



COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC.

THE AGING TSUNAMI:

A Blueprint For The Quality Of Life For Older New Yorkers

An Age Equality Agenda

By: Council of Senior Centers and Services of
New York City, Inc., December 2013

TABLE OF CONTENTS

Contents

Letter from Council of Senior Centers & Services of NYC, Inc. _____	i
EXECUTIVE SUMMARY _____	iii
THE AGING TSUNAMI _____	1
RECOMMENDATIONS FOR THE QUALITY OF LIFE FOR OLDER NEW YORKERS AN AGE EQUALITY AGENDA _____	1
A CITY FOR ALL AGES - MAKING NEW YORK CITY A GOOD PLACE TO GROW OLD: _____	1
Blueprint for action _____	2
I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES _____	3
FUNDING FOR THE DEPARTMENT FOR THE AGING (DFTA): _____	3
WHAT ARE SENIOR CENTERS? _____	3
SENIORS BENEFIT BECAUSE SENIOR CENTERS PROVIDE: _____	5
Recommendations: _____	6
II. SUPPORT CORE SERVICES TO ALLOW HOMEBOUND ELDERLY TO REMAIN HOME _____	9
Case Management _____	9
Expanded In-Home Services for the Elderly Program & Meals-on-Wheels _____	10
Recommendations: _____	11
III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS _____	12
CULTURAL COMPETENCY AND DIVERSITY IN SERVICES: _____	12
Recommendations: _____	12
HUNGER AND FOOD INSECURITY AMONG THE ELDERLY: _____	13
Recommendations: _____	13
TRANSPORTATION: _____	14
Recommendations: _____	14
AFFORDABLE SENIOR HOUSING WITH SERVICES: _____	15
Recommendations: _____	16
CRIME PREVENTION/HOME SAFETY SERVICES: _____	17
Recommendations: _____	17
EMPLOYMENT OPPORTUNITIES: _____	18

TABLE OF CONTENTS

Recommendations:	18
IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS	19
ELDER ABUSE:	19
Recommendations:	19
MENTAL HEALTH SERVICES AND ALZHEIMER'S/DEMENTIA:	20
Recommendations:	20
BILL PAYING/FINANCIAL MANAGEMENT:	21
Recommendations:	21
SUPPORTING FAMILY CAREGIVERS:	22
Recommendations:	22
V. PLAN FOR FUTURE AND EMERGING NEEDS	25
CREATING "AGE EQUALITY" IN NEW YORK CITY:	25
CITYWIDE PLAN FOR AGING BOOM – INVESTING IN OLDER NEW YORKERS:	25
EMERGENCY/DISASTER PREPAREDNESS:	26
Recommendations:	26
VI. PROVIDE CAPACITY BUILDING ASSISTANCE FOR COMMUNITY-BASED AGING SERVICES NETWORK	27
GROUP PURCHASE PROGRAMS FOR THE HUMAN SERVICES SECTOR:	27
Recommendations:	27
TRAINING AND TECHNICAL ASSISTANCE:	27
STARS: NEW DFTA REPORTING SYSTEM:	27
Recommendations:	27
CITYWIDE MARKETING CAMPAIGN TO RAISE PUBLIC AWARENESS OF ISSUES OF AGING IN NYC:	28
CSCS RESOURCES	29
CSCS Board of Directors	30
For More Information	2

LETTER FROM COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC.

Letter from Council of Senior Centers & Services of NYC, Inc.

December 2013

Dear Colleague,

Council of Senior Centers and Services (CSCS) is proud to share this transition policy and programmatic paper, “The Aging Tsunami: A Blueprint for the Quality of Life for Older New Yorkers – An Age Equality Plan” as a guide to addressing the concerns of older adults and their caregivers. Broken into six sections, this is a blueprint for aging in NYC.

In the next few decades, the composition of New York City’s population will change dramatically as a result of the aging “Baby Boom” population, increases in life expectancy, and New York’s increasing diversity. As these changes occur, the needs of the elderly will continue to expand and change. By 2030, New York’s 60+ population will significantly increase to a projected 1.84 million, a 47% increase from 2000. This group will comprise 20% of the total population compared with 15.6% in 2000.

While the United States has experienced a decline in the national poverty rate for older people, New York City’s older adults have experienced an increase in poverty with data showing that 1 in 3 are currently poor. Further, the average annual income for older New Yorkers is often inadequate to cover the high cost of living in New York City but does not allow many to qualify for public assistance benefits.

This dramatic shift and transformational change is having several consequences for New York City. The sheer number of older adults requires more resources in each community. Also, the ability of older adults to remain in the fabric of their communities necessitates their input into areas such as transportation options, affordable housing and community events. The population increase also means that many more people of all ages are finding themselves as family caregivers. Many caregivers are being confronted with aging issues for the first time and rely on community services and supports so that they can continue their employment as well as care for their loved ones.

At the same time, we see New York’s older population as an asset. Older adults make up the backbones of community life. They have varied and vast experiences from which we can learn. Through volunteerism, raising grandchildren and ongoing employment, maximizing the wealth of older adults’ experience, expertise and compassion is an opportunity for New York City.

Given the trends and the need to support our oldest community members, we all must take responsibility by creating and sustaining a true city for all ages. The time is now for leadership on aging. The time is also now to ensure that each older adult, regardless of income, race, ethnicity, orientation, language or ability, is able to age with dignity and independence.

LETTER FROM COUNCIL OF SENIOR CENTERS & SERVICES OF NYC, INC.

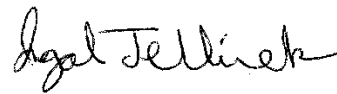
We would like to thank Bobbie Sackman, Director of Public Policy, the Author of this report. Ms. Sackman can be contacted at bsackman@cscs-ny.org or (212) 398-6565 x226. We would also like to thank John White for writing the executive summary and Allison Nickerson for editing and formatting this report.

Please do not hesitate to contact CSCS for more information regarding this report and aging issues. We look forward to working with Mayor Bill de Blasio, City Council, and other City and State stakeholders to ensure that we understand, plan for and address the needs of older New Yorkers.

Sincerely,



Joan Ryan
President



Igal Jellinek
Executive Director

EXECUTIVE SUMMARY

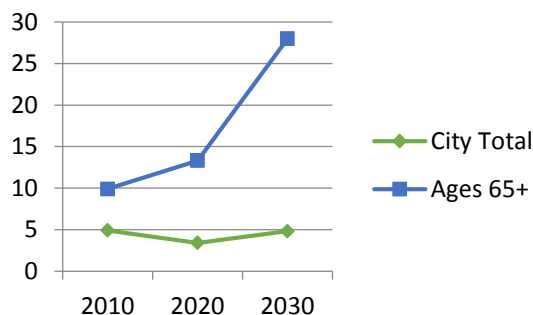
EXECUTIVE SUMMARY

Challenges: Aging Issues Faced by the New Administration

With the population of older New Yorkers swelling in the coming years, the time is now for leadership to enact an age equality agenda—one that strengthens communities by including seniors in policy planning, programming, and funding. It is time to address ageism.

New York City's population is aging. Driven by increased life expectancy and aging baby boomers, the city's 60+ population will grow to a projected 1.84 million by 2030, a 47 percent increase from 2000 (see Figure 1). In fact, by 2030, this group will comprise 20 percent of the city's total population, compared with only 15.6 percent in 2000.

Figure 1: Percent Increase in Population per Decade



Source: *New York City Population Projections by Age/Sex and Borough, 2000-2030*, The City of New York, Department of City Planning.

The composition and financial status of the city's elderly population are also changing. Diversity is increasing, and while the poverty rate of the overall U.S. elderly population has declined, it has increased in New York City. One in three of our seniors are now poor, with many having annual incomes too high to qualify for public assistance, but too low to cover the high cost of living in New York City.

As these dramatic changes occur, the challenges facing the elderly—and city overall—will continue to expand. For instance, more community resources and services will be needed, as will support for first-time family caregivers of all ages. In addition, older New Yorkers will need to maintain their valuable connection to the community, requiring seniors' input into issues such as transportation options, affordable housing, and community events.

Opportunities: A Population of Strength and Stability

The city's senior population also presents Mayor Bill de Blasio and other elected leaders with a valuable resource in addressing the city's most critical issues: domestic violence, housing, immigration, hunger, public benefits outreach, transportation, family issues, and employment.

Seniors are the backbone of families and communities. Many volunteer, work, and raise grandchildren. Further, when divorce, illness, or other family issues arise, it is often the parent or grandparent on which people depend.

EXECUTIVE SUMMARY

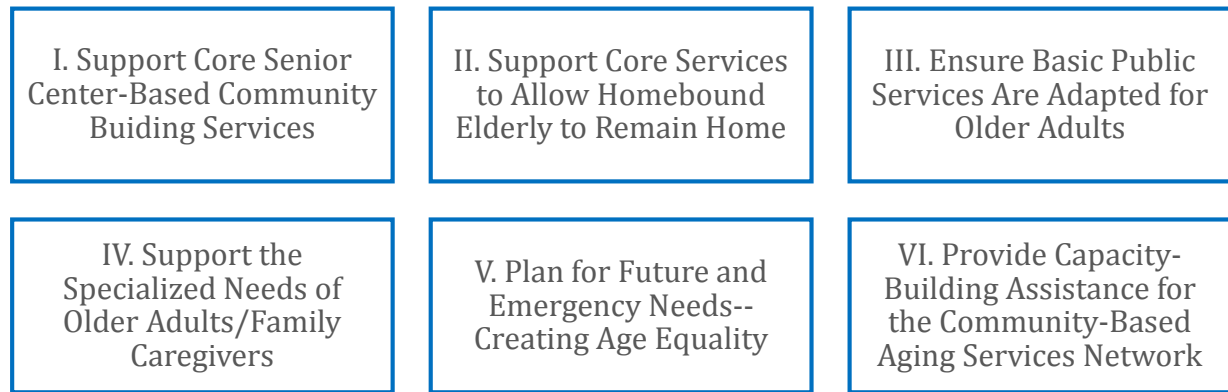
To maintain stable communities, older adults must be involved in the policymaking process. Doing so will greatly benefit elected

leaders, providing you with the vast experience needed to build a blueprint for all New Yorkers.

Recommendations: A Blueprint for Action to Addressing the Needs of Older New Yorkers

The future success of New York City depends on creating and maintaining a true city for all ages. To provide optimal support to older adults and their ability to age with independence and dignity, elected leaders must enact policies and funding priorities to accomplish six main goals (see Figure 2).

Figure 1: Key Recommendation Areas for Creating and Sustaining a True City for All Ages



Recommendation Areas:

I. Support Core Senior Center-Based Community Building Services

Programs funded by the Department for the Aging (DFTA) are the only long-term care services available for elderly New Yorkers above the Medicaid level. However, over the past seven years, DFTA has been cut by \$57 million, 20 percent of its current budget. Meanwhile, adults gain access to these and other services—health programs, nutritious meals, case management, home care, transportation, cultural programs, socialization, and education—mainly through the city’s nearly 250 senior centers. Like DFTA, senior centers have been besieged by greater demands and a lack of public funding.

Baseline Current and New DFTA Funding.

It is critical to first address the challenges of discretionary funding through City Council restorations. While it is beneficial that the City Council restores DFTA funds each year, the

lack of baselining has led to loss of services, late receipt of funds, and an inability to plan.

Invest in DFTA Services. To strengthen our community-based infrastructure, DFTA’s historically underfunded services should

EXECUTIVE SUMMARY

receive a critical infusion of funding—\$100 million over four years. In addition, all current and new DFTA funding should be baselined to stabilize the services provided to seniors.

Grow Baselined Funding for Senior Centers. Adequate baselined funding should be established based on how many seniors are served daily. The average neighborhood senior center budget is \$400,000, well below what is needed to retain trained staff. An additional \$35 million in funding is needed for senior centers to have the facilities, personnel, staffing, and meals (congregate and home-delivered) to serve as a true driver of health prevention.

Devote Capital Dollars to Senior Centers. Capital funding regulations should be amended, including lowering the \$500,000 minimum threshold for a project, to give

senior centers access to funds for renovations and handicapped accessibility.

Expand Innovative Senior Centers (ISC). Beginning in 2010, DFTA began creating ISCs, each built on the concept of innovation and robust programming. With 10 facilities completed and \$8 million allocated for 10 more, the current funds should remain baselined. Further, additional ISCs must be funded to keep pace with the growing needs of older adults.

Reinstate Funding for Meals and Day Care. Nearly \$1 million in funding should be reinstated for one weekend takeaway meal from senior centers. In addition, nearly \$1.9 million in funding should be reinstated to fully fund social adult day care, small group programs providing services to people with Alzheimer's/dementia and disabilities.

II. Support Core Services to Allow Homebound Elderly to Remain Home

Case management, homecare, and meals-on-wheels programs provide vital support to 18,000 homebound elders in New York City. However, U.S. Census data shows that 65,000 more are in need. Expanded In-Home Services for the Elderly Program (EISEP) provides case management and homecare to seniors with incomes above the Medicaid level, but funding has been cut by 30 percent, resulting in less case managers, higher caseloads, and longer waiting lists.

Invest in EISEP Case Management. While the City Council restored most of the \$6.6 million in case management cuts, funding should be fully reinstated and baselined to stabilize the program. Also, an infusion of additional funding should be provided to eliminate waiting lists and lower burdensome case management loads, allowing case managers to bring in more federal dollars to the city through benefits.

The \$10 million EISEP homecare cut resulted in no new homebound clients for 2.5 years, a thought unimaginable in the Medicaid homecare program.

Restore EISEP Homecare Funding. EISEP clients now receive only 10 hours per week on average. Full funding is needed to address waiting lists and the growing 85+ population.

EXECUTIVE SUMMARY

Restructure the Meals-on-Wheels Program.

In addition to ensuring full funding for the program, smaller districts should be created, allowing for improved flexibility and closer

contact with recipients. If this is achieved, DFTA should also pilot catering contracts for home-delivered meals, which would keep costs down while local, private caterers make a profit.

III. Ensure Basic Public Services Are Adapted for Older Adults

With an elderly population growing in number and diversity, New York City must expand and adapt its basic public services to ensure that every older adult, regardless of income, race, ethnicity, orientation, language, or ability, can remain central to the fabric of family and community life.

Expand Cultural Competency in Services.

Elderly immigrants, who have a median income of only \$9,900, now account for 46 percent of the city's older adult population. To adequately serve this population, funding should be provided to hire bilingual staff for all senior services, and funding should be reinstated for ESL/citizenship classes at senior centers.

Training should be provided for senior services staff regarding cultural and gender-identify issues, and services should be increased to the rising population of LGBT adults. Meanwhile, outreach to immigrant communities should be strengthened by the community-based network and Mayor's Office of Immigrant Affairs, and a task force should be created to find ways to improve services to elderly immigrants.

Provide Accessible Transportation.

Transportation is essential for older adults to remain independent. To address the rising costs of operating vans for senior centers and home-delivered meals, \$4 million in DFTA funding must be restored and baselined. Also, Access-a-Ride should start allowing seniors with mobility disabilities to use vouchers for car services and senior center vans.

Improve Access to Hunger Resources. Nearly 50 percent of the city's seniors who are eligible for SNAP benefits (food stamps) do not utilize them. Using CSCS's map of underutilization by community district, a campaign should be launched to increase enrollment. Also, the Human Resources Administration's (HRA) SNAP application process should be examined to identify efficiencies, and working relationships should be created between community services and city hunger resources.

Better utilization of the SNAP program by older adults could provide an extra \$500 million of federal funds to seniors, resulting in \$1 billion spent at local businesses across New York City.

Increase Affordable Senior Housing. With thousands of seniors on waiting lists for limited Section 202 and other publicly financed buildings, older adults must be a part of the administration's plan for affordable housing.

The Senior Citizen Rent Increase Exemption (SCRIE) program should increase the income eligibility level, lower the tenant's share of rent

EXECUTIVE SUMMARY

to 30 percent, rent should be frozen, and regulations should be changed to allow thousands of rent-regulated apartments to go market rate. Further, additional housing support should be provided to older adults, including a right to legal counsel in Housing Court, an expanded Naturally Occurring Retirement Communities program, and a program to help increase the habitability of living spaces as physical needs change.

Expand Employment Opportunities. Although older adults have life experience and reliability, they often face age discrimination and training barriers when seeking work. Therefore, a Workforce1 site should be created for workers

age 50+, and job training should be developed to address issues unique to older workers. Age discrimination laws must be enforced, and campaigns and financial incentives should be implemented to encourage city businesses to hire older workers.

Fund Effective Crime Prevention Programs.

Funding for the Safe Streets/Elderly Crime Victims program, a successful model of community policing instituted under the Dinkins administration, should be restored to \$2 million. As part of this effort, formal relationships between senior centers and local police should be fostered through training on elderly crime victim assistance.

IV. Support Specialized Needs of Older Adults/Family Caregivers

An alarmingly high number of older New Yorkers struggle with issues such as elder abuse, mental health, money management, and overburdened family caregivers. The time has come to address these hidden crises and fund efforts to alleviate them.

Protect Seniors from Elder Abuse. More than 120,000 New Yorkers experience elder abuse each year, with only one in 24 cases reported. In addition to baselining and increasing funding for DFTA victim services (now only \$800,000), elder abuse should be incorporated into the Office of Domestic Violence, and training should be provided for police to improve recognition, treatment, and reporting of abuse.

Also, S.5779-A/A.7892-A, which passed the Senate and is awaiting Assembly consideration, should be enacted, requiring banks to disclose information when there is suspected financial elder abuse (while giving banks liability protection when acting in good faith).

Making S.5779-A/A.7892-A a priority in the Mayor's state legislative agenda is critical to enactment of this key financial elder abuse legislation.

Fund and Expand Mental Health Services.

Mental health problems are not part of normal aging, and proper treatment is effective. The current \$2 million in geriatric mental health funding should be baselined and increased, and policies should be created to address the rapid growth of Alzheimer's and related dementias.

Integrate Money Management Services. To allow older adults to age safely in their own

EXECUTIVE SUMMARY

communities, bill-paying assistance should be integrated into DFTA case management and Medicaid managed care. Further, a funding stream should be established for the costs of a volunteer bill-paying and budgeting program for individuals identified by case managers.

Expand Support to Family Caregivers. Without family caregivers, more than 50 percent of older adults would likely be placed in nursing homes largely paid for by Medicaid. To provide caregivers with the resources they need, New York City should establish a Community Care Navigator program and participate in the statewide NY

Connects program. Caregivers should also be provided with training and access to competent legal assistance, and efforts should be made to provide workforce security via affordable elder care. In addition, family and medical leave policies should be reviewed to assist working caregivers and support businesses.

A 2006 MetLife study found that each year companies lose nearly \$33.6 billion in worker productivity due to employees' caregiving obligations.

V. Plan for Future and Emergency Needs—Creating Age Equality

With one in three older New Yorkers living in poverty and thousands more financially struggling, a citywide plan is needed to ensure economic security and access to services—now and in the future.

Develop a Multi-Year Plan for Aging. In preparation for the swelling senior population, a comprehensive plan should be built that expands the DFTA's role, implements an interagency task force for 2015–2020 planning, and establishes a team in City Hall to ensure coordination of all city agencies impacting the lives of older New Yorkers.

Improve Emergency Preparedness. As shown during Hurricane Sandy, aging services providers should be designated as first responders, allowing them to more easily deliver meals and reach seniors during disaster situations. Also, funds should be appropriated for senior centers to be reimbursed for serving as emergency cooling/warming centers.

VI. Provide Capacity-Building Assistance for Community-Based Aging Services Network

In addition to funding and legislation, addressing the challenges of an aging tsunami will require efficiency, knowledge, and awareness. With the administration's support, each is possible.

Expand Group Purchasing Programs. The administration should support expanded group purchasing programs without

mandating one purchasing organization, allowing savings to be reinvested in services to our city's older adults.

EXECUTIVE SUMMARY

Invest in Technology and Assistance. In addition to investing in training and technical assistance for community-based aging services, the administration should ensure a smooth implementation of the new DFTA reporting system, STARS, which will increase the capacity to report and capture data.

Launch a Citywide Marketing Campaign. Dignity and visibility are the essence of age equality. Therefore, the new administration should embark on a citywide campaign to raise public awareness of the issues of aging in New York City.

THE AGING TSUNAMI

THE AGING TSUNAMI

RECOMMENDATIONS FOR THE QUALITY OF LIFE FOR OLDER NEW YORKERS AN AGE EQUALITY AGENDA

It is time to raise the bar on addressing ageism. Mayor Bill de Blasio, and the newly elected Comptroller, and other elected city officials have a great responsibility to meet the needs of older New Yorkers and create a city for all ages. As NYC faces an aging boom, leadership is needed to put forth an "**age equality agenda**."

A CITY FOR ALL AGES - MAKING NEW YORK CITY A GOOD PLACE TO GROW OLD:

Older New Yorkers are central to the fabric of family and community life: Older adults are the backbone of families and communities. When unemployment, mental health or substance abuse issues arise, and/or divorce, illness, or inability to afford rent occur within families, it is often the parent or grandparent, mostly mothers and grandmothers, on which family members depend. To stabilize and support communities, older adults must be included as major stakeholders in the city and not be excluded or forgotten. They bring experience and knowledge to the table that is often overlooked and not supported. Entering the policy making process with older adults central in one's mind and view of living in NYC will allow decision makers to build a roadmap for all New Yorkers as they age. In addition, Mayor de Blasio and other elected leaders should use public policy to benefit seniors as people and not just define them as a problem.

Don't look at older adults as living in silos: Mayor de Blasio and other elected leaders should consider housing, domestic violence, immigration, hunger, public benefits outreach, transportation, family issues, and workforce and employment as aging/older adult issues. As priorities are tackled, they must be looked viewed across the lifespan. Too often, older adults are not included in programming, funding and planning.

Dignity and visibility are the essence of age equality.

Council of Senior Centers and Services (CSCS) is the central organization in NYC advocating on behalf of the rapidly growing and diverse older adult population. CSCS' membership is comprised of about 100 community-based organizations, operating more than 600 programs serving 300,000 older New Yorkers. Member agencies provide multi-service senior centers, meals-on-wheels, case management, home care, NORCs, transportation, elder abuse victims, housing, caregiver supports, adult day care, mental health services, and other long term care services. CSCS works on issues that affect older adults including community-based services, anti-hunger, family caregiving, economic justice, supportive housing, domestic violence, healthy aging, transportation, cultural diversity, immigration and other issues impacting older New Yorkers.

THE AGING TSUNAMI

This policy/programmatic document is intended to provide a blueprint for addressing the needs of older New Yorkers as individuals who are integral to neighborhoods and families and the fabric of NYC life. If you have any questions regarding this paper or need more information on aging issue, please contact Bobbie Sackman, CSCS Director of Public Policy, (212) 398-6565 x226 or bsackman@cscs-ny.org. There is a helpful list of resources at the end.

BLUEPRINT FOR ACTION

This report is organized into six distinct areas to organize this blueprint to show how support can be better provided to older adults and their ability to age with independent and dignity – those six areas are:

I. Support Core Senior Center-based Community-building Services

II. Support Core Services To Allow Homebound Elderly To Remain Home

III. Ensure Basic Public Services Are Adapted For Older Adults

IV. Support Specialized Needs Of Older Adults/ Family Caregivers

V. Plan For Future And Emergency Needs - Creating “Age Equality” In New York City

VI. Provide Capacity Building Assistance for Community-based Aging Services Network

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

FUNDING FOR THE DEPARTMENT FOR THE AGING (DFTA):

DFTA is a city agency with the mission to provide a broad array of community-based services for older New Yorkers and other policy and advocacy supports. DFTA is the largest Area Agency on Aging nationally under the federal Administration for Community Living (formerly Administration on Aging).

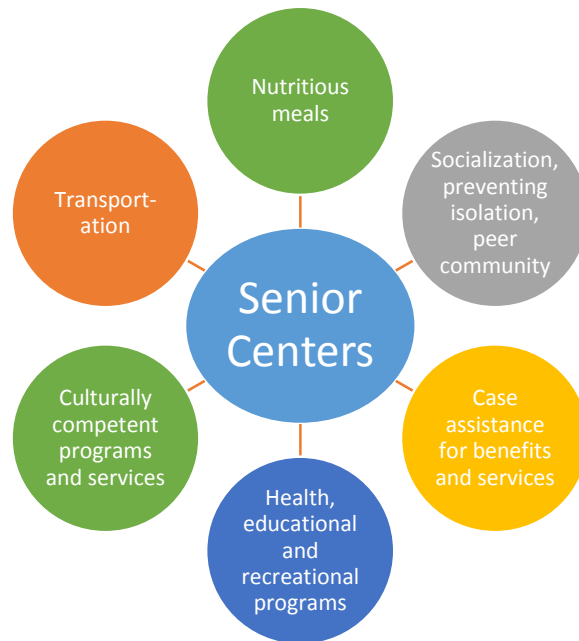
Over the past seven years, DFTA was cut by \$55-\$57 million, a significant cut for a small city agency with the responsibility for the 1.4 million people over age 60. Its total federal, state, and city budget is about \$250 million. The baselining of \$20 million for DFTA in the 2013 November budget modification plan would reduce the substantial cuts to services that have resulted and bring DFTA's budget to \$270 million. DFTA funded programs are the only long term care services for frail elderly New Yorkers above the Medicaid level, but financially struggling. These services are on the frontline of allowing older New Yorkers to age with dignity and independence while supporting family caregivers. (See "More with Less is Impossible" on resource list)

The community-based aging services workforce, comprised largely of women and minorities, has received almost no salary increases in seven years. This is the workforce on the frontlines every day in senior centers, delivering meals-on-wheels, case managers, and others. The lack of salary increases has made it increasingly difficult to attract adequate staff. It is time to re-establish the city policy that existed for twenty years tying the percentage increase received by DC-37 members annually to DFTA nonprofit workers.

WHAT ARE SENIOR CENTERS?

Since the 1970's, local senior centers have played a critical role in allowing older New Yorkers to age in place in their homes and communities with dignity. For those older adults who choose to participate in senior centers, the experience can only be described as transformative. A perspective on the importance of senior centers can be looked as to what it would be like without senior centers. Under one roof, among the services seniors receive are the following:

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES



Overall, without senior centers, it would be difficult, if not impossible, for thousands of older New Yorkers to navigate their way each day in order to access services and programs. Older adults would have to find a number of agencies, all of which would have to be user-friendly, culturally comfortable environments. Seniors would have to:

- Find soup kitchens or other food programs.
- Find another agency that could help with benefits and services that understands the needs of older adults and meets the cultural and linguistic needs of a diverse older adult population.
- Join a gym.
- Find affordable, accessible transportation.
- Identify affordable and comfortable health, recreational, educational and cultural activities and get there on their own.

Multi-service senior centers provide neighborhood-based sites to efficiently and effectively maximize the use of local resources and identify the needs and wants of older adults. This has always been true, and the fiscally responsible senior center model is more important than ever. As stated in the 2009 CSCS report, *No Time to Wait: A Case for Long Term Care Reform*, “Senior centers are a central part of a strong community-based long term care system. They play a significant role in preventing/delaying physical and/or mental decline in older adults.” (Report on resource list)

There are almost 250 senior centers citywide. Beginning in 2010, the Department for the Aging established Innovative Senior Centers (ISCs) across the city. The ISC concept was developed by

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

CSCS (see “Charter Senior Centers on resource list). To date, there are ten ISCs with 8-10 more to be chosen before the end of 2013. ISC funding has allowed for the first municipally funded LGBT senior center and a center for blind/visually impaired seniors in the nation. Other already existing senior centers designated as ISCs (through a competitive bidding process) receive substantial additional funding to enrich their programs and do outreach to the community. Neighborhood senior centers (NSCs) continue to play an important role as an anchor in communities for older adults to attend as a peer community and to access needed services. However, senior centers have been besieged by greater demands for services and a lack of adequate public funding or administrative support. The average neighborhood senior center budget is only about \$400,000 and has not kept pace with inflation or increased demand. Bringing seniors out of isolation, providing nutritious meals and stimulating activities promotes physical and emotional wellbeing.

SENIORS BENEFIT BECAUSE SENIOR CENTERS PROVIDE:

1. Socialization – peer community to prevent isolation
2. Congregate meals
3. Home-delivered meals
4. Case assistance/social services
5. Health related education/classes for those with chronic illnesses like diabetes
6. Health - health screenings, health education, nutritional education
7. Linkages to local health resources and other community supports
8. Exercise classes
9. Information and referral for entitlements, benefits, and services
10. Educational, recreational and cultural activities
11. Music/art/crafts classes and discussions
12. Links to other cultural arts events
13. Civic involvement/Social Action
14. Validates an individual's worth via participation in committees and activities
15. Legal services
16. Housing services
17. Transportation and escort to medical appointments, senior center, adult day, food shopping, etc.
18. Recreational trips
19. Counseling
20. Support groups
21. Assistance for grandparents raising grandchildren

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

22. Volunteer opportunities
23. Telephone reassurance
24. ESL/citizenship classes
25. Assistance for immigrants
26. Emergency food pantry
27. Computer classes
28. Educational and college level classes
29. Using technology to connect - virtual senior center activities
30. Virtual senior centers for homebound elderly
31. Celebrate holidays and cultural events
32. Intergenerational programs
33. ***What other benefits would you add?***

Council of Senior Centers and Services senior center study, “21st Century Senior Centers: Changing the Conversation” includes 14 recommendations for strengthening senior centers. (on resource list)

Recommendations:

Public policy and programming should no longer be based on the annual budget dance. The annual budget dance must end as an inordinate level of DFTA funding is discretionary funding through City Council restorations. While it is beneficial that City Council restores DFTA funds each year, lack of baselining has led to loss of services, not receiving funds until late in the fiscal year, inability to plan for staff and programming and lack of capacity to meet growing unmet needs. The budget dance has left seniors dancing in quick sand and sinking.

1. **Invest in services for older New Yorkers** – A rapidly growing senior population, unmet need with waiting lists for services, historically underfunded services, budget cuts and inflation have eaten away at the ability of community-based aging service providers to meet the needs of a diverse older adult population. In order to address the unmet needs of the rapidly growing older adult population, an infusion of \$100 million over 4 years should be made to DFTA. A continuum of services provided through DFTA, as discussed in this paper, are sorely in need of city investment. This is a worthwhile investment in strengthening the community-based infrastructure that provide supportive services to allow older New Yorkers

While it is beneficial that City Council restores DFTA funds each year, lack of baselining has led to loss of services, not receiving funds until late in the fiscal year, inability to plan for staff and programming and lack of capacity to meet growing unmet needs.

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

to remain in their homes and communities. This also takes into account the about \$55-\$57 million city tax levy dollars that has been cut.

2. **Baseline current and new DFTA funding** - In addition to an investment to DFTA programs, baselining all current funding is necessary to stabilize DFTA funded services is key. When new funding is allocated, baseline it immediately.
3. **Establish adequate baseline funding of senior centers based on how many seniors are served daily** – Fully funding Innovative Senior Centers (ISC) and Neighborhood Senior Centers (NSC) so they can provide a rich array of programs and services to a diverse senior citizen population. The average NSC budget is about \$400,000 which is insufficient to retain adequate and professionally trained staff who often need to be bilingual. In order for senior centers be a health prevention player, additional funds are needed to keep health indicators, lower diabetes, and so on, adequate funding is required.

Linkages with hospitals, clinics, cultural arts, and other resources all contribute to positive health outcomes. Senior centers provide a peer community that prevents isolation and provides health related services for elderly immigrants. Often, going for preventive medical care is not in their culture and senior centers provide a user-friendly environment for health related and social services.

CSCS requested data from DFTA for an analysis that we conducted to document the amount needed for four categories of senior center costs. Funding needs to include the following costs: facilities, personnel, staffing (program specialists), and congregate meals. The amount is approximately \$35 million.

Currently, \$2.20 per meal is the reimbursement for raw food costs. The \$1.15 increase per meal built into the \$35 million figure would go a long way to help agencies keep pace with inflation and provide nutritious meals to a diverse population. Current reimbursement for food is only \$2.20 per meal for both congregational and home-delivered meals. The \$1.15 increase sets a basic reimbursement amount to which applying the CPI to annually would allow senior meal programs to keep pace with inflation. (See “Trend Factor” on resource list)

Continue to invest in Innovative Senior Centers (ISCs) to provide a more robust and flexible model of senior centers able to meet the needs of the community they serve.

4. **Invest in and expand Innovative Senior Centers** – CSCS developed the concept of the “Innovative Senior Center” (ISC) in order for NYC to raise the standards and allow for senior centers to be more innovative and robust in their programming. This is now a signature program for DFTA since January, 2012 and to date, there are 10 Innovative Senior Centers with funding for about 10 more in the pipeline. Approximately \$8 million has been allocated.

I. SUPPORT CORE SENIOR CENTER-BASED COMMUNITY-BUILDING SERVICES

Because of this investment by the city, the first municipally funded senior center for the LGBT community and for visually impaired/blind older adults in the nation have been funded. All these funds must remain baselined.

Continuing to fund and expand the number of ISCs is key to enhancing the ability of senior centers to meet the needs of a growing, diverse senior population. (CSCS original concept paper, “Charter Senior Centers”, on resource list.)

5. **Develop provisions for therapeutic meals** – The CSCS study, “Hunger Hurts: A Study of Hunger Among New York City’s Elderly”, (on resource list) discusses the medical and health value of having therapeutic congregate and home-delivered meals in order to serve the needs of older adults with chronic illnesses such as diabetes, hypertension, etc. Studies report that proper and adequate nutrition can prevent and treat most chronic illnesses of aging. Increasing the per meal allotment would help with this.
6. **Provide weekend meals for seniors** – Reinstate funding for the sixth congregate weekend meal providing one take away meal from a senior center which needs to be funded at \$1 million.
7. **Ensure access and funding for social adult day care** – Social adult day care is made up of small group programs designed to provide an array of services to people with Alzheimer’s/dementia or older adults with disabilities. Social adult day care is key to providing much needed respite for overwhelmed family caregivers. Social adult day care is also the only community-based program for seniors with Alzheimer’s or disabilities above the Medicaid level. Access and affordability are desperately needed to ensure that people with Alzheimer’s/dementia and their families benefit from this critical and unique service. Funded at \$2.3 million, support for social adult day care was eliminated in FY12. In FY13, City Council restored about 25% of the funding, \$400,000. While this brought back the services, it is inadequate to address the growing number of New Yorkers with Alzheimer’s or disabilities.
8. **Invest capital dollars in senior centers** – Seniors deserve safe, accessible and attractive senior centers. Amend capital funding regulations to allow senior centers to access dollars for renovations and handicapped accessibility. This includes significantly lowering the \$500,000 minimum threshold for a project established by the former administration and ending the disallowance of using city capital dollars in churches, synagogues and other faith based settings. (See, “It’s Broken, Fix It”, on resource list.)
9. **Work closely with NYCHA** to improve their response to addressing repairs and renovations of DFTA funded senior centers in a timely and efficient way.

II. SUPPORT CORE SERVICES TO ALLOW HOMEBOUND ELDERLY TO REMAIN HOME

II. SUPPORT CORE SERVICES TO ALLOW HOMEBOUND ELDERLY TO REMAIN HOME

Supporting homebound elders is integral to helping older New Yorkers to age in their homes with dignity. The cornerstone of this support includes case management, home care and meals-on-wheels. Currently, based on DFTA's Annual 2013 Report, there are approximately 18,000 older adults receiving case management and meals-on-wheels in NYC. Using American Community Survey (US Census) data, CSCS is able to estimate that an additional 65,000 older New Yorkers are in need but not receiving these services. Of that total, roughly 11,000¹ are in need of case management and 54,000 are in need of meals-on-wheels.

CASE MANAGEMENT

Case managers are trained social workers who go into the homes of homebound elderly individuals to assess their physical, mental, nutritional, financial, and general living situation. Case managers follow up to assist these frail seniors to ensure they can remain home safely and with supportive services. Case management agencies also address crises as they arise. There are 16 community-based organizations throughout the city that contract with the Department for the Aging to provide case management services to homebound elders.

It is not difficult to understand that working with old, frail individuals can be complex with their situation changing on a dime if they fall, become ill or experience consequences of being isolated and living alone.

Case managers pay attention to a broad array of situations:

- Can the elder cook, feed themselves, bathe, dress and otherwise care for themselves?
- Does the elder have a caregiver or support system who are available and capable of assisting in their care consistently? Is the family caregiver overwhelmed requiring relief?
- Are the financial resources of the elder sufficient to live on? Is the elder receiving all the benefits and entitlements they are qualified for?
- Does the elder have sufficient nutritious food or in need of meals-on-wheels?
- Does the elder need home care services?
- Is the elder a known or suspected victim of elder abuse or neglect?
- Has the elder been diagnosed or demonstrate symptoms of Alzheimer's/dementia or mental illness.

¹ Duplicative population but separate services and separate funding sources.

II. SUPPORT CORE SERVICES TO ALLOW HOMEBOUND ELDERLY TO REMAIN HOME

- Is the elder regularly seeing their doctor and complying with treatment and medication?
- Does the elder have any unstable complex, medical conditions that need to be monitored? i.e. falling?
- Has the elder had two or more hospitalizations and/or ER visits in the past year?
- Is the elder's home reasonably safe, clean, and comfortable? Is the home dirty, pest-infested and/or disorderly threatening the elder's health and safety?
- Is the elder at risk for eviction or foreclosure? Does their home lack sufficient heat in the winter or air conditioning in the summer?
- Can the elder or their support system manage their finances such as paying their bills on time?
- Is the elder abusing alcohol or drugs?
- Is the elder at risk for suicide or self-mutilation?
- Does the elder have vital advance directives in place such as a living will, health care proxy, and power of attorney?

See "Case Management FAQ" on resource list

EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM & MEALS-ON-WHEELS

A State and City program for homebound elderly, Expanded In-Home Services for the Elderly Program (EISEP) supports older adults by combining case management and home care. This is the safety net for homebound seniors above the Medicaid level and it is in shreds. The average age of a client is 85, which is the fastest growing segment of NYC's population. Average income is \$15,000-\$20,000 leaving them ineligible for Medicaid. With \$1230 the average monthly Social Security amount, most seniors are ineligible for the \$9600 Medicaid eligibility level.

It is critical to understand that any cuts or lack of baselining EISEP funds translates into less case managers, higher caseloads, and longer waiting lists for case management and home care. Case management and home care cuts - \$6.6 million cut to case management and \$10 million to home care – both 30% cuts which is substantial. City Council restorations have brought case management funding back to \$5.5 million in FY14. These funds must remain baselined.

Case managers also assist family caregivers, who are frequently working and need support and are often stretched already. (See resource list, "Community-based Case Management", which describes the broad array of services a case manager does.)

The \$10 million home care cut resulted in no new homebound client receiving home care hours for 2 ½ years - that would be unimaginable in the Medicaid home care program which is an entitlement. The following key points highlight the need for programs to serve New Yorker's homebound elders:

II. SUPPORT CORE SERVICES TO ALLOW HOMEBOUND ELDERLY TO REMAIN HOME

- **Return on Investment** - Baselineing the full \$6.6 million cut would add some stability to the program. In order to address unmet needs of an aging population, additional funding is needed to ensure caseloads of 60 and no waiting lists. Case managers can bring federal dollars into NYC through benefits including food stamps, Heat Energy Assistance Program (HEAP), and other funding sources. Bringing in these federal dollars is a win-win for seniors and local businesses and, in essence, more than pays for the cost of case managers. Medicaid dollars are also saved as EISEP services prevent seniors from going on to Medicaid.
- **Preventing meals-on-wheels waiting lists** – The meals-on-wheels (MOW) program is currently utilized at a 94% level. At some point, it will likely reach 100% utilization and MOW providers will have to put frail, homebound elders on waiting lists. MOW recipients are often in their 80's and 90's and unable to shop and cook for themselves. Funding to prevent this is critical. DFTA has established a “presumptive eligibility” policy whereby homebound seniors can immediately receive MOW even if they are on a waiting list to see a case manager. The \$7.35 per meal, which includes delivery, has been in place since 2009, underfunds the true cost and impedes the ability of agencies to provide a variety of menus.

Recommendations:

1. **Meet unmet need in the EISEP program by an infusion of funding lowering case management levels from 80 to 60 and eliminating the waiting list** – Caseload levels and waiting lists are inordinately high and prevent frail homebound elders from receiving services. A set caseload size needs to be established that does not grow over time as well policy that prevents long waiting lists from developing.
2. **Restore the \$10 million for EISEP home care to address waiting lists and rapid growth of 85+ population** – EISEP clients receive only 10 hours on average A WEEK. Any further cuts or languishing on a waiting list translates into increased risk for institutionalization and lack of support in the community.
3. **Restructure the MOW program to implement smaller districts served** – The 2008 restructuring of the MOW program created large districts that often do not correlate to geographic and diverse populations. Reducing the number of meals per contract will allow for flexibility and closer contact with MOW recipients.

Continue “presumptive eligibility” program for homebound elderly to receive MOW while on a waiting list for case management. Ensure full funding of MOW to prevent waiting lists.
4. **Pilot DFTA to DFTA catering contracts for home-delivered meals** – This could be possible with smaller MOW districts. This would keep costs down as private caterers make a profit. The city reimbursement rate has been \$7.35 per meal including delivery costs since 2009. CSCS advocacy won the addition \$.35 per meal which was baselined in FY13.

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

CULTURAL COMPETENCY AND DIVERSITY IN SERVICES:

The community-based aging network serves thousands of elderly immigrants. The network of senior centers, home-delivered meals and other programs ***is the frontline of community-based and nutritional services for elderly immigrants. Support for these services is direct support for elderly immigrants which also benefits their families.*** The Center for an Urban Future, recently released its study on elderly immigrants, “The New Face of New York’s Seniors” documenting the rapid growth and needs of these communities across the city. The report showed that 1 in every 10 older immigrants in the US lives here in NYC and make up 46% of the city’s total older adult population. It also showed that the median income for immigrant seniors in NYC is \$9,900 compared to the native-born senior median income of \$18,300. This substantial difference is often attributed to the lack of access to entitlements as well as other barriers. Senior services continue to provide a lifeline to this growing population of older immigrants.

Aging services are on the frontline of community-based and nutritional services for elderly immigrants. Support for these services is direct support for elderly immigrants which also benefits their families.

Within NYC as a whole, over 50% of older New Yorkers are minorities. According to the Department for the Aging, poverty levels are: 25% for Hispanic elderly (48,000 seniors), 23% for Asian elderly (23,000), 20% for Black elderly (44,000), and 13% for White elderly (74,000). Over 50% of seniors speak a language other than English at home. It is essential for services to be provided in appropriate languages and with knowledge of the cultural background of the particular senior community. Appropriate bilingual staff is critical.

It is important to expand access to culturally competent community-based services for LGBT older adults throughout New York City.

Based on limited demographic data, there are approximately 100,000 LGBT older adults living in New York City, which will double by 2030. For LGBT older adults, a lifetime of stigma and discrimination in health care, employment and other areas contribute to disproportionately high poverty rates and social isolation as well as health disparities related to physical and mental health.

Recommendations:

1. Fund budgets for all senior services at a level that allows for hiring bilingual staff.

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

2. **Provide specialized training** for professionals in both the aging field and other arenas regarding cultural, gender-identity, ageism and other issues.
3. **Reinstate funding for ESL/citizenship classes** at senior centers which was eliminated. Fund at a level that is commensurate with the number of senior centers now serving immigrant populations.
4. **Strengthen capacity of the community based network** including senior centers, NORCs and other DFTA funded programs to do outreach and develop linkages into immigrant communities.
5. **Strengthen the work of the Mayor's Office of Immigrant Affairs** to include information, resources and community outreach for elderly immigrants. Incorporate elder abuse into the agency's domestic violence initiatives. Develop productive working relationship between Immigrant Affairs and DFTA.
6. **Develop an elderly immigrant task force** comprised of advocates, providers, seniors and other stakeholders from the aging, immigrant, and other arenas. Develop a strategic plan of how to better serve elderly immigrants citywide.
7. **Increase services for LGBT older adults** – It is important to expand access to culturally competent community-based services for LGBT older adults throughout New York City. This includes senior centers, case management, caregiver supports, affordable housing and other services.

HUNGER AND FOOD INSECURITY AMONG THE ELDERLY:

Senior center congregate meals and home-delivered meals are the largest anti-hunger networks in NYC, providing nutritious meals for over 40,000 older New Yorkers daily (12 million meals

There is a potential \$500 million of federal SNAP funds that could go in the pockets of seniors and about \$1 billion spent at local businesses citywide.

annually). One out of two seniors in NYC eligible for SNAP benefits (food stamps) does not receive them. A CSCS study, "Hunger Hurts: A Study of Hunger Among New York City's Elderly", reported that one out of three seniors interviewed reported food insecurity ranging from anxiety about missing meals, to missing some meals, to hunger. (Hunger Study on resource list).

Recommendations:

1. **Wage a campaign to increase the enrollment of older New Yorkers in the SNAP/food stamps program** – CSCS has mapped the underutilization of food stamps by people over 60

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

by Community District – “Senior Under Enrollment of SNAP (map on resource list). This can serve as a resource for the City.

Funding to support SNAP outreach and enrollment provides a great return on investment for the city. CSCS has mapped and gathered data by Community District showing the enormous underutilization of food stamps by older New Yorkers (www.cscs-ny.org). There is a potential \$500 million of federal funds that could go in the pockets of seniors and about \$1 billion spent at local businesses citywide. CSCS’ successful Food Stamp Initiative, in partnership with DFTA and AARP NY, has uniquely targeted outreach and enrollment of older adults by utilizing older adult peers. SNAP outreach and enrollment funds will bring a proven return on investment and improve the quality of life of older New Yorkers.

2. **Make HRA’s SNAP application process customer-friendly and efficient** - See CSCS’ recommendations for how HRA could improve the application process for older adults for the SNAP program on the resource list.
3. **Facilitate working relationships between community senior services and hunger resources** – Help senior center participants and homebound elderly work together to better coordinate initiatives and programs with soup kitchens, emergency food pantries and other food programs.

TRANSPORTATION:

Access to affordable transportation is a cornerstone of remaining independent in the community for older New Yorkers. Seniors rely on public transportation, in particular buses. Seniors often find it difficult to use “mainstream” public transportation services. Selected adaptations and innovations are vital to ensuring the continued mobility of older New Yorkers. Vans operated by senior centers, meals-on-wheels programs, and other services transport seniors to senior centers, adult day care, medical appointments, food shopping, deliver meals and so on. Access-a-Ride is a key component of accessible transportation.

Recommendations:

1. **Keep senior center and home-delivered meal vans on the road** - There is currently \$2 million that needs to be baselined in DFTA’s budget for the operational costs of vans (gas, insurance, maintenance, driver salary). This funding, originally at \$4 million, was initiated by City Council. The original level, \$4 million, needs to be restored and baselined as transportation costs increase.
2. **Access-a-Ride needs a makeover** – For many years, Access-a-Ride (AAR) has not been user-friendly to older New Yorkers with mobility disabilities. Eligibility rules have grown more stringent with limitations of where AAR will transport someone. Utilizing vouchers for local

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

car services and senior center vans would be more cost effective and efficient as well as customer friendly to older adults. A more robust and demand-responsive community-based transportation system is needed to serve older adults and people with disabilities.

3. **Ensure city bus routes remain available for older adults** – All bus routes including any planned changes need to be evaluated as to the impact on older adults.
4. **Install elevators at more subway stations**

AFFORDABLE SENIOR HOUSING WITH SERVICES:

Include older New Yorkers in the next administration's plan for affordable housing – Thousands of seniors languish on waiting lists for a limited number of Section 202 and other buildings financed with public dollars and tax credits. With the erosion of Section 202 and other housing finance supports, it is incumbent upon NYC to develop its own plan for preserving and producing affordable housing with services for seniors.

As recently as October, 2013, a new senior housing building in Queens attracted 2,800 applications for 66 apartments ... Nationally, 40% of households 65 years and older have very low-incomes (less than 50% of area median income), according to the Center for Housing Policy.

As recently as October, 2013, a new senior housing building in Queens attracted 2,800 applications for 66 apartments. Demand will only intensify as the number of persons ages 60 and over is projected to rise 47%, from about 1.2 million in 2000 to 1.84 million in 2030 when older adults will represent 20% of the city's population. New York's growing senior population increasingly faces affordability challenges. Nationally, 40% of households 65 years and older have very low-incomes (less than 50% of area median income), according to the Center for Housing Policy. As seniors age in place, it is necessary to have service coordinators to arrange services for elderly residents. A service coordinator provides support for elderly residents to remain living in the building as the coordinator provides information and referral to services such as home care, transportation and other supports.

CSCS supports the 200,000-unit affordable housing plan proposed by Mayor Bill de Blasio, but any comprehensive housing plan must set production targets for seniors. The Housing First! platform includes 6,000 units of affordable housing made available to seniors living in large, underutilized apartments in New York City Housing Authority (NYCHA) buildings as well as to seniors unnecessarily confined to expensive and inappropriate nursing home placements. The term used generally for this group of seniors in NYCHA apartments is the so-called "overhoused". It is ironic that with many New Yorkers living in luxury apartments and owning more than one residence, poor older adults living in NYCHA buildings are considered "overhoused".

While CSCS endorses this plan recognizing that 6,000 units is a good start, it is hardly sufficient given the rapidly growing aging population and increasing poverty/low fixed income among the

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

60+ age group living in the community. CSCS is working with Housing First! and other advocates to develop a comprehensive framework for affordable housing for older New Yorkers.

On October 9, 2013, CSCS in collaboration with LeadingAge and LeadingAge New York, hosted a symposium on affordable senior housing with services. Titled, “A Call to Action: Building a Housing Agenda for Older New Yorkers” the symposium was attended by over 150 people from the affordable housing and aging worlds. It was the first time a conference focusing on affordable senior housing with services was held in NYC and the response showed the widespread interest in affordable senior housing with services. It is critical that support services be included in the budgets of affordable housing for seniors so they can age in place in the building.

CSCS is developing a report on the housing needs of older New Yorkers based on this conference and other input from those in the housing arena. This will include recommendations on preservation, production and regulatory relief. We will release it upon completion. We have included some initial recommendations regarding preservation of affordable housing.

Recommendations:

Preservation:

1. **Enhance the Senior Citizen Rent Increase Program (SCRIE)** – According to Housing Vacancy data, there are 90,000 older New Yorkers paying 40%-50% or more of their income in rent. This level of rent burden is unsustainable-- especially for families with fixed incomes-- making them far too susceptible to homelessness. Also, too many older New Yorkers are ineligible for SCRIE under the current rules which require that you must be living in a rent regulated apartment, age 62+, pay one third of your income in rent, and have an income up to \$29,000. The maximum income level has remained stagnant since 2009.

It is time for the Mayor and City Council to send a home rule message to Albany to amend SCRIE by increasing the income level.

Additionally, many seniors enroll for SCRIE when they are already paying 40%-50% of their income in rent, which is not sustainable as their purchasing power diminishes over time. ***The tenant's share of their rent should be reduced to federal housing affordability standard which is 30% of income, in order to ensure long-term sustainability.***

2. **Freeze the rent** – Steady increases in the rent have placed thousands of elderly people at the edge. Increased rent as one ages runs counter to the fact that older adults generally have less money as they age, not more. Homeowners pay down mortgages, while renters pay increased rent as they age on fixed incomes.

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

3. **Develop new regulations** – Advocate to change regulations that allow thousands of rent regulated apartments to go market rate.
4. **Create right to Counsel in Housing Court** – Thousands of elderly tenants go through the terrifying experience of possibly being evicted from their home. Housing court is difficult for older adults to navigate on their own. Legal counsel should be a tenant's right in order to have true due process.
5. **Expand the NORC (Naturally Occurring Retirement Communities) program** – NORCs are recognized for successfully bringing supportive services into building developments with large numbers of older residents. These services help residents age in place in their home.
6. **Work with NYCHA** – Develop a humane, pragmatic policy to incentivize older adults to move to a smaller apartment in the same building or community with supportive services, where it is appropriate for a resident.
7. **Enhance safety at home** - Initiate a program that makes available to older adults an assessment of their living environment with the goal of reducing the possibility of injury (e.g. falls prevention) and increasing the living space's habitability as physical needs change. This includes installation of grab bars to prevent falls modeled after the requirement for window guards for households with children in them in rent regulated apartments.

CRIME PREVENTION/HOME SAFETY SERVICES:

The Safe Streets/Elderly Crime Victims program, instituted under the Dinkins administration, provided a range of services (lock changes, window guards, counseling, referral to other services, emergency funds and crime prevention education in local communities) to older adults who were victims or at risk of being a victim of a crime. *Formal relationships between senior centers and local police fostered appropriate assistance for elderly crime victims. A trained workforce specializing in elderly crime victims assistance developed and was lost when funding was eliminated.* This program was a successful model of community policing.

Recommendations:

1. **Restore funds to reinstate the Safe Streets/Crime Victims program** – To senior centers across the city. At its peak, Safe Streets was funded around \$2 million.
2. **Ensure relationships between the NYPD and senior service programs** – The new administration can work to foster relationships between the NYPD and local senior centers and other senior service programs through training.

III. ENSURE BASIC PUBLIC SERVICES ARE ADAPTED FOR OLDER ADULTS

EMPLOYMENT OPPORTUNITIES:

Many older New Yorkers need work for financial, social and intellectual reasons, but are prevented from doing so by age discrimination, training/skill re-tooling needs, or lack of knowledge of entrée to appropriate jobs and other barriers. Thousands of older New Yorkers are ineligible for Social Security because of past employment gaps caused by caregiving responsibilities, working off the books, or immigration status. This is detrimental not only to older adults, but to the economy and is a major loss of human capital. New Yorkers who lose their jobs at age 50+ have a much harder time finding new employment and compensation at a level they were previously getting. Older adults bring with them life experience and reliability.

Recommendations:

1. **Create a Workforce1 site for workers**, age 50+ and ensure that all Workforce I sites are welcoming to older workers.
2. **Develop job training** that addresses unique issues older workers face when seeking employment. Provide career coaching.
 - a. Utilize local colleges for job training.
3. **Encouraging NYC businesses to hire older workers:**
 - a. Work with local Chambers of Commerce to develop campaigns to educate businesses to hire older workers.
 - b. Provide financial incentives to small businesses to hire older workers.
 - c. Negotiate with neighborhood projects and developers to hire older workers.
4. **Tackle age discrimination** head on.
 - a. Enforce existing laws
 - b. Provide legal counseling
5. **Increase wages** – Minimum wage is an issue for older workers who work to supplement their fixed incomes. Currently, seniors are not included in the considerations of who benefits from raising the minimum wage.
6. **Invest in work programs** that provide older workers with employment gaps to gain the quarters to qualify for Social Security.
7. **Identify sectors and jobs** in which older New Yorkers could most beneficially be employed. The geriatric care world has great potential. Examples for local businesses could be transportation and escort services for seniors, chore services, and so on.

Training needs to be customized and appropriate for older workers....age workforce discrimination laws must be enforced.

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

ELDER ABUSE:

Elder abuse is a hidden crisis. According to the 2011 NYS study, "Under the Radar: NYS Elder Abuse Prevalence Study," for every one case of elder abuse reported to an authority, 24 cases go unreported. (full report at www.cscs-ny.org and resource list) An astounding 260,000 older New Yorkers statewide, with 120,000 here in NYC, experience elder abuse which occurs behind closed

An astounding 260,000 older New Yorkers statewide, with 120,000 here in NYC, experience elder abuse which occurs behind closed doors and goes unreported...elder abuse policies are 30 years behind domestic violence.

doors and goes unreported. There is physical, sexual and emotional abuse and neglect with the most prevalent form being financial elder abuse. The vast majority of abusers are adult children, grandchildren or other family members. Elder abuse is domestic violence. NYC currently funds only \$800,000 to DFTA for elder abuse victim services, \$9.50 per victim. NYS funds \$4.10 per elder abuse victim. These funds, originally \$1 million, should be baselined and increased. There is no excuse to cut support for elder abuse victims and survivors.

It is acknowledged that elder abuse policies are 30 years behind domestic violence. What does this mean? It means a lack of city and state policies, funding, and raising of public awareness. On a federal level, it means that we must enhance funding and policy for elder abuse through the Violence Against Womens' Act. ***A culture change is needed to imbed elder abuse in domestic violence policy and programming while addressing the particular needs of older adults.***

Recommendations:

1. **Develop policy** – A citywide plan to establish a strategy and set benchmarks must be developed. This includes imbedding elder abuse in the Office of Domestic Violence in collaboration with the DFTA elder abuse unit and community organizations.
2. **Ensure funding** – As stated above, there is only a small amount of city funds, \$800,000, invested in elder abuse victim services. Baselining and increasing city and state funding is critical to establishing a citywide infrastructure for the 120,000 hidden victims of elder abuse. The five organizations funded through DFTA cover huge swaths of boroughs. Additionally, sufficient funding and training of Adult Protective Services workers, who are on the frontlines of working with at-risk elders, is a necessary investment.
3. **Raise public awareness** – October is domestic violence month. To the credit of the city there are posters to raise awareness and link people to services. Posters with the face of an older

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

woman and linking them to services would go a long way to raising awareness about elder abuse. City Council printed the first ever brochure for Councilmembers on elder abuse in 2012 which is a good first step. June 15th is International World Elder Abuse Awareness Day (WEAAD). Each year, CSCS holds a City Hall press conference to raise awareness about WEAAD. Other activities are also going on around the city.

4. **Create legislative protection** – CSCS, with a broad coalition of supporters including HRA, the NYS Bankers Association, DFTA and the DA offices, has developed legislation requiring banks to disclose information when there is suspected financial elder abuse while providing the banks with liability protection if they act in good faith, S.5779-A/A.7892-A. The bill passed the Senate unanimously, but was unable to get through the Assembly before the session ended. Work is continuing for the enactment of this important piece of legislation intended to “stop the bleeding” when a bank identifies financial elder abuse is occurring. ***Making S.5779-A/A.7892-A a priority in the Mayor’s state legislative agenda is critical to the enactment of this financial elder abuse legislation.***
5. **Train and implement policies within the NYPD regarding elder abuse** – A new mayoral administration and police commissioner is the ideal moment to improve the performance of the NYPD in regards to elder abuse. The NYPD is in need of training about elder abuse in terms of recognizing elder abuse, how to treat older adults and listen to them, and reporting the crimes properly. The NYPD needs to be trained to report elder abuse cases and to work more closely with others in the elder abuse arena, e.g., social services, adult protective services, DA offices, etc. (CSCS is working in collaboration with other organizations to develop recommendations.)

Making S.5779-A/A.7892-A a priority in the Mayor’s state legislative agenda is critical to the enactment of this financial elder abuse legislation.

MENTAL HEALTH SERVICES AND ALZHEIMER’S/DEMENTIA:

Mental health services are extremely limited for the elderly and even scarcer for homebound elderly. The increase of Alzheimer’s is projected to grow rapidly in coming years. ***Mental health problems are not part of normal aging and proper treatment is effective.***

Recommendations:

1. **Baseline and increase the \$2 million of geriatric mental health** – Senior centers, case management agencies, NORCs and other community-based providers do mental health screening of older adults. Depression is the leading mental health problem found. Depression is not a normal part of aging and can be treated.
2. **Increase the availability of social adult day care** for people with Alzheimer’s/dementia or mental health issues.

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

3. **Develop policies that address the growth in Alzheimer's Disease and Dementias** – The NYC Alzheimer's Association has a series of recommendations to address the expected rapid growth in Alzheimer's and related dementias. Alzheimer's is a family issue as caregivers need support in dealing with this debilitating disease. Community-based aging services such as case management, social adult day services, meals-on-wheels, transportation, NORCs and other programs provide critical support to caregivers and are one part of the policy the city needs to support to address the growth of Alzheimer's.
4. **Ensure that all services are culturally competent.**

BILL PAYING/FINANCIAL MANAGEMENT:

Daily money management is a core service that should be integrated into the spectrum of case management services that enable older adults to age safely in their own communities. Low-income New Yorkers who need help to pay bills, but have no trusted family nearby, risk eviction, utility shut-off, financial abuse or premature institutionalization. The CSCS Bill Payer Program is a compassionate and cost-effective answer to this need.

The Bill Payer Program matches volunteers one-to-one with older adults in their own communities who need help to pay bills. Volunteers visit monthly to prepare checks, balance the checkbook and help clients safely access cash. We recommend that this service be integrated into DFTA case management and Medicaid managed care as part of an overall care plan for keeping seniors safe in the community.

Recommendations:

1. **Establish a funding stream for the operational costs of a bill paying/money management program** – This includes volunteers trained and certified to provide bill paying services for those individuals identified by case managers as having difficulties budgeting and paying their bills.
2. **Integrate services into DFTA case management and Medicaid managed care as part of an overall care plan for keeping seniors safe in the community.**

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

SUPPORTING FAMILY CAREGIVERS:

Aging is a family issue. It is also largely a woman's issue. During the summer of 2013, CSCS, in partnership with AARP NY and the NYS Caregiving and Respite Coalition, held 12 listening sessions across the state. Caregivers, local government and social service providers were invited to have a conversation on the challenges of caregiving and what supports are needed from government and local agencies. Out of this experience came the report, "Caregivers In Crisis: New York State Must Act" (on resource list).

The typical caregiver in the aging services system is a 64 year old female who has either high school or some college education and spends more than 40 hours a week providing care for her mother. Almost 25% of those providing care are over 75.

A family caregiver is any unpaid relative, partner, friend or neighbor who has a significant relationship with and who provides a range of assistance for an older adult or an adult with a chronic or disabling condition(s). The NY State Office for the Aging, estimates that without the support of these unpaid caregivers, over 50% of older adults would likely be placed in nursing homes largely paid for by Medicaid. Over four million family caregivers in NY State are providing unpaid care for a loved one, contributing an estimated 2.7 billion hours annually worth an estimated \$32 billion. The majority of these caregivers reside in New York City which has 40% of the state's over 60 population. The typical caregiver is a 64 year old female who has either high school or some college education and spends more than 40 hours a week providing care for her mother. Almost 25% of those providing care are over 75.

Caregiving stretches family members financially, emotionally and health-wise. Most caregivers are women. Many caregivers lose hundreds of thousands of dollars in compensation during their

Paid medical and family leave must be enacted in NY State....A 2006 MetLife study found companies lose as much as \$33.6 billion annually in worker productivity because of employees' caregiving obligations.

careers to care for elderly relatives, the "caregiver glass ceiling", while insufficient services for their elderly loved ones make their work even more difficult.

Caregivers desperately ask for respite care and someone to call to answer their questions and have easy access to services. This can include home care, adult day services, transportation, case management and other services which gives them a break. Caregivers need support to maintain their loved ones in the community, preventing or delaying nursing

home placement and going on to Medicaid.

Recommendations:

1. **Develop the opportunity for new money through NY Connects** – Establish a Community Care Navigator (CC Navigator) program by reinvigorating and enhancing the existing NY

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

Connects program. Include NYC in the statewide NY Connects program which has brought millions of dollars into County Offices on Aging across the state, but not NYC. The CC Navigator will help caregivers and all New Yorkers develop a personal roadmap to direct them to the information, services and supports they need. Caregiver after caregiver called out for a professional they could contact with questions regarding the care of their loved ones and not knowing who to call. This plan would include aggressive outreach and public education campaigns to bring awareness of the new program.

2. **Provide adequate funding** to the NY State Office for the Aging and the NYC Department for the Aging for non-Medicaid-funded caregiver assistance programs that will help caregivers keep seniors living at home, thereby reducing Medicaid expenditures on institutional care.
3. **Ensure workforce security** – Elder care is the issue of the 21st century for women in the workforce calling for a government response. Just as workforce security, primarily for women, includes access to affordable child care, so must there be access to affordable elder care. With the growing number of New Yorkers living longer, the responsibilities of caregiving will fall on workers, impacting their productivity and therefore, impacting businesses.
4. **Provide training and skill-building for caregivers** to help them cope with the various medical tasks and needs their elderly loved ones have. If the loved one is in a hospital or other rehabilitation facility, the training and skill-building should occur prior to discharge. All facilities should record the name of the family caregiver(s) upon admission and contact the person(s) prior to discharge to another facility or to home.
5. **Review paid and unpaid family and medical leave policies** to assist working caregivers and support businesses. A 2006 MetLife study found companies lose as much as \$33.6 billion annually in worker productivity because of employees' caregiving obligations. Examine successful approaches implemented in other states and determine their feasibility for New York State. Support workplace policies that prohibit discriminatory employment practices against working caregivers.
6. **Ensure access to competent legal assistance** and pass legislation to protect vulnerable people from fraud and financial exploitation.
7. **Promote and increase a diverse range of affordable housing options** that allow older adults to age in place and be part of an active community that embodies elements of walk ability, universal and inclusive housing design features, and accessible transportation.
8. **Include questions on caregivers' needs into all community-based and medical assessments** as part of a family-centered approach to services. Caregivers should be involved in care plan development and modifications

IV. SUPPORT SPECIALIZED NEEDS OF OLDER ADULTS/ FAMILY CAREGIVERS

9. **Support volunteer models that build social networks** using both peer-to-peer and intergenerational approaches.
10. **Promote changes in the work environment** that encourage direct-care staff recruitment and retention.

V. PLAN FOR FUTURE AND EMERGING NEEDS

V. PLAN FOR FUTURE AND EMERGING NEEDS

CREATING “AGE EQUALITY” IN NEW YORK CITY:

- The time is now for strong leadership as New York City enters an aging tsunami.
- The over-85 cohort is the fastest growing sector of the city’s population.
- The baby-boom generation has hit 65 years old and will reach 70 in 2016.
- Over 50% of New Yorkers age 60+ are minority and LGBT older adults with a growing number of older immigrants (now 46% of all older adults) migrating to the City.
- According to the Academy of Sciences poverty criteria, one out of three older New Yorkers lives in poverty with thousands more financially struggling.
- The community-based aging services agencies comprise the largest network of nutritional and social service supports for elderly immigrants citywide.
- *See “NYC Department for the Aging Annual Plan Summary demographics– April 1, 2014 – March 31, 2015” on resource list.*

CITYWIDE PLAN FOR AGING BOOM – INVESTING IN OLDER NEW YORKERS:

DFTA needs to have a collaborative working relationship with other city agencies and offices such as HRA, NYPD, DOH, OEM, NYCHA, DOT, DV, Immigrant Affairs, and others.

A plan for economic security and access to services is needed. Maximizing the ability of older New Yorkers to age in place with independence and dignity while remaining part of the fabric and valued asset of local communities and families benefits all generations. DFTA needs to have a collaborative working relationship with other city agencies and offices such as HRA, NYPD, DOH, OEM, NYCHA, DOT, DV, Immigrant Affairs, and others. A multi-year plan with benchmarks and outcomes is essential to efficiently and

effectively address the needs of older New Yorkers. Such a plan in NYC does not currently exist.

- **Expand DFTA’s role** – Allow DFTA to play a leading role in fostering collaborative working relationships with other city agencies.
- **Plan for the age boom** – Implement an interagency citywide task force, which would include community input to develop a plan for 2015-2020 (Boomers will begin to reach age 70 in 2016.)
- **Organize the city’s plan for older adults** – Establish a team inside City Hall to ensure that all city agencies that impact the lives of older New Yorkers plan for the aging boom and coordinate with other city agencies and community organizations.

V. PLAN FOR FUTURE AND EMERGING NEEDS

EMERGENCY/DISASTER PREPAREDNESS:

Hurricane Sandy vividly showed that much work needs to be done to ensure that older New Yorkers can access needed services and receive emergency assistance in the face of a disaster. It is clear that a coordinated emergency preparedness plan that involves both community-based service providers and city agencies is needed to address communication and outreach to frail elderly.

The community-based network of senior centers, meals-on-wheels providers, case management and others are first responders for thousands of frail elderly. However, the city does not designate this network as first responders. As a result, meals-on-wheels vans had great difficulty getting gas but, to their credit, managed to make their deliveries. **Case managers made about 20,000 calls to frail, homebound elders. Senior centers are used as cooling/warming centers, an unfunded mandate.**

CSCS, in collaboration with DOH, DFTA and other nonprofits, will be holding a conference in March, 2014 on emergency response/disaster planning for community-based aging services.

Establish aging services providers as first responders

Recommendations:

1. **Coordinate OEM, DFTA, HRA and other city agencies that serve older New Yorkers** – CSCS is planning a March 2014 event with NYC DOH, DFTA and other nonprofits to educate and bridge connections between experts in aging services and emergency preparedness/disaster relief. It is important that advocates and community-based organizations are included in the ongoing preparedness and response stages in order to implement processes that keep seniors protected, informed and treated appropriately in an emergency situation.
2. **Establish aging services providers as first responders** - During the aftermath of Hurricane Sandy, aging services providers such as senior centers, meals-on-wheels deliverers, housing operators and others were not considered first responders. This made it difficult for them to deliver meals and reach seniors. It is important to designate the community-based aging services network as first responders.
3. **Fund the unfunded mandates for senior centers** - Currently, senior centers are utilized as cooling/warming centers but do not get reimbursed. While senior centers do this as part of their mission, it is necessary to appropriate more funds for senior centers to be an emergency cooling/warming centers and end this unfunded mandate.

VI. PROVIDE CAPACITY BUILDING ASSISTANCE FOR COMMUNITY-BASED AGING SERVICES NETWORK

VI. PROVIDE CAPACITY BUILDING ASSISTANCE FOR COMMUNITY-BASED AGING SERVICES NETWORK

GROUP PURCHASE PROGRAMS FOR THE HUMAN SERVICES SECTOR:

Develop Mayoral support for expanding group purchasing programs in human services

The utilization of group purchasing programs was meant as a vehicle to create efficiencies and cost savings on essential goods and services by harnessing the collective purchasing power of the multiple organizations. CSCS' *Marketplace @ CSCS*, offers a model of group purchasing specifically meant for the aging service field. New products and services are available through group purchasing including food, medical and office supplies, capital equipment, vehicle and disability insurance, delivery vehicles, printing services, back office support functions and more. Group purchasing in human services has the potential to provide efficiencies saving millions of dollars that can be reinvested back into services.

Recommendations:

1. **Develop Mayoral support for expanding group purchasing programs in human services**, allowing savings to be reinvested in services, is important to the growth of group purchasing programs.
2. **Ensure fair competition among group purchasing organizations** – The City should not mandate the use of one group purchasing organization over any other, as there are a number of programs available to non-profit organizations. Creating fair competition should be reflected in the city's VENDEX ratings.

TRAINING AND TECHNICAL ASSISTANCE:

Investing in training and technical assistance for community-based aging services in order to strengthen their capacity to serve older New Yorkers.

STARS: NEW DFTA REPORTING SYSTEM:

To its credit, DFTA has recently implemented a new reporting system, STARS, which will increase the capacity of both DFTA and community-based organizations to report and capture data.

Recommendations:

1. **Ensure that the new administration creates a smooth transition to the STARS system** in a timely manner as they impact both workers and services to elderly clients.

VI. PROVIDE CAPACITY BUILDING ASSISTANCE FOR COMMUNITY-BASED AGING SERVICES NETWORK

2. **Hold agencies harmless in their VENDEX ratings until the new STARS system is smoothly operational.**

CITYWIDE MARKETING CAMPAIGN TO RAISE PUBLIC AWARENESS OF ISSUES OF AGING IN NYC:

The new mayoral administration and other elected officials can be of great service to New Yorkers of all ages by embarking on a citywide marketing campaign to ensure that all New Yorkers can age in place in their homes and communities with dignity. **Dignity and visibility are the essence of age equality.**

CSCS RESOURCES

CSCS RESOURCES

1. No Time to Wait: The Case for Long Term Care Reform. <http://cscs-ny.org/advocacy/reports/long-term-care-paper.pdf>
2. More with Less is Impossible: No New Money = Less Capacity to Serve Seniors. <http://cscs-ny.org/files/More-with-Less-is-Impossible-2010.pdf>
3. 21st Century Senior Centers: Changing the Conversation. <http://www.cscs-ny.org/files/Report-for-Website.pdf>
4. Healthy Eating: Trend Factor for Inflationary Costs for Senior Meals. <http://cscs-ny.org/advocacy/reports/trend-factor-for-meals.pdf>
5. Charter Senior Centers (Innovative Senior Centers) Concept Paper. <http://cscs-ny.org/files/chartersrconcept.pdf>
6. It's Broken, Fix It: A Renovation Study of NYC Senior Centers. <http://cscs-ny.org/advocacy/files/RENOVATIONSTUDY08.pdf>
7. Case management FAQ. <http://www.cscs-ny.org/advocacy/issue-briefs/2012CaseManagementFAQ.php>
8. Community-based Case Management: Policy and Practice. <http://cscs-ny.org/advocacy/advocacy-community-based-case.php>
9. Hunger Hurts: A Study of Hunger Among New York Cities Elderly. <http://cscs-ny.org/advocacy/files/2007CSCSHUNGERSTUDYFinalReport.pdf>
10. Senior Under Enrollment in SNAP Benefit. http://cscs-ny.org/files/SNAP_Benefit_Older_Adults.pdf
11. CSCS HRA SNAP recommendations. <http://www.cscs-ny.org/files/CSCS2013-HRA-Recommendations.pdf>
12. Caregivers in Crisis: NY State must Act. <http://cscs-ny.org/files/Caregivers-in-Crisis.pdf>
13. NYC Department for the Aging 2014-15 Annual Plan: Demographics. <http://cscs-ny.org/files/demographics.pdf>

For more information, please contact Bobbie Sackman, CSCS Director of Public Policy, (212) 398-6565 x226 or bsackman@cscs-ny.org

CSCS BOARD OF DIRECTORS

CSCS Board of Directors

Joan L. Ryan

President

David V. Pomeranz

Vice President

The Hebrew Home at Riverdale

Isabel Ching

Secretary

Hamilton-Madison House

Assistant Executive Director

Joseph H. Girven

Treasurer

Carnegie East House/James Lenox House

William J. Dionne

Immediate Past President

The Carter Burden Center for The Aging

Executive Director

Emilie Roy Corey

Past President

Elinor Guggenheimer*

Founding President

Rev. Robert V. Lott*

Honorary President

St. Francis de Sales Church

Mark E. Brossman, Esq.

Schulte Roth & Zabel LLP

Partner

Ann Marie Cook

Lifespan of Greater Rochester, Inc.

President/CEO

Donna Corrado

Catholic Charities Neighborhood Services

Chief Operating Officer

Suleika Cabrera Drinane

Institute for the Puerto Rican/Hispanic Elderly

Executive Director

O. Lewis Harris, Jr.**Mark F. Lindsay**

The Livingston Group, L.L.C.

Director Health Care and Pharmaceutical Practice

Nancy D. Miller

VISIONS

Executive Director

Steven Newman

Public Health Solutions

COO and Vice President for Finance

James C. O'Neal

CenterLight HealthCare

Director, Community Relations and Marketing

Jeanette Puryear

Mid-Bronx Senior Citizens Council

Executive Director

Janet S. Sainer*

Brookdale Foundation

Michael Sullivan

Marwood Group LLC

Managing Director

Marvin Tolkin**Loraine B. Tsavaris**

Rockefeller & Co.

Managing Director

John W. White**Judy Willig**

Heights and Hills

Executive Director

Wanda Wooten

Stanley M. Isaacs Neighborhood Center

Retired Executive Director

Judy Zangwill

Sunnyside Community Services

Executive Director

** In Memoriam*

Igal Jellinek

Executive Director

FOR MORE INFORMATION

For More Information

If you have questions regarding the report or need more information on an aging issue, please contact Bobbie Sackman, CSCS Director of Public Policy, at 212-398-6565 x226 or bsackman@cscs-ny.org.

About CSCS

Founded in 1979, Council of Senior Centers and Services of New York City, Inc. is the city's central advocacy organization for the rapidly growing and diverse older adult population. CSCS's membership comprises more than 100 community-based organizations, which operate more than 600 programs and serve 300,000 older New Yorkers. CSCS's work ranges from economic justice, hunger, and supportive housing to healthy aging and community engagement. Through its network and initiatives, CSCS serves older adults from every community district and virtually every socioeconomic background in the city.

Council of Senior Centers and Services of New York City, Inc.
49 West 45th Street, 7th Floor
New York, NY 10036