



**2007-2011 STATE PLAN ON AGING**

# Aging in New York

## Executive Summary

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## A Message from the Director

Dear Colleague in Aging:

Governor Eliot Spitzer and I are pleased to present the New York State Plan on Aging for the period October 1, 2007 – September 30, 2011. The New York State Office for the Aging (NYSOFA) has been a leader in identifying and working to address the challenges and opportunities inherent in dynamic population change—in particular, the aging of the baby boomers and the significantly increasing diversity of the State's population. This document has been a collaborative effort, founded in large part upon the successful statewide planning effort modeled in our *Project 2015* initiative.



NYSOFA gathered other state agencies together for *Project 2015*, to begin a process to address the profound changes characterizing New York's population and how these significant changes will have an impact each state agency. We are now working collaboratively with these agencies to identify and address the changes needed to ensure that every New Yorker has the opportunity to live in the least restrictive, most integrated setting. Our agency has also been charged by Governor Spitzer to provide the lead in identifying innovative methods to promote aging in place, such as supporting caregivers and fully implementing phase 1 of the State's point-of-entry system. NYSOFA will continue to use our experience in the *Project 2015* planning model to bring stakeholders together to develop strategies to further this agenda.

It is our mission as the State Office for the Aging, in partnership with the network of public and private organizations that serve our older population, to assist older New Yorkers to be as independent as possible for as long as possible through delivery of high quality, person- and family-centered, cost-effective programs and services. Our efforts to address the challenges presented by a growing older population are rooted in the deepest principle of our aging services philosophy: to promote the independence of seniors by serving them – where they want to be served and where it is most cost-effective to serve them – in their homes and communities. NYSOFA takes this mission very seriously and we will continue to work at the community, county, and state levels to ensure that the voices of our constituents and their families are integral to our program and policy development.

In the last three decades of the 20<sup>th</sup> Century, we as a society improved the quality of life for older Americans by increasing life expectancy and reducing poverty by more than half. Now, we are at a crossroads as the baby boomers are on the cusp of becoming the elder boomers. Our challenge is to determine how to continue to provide the caring services people need in a more cost-effective way while recognizing the diversity within the aging population itself.

We need to make dramatic changes to the way we envision and deliver services for the aging population. Our Four Year Plan will guide our service-delivery system, form the basis for restructuring policies, and serve as a benchmark for our work. While NYSOFA has been charged with the development of this plan, the Office has sought input from the Area Agencies on Aging, consumers, service providers, and educators, among others. NYSOFA's goals are to revisit the plan often, amend when necessary, and use the document as our strategic state plan. We will continue to ask for feedback and input throughout the implementation of the plan to ensure that communities' issues are heard and, where appropriate, included within the framework of the Four Year Plan. I wish to thank the many groups and individuals who contributed to the Plan, and invite their continued involvement as we work together to respond to the many challenges and opportunities in the years ahead.

Michael J. Burgess  
Director, New York State Office for the Aging

## **Introduction**

The New York State Office for the Aging (NYSOFA), established in 1965 by Article 19-J of the Executive Law (now, New York State Elder Law, Article II, Title 1), is designated as New York's lead agency in stimulating, promoting, coordinating, and administering Federal, State and local programs and services for older New Yorkers. NYSOFA plays a central role in advocating on behalf of the 3.4 million older adults and their families living in our State, collaborating with public and private organizations and agencies in order to achieve common goals in better serving older New Yorkers, facilitating and guiding policy development to improve the quality of life of older New Yorkers, and assuring the delivery of high-quality services in communities across the State to help older adults remain as independent as possible for as long as possible ... and engaging older adults, their families, and other stakeholders in the process.

NYSOFA has prepared this Plan for submission to the Administration on Aging (AoA) to underscore the Office's priorities and activities, which directly correspond to the priorities defined by AoA for the elderly population of our country for the upcoming years. This Plan provides a comprehensive framework for NYSOFA's primary program activities, which, taken together, help set an aging agenda for the coming years in New York State. New York's Four-Year Plan will serve as the strategic organization plan for NYSOFA in order to enable our State to serve older adults and their families in the most appropriate setting— providing outreach, education, advocacy, and supportive services and working to streamline services to meet the holistic needs of the individual. This plan is intended to foster a more comprehensive, efficient, and less fragmented approach to meeting the needs of older New Yorkers. The Plan places special focus on earlier interventions, health promotion, disease management, and chronic-care management for the elderly population, as well as on NYSOFA's ability to play a major leading role in the State's activities to restructure its long-term care system.

## **Profile of New York State**

New York's demographic structure reflects some of the same major demographic forces that have shaped the nation's population; for example, New York's large baby boomer population is aging. However, the State's population characteristics are also unique in many ways. New York's population size, distribution, and composition have been driven by very dynamic demographic events both internal and external to the State. Such forces as foreign immigration, high levels of domestic in- and out-migration, and the high fertility rates of the State's large and expanding ethnic populations have shaped New York's population and will continue to do so in the future.

New York's population of over 19 million individuals is rich in ethnic, racial, religious/spiritual, cultural and life-style diversity. New York is known for its status as a finance, transportation, and manufacturing center, as well as for its history as a gateway for immigration to the United States—according to a 2004 estimate, over 20 per cent of the population is foreign-born, with 28 per cent of the population speaking a language other than English at home.

In many ways, New York is a study in contrasts. In terms of income, the State's 2005 median household income was \$49,480; yet, 14.5 per cent of the population is living in poverty. Geographically, while the State may be widely known for New York City's urban atmosphere, 44 of the State's 62 counties are rural, dominated by farms and forests, mountains, rivers, and lakes. "Upstate" is a common term for New York State counties north of suburban Westchester, Rockland, and Dutchess counties; and many of New York's counties have a blend of city, suburban and rural living environments.

New York is home to 3.4 million individuals aged 60 and older, ranking New York third in the nation in the number of older adults. Like the rest of the country, and the world, New York's baby boomer cohort will swell the ranks of the State's older population. The impact of the aging of the boomers is clearly seen in the chart depicting the projected increase in the older population for the State's 62 counties. For the majority of counties (48), older people constituted between 12 and 19 per cent of each county's population in 2000. By 2015, older people will constitute 20-24 per cent of the county population in 35 counties and 25-29 per cent of the county population in 17 counties.

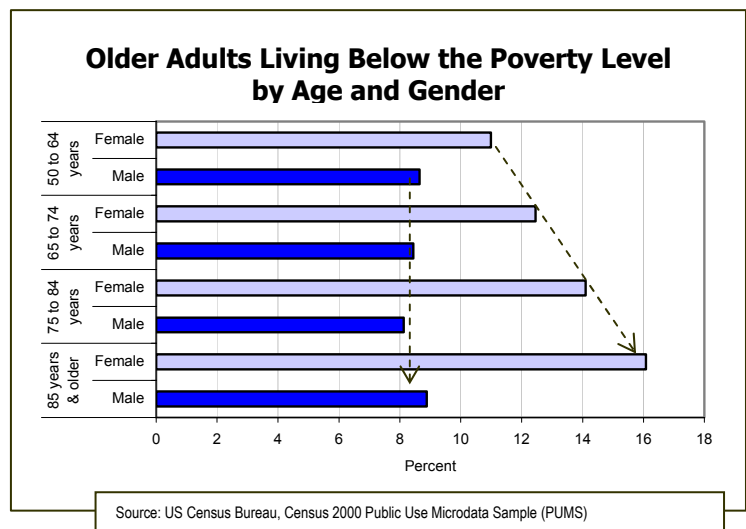
New York State 62 Counties % of Population Aged 60 and Over 2000 and 2015		
Proportion of County Population Aged 60+	# of Counties with Specified % of Older Persons 2000	# of Counties with Specified % of Older Persons 2015
12% - 19%	48	8
20% - 24%	13	35
25% - 29%	1	17
25% - 29%	0	2

### ***Income and Poverty***

Among the population aged 60 to 79 years old, eight per cent of women are below the Federal poverty line (\$10,210 per year) while four per cent of men are below the federal poverty line. For those 85 and older, almost twelve per cent of women and just fewer than four per cent of men are below the Federal poverty line.

### ***Gender***

Women's experiences of aging are greatly influenced by the roles they assume and the resources available to them. Women spend less time in the workforce than their male counterparts. This translates into lower pay rates, lower personal earnings, and lower retirement income compared with men. Also, the greater longevity among women compared to men tends to translate into women spending more time living alone as they age. Approximately 18 per cent of women aged 50 to 64 live alone, and this more than triples among women aged 85 and older (56 per cent). More women than men assume caregiving responsibilities for older family members. The average caregiver is 46 years old, female, married, working outside the home, and earning an annual income of \$35,000. Furthermore, women who assume elder care responsibilities early in life are at a higher risk of poverty later. A challenge is to ensure equitable workforce opportunities, assist informal caregivers, and determine opportunities that provide coordinated, accessible formal caregiver services. This balance has the potential to support our families and the economy without jeopardizing the financial future of women.



## ***Health of Older Adults***

Chronic conditions are singled out as the major cause of illness, disability, and death in the United States. It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat.

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The per cent of all individuals 60 years and older describing their health as ‘very good’ or ‘excellent’ declined from 1994 to 2002, particularly among men 65 to 74 years old. In addition, the Centers for Disease Control and Prevention’s (CDC) Office of Minority Health and Health Disparities states that “compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among the U. S. populations.” In addition to race and ethnicity, the CDC found that health disparities also occur among various segments of the population by gender, education or income, disability, geographic location, or sexual orientation.

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Although chronic conditions are among the most prevalent and costly diseases, they are also among the most preventable. Older adults who have health problems and chronic diseases and have lower incomes face very difficult choices in terms of affording their care and financing other important household-related expenses.

The anticipated increase in the number of older adults in New York State will have a great impact on health and long-term care services and our ability to deliver those services. Recent survey findings of individuals aged 50 years and older indicate that approximately one in four (27 per cent) older adults have sufficient resources to pay for long-term care expenses totaling \$150,000 over the course of a three-year period, leaving almost *three* in four who could *not* do so. We also know that retirees’ health care premiums of former employers increased 25 per cent in 2004, making it more difficult for older adults to maintain their retirement savings. The financial burden of health care services is complicated further by the fact that many of New York’s older residents live in rural areas where health care services are less accessible and more costly to provide, and where availability of specialized services is less likely.

Medical costs, which are eroding the savings of retirees, are also making it more difficult for adults in the workforce to save for their retirement. When faced with higher medical bills, one in four households reports reductions in retirement-savings contributions and almost half report reductions in other savings. Automatic 401K plans have been identified as one means for employers to help employees save for their future. Additionally, policies that increase the number of higher paying jobs, promote women’s workforce participation, and improve the educational attainment of New York’s students are needed, as these factors have been shown to help older adults prepare for retirement and pay for health care costs.

Health promotion strategies directed toward all age groups represent another important means to stem rising health care costs since the behaviors that place people at risk of disease often begin earlier in life. Of particular concern is the rise in obesity observed among children and young adults. Communities designed to promote exercise and healthy lifestyles can benefit the general population, while age-appropriate programs that promote physical activity and balance are beneficial to the overall health of older adults. Additionally, helping all individuals develop accurate expectations for aging is essential, in view of the fact that those who perceive aging as an inevitable decline in well-being are least likely to participate in physical activity. Individuals with a more informed view tend to engage in activities that

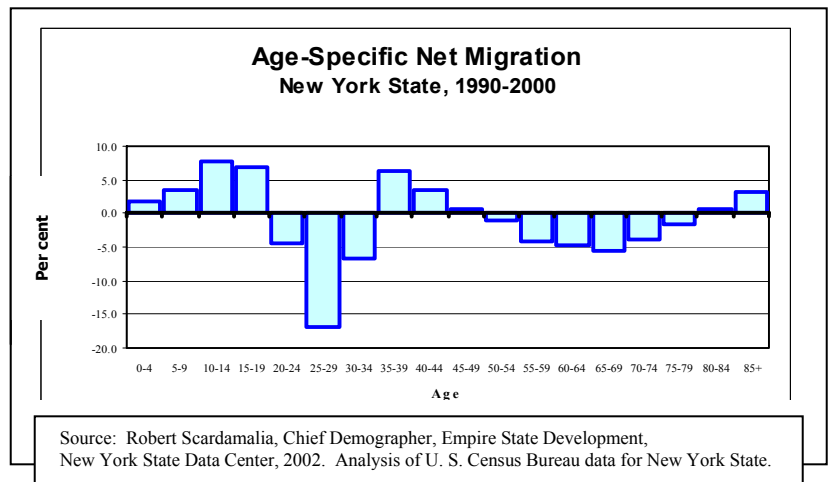
promote their physical well-being throughout their lives. Lastly, health strategies must couple effective treatments and best practices with opportunities for prevention and reduction in health disparities.

## ***Racial/Ethnic Diversity and Foreign Immigration***

The next generation of older New Yorkers will be very different from that of the current older population. Racial and ethnic subgroups will represent 34 per cent of the older population by 2050, compared to just 15 per cent in 1995. Of those older adults aged 60 and older, 72 per cent consider themselves White, 12 per cent consider themselves Black, nine per cent consider themselves Hispanic, five per cent consider themselves Asian, and almost two per cent consider themselves a mixture of these, including American Indian. The number of older Hispanics will increase over 300 per cent between 2000 and 2030, Asians and Pacific Islanders will increase nearly 200 per cent, and African Americans will increase over 100 per cent. New York experiences an influx of 100,000 foreign immigrants each year. Eighteen per cent (3.2 million) of New Yorkers of all ages report that they do not speak English “very well.” Forty-nine per cent of Spanish-speaking residents, 40 per cent of those speaking Indo-European languages, 59 per cent of Asian/Pacific Islanders, and 31 per cent of residents “speaking other languages at home” are not proficient in English language skills. All these trends paint a reality that New York is home to individuals of many, very different cultures, ethnicities, and languages. This has significant implications for how the State targets individuals for services, outreach, programs, advocacy, education, etc., as well as for the emphasis the State must place on providing such services in a culturally sensitive and appropriate manner.

## ***Migration Patterns***

New York’s migration patterns have been consistent for many decades, with a net out-migration pattern over time. Net migration by age follows a distinct life-course pattern in New York State. The State has a high rate of net out-migration among young adults (aged 20-34)<sup>1</sup>, who often leave the State for the economic opportunities afforded them elsewhere. The impact of this trend for New York is the loss of educated entry-level workers, which, together with the expected high retirement rates among the oldest baby boomers, has significant implications for New York’s future workforce, including gaps in those industries devoted to delivering services to our older population.



Another of the State’s trends is the out-migration of early retirees and “young-elderly” (aged 55-74, typically healthy and financially stable couples),<sup>1</sup> who move for a variety of reasons, primarily to southern and western states. For New York, this trend represents a loss of (1) disposable income, (2) skilled and experienced community volunteers, and (3) community-based caregivers.

<sup>1</sup> U. S. Census Bureau, Census 2000, Public Use Microdata Sample, 5% files:

Individuals living in the United States, but outside of New York State, who were New York State residents five years earlier:  
595,200 individuals aged 20-34 (average annual out-migration of 119,040 persons);  
205,944 individuals aged 55-74 (average annual out-migration of 41,189 persons).

The State continues to experience an in-migration trend among the oldest population (aged 80 and over, typically frail, widowed, and poor),<sup>1</sup> who are moving back to New York to live near family, to live their final days “back home,” or to take advantage of New York’s service-rich care system. The frailty

characteristics of these returning elderly residents have an impact on both the costs and structure of the State's health and long-term care systems.

### ***Implications***

The aging of the baby boomers provides us with challenges as well as tremendous resources and opportunities. As the population grows, individuals with impairments will also increase, requiring a comprehensive array of community support services to allow them to age in place. This will require a trained and ready workforce to serve those individuals who require services. Also needed is a workforce that will be able to replace the baby boomers who retire. Retirees can play a major role in helping to fill this gap. Fifty per cent of current retirees continue to work full-time and 80 per cent work full time or part time. Developing strategies to encourage older workers to remain in the workforce is of paramount importance. Strategies to retain, retrain, and hire older workers, engage businesses, and provide policy changes to address the tax and health-care implications that retirement brings are critical to capitalizing on the wealth of human capital New York can harness in its older worker population.

Communities throughout the state will have an opportunity to tap the extensive skills, knowledge, and experience of older adults. One of the natural areas that need to be explored is the role of older adults as mentors in primary and secondary schools. With an intense focus on test scores in schools and the *No Child Left Behind* law, older adults can play a pivotal role in helping young children in the schools with reading, writing, math, and sciences. The benefits to the older adult as well as to the child have been proven through various programs implemented throughout the country, and the important bridge between generations can be nurtured and maintained.

Across New York, and across the country, the characteristics of household and family living arrangements continue to change. Family structure is becoming increasingly diverse and non-traditional, including increases in persons living alone or living with non-family members, decreases in the numbers of married couples, smaller family sizes among the white majority population and higher fertility rates among ethnic minority families, increases in both single-female and single-male households, and increases in many other types of non-traditional households. Families also are more geographically diverse, as demonstrated in the out-migration trends.

<i>United States</i>	
Married couple families	↓
Married couple families with children	↓
Single parent households	↑
Single person households	↑
Non-traditional households	↑

These evolutions, over time, have large implications for older adults, particularly in the areas of legal issues, housing, and the ability to utilize informal caregivers to help with activities and instrumental activities of daily living. New York has 2.2 million informal caregivers, which saves New York's formal

<sup>1</sup> U. S. Census Bureau, Census 2000, Public Use Microdata Sample, 5% files: Individuals living in New York State who were living elsewhere in the United States or in a foreign country five years earlier: 18,908 individuals aged 80 and over (average annual in-migration of 3,782 persons).

health care system an estimated \$24 billion annually.<sup>1</sup> Changing family structures requires that NYSOFA fashion its advocacy and services in a way that supports the diverse caregiver needs of non-traditional families and addresses the unresolved issues they face.

Given the diversity of the State, the challenges that we face, and the opportunities we have before us, NYSOFA's focus and responsibilities over the next four years can best be described through the priorities that have been developed. They include:

***Home and Community-Based Long-Term Care***

NYSOFA will continue to lead the effort to promote non-medical and caregiver services and supports. NYSOFA will partner with the Administration on Aging to promote its *Choices for Independence* initiative, which has the goal of enabling persons to remain as independent as possible for as long as possible through the development of alternatives to institutional care.

***Family Caregiver Support***

Caregivers, family, and friends provide the vast majority of non-medical support for persons in need. State policies must support caregivers in every way to ensure that they can continue to keep their loved ones in home and community settings. NYSOFA will lead a state effort to develop policies and programs that support the valuable role of caregivers.

***Health Promotion/Wellness/Healthy Aging***

Evidence-based prevention and wellness programs are cost-effective methods of maintaining independence for older persons. While the aging network has been involved since its inception in prevention, there is need to accelerate actions in this area and to promote an emphasis on evidence-based wellness and healthy aging.

***Increase Outreach and Services to a Growing and Diverse Population***

Ethnic/racial minorities and other vulnerable populations (e.g., limited English-speaking) continue to grow at a faster rate among older persons, as well as in the general population. NYSOFA's outreach efforts to these populations must be greatly expanded. New initiatives will be undertaken to increase outreach to elderly minority populations, print publications in Spanish and other languages, re-examine poverty among minority elderly populations, coordinate a tour by the Director of pockets of elderly poverty in rural and urban areas, visit Native American reservations, and examine the status of older refugees who live in poverty. In addition, our advisory councils must represent the diversity of the State.

***Consumer Education and Protection***

NYSOFA will educate and advocate for older consumers on key health, economic and consumer issues, and protect them from fraud, abuse, and neglect.

***Empower Older Persons, Civic Engagement, and Volunteerism***

Older persons are a tremendous resource and as the number of younger retirees grows, NYSOFA will promote initiatives to use their talents and skills, including assisting older persons to participate in the government policy-making process by recruiting additional persons to serve as representatives on various advisory councils. We will also work to address ageism, particularly in the workforce.

***Mental Health, Substance Abuse, Dementia, Adult Protective Services***

As longevity continues to grow, increasing numbers of older people will incur Alzheimer's Disease, other dementia conditions, and various mental health problems. NYSOFA will focus more advocacy and program attention to these areas.

***Infrastructure--Housing and Transportation***

Affordable housing and transportation are increasing problems for many older persons and are critical elements in the effort to help older adults successfully age in place in the living environments of their choice. NYSOFA needs to promote the development of new transportation options and alternative housing options for older persons, particularly with regard to those with long-term care needs.

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<sup>1</sup> Houser, A., and Gibson, M. J. (June, 2007). "Valuing the Invaluable: A New Look at State Estimates of the Economic Value of Family Caregiving," *Data Digest*. Washington, DC: AARP, Public Policy Institute.



## ***Advocacy***

While advocacy is an ever-present function that cross-cuts work units throughout NYSOFA's divisions and is reflected in many of the priority activities listed above, our advocacy efforts must be proactively determined and must be structured and coordinated to ensure consistency.

The New York State Office for the Aging's priorities, taken together, represent a comprehensive plan to address the various challenges of an aging society. NYSOFA will work to integrate these priorities and will work with other state agencies and stakeholders to ensure that older adults who live in the state can age with dignity, with choices, and with the supports they need as they grow older ... while also utilizing their great skills, knowledge, and experiences for the betterment of their communities and for the State as a whole.

## **New York's Aging Network**

Through the 1965 Federal Older Americans Act, NYSOFA established a local network of 59 Area Agencies on Aging (AAAs). In 52 counties, the AAA is a unit of county government (including two counties, Warren and Hamilton, which have combined to support one AAA). In four additional counties, the AAA is part of the voluntary sector. In New York City, one AAA (which is a unit of city government) serves the five counties that comprise the City. There are also AAAs located in the Seneca Nation of Indians and St. Regis Mohawk Indian Reservations. The aging network in New York consists of hundreds of community-based subcontractors that help the AAAs in the delivery of services. Together, New York's aging network consists of a vast array of diverse public and private organizations and volunteers—serving older New Yorkers and their families in every county, town, village, hamlet, and community throughout the state.

NYSOFA collaborates with state agencies, county agencies, hundreds of for-profit and non-profit organizations, academic institutions, and, of course, the Area Agencies on Aging and the aging network to achieve the mandates of the Older Americans Act and to fulfill its obligations under New York State statute. NYSOFA relies upon the aging network to be the front line for older adults and their caregivers, and to carry out mandates. The aging network's strong working relationships enable us to provide training, develop policies and programs, respond to issues of concern, provide technical assistance, and advocate on behalf of the individuals and families that we serve. Collaboration and cooperation among the various partners are important and have laid the groundwork for vital initiatives that are being developed, tested, and implemented.

One such collaborative effort underway is the design and implementation of New York State's long-term care point-of-entry system, **NY Connects: *Choices for Long Term Care***. This collaboration includes the State Department of Health, NYSOFA, county Departments of Social Services, county Offices for the Aging (AAAs), and other stakeholders in every county. This collaborative, led by NYSOFA, is currently being implemented in 54 counties, with two contracts pending. This effort will lead to a less fragmented community-based long-term care system offering individuals choices, information, and a trusted, unbiased place to get help.

NYSOFA has invested time over the past two years gaining community input into the Agency's programs and overall future direction. During that period, the Office spoke at more than 40 conferences and community forums about selected programs and services, and conducted 26 discussion sessions in 17 counties and regions across the state, especially focusing on reshaping the long-term care system in New York State. In addition, Area Agencies on Aging across the state hosted cluster meetings to discuss priority issues, and the results from those meetings provided further input into the development of NYSOFA's major programs and services for older adults. In combination, the input from these events and activities was used to shape the major priorities for NYSOFA, and frame NYSOFA's programs and services for the upcoming years.

NYSOFA's 2007 – 2011 State Plan on Aging consists of five priority domains. Each domain is designed and organized to address the priorities of the Administration on Aging, and describes more than 60 programs and services that NYSOFA is undertaking to address those priorities.

***Priority Domain 1*** addresses the goal of empowering older adults and their families to make informed decisions and be able to access existing health and long-term care options. Under priority domain 1 we outline our priorities to accomplish this goal.

***Priority Domain 2*** addresses the goal of enabling seniors to remain as independent as possible for as long as possible in their own homes and communities through the provision of home and community-based services (including Older Americans Act programs), improving the planning and assessment efforts of the network, and providing flexible approaches to models of service delivery. Contained within this domain are our myriad federal and state programs designed to meet these goals.

***Priority Domain 3*** addresses empowering older adults to stay active and healthy through the provision of OAA programs, the new preventive benefits offered under Medicare, and the use of evidence-based disease- and disability-prevention programs. Contained within domain 3 are our health promotion and wellness programs, which include social, physical, and mental wellness programs and services that are integrated at the community level and are part of an overall state strategy for health and wellness.

***Priority Domain 4*** addresses ensuring the rights of older people through the prevention of abuse, neglect, and exploitation. Contained within this domain are our efforts to coordinate and enhance consumer education, consumer protection, legal assistance, community affairs and participation, and other community-based monitoring and outreach strategies.

***Priority Domain 5*** addresses ensuring effective and responsive management practices within NYSOFA for program administration and emergency preparation, and ensuring the use of evidence-based and performance-based standards. Contained in this domain are our advocacy efforts under state statute and OAA guidelines, program management practices, relationships with our partners statewide, assurance of high quality data collection and analysis, emergency preparedness, and other program management areas.