New York's Program to Address Unmet Need in Aging Services

Prepared by the New York State Office for the Aging (NYSOFA) 2023

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INTRODUCTION

It is the mission of the New York State Office for the Aging to help older New Yorkers be as independent as possible for as long as possible through advocacy, development and delivery of person-centered, consumer-oriented, and cost-effective policies, programs, and services that support and empower older New Yorkers and their families, in partnership with the network of public and private organizations that serve them.

The New York State Office for the Aging (NYSOFA) is the lead agency for promoting, coordinating, and administering in the delivery of federal, state, and local programs and services for older New Yorkers age 60 and older and their caregivers. NYSOFA was established in 1965 by Article 19-J of the Executive Law (now, New York State Elder Law, Article II, Title 1). It is New York's designated state unit on aging as required by the federal Older Americans Act (OAA).

NYSOFA's mission, carried out via 59 Area Agencies for Aging (AAAs) and the network of aging service professionals, is to help older New Yorkers prevent and delay emergency department visits and hospitalizations, and serve as a community-support system when older adults are discharged from a hospital or rehabilitation or acute care setting. Aging network services are pre-Medicaid and non-clinical and are critical in supporting the health and long-term care systems and reducing their costs while improving health outcomes, all of which are a priority of Governor Hochul.

NYSOFA partners with 59 AAAs: 56 are county-based; one is located on each of the St. Regis and Seneca Indian reservations; and one AAA is run by the City of New York. Via those 59 entities and NYSOFA itself, almost 1,200 community-based organizations are contracted to provide a wide array of programs, services, and supports that help older New Yorkers stay healthy, access services, prevent and mitigate abuse, stay engaged in their communities, understand and apply for benefits, and maintain their autonomy as their functional abilities change. This requires strong state and local partnerships across a variety of systems and a shared response.

There are challenges related to the growth of the older population; however, there are many strengths as well. And for far too long this population has been identified as not contributing to their communities, to the economy or to the state as a whole. Data dispel this myth and show how vitally important the older population is. There are tremendous opportunities to utilize their social, intellectual, and economic capital to address social problems. There are also opportunities to further pursue policies that Governor Hochul has already begun to implement for providing services differently across state agencies so the state can improve health and save money while also improving communities and supporting families, which is recognized as good economic development.

NYSOFA's role in the delivery and administration of services is rapidly changing as a response to the pandemic and to provide services in new, different, and more innovative ways. Under Governor Hochul's leadership, the state's Prevention Agenda, Health Across All Policies approach, and Age-Friendly state certification are all policies that required further coordination of services and supports beyond what NYSOFA and the AAAs provide directly and better connections between social determinants of health and clinical services.

One of NYSOFA's central roles, as required by the Older Americans Act and the State Elder Law, is to advocate on behalf of New York's 4.6 million adults aged 60 and older, as well as their informal caregivers (family, friends, and neighbors). There are more than 4 million caregivers at any given time annually providing daily or intermittent care for older adults and people of all ages with disabilities.

NYSOFA's priorities include:

- Implementing, in partnership with the NYS Department of Health, the Master Plan for Aging (MPA).

- Continuing to implement the Governor's Prevention Agenda and Health Across All Policies approach, and supporting Age-Friendly State/Community initiatives that help people of all ages successfully grow up and grow older through smart growth and livability principles.

- Continuing to strengthen the state's NY Connects/No Wrong Door system.

NYSOFA works towards these priorities in the following ways:

- Providing one-on-one assistance to individuals, understanding the complexities and navigating Medicare and other health insurance, and working to increase participation in federal and state means-based programs to reduce older adults' out-of-pocket expenses.

- Assisting individuals in understanding, applying for, and receiving benefits for which they may be eligible.

- Investing in and expanding solutions for consistent social connection for older adults to prevent social isolation, mitigating elder abuse, expanding transportation options and providing nutritious meals, among other initiatives, via partnerships with public and private sector entities.

- Continuing to expand a statewide Enhanced Multidisciplinary Team (EMDT) approach to elder abuse and testing technological supports to identify financial fraud.

- Teaching older adults how to manage complex chronic conditions through evidence-based programs and working to expand such programs to other populations.

- Encouraging flexibility in the use of state, federal and local dollars to meet the unique challenges faced by the older population as a result of COVID-19, including expanding the use of technology.

- Supporting caregivers of all ages to continue to serve their loved ones.

- Re-invigorating private pay models to expand service options for individuals with higher incomes and to generate income to help subsidize lower income older adults.

- Working on a more coordinated emergency preparedness response.

- Instituting measurements and metrics to determine the efficacy of programs for program/service improvements.

CURRENT STATUS OF THE NETWORK OF AGING SERVICES PROFESSIONALS

Successful aging has three critical components:

1. Absence or avoidance of disease and the risk factors associated with disease;
2. Maintenance of physical and cognitive function; and
3. Active engagement with life.

The Federal Older Americans Act (OAA) and NYS Elder Law allow for flexibility in how AAAs meet locally determined needs; however, those methods must remain rooted in the components of successful aging.

The OAA was founded on the principle of, and requires, maximizing service delivery and reach, building local partnerships, and leveraging additional resources from these partnerships to maintain and improve health and functioning while reducing social isolation and linking to active life engagement. While the OAA pays primarily for care and services for those over the age of 60, over time the network's portfolio has expanded to assist other populations. For example, the Health Insurance Information, Counseling and Assistance Program (HIICAP) may be accessed by Medicare beneficiaries of any age. NY Connects (New York's Aging and Disability Resource Center and No Wrong Door) is available to provide information and assistance to individuals of any age and their families who are seeking long term services and supports (LTSS). The Long Term Care Ombudsman Program (LTCOP) may be accessed by any resident in facilities covered under its jurisdiction.

The network of aging service professionals provides the following core services statewide:

- Meals and nutrition:
  - Home delivered meals (HDM)
  - Congregate meals
  - Nutrition counseling & education

- Combatting social isolation:
  - Senior center programming
  - Volunteer opportunities

- Health promotion and wellness

- Personal care level I and II (non-Medicaid)

- Case management

- Elder abuse prevention and mitigation

- Evidence-based interventions:
  - Chronic disease self-management
  - Fall and injury prevention, etc.

- Legal and benefits assistance:

    - Legal services
    - Health Insurance Information, Counseling and Assistance Program (HIICAP)
    - Consumer directed services

- Consumer directed services

- Social adult day services

- Transportation to needed medical appointments, community services and activities

- Respite and caregiver supports

- Minor home modifications, repairs

- Ancillary services such as personal emergency response (PERS) and assistive devices

- Long Term Care Ombudsman Program (LTCOP)

- NY Connects (Aging and Disability Resource Center)

- Consistent information, assistance, and experience to individuals in need of Long-Term Services and Supports (LTSS) across age and disability groups, payer source, and across New York State:

    - Seamless from the individual's and/or family's perspective
    - Information and assistance—via phone; face to face (office, other community locations, in the home), online
    - Screening
    - Options/person centered counseling
    - Follow up to ensure connection to services

Further, due to the flexibility in federal funding (Title III-B) and state funding (CSE), AAAs offer more services that respond to local needs. An example of this flexibility was reflected during the COVID-19 pandemic, as the network of aging services providers changed their business models to in-home services and focused resources to meet heightened demand for services in the following areas:

- Meal, grocery, supplies and/or prescription home deliveries
- transportation to critical medical appointments
- combatting social isolation
- elder abuse identification and scam mitigation

The strength of the network is due to its required relationships and resourcefulness. These two factors contribute to a significant expansion of services by connecting to other services and systems and working together to meet the needs of older adults and their families holistically, rather than through a siloed approach.

Network strengths include:

- An established infrastructure and network with experience serving vulnerable

populations for 40+ years.

- Extensive knowledge of community-based provider networks and how to access them.
- Experience with hospital transitions and evidence-based programs.
- Knowledge of and established relationships within the communities they serve and their varied needs, including cultural and linguistic competence.
- Services and supports are provided to clients for life; they are not episode focused, and not limited by care setting.
- Serving as the eyes and ears of medical professionals in the home and community.
- Provide one door for many services and supports.
- Extensive benefits and application assistance and screening.

In the most recent state fiscal year, verified data reporting show that the network served over 1 million individuals with $525 million invested (all sources) and includes:

- 415,000 receiving information and assistance.
- Over 200,000 individuals receiving Medicare plan and prescription counseling and assistance.
- More than 250,000 contacts to NY Connects.
- Over 172,000 older New Yorkers receiving registered dietician (RD) certified meals.
- Almost 87,000 individuals receiving nutrition counseling and education.
- Almost 75,000 older New Yorkers receiving assistance to help them maintain their independence and navigate various health and social service systems.
- More than 24,000 older adults receiving transportation services to medical appointments, pharmacies, and other community outlets.
- 15,000 individuals receiving health promotion/prevention.
- 12,000 older New Yorkers receiving caregiver support services and respite so they can continue to care for a frail loved one.
- 11,300 receiving legal assistance.
- Almost 11,000 older New Yorkers receiving personal care services in their homes.

NYSOFA will continue to work with public and private partners and organizations to develop, expand and enhance services across the array of core services provided.

AGING IN NEW YORK STATE

Growth in the Older Population

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 baby boom cohort will swell the ranks of the state's older population in the coming decades.

The impact of the aging of the baby boom population is seen clearly in the chart, which depicts the projected increase in the older population for the state's 62 counties by the year 2030. In 2021, two counties had populations where older people (aged 60 and older) constitute fewer than 20% of the total population (by the Woods and Pool population estimates; the Census data has carry over back to 2017, so two percent is the more accurate value); by 2030, the number of counties with fewer than 20% of the population aged 60 and over will have dwindled to zero, with three boroughs in New York City and Jefferson County, home of Fort Drum, being the only counties with a population comprised of fewer than 21% older adults. By 2025, the state's population is projected to be made up of more than 25% older people, which is comparable to the national projection.

New York State 62 Counties

Change in Population Aged 60 and Over 2020 to 2030

Proportion of County Population Aged 60 and Over	Number of Counties with Specified percent of Older Persons				
Year:	2021		2023	2025	2030
Source:	*	**	**	**	**
Less than 20%	3	2	1	0	0
20% to 24%	19	11	9	10	10
25% to 29%	33	38	34	23	16
30% and over	7	11	18	29	36

Source Notes:

* U.S. Census Bureau American Community Survey 2021 Five-year Estimates. (Includes data for years 2017 to 2021.)

** Woods & Poole Economics, Inc., 2022 State Profile

The state's population characteristics also are unique in many ways. New York's population size, distribution, and composition have been driven by dynamic demographic events both internal and external to the state. Forces such as foreign immigration, high levels of domestic in- and out-migration, and the state's expanding ethnic populations have shaped New York's population and will continue to do so in the future.

New York's total population for 2023 is currently projected to be approximately 20 million individuals (which is projected to remain essentially constant through 2030). With 4.9 million individuals aged 60 and older (Woods & Poole 2022 estimates), the state ranks fourth in the nation in the number of older adults behind California, Florida, and Texas based on the latest data available (the 2021 American Community Survey, one-year estimates: 4.84 million New Yorkers aged 60 and older); however, New York is in the middle range for the percentage of individuals aged 60 and older, ranked 24th overall of the 50 states, Washington DC, and Puerto Rico. Rich in ethnic, racial, religious/spiritual, cultural, and lifestyle 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 the 2021 American Community Survey, over 22% of the population is foreign-born, with 30% of the population speaking a language other than English at home.

Racial/Ethnic Diversity and Foreign Immigration

Between 2010 and 2020, based on Woods & Poole 2022 population estimates, the minority population aged 60 and older grew by 50%, compared to 20% for the non-minority population. This high growth rate will continue over the next three decades:

- Since 2010, the minority population has increased by 50%, as the last of the baby boom population enters the 60 and over age group.

- Between 2020 and 2030, the projected growth rate is 23% for the minority population groups, and 3% for non-minority population groups.

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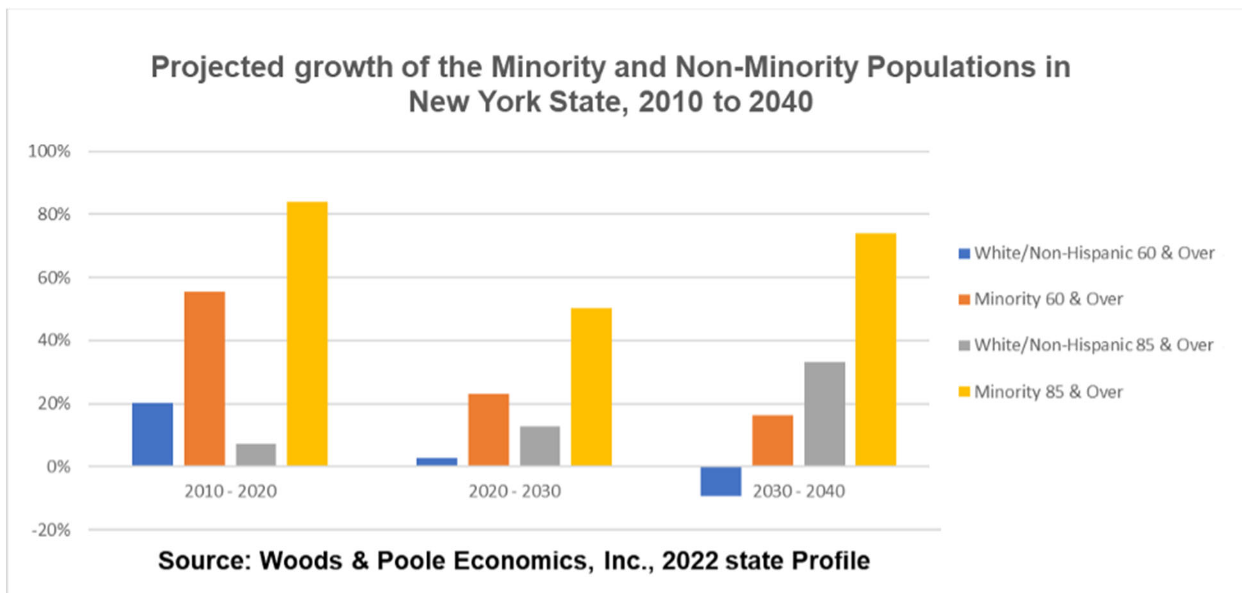
- Between 2030 and 2040, the non-minority population is projected to decline by 9% while the minority population group will increase by 16%.

- By 2040, the 60 and older minority population is projected to increase to 45%.



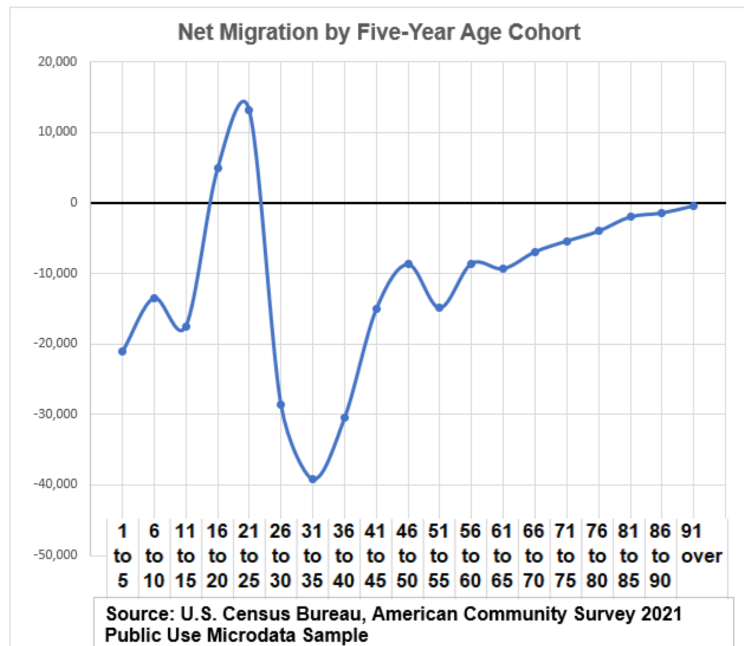
Migration Patterns

New York's migration patterns have been consistent for many decades, with a net out-migration pattern over time. For older adults, the rate of interstate migration—the percentage of older persons who live in a different state than they did five years prior—has remained remarkably steady over the last 40 years. Approximately four percent of older adults (aged 55-74) make an interstate move during a five-year period after turning 55, compared to 10% of non-older individuals. The likelihood of undertaking an interstate move has changed little and is still substantially smaller for older adults than for younger individuals.

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), 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 younger older adults (aged 55-74, typically healthy and financially stable couples), who move for a variety of reasons, primarily to southern and western states. For New York, this trend represents a decrease in retirement income, pensions and savings, home equity, and other assets that support the state's tax base and local economies. This is an especially troubling pattern as it represents a loss of earnings that were generated in New York and that are then transferred to other states. Further, this generates a loss of social and intellectual capital as the pool of skilled and experienced community volunteers/workers, and community-based caregivers is decreased.

Overall, the state continues to experience an in-migration trend among the oldest population (aged 80 and over, typically frail, widowed, and low income), who are moving back to New York to live near family/support systems. The frailty characteristics of these returning older residents have an impact on both the costs and structure of the state's health and long-term care systems.



The Net Migration Chart shows data trending downward (net out-migration) with respect to previous years; in effect, the chart appears to be rotated downward from right to left, a counter-clockwise rotation, still anchored at the oldest age cohorts.

Income and Poverty

According to most accounts, the past decades have brought tremendous gains in reducing poverty among older adults. Although the official poverty rate for children continues to be near 20%, the official poverty rate among older adults is slightly over nine percent nationally and 11% in New York. Pockets of poverty do remain, for example, among older women living alone, but the overall picture is one of good progress. However, many New Yorkers live just above poverty: per capita, according to the 2015-2019 American Community Survey (Special Tabulation on Aging), while nearly 60% of older adults are 300% over the poverty level, fully one quarter are in the 100% to 250% poverty range, where any disruption to their incomes would likely plunge them into poverty.

In many ways, New York is a study in contrasts. In terms of income, the 2021 American Community Survey reports the State's median household income as $73,314; yet 12% of the population was living in poverty. While economic security is a reality today for more older people than perhaps ever before, thanks to Social Security and other benefits, the older adult population remains vulnerable to a range of economic security problems as they age. Poverty and low incomes, prescription drug and other out-of-pocket health care and long term care costs, local property and other taxes and household and housing expenses remain vital concerns of older New Yorkers, particularly with advancing age and among minority and impaired older individuals. Paradoxically, the greatest burden in terms of out-of-pocket costs within any age group is borne by persons with the lowest incomes, as they are least likely to carry sufficient insurance coverage (see, for example, The Commonwealth Fund, "Too High a Price: Out-of-Pocket Health Care Costs in the United States").

Health care costs disproportionately impact older persons and increase with the onset of chronic health conditions as they age. While more older adults are insulated against rising costs by insurance covering gaps in Medicare than were previously, policy changes to Medicare over the past decade have led to higher cost-sharing for older adults and a future that is uncertain in terms of how much of the risk the government will carry.

Household and housing costs also disproportionately impact older adults. According to the 2015-2019 American Community Survey (Special Tabulation on Aging), while people 65 and older comprise 16% of the household population, they comprise nearly 20% of all householders, owning or renting a disproportionate share of the state's occupied housing units – over 1.7 million of the state's 8.53 million homes.

People aged 60 and over living alone comprise 44% of all householders in that age group and constitute over one million householders; persons aged 65 or over are householders of over 30% of occupied housing units in the state. Approximately 21% of these householders are living in poverty on incomes under $12,490 (poverty level published in the 2016 Department of Health and Human Services Poverty Guideline).

New York State's property tax initiatives have helped to ease the burden on older homeowners; still, older householders face increasing costs for property and other local taxes, home fuel, maintenance and operations including electrical and other day-to-day expenses.

According to the National Council on Aging, 59% of renters and 33% of homeowners spend up to one-third of their income on housing expenses – essentially unsustainable housing costs.

Gender

The experiences of women as they age typically are greatly influenced by the roles they assume and the resources available to them. Older women spent less time in the workforce than their male counterparts. This translates into lower pay wages, lower personal earnings and lower retirement income as compared with men. Further, the greater longevity among women compared to men tends to translate into women spending more time living alone as they age. Women are more likely to be the primary caregiver to a spouse and more likely to need long-term care services. Therefore, they often rely on Medicaid to finance the support of their care, especially if a spouse were to have consumed the family savings paying for their long-term care services: such situations leave women especially financially vulnerable. Approximately 10% of women aged 15 to 64 live alone. This more than triples among women aged 60 and older (30%); and 55% of women ages 85 and older—not in group quarters—live alone.

More women than men assume caregiving responsibilities for older family members. According to the National Alliance for Caregiving, 70% of primary caregivers are women; the average caregiver is a 48-year-old married woman who is working outside the home with a median annual income of $57,200. The average caregiver surveyed in the New York State Caregiver Support Program system is a 64-year-old female. Forty-six percent reported a total household income between $20,000 and $50,000 and 19% reported a total household income of less than $20,000. Further, women who assume elder care responsibilities early in life are at a higher risk of poverty later due to a number of factors: foregoing promotions, reducing their working hours, or quitting their jobs altogether to care for a loved one. Couple that with years lost in the workforce due to childbearing and women are at a disadvantage financially later in life.

Family Characteristics

The characteristics of families across New York 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 married couples, smaller family sizes among the white majority population and higher growth rates among ethnic minority families, increases in both single-female and single-male households, and increases in many other types of non-traditional households.

FAMILY STRUCTURE in the United States	
Married couple families	↓
Married couple families with children	↓
Single parent households	↑
Single person households	↑
Non-traditional households	↑

Health and Impairment of Older Adults

Between 2010 and 2020, NYSOFA estimates (based on American Community Survey 2010 and 2020 estimates) that the number of people aged 60 and older with functional impairments grew by 17%, an annual rate of 2.2%. This should continue, comparable to the rate of the overall population growth, with 81% living in the community, and 19% living in nursing homes or other

group care facilities (based on New York's current long-term care structure).

It is estimated that the cost of chronic conditions will reach $864 billion by 2040, with chronic conditions among older adults being costlier, disabling, and more difficult to treat – and also the most preventable.

In addition, the U.S. 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 US 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. 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 projected increase in the number of older adults in New York State will have a significant impact on health and long-term care services and the state's ability to deliver and pay for those services. Studies such as "The Forgotten Middle" in 2019 (the National Investment Center for Seniors Housing & Care) indicates that few older adults will have sufficient resources to pay for long-term care expenses, totaling hundreds of thousands of dollars. The study predicts that more than half will have less than $60,000 in "annual financial resources" (including household equity), growing to 81% (excluding housing equity), leaving almost four out of five who likely could not pay for long-term expenses. This leaves millions of older New Yorkers at risk of impoverishment and the state and counties liable for similar expenses in Medicaid. 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 and long-term care services, along with other community-based services, are less accessible, may not exist, are costlier to provide, and where availability of specialized services is less likely.

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 the rate of obesity observed among children and young adults. Communities designed to promote exercise and healthy lifestyles have a benefit on 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 of aging 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.

Growth in Long-Term Care Needs

According to the 2021 American Community Survey, 3% (or 133,790 persons) of the state's 60-and-over population live in group-quarters facilities. Eighty percent of that number are in institutional facilities, such as nursing homes: 104,385.

In addition, historically, for people aged 65 and older living at home in the community:

- 10% of the population have self-care limitations—that is, had difficulty taking care of their own personal needs, such as bathing, dressing, or getting around inside the house due to a health condition that had lasted for six or more months.

- 20% of the population have mobility limitations—that is, had difficulty going outside the house alone, for example, to shop or visit a doctor's office due to a health condition that had lasted for six or more months.

Among people aged 75 and older living at home, these prevalence rates have historically increased to 15% and 30%, respectively. The severity of functional impairments related to disabling health conditions varies considerably. Two frequently used classifications of functional impairments are instrumental activities of daily living (IADLs), where help is needed for outside mobility, meal preparation, grocery shopping, money management, housework and laundry or taking medications; and activities of daily living (ADLs), where help is needed for bathing, transferring, dressing, toileting or eating.

While 2.3% (or 104,385 persons) of the 60-and-over population live in nursing homes, and another 29,000 in other group care facilities, NYSOFA estimates (based on historical data) that approximately 30% of the 4.3 million people aged 60 and older in New York State (American Community Survey, Special Tabulation on Aging, 2019) were functionally impaired by chronic health conditions. This includes 8% with ADL limitations living at home in the community and 16% with IADL limitations living at home in the community.

Home and community-based services will become increasing more important to support those with chronic conditions and functional limitations, particularly given the effort to assure that individuals live in the most-integrated setting supported by legal precedent (Olmstead v. L.C.) and policy changes (i.e., Balanced Incentive Payment, Delivery System Reform Incentive Payment Program/DSRIP, etc.). For most, residential facilities are inappropriate, and their needs can be met in the community. Data has shown that frail individuals can, indeed, live independent and productive lives with community supports such as personal care, case management, and other support services.

Nutritional Needs

The nutritional needs of older adults become more critical with advancing age, especially when recuperating from acute and chronic health problems. Preparing and eating meals and maintaining recommended diets are particularly problematic for functionally impaired older adults, older people following discharge from an acute-care setting, and those most disadvantaged and at-risk, the "older-old" (ages 85 and older), older women and older minorities. Older people most in need of sound daily diets are, in fact, those who are least able to maintain their nutritional well-being.

Poor diet and physical inactivity contribute to the leading causes of disability among Americans, and unhealthy eating and physical inactivity cause one-third of premature deaths, according to the U.S. Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (2010).

Known facts about the nutritional needs of older adults include:

- Chronic Disease: The presence of one or more of the chronic diseases that especially

affect older individuals with advancing age often requires that they follow a prescribed, therapeutic diet. The nutritional status of older adults has a significant role in disease causation, risk reduction and the treatment of chronic degenerative diseases.

- Medications: Side effects and drug-nutrient interactions associated with some medications may cause mal-absorption of nutrients, weight loss, anemia, dehydration, low or high blood sugar, fatigue and depression, all of which may lead to poor nutrition and other serious health complications.

- Oral Health: Poor oral health may limit the type, quantity and consistency of food eaten, increasing nutritional risk.

- Weight Loss: Being underweight often indicates an inadequate dietary intake and is associated with frailty and possible underlying illness.

- Social Activities: Social interaction positively affects an individual's food intake, but its absence, social isolation, may lead to loneliness, which can negatively affect dietary adequacy and thereby increase an individual's risk for malnutrition.

Malnutrition has been found to affect one out of four older Americans living in the community and is a factor in half of all hospital admissions and readmissions of older people. Individuals must consume and assimilate food to promote and replace worn or injured tissues. Without proper nutrition, water, exercise or oxygen, cells die, muscle mass decreases, respiratory and other muscles weaken, the immune system becomes depressed, and illness, disease, or disability ensues.

Targeting and Equal Access

New York State has a diverse population. According to immigration statistics, the state is a leading recipient of migrants from around the globe. Additionally, three of the state's largest cities (New York, Albany, and Buffalo) have populations nearly half comprised of minorities. (56%, 50% and 43% respectively). For this reason, NYSOFA recently added the dedicated position of Advocacy Specialist to promote equal access of all individuals and assure prioritization of services to those in greatest economic and social need. NYSOFA also focuses on equal access to services for rural residents, individuals with disabilities, Native Americans, individuals with limited English proficiency and individuals at risk for institutional placement.

Targeting is a range of activities at system, program and client levels designed to identify individuals in a specified, defined population, called the target population, who need services. It is designed to increase services delivery to the target population by linking or providing them with appropriate services. NYSOFA has committed to providing AAAs with technical assistance on complying with targeting objectives, ensuring AAA plans reflect provision of equal access and diverse outreach to older adults and caregivers in greatest economic and social need as required by the Older Americans Act, and conducting training on a variety of topics (cultural competency, language access, successful targeting strategies, adherence to legal requirements as identified in the Older Americans Act as well as the Elder Law, etc.). NYSOFA also requires that all aging programs are compliant with Civil and Human Rights legislation, including the New York State Human Rights law, Title VI of the Civil Rights Act and the Americans with Disabilities Act, Federal Executive Order 13166, and Section 504 of the Rehabilitation Act of 1973.

Summary

While there are current and future challenges, there are also tremendous opportunities related to the growth of the older population. Governor Hochul has made a commitment to New Yorkers to improve the overall health of the state and has directed the Executive Agencies to work together to achieve this goal. To continue New York's status as the nation's healthiest state for all ages, Governor Hochul has championed a "Health Across All Policies" approach, where non-health state agencies are linked to and work with health agencies to take into account how agency actions, such as new programs and policies, can positively impact public health. Health Across All Policies is a collaborative approach to improving health and wellness by incorporating health considerations into decision-making across sectors and policy areas, recognizing that a community's greatest health challenges are complex and often linked with other societal issues that extend beyond health care and traditional public health activities.

The dynamics of population change are vitally important to planning and preparing to create an efficient, successful system of services and supports for older New Yorkers. Population changes and change drivers provide opportunities to re-imagine systems and, using sound data, focus limited resources on those areas that have proven to be effective. Demographic change and the evolution in our population characteristics over time have important implications for the state Master Plan on Aging as we prepare to effectively work with and serve older adults, particularly in the areas of long-term care, housing and health, nutrition and well-being, legal issues and employment, and the ability to utilize informal caregivers to help with activities and instrumental activities of daily living. Such changes need to be considered fully as New York prepares to serve older New Yorkers into the future.

FUNDING

$261 million in federal and state funding for aging services programs leverages an additional $300-plus million in resources from municipal government, private fundraising, participant contributions, and cost sharing.

NYSOFA's home and community-based programs generally serve four groups of New Yorkers. These are:

1. Healthy older adults who are seeking employment, volunteer opportunities, mentorship, connectivity to community resources, health and wellness programming, and options and assistance with benefits, health insurance or caregiving resources.

2. Older New Yorkers who have minor needs and may need short-term assistance understanding options, programs and services, benefits, health counseling, chronic disease management, etc.

3. Older New Yorkers with significant functional limitations and chronic conditions who are at risk of higher levels of care in the clinical space, Medicaid spend-down, and nursing home placement.

4. Informal caregivers of any age who are supporting a loved one with daily tasks to help them maintain their autonomy.

NYSOFA works with many sister state agencies and serves on more than 30 task forces, councils, and interagency workgroups towards an overarching goal of improving the health and autonomy of older New Yorkers and individuals of all ages.

Revising the state's 2019-2024 Prevention Agenda, instituting a Health Across All Policies approach, and supporting an age-friendly state require the coordination and collaboration of many partners, including state and county government agencies, community-based organizations, and the private sector. It is in this context that NYSOFA's services and supports can best be defined.

NYSOFA's programs and services are an important component of the NYS Prevention Agenda, which focuses its priorities on preventing and managing chronic disease, promoting a healthy and safe environment, promoting mental health, preventing substance abuse, and preventing vaccine preventable diseases and health care associated infections.

Health Across All Policies (HAAP) is an approach to public policies across sectors that systematically takes into account the health and health system implications of decisions; seeks synergies; and avoids harmful health impacts in order to improve population health and health equity. The HAAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on social determinants of health and aims to improve the accountability of policymakers for health impacts at all levels of policy making. It also recognizes that 60% of health costs and related issues have to do with individual behaviors (smoking, physical activity, nutrition) and social and environmental factors (poverty, living arrangements, educational status). NYSOFA's programs and services are key in addressing these social determinants of health.

NYSOFA works closely with the New York State Department of Health (DOH) in leading the Master Plan for Aging, created by an Executive Order signed by Governor Hochul in November 2022. Over the next two years, a multitude of state agencies and external stakeholders will assess the current state of services, the potential work in the future, and develop a Master Plan for Aging that will be a living document.

Age-Friendly State

Age-Friendly New York is not just about old age. It recognizes the collective value of people of all ages and abilities. It also recognizes that the AARP-defined 8 domains of livability improve the health and lives of all populations. This tenant is central to supporting the goal of making New York the healthiest state in the nation. It aims to design communities for everyone that strengthen people's connections to each other, improve health, increase physical activity, and support and advance the economic environment through proactive design and future-based planning. NYSOFA has streamlined and improved existing programs to make sure they reach New Yorkers of all ages and abilities in a more effective way.

The eight domains are:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Work and civic engagement
7. Communication and information
8. Community and health service

Being designated the first age-friendly state is not the end of our efforts, but the beginning. New York State will continue to work with local governments, residents, and businesses to embed the 8 domains into all aspects of community development, with the overarching goal to make positive changes in communities that are attractive to all, regardless of age.

Economics of Aging

As in the rest of the nation, New York's population is growing older. New York has the fourth largest population of older adults in the nation: 4.6 million New Yorkers are 60 years of age or older, and 3.7 million are between the ages of 45 and 59. In 2015, 12 counties in New York State had more than 25% of their population over 60 years of age; by 2030, that will increase to 50 counties.

For far too long, the aging population has been portrayed as one that contributes less and takes more. But we know that the social, economic, and intellectual capital that older adults contribute to their communities and to our state is unmistakable.

Fiscal input

Nationally:

- 83% of US household wealth is held by people over 50.
- 64% of New Yorkers aged 60 and over own their own homes and have no mortgage.
- 61% of all US jobs and 43% of labor income were related to spending by the 50-plus cohort.

In New York:

- Older New Yorkers and baby boomers make up 65% of all household income generated in NYS.
- According to the NYS Comptroller, 80% of retirement payments for older adults stay in the state and are valued at $10.8 billion annually.
- Individuals 50 and over in NYS:
    - Are 36% of the population
    - Contributed 43% – $719 billion – of GDP
    - Support 5.9 million jobs
    - Generated $482 billion in wages and salary
    - Contribute $72 billion in state and local taxes (39% of total)

The 50-and-over population also account for the majority of:

- Volunteering
- Philanthropy
- Entrepreneurs
- Donation activities in the US, and are a large tourism block

NYSOFA Services

NYSOFA administers federal funding provided under the Older Americans Act (OAA). NYSOFA also administers state general fund dollars that wrap around and build upon OAA funding to create a statewide system of support for families. Further, state funds help to address needs of older New Yorkers that cannot be met with limited federal funds alone, consistent with the mission and goals of the OAA and state Elder Law, as well as Governor Hochul's priorities.

The chart below demonstrates the importance of state funding that strengthens and expands significantly OAA core programs while assuring they are integrated and coordinated, as demonstrated in the AAAs' four-year plans and annual updates.

Services Provided	Funding Streams Used to Support Services
Personal Care Levels I and II	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions and cost sharing, unmet need
Consumer Directed In-Home Services	EISEP, CSE, IIIE, municipal funds, participant contributions and cost sharing, unmet need
Home Health Aide	IIIB, IIIE, CSE, municipal funds, participant contributions and cost sharing
Case Management	IIIB, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions and cost sharing, unmet need
Home Delivered Meals	IIIC-2, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Congregate Meals	IIIC-1, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Nutrition Counseling	IIIC-1, IIIC-2, IIIE, EISEP, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Nutrition Education	IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Escort	IIIB, IIIC-1, IIIE, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Transportation	IIIB, IIIC-1, IIIE, EISEP, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Legal Services	IIIB, IIIE, CSE, municipal funds, participant contributions, private fundraising, unmet need
I & A	IIIB, IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, private fundraising, unmet need
Outreach	IIIB, IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, private fundraising, unmet need
In-Home Contact and Support	IIIB, IIIC-1, IIIC-2, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Senior Center Programming	IIIB, IIIC-1, IIID, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need

Health Promotion/Disease Prevention	IIIB, IIID, IIIE, CSE, CSI, municipal funds, private fundraising, unmet need
PERS	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions, private fundraising, unmet need
Caregiver Services	IIIB, IIIE, CSE, municipal funds, participant contributions, private fundraising, unmet need
Adult Day Services	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions, private fundraising, unmet need
LTC Ombudsman	IIIB, Title VII, municipal funds, private fundraising

***Titles IIIB, C-1, C-2, D and E make up the core programs under the Older Americans Act. In New York State, Title III funding directly supports the services listed in the above chart. OAA Core programs include Access Services; In- Home Contact and Support Services; those that support Aging in Place; Nutrition Services; Disease Prevention and Health Promotion Services; Caregiver Services; Activities for Health, Independence and Longevity, and those that support protecting the Rights of Vulnerable Older Adults and Elder Justice.*

Unmet Need Funding

"Unmet need" for the purposes of this report is defined as individuals who are either waiting to be assessed for services or who have been assessed for services and are not able to receive them due to funding limitations, personal care aide shortage or lack of capacity at the community level to deliver the service(s).

The Governor's SFY 19-20 Executive Budget proposed $15 million to address unmet need. Each year since, the $15 million has been included in the state's enacted budget, along with an additional $8 million in SFY 21-22, 22-23, and 23-24 for a total of $99 million to address unmet need. Data regarding unmet needs is reported to the Association on Aging, a not-for-profit that represents the 59 Area Agencies on Aging (AAAs). Not all counties collect unmet need data and some report no unmet needs.

Unmet need data has been collected informally by NYSOFA and the Association on Aging to track certain trends by county, by region or in aggregate. The Association is collecting this data to track trends and understand emerging or changing needs across the state and shares this information with NYSOFA to conduct similar analysis.

It is understood that, due to the complexity and dynamic nature of older adults' needs, unmet need is changing regularly. The original data reported to the New York State Office for the Aging – collected over a multi-month period in 2017-2018 – represented a snapshot in time.

Process for Receiving Unmet Need Funding

In August 2018, the NYS Division of the Budget (DOB) asked NYSOFA for an in-depth briefing on the programs and services that the aging network provides, who it provides them to, how much they cost and the benefit to the state and to individuals and families by providing the service(s).

NYSOFA provided information that demonstrated:

- The array of services and supports that the aging network provides.
- Individuals being served were at risk of hospitalization, nursing home placement and Medicaid spend-down.
- How the network of aging professionals assesses individuals to identify areas of need and develops a plan of care.
- The average customer being served was a single female aged 80 and older, living alone, who is low-income, has four or more chronic conditions and is in need of assistance with activities of daily living (i.e., bathing, personal hygiene, dressing, mobility, transferring, toileting, eating, housekeeping, laundry, transportation, meal preparation, self-administering medications and paying bills).
- The cost to serve a high-risk client was less than $10,000 per year.
- The average client remains on network programs and services for more than four years by coordinating aging services with other community-based services to meet needs holistically.

After reviewing the information shared by the Association on Aging, NYSOFA worked with counties to better understand what happened to individuals who were waiting for services but were not able to receive them. An analysis of 2,200 clients revealed that 10% were placed in a skilled nursing facility and 7% applied for either Managed Long Term Care (MLTC) or community Medicaid to receive services. Many individuals experienced ER visits and hospitalizations, had injuries due to falls, or died while awaiting services. NYSOFA's analysis only focused on the 17% identified from the existing caseload, as it would be impossible to estimate the situations for individuals needed hospitalization, rehabilitation, etc.

Our analysis determined that not addressing the service and support needs of this population would cost New York State Medicaid an estimated state-share of more than $50 million per year for the 17% of Medicaid applicants based on actual data. NYSOFA was asked to develop a fiscal proposal to address those who were awaiting services. Based on state aggregate data for units of service provided to the average customer and the annual cost to provide the service(s) to individuals, it was estimated that NYSOFA needed $15 million to address unmet need.

The Governor's proposed SFY19-20 Executive Budget proposed $15 million to address unmet need.

Budget Negotiations – March 2019

The New York State Legislature embraced the Governor's proposal to address unmet need and requested a walk-through of the proposal and how the funds would be distributed. NYSOFA's Director provided a detailed overview of the proposal, how the funding was calculated and where those service dollars would be directed. Due to existing rules that require federal and state funding to be distributed to counties based on their percentage of those age 60+, NYSOFA proposed language that would allow funding to go directly to the counties based on their reported needs rather than as dictated by the funding formula, which would not be effective in reducing unmet need.

The Legislature agreed with the proposal, the methodology, and the distribution and it was included within the Enacted SFY 2019 Budget. It was also agreed that the funding would be contained in the state financial plan in the out years as counties and providers are reluctant to initiate services for a customer if the funding was not recurring. As most individuals who need services stay on the service for several years, there was an agreement to provide the funding on a recurring basis and that agreement has been honored.

Process to Distribute Funding

After the SFY 2019 budget was passed and signed into law, NYSOFA staff began the development of an application process so counties could access the funding. As the application process commenced a year after the original data was collected, there was an understanding that point-in-time data likely changed due to the at-risk nature of the customers served. Counties, in their applications, described how they would spend their allocations, what they would do, and what services they would provide to help older adults remain in their homes and communities of choice. The funding provided them flexibility to meet locally determined needs as reflected in the community they serve.

Over the course of the summer of 2019, applications were received, reviewed and evaluated. After approval of the plans, counties received their Notice of Grant Awards (NGA) so they could begin the local process of receiving funding and initiating services.

The local process for receiving new funds includes the following.

1. Agencies complete the state application and receive a Notice of Grant Award from the state.

2. The County Legislature passes a resolution approving the receipt and intent to spend new funding.

3. County offices for the Aging assess – or reassess – individuals to determine if they still need the service, are still eligible for the service, or if the needs had changed between the reporting period and the availability of funds.

4. Counties develop new procurements to expand services or amend existing contracts to expand services.

This process often takes several months to complete and service delivery cannot start until the process is concluded. For most counties, spending began in late 2019 to early 2020.

Unmet Need Spending in 2019-20 and 2020-21: $30 million

Based on two years of complete and validated reporting by the counties, the following services were provided using unmet need funding:

Service Category	Unmet Need Funds Spent (2019-20 to 2020-21)	Average Annual Cost Per Client	Individuals Served*
Personal Care II	$5,531,248	$7,415	746
Personal Care I	$2,088,082	$2,769	754
Consumer Directed In-Home Services	$166,846	$2,063	81
Home Delivered Meals	$7,277,095	$2,190	3,323
Adult Day Services	$200,395	$4,356	46
Case Management	$9,723,935	$802	12,124
Congregate Meals	$668,326	$1,062	629
Nutrition Counseling	$18,988	$105	181
Escort Service	$164,394	$450	365
Transportation	$495,701	$791	627
Legal Services	$232,049	$381	609
Nutrition Education	$5,784	$20	289
Information and Assistance	$401,711	$126	3,188
Outreach	$36,113	$147	245
In-Home Contact and Support	$437,268	$238	1,837
Senior Center/Recreation	$1,220	$378	3
Health Promotion	$49,155	$1,443	34
Personal Emergency Response System	$162,630	$182	893
Caregiver Services	$6,161	$223	27
Other Including Administrative	2,332,899	N/A	N/A
Total	$30,000,000		

*Based on a comprehensive assessment and the development of a care plan, it is not uncommon for an individual to receive more than one service.

Conclusion

Unmet need funding has been successful in targeting resources to where they are needed most, as this funding stream is flexible to meet locally determined needs. Thousands of older adults have been served that otherwise would not have, preventing spend-down to Medicaid and possible placement in higher levels of care such as assisted living, adult homes or skilled nursing facilities. Recurring funding allowed for services to be initiated with no fear that funds would not be available the following years, which would have cut off services to those who need them the most.

It has been demonstrated that individuals with chronic diseases and functional limitations – those that the U.S. Centers for Medicare and Medicaid Services (CMS) deem as priority targets – can remain in their homes and communities for several years when provided with a comprehensive package of home and community-based services, cross systems advocacy, information and assistance, benefits and application assistance and more.

The partnership between the Governor's Office, NYSOFA, the NYS Legislature and county governments has created a unique model that exists nowhere else in the country and demonstrates the state and county commitment to older New Yorkers and our collective efforts to help them live with dignity and independence, in their homes and communities.

APPENDIX

Nursing Home Risk Indicators

- **Demographic characteristics:** Older individuals and those who are non-Hispanic white.
- **Socioeconomic status:** Individuals with low incomes.
- **Health status and physical functioning:** Those with certain health conditions (such as cognitive impairment, cancer, high blood pressure, diabetes, and a history of strokes and falls) and those who have difficulty performing activities of daily living (ADLs).
- **Prior health care utilization:** Individuals who have spent time in the hospital or in a nursing home.
- **Living arrangements and family structure:** Those who live alone (including widowed and divorced individuals), do not own their home, and have fewer children than their peers not in nursing homes.
- **Availability of support:** Individuals who lack caregiver support.

Demographics of Customers Receiving an Assessment for Services

	Personal Care II	Personal Care I	Home Delivered Meals	Adult Day Services	Case Management
Average Age	84	82	81	82	81
Age 75+	86%	79%	73%	82%	75%
Age 85+	54%	44%	42%	45%	43%
Female	82%	78%	65%	66%	69%
Live Alone	65%	78%	61%	26%	61%
Low Income	55%	56%	40%	31%	42%
Minority	26%	21%	24%	17%	27%
ADL Count average	3.49	1.60	1.90	3.25	2.06
ADL 3+	64%	24%	29%	57%	32%
IADL Count average	5.94	4.92	5.05	6.96	5.10
IADL 3+	95%	92%	86%	93%	86%
High Nutrition Risk	39%	35%	42%	24%	39%
Average BMI	27.18	27.79	26.51	25.61	26.64

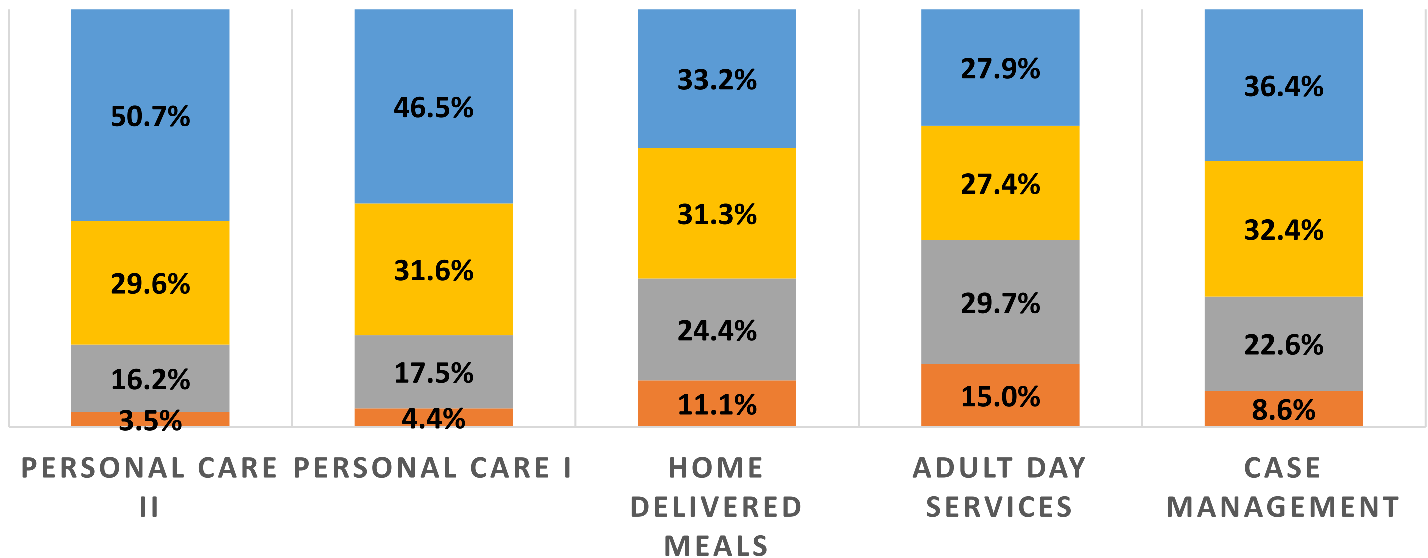
	Personal Care II	Personal Care I	Home Delivered Meals	Adult Day Services	Case Management
Average Age	84	82	81	82	81
Average ADL	3.49	1.60	1.90	3.25	2.06
Average IADL	5.94	4.92	5.05	6.96	5.10
Average BMI	27.18	27.79	26.51	25.61	26.64
Average Monthly Income	N/A	N/A	N/A	N/A	N/A

Activities of Daily Living Assistance Provided to Aging Network Clients

ADL Type	Personal Care II	Personal Care I	Home Delivered Meals	Adult Day Services	Case Management
Bathing	91.6%	42.0%	49.5%	75.8%	55.0%
Personal Hygiene	55.3%	18.4%	22.4%	63.7%	25.1%
Dressing	56.5%	16.7%	22.6%	57.8%	26.7%
Mobility	71.1%	51.1%	57.6%	40.6%	58.9%
Transfer	36.2%	16.2%	20.3%	30.6%	20.8%
Toileting	28.4%	12.0%	14.2%	37.7%	16.0%
Eating	11.4%	4.0%	5.1%	24.4%	5.6%

Instrumental Activities of Daily Living Assistance Provided to Aging Network Clients

IADL Type	Personal Care II	Personal Care I	Home Delivered Meals	Adult Day Services	Case Management
Housekeeping/Cleaning	99.2%	98.5%	83.0%	92.3%	86.6%
Shopping	97.9%	90.9%	87.5%	96.9%	89.2%
Laundry	96.6%	90.0%	73.2%	91.3%	78.0%
Transportation	92.8%	79.5%	82.0%	96.1%	82.3%
Prepare Meal	89.0%	66.9%	95.5%	94.4%	89.6%
Handle Personal Business	60.4%	37.7%	48.2%	92.6%	49.6%
Use Telephone	19.1%	7.9%	10.8%	61.3%	12.2%
Self-Admin of Medication	42.2%	22.7%	29.9%	87.6%	29.6%



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