The Department for the Aging (DFTA) contracts out virtually all its funding to nonprofit organizations to provide neighborhood based services through a competitive bidding process
- In a drive for accountability, greater emphasis on paperwork has caused a shift in the delicate balance with direct services to the elderly
- Overburdened infrastructure – Agencies have received no new funds for inflationary increases of fixed costs, e.g., rent, utilities, for more than five years, making contracts worth at least 10% less in purchasing power. As documented in CSCS's report *More With Less Is Impossible*, this *de facto* budget cut has had serious impacts on senior services

No new funds to offset inflation has made contracts worth at least 10% less in purchasing power

It is critical to see the level of budget cuts being proposed in the context of the fragility of the network of services to the elderly coming into the fiscal crisis and the burgeoning needs of seniors going unmet:

Crisis in the workforce that the elderly depend upon for services

- Six year gap between salary increases for a workforce earning \$12,000-\$35,000 annually
- Large turnover and vacancy rate among staff due to low salaries and no city-funded pension. These work conditions will create the next generation of elderly poor. A survey reported that the aging services workforce earn the lowest salaries of any human services sector.
- There is a crisis in staffing to care for older New Yorkers in the community. Budget cuts or lack of funding keeping pace with inflation will lead to job layoffs. Most staff at these programs are NYC residents. Much of the workforce is comprised of minority individuals and women.



Case managers' average salaries are estimated at \$33,600. According to DFTA, new EISEP money will decrease average caseloads to 65-70 per case manager, down from an estimated 91. Professionally trained social workers with Master's degrees willing to work for that salary are scarce while client needs grow more complex. According to the NYC chapter of the National Association of Social Workers (NASW), recommends \$45,000 as the starting salary for a Masters level social worker and \$36,000 for social worker with a BSW. Given these figures, staff recruitment and retention are very problematic.

Unmet needs – services for the elderly are not able to serve those who are already at their door

- Waiting lists exist for meals-on-wheels, transportation, case management with the homebound and home care.
 - Case managers labor under high caseloads *plus* waiting lists.
 - Harmful city policy of setting minimum of \$500,000 for capital dollars for renovation in non-city owned property – most senior centers are in non-city owned property. Some senior centers operate in inadequate sites: too small, not handicapped accessible, in need of kitchen modernization and have not been renovated in 30 years.
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BEHIND THE CUTS AND WAITING LISTS . . .

- Funding cuts can mean a full-time case manager will be reduced to part-time, leaving over 30 frail homebound elderly individuals without professional social work services. A full-time van driver will be reduced to part-time depriving seniors of obtaining a hot lunch and activities at a senior center and getting to an adult day services program. This will increase the need for meals-on-wheels which already has waiting lists.

Transportation

**Mrs. B. is 84
and hard of
hearing.**

If the van does not take her to the senior center to socialize, she would be totally isolated. Isolation results in poorer physical, nutritional and mental health incurring costs the city will have to pay for.

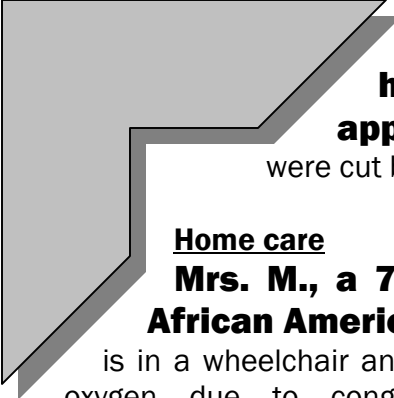
**Mr. G., an 89- year
old lives with his
addict son who
steals his money.**

The van from the senior center takes him to doctors and to a clinic twice a week for dialysis. This will end with cuts or lack of funding to offset inflation.

**Mr. and Mrs. R.,
age 93 and 91,
have no children
or relatives.**

Both are frail and need help shopping, going to doctors and other daily needs. Without the senior center van, they could not remain independent. This could result in unnecessary nursing home placement, which is both more costly and less humane.

An 88-year old woman, who uses an oxygen tank full time and needs assistance to shop and do errands, would lose transportation with adequate funding..



Chemotherapy and dialysis clients who have no alternative for multi-week appointments

would lose transportation if van service were cut back or could not meet demand..

Home care

Mrs. M., a 75-year old African American widow,

is in a wheelchair and on 24-hour oxygen due to congestive heart failure, emphysema and injuries sustained in a car accident (her daughter was killed in this accident). Mrs. M. was discharged from the hospital with home health service, which was ended by her Medicare HMO. She is receiving a home-delivered meal and has been waiting for two months for housekeeping and personal care assistance.

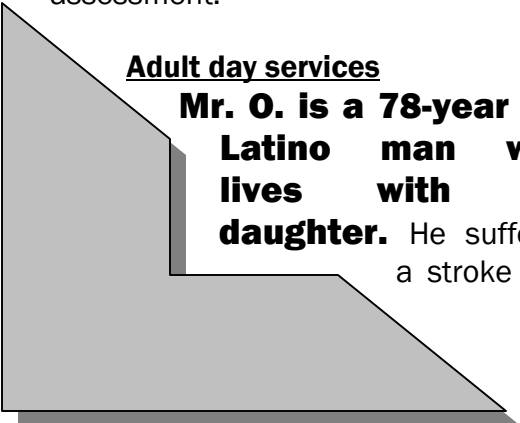
is visually and mobility impaired. He is in need of socialization and his daughter needs respite.

Case management and meals-on-wheels

Mrs. M. is an 86-year old widowed woman who lives alone.

She is frail and in need of assistance with meal preparation due to blood cancer and the need for frequent blood transfusions. She receives some sporadic help from neighbors, but otherwise has difficulty eating nutritionally. Mrs. M. waited four months for a case manager, meals-on-wheels and transportation to medical care. Due to high caseloads and limited staff, clients must often wait for 3-4 months just for an in-home assessment.

Adult day services



Mr. O. is a 78-year old Latino man who lives with his daughter.

He suffered a stroke and