



**White House Conference on Aging Event
Wednesday, April 22, 2015
Brooklyn Borough Hall
209 Joralemon Street
Brooklyn, NY 11201**

Report

Introduction

Having participated in several past White House Conferences on Aging conferences, Brooklyn-wide Interagency Council on Aging (BWICA) has held several meetings over the past 1 ½ years in which over 200 senior citizens and professionals who work with senior citizens and in the field of aging have convened to discuss issues, make suggestions, and express concerns about services and the environment in which they are living and working.

However, this year's White House Conference on Aging process was disappointing:

- The fact that there was no budget assigned to this conference only highlights the problems that we are having with adequate funding for senior programs in this country. If lawmakers do not give it enough of a priority to even fund it, this only tells us the priority that the aging population is given in this day and age.
- NYS held 5 local hearings that were literally announced 1-2 weeks in advance.
- There will be a regional event in Boston (by invitation only), to which the Director of NYSOFA was known to be invited. (Others may have been on waiting lists)
- The actual conference will be held sometime in July - no date set. This conference will be by invitation only and limited to 200 participants - which the WHCOA will choose.
- They are relying on social media, electronic surveys, and these quickly put together public hearings for their info.

In the past,

- This event was a grassroots event that took over a year to prepare because of the fact that it took pride in involving seniors and communities at the grassroots levels in order to be able to include the most marginalized and underrepresented populations.
- The states would develop their agendas going into the conference from the ground up.
- At the conference in Washington, we had time to confer with other states and agree on what should be done on a national level.

This process is unacceptable.

1. The public hearings were announced at the last minute.
2. By most accounts they have lacked the direct input of seniors - the consumer.
3. Knowing that many seniors are not able to access the internet, it is insensitive to suggest that an electronic survey should be filled out if they are interested in having their voices heard.
4. There was no apparent literature - online or not - in any other language than English - and none of the 4 areas address minorities directly.
5. Given the baby boomer generation which is aging in every day in this country, it seems to me that the federal government should be paying more attention to this group.
6. There are drastic changes in healthcare, constant attacks on Social Security and Medicare, and that the Older Americans Act has once again failed to be re-authorized leaving Older Americans more economically and socially insecure, with more seniors falling under the poverty lines as the cost of living increases.
7. With life term expectancy rising and more Americans aging-in, the infrastructure must be adjusted, and this process is not addressing that.
8. Finally the Aging agenda should be front and center for the presidential candidates to be aware of our needs as well as to express their plans.
9. This conference sets the agenda for Older American services and programs for the next 10 years. It merits urgent attention by this administration.

This document is a compilation of these meetings, the last one which took place on April 22, 2015 at Brooklyn Borough Hall.

Overview

As of 2012, there were 307,876 people 65 years and older living in Brooklyn or about 11.7 percent of the total population, according to the U.S. Census Bureau. Brooklyn has the highest number of seniors in the New York State. That figure is expected to increase in the next decade and a half, with Brooklyn's elderly projected to reach 15.1 percent of the population by 2030. Brooklyn and Queens have the largest senior populations in the City, and 67 percent of the City's senior immigrants live in Brooklyn and Queens, according to data compiled by the Center for an Urban Future. The critical issues for Brooklyn seniors are **affordable housing, transportation and healthcare**, although **nutrition** and access to healthy food are a concern to those seniors—almost a quarter of those living in NYC— who live at or near the poverty level. Superstorm Sandy proved that a program for **emergency preparedness** needs to be in place for all Brooklynites, but is of concern when it comes to seniors and particularly critical when it comes to homebound seniors. The frail and/or housebound elderly are a different demographic than the larger senior demographic; that is an important fact to keep in mind when providing services.

Other issues that affect the senior population are isolation, living on a fixed budget (Social Security benefits experienced the smallest increase this year to-date), safety and the lack of senior centers or senior programs in certain communities. Providers of senior services also seem to be working in “silos,” often duplicating work.

According to the committee, NYC's Department for the Aging (DFTA) has moved toward more centralized approach and larger agencies to provide services rather than smaller community-based services. This makes it harder for seniors to access service/benefits because they tend to stay close to home. The DFTA website was also cited as difficult to navigate; there are no contacts listed on site.

Issue 1: Affordable Senior Housing

Brooklyn is undergoing an affordable housing crisis which unduly affects our borough's seniors. As the senior population demographic continues to grow in Brooklyn, the need for affordable senior housing will become more acute.

Affordable housing for senior citizens continues to be one of the greatest concerns among Brooklyn's seniors and providers. In the past, seniors were able to obtain Section 8 Vouchers and many land lords would accept them because they were a stable form of income. However, the combination of the discontinuation of Section 8 Vouchers, less development of Section 202 (federal housing for seniors), a decrease in federal housing subsidies that are administered through NYC Housing Preservation and Development, and the trend of NYC Housing Authority to favor higher income tenants over those who may be receiving public assistance, and the heavy gentrification around the borough, low and moderate income senior citizens are being priced out of their homes and the neighborhoods where they have lived all of their lives.

There are long waiting lists for senior housing whether they are established or new developments: i.e. Shore Hill Housing in Bay Ridge has a 10 year waiting list. Housing Law Reform should be addressed. There should be better supervision and better supervision of supervisors.

The City has inadequate housing for New York City seniors even as population statistics indicate that New York City's aging population is growing at an astronomical rate (44% between 2000 and 2030). There is too little housing and the housing that is available is being sold off. Our legislators must find ways of protecting and increasing this necessary resource.

There is no safety net for seniors who need housing. This includes both affordable housing for well seniors and residences for seniors who need supportive services.

The precariousness of this situation is illustrated by last year's closing of the Prospect Park Residence, a senior residence for older adults. These frail residents were given four months notice to evacuate the facility when the building owners decided to convert the residence to condos they can sell at market rate.

Goal: Develop legal safeguards for seniors so they cannot lose their current homes and to create more housing for the increasing number of seniors who are being added to the city population every year.

- Explore initiatives for “home sharing.”
- Advocate for “building services” so that home sharing is possible (renovations for sharing space?).
- Conduct land surveys to proactively go after areas for senior housing projects
- Look at successes (or even challenges) of projects like Cumberland Gardens (202 Housing; 119 units) created by the New York Foundation for Senior Citizens (NYFSC) as models for more housing. NYFSC has another building in Coney Island on Surf Ave.
- Explore more independent living options; expand access to funding for seniors who can live independently (cheaper than “housing” them).
- Re-evaluate NYCHA—what do they do right/wrong; how can we work together to increase our understanding of our senior population’s housing needs?
- Spearhead an initiative to develop affordable housing designed for seniors who would also include community based social services attached to the facility operations to ensure that seniors in need of services will be able to easily access them and continue to live in the community rather than being institutionalized. In addition, we need to ensure that these building receive housing subsidies so that the building can afford to house low income seniors in need of these benefits.
- Explore and advocate for the expansion of Affordable Assisted Living that is inclusive of ALP (Assisted Living Programs) beds. The ALP program is a Medicaid reimbursable program that gives the opportunity to low income seniors to live in a safe

environment with inclusive services based on their income and health needs. *Ex: Amber Court Assisted Living of Brooklyn*

- Negotiate more affordable housing for seniors with developers in Brooklyn.
- Home Sharing – where a senior can move in with another senior. This would help defray costs for the homeowner, keep another senior in the community, and both will be able to have companionship and avoid isolation.
- Section 202 Housing for Seniors – Federal Projects

Issue 2: Senior Health

HOME CARE

One of the greatest issues facing home care services in Brooklyn and the other boroughs is funding needed to ensure that service providers can continue to care for the over 1000,000 primarily frail and elderly patients receiving home based care.

The wage parity legislation passed approximately three (3) years ago is extremely important as it addressed a Living wage and meaningful benefits for tens of thousands of hard working low wage earners. These workers form the backbone of New York's home care system, and without whom, thousands of patients would be forced into nursing homes.

It is up to NYS to increase funding to Managed Care providers and Certified Home health agencies so they can then reimburse Licensed Home Care agencies (the actual employer of the home health aides) the amounts needed to meet the requirements of the Wage Parity law. Failure to do so would result in home care services being stopped to all patients as current reimbursement to licensed agencies is less than the costs associated with Wage Parity.

In effect, all licensed agencies would be unable to proceed, as the cost of every hour of service provided would be more than the currently reimbursed rate. Of additional importance to the funding component is surveillance by regulatory bodies to ensure that all licensed home care agency operators are meeting the requirements of the law. Unfortunately, since March 1, 2012 when the first phase of the law began, many operators have not been complying. As a result, the workers are not receiving the wages and benefits specified therein.

The health care/eldercare maze is complicated, fragmented and difficult to navigate. Education and Information funds should be restored to community based and grassroots organization in order to conduct outreach to seniors to help with centralizing this process. This can be coordinated with lead organizations that focus on senior issues/services.

Social workers at hospitals need more oversight on discharges. Seniors felt that they are being “kicked out” without enough home care services and/or instruction.

Create a forum for senior service providers and organizations – reward collaborations to circumvent poor coordination. This effort should be considered to streamline access to services, enhance optimal coordination and better management of services,

Skilled Care* Observations:

- There will be increase in need for home care professionals as well as Skilled Nursing Facility (SNF) professionals as population ages.
- There will be competition between private vs. government agencies to procure home care workers so pay scales matter.
- Historically, SNFs have operated as nonprofits; many SNFs now run for profit. How does that affect service provided?
- Skilled care workers are needed for home care, SNFs as well as organizations like the Alzheimer’s Association, so skilled care professionals are a huge and growing need.
- Where does “custodial patients” go?

Skilled Care Recommendations:

- Need additional funding to pay home care workers.
- Need to solicit/prepare new generation of skilled care professionals.
- Attract new students to growing (and profitable) field of skilled care.
- Partner with academic institutions like LIU to promote further education/degrees in subject areas like MPA Gerontology Nursing programs.
- Promote continuing education for those already providing skilled care.
- Increase the presences of ombudsmen within SNFs.

*Skilled care refers to caregivers in both home setting and Skilled Nursing Facilities (SNF).

Goal: Increased Health Outreach to Seniors

- Create mobile units in each community to offer outreach, clinical services, caregiving.
- Give hospital social workers more oversight on patient discharges. Seniors feel they are being discharged without instruction and before home care services are set up. Need additional funding to pay home care workers.
- Need to solicit/prepare new generation of caregiving professionals.
- Attract new students to growing field of skilled care.
- Partner with academic institutions like LIU to promote further education/degrees in subject areas like MPA Gerontology Nursing programs.
- Promote continuing education for those already providing skilled care.

- Increase the presences of ombudsmen within SNFs.
- Match frail elderly with individual caregivers.
- Initiate a benefits “check-up” to address the approximately \$2,300 per person that is left “on the table” when seniors don’t retrieve their benefits.
- Organize innovative programs such as Intergenerational programs where youth and seniors can mutually help each other and improve the fabric of the community;
- Multicultural Alzheimer’s Services Training Programs which trains immigrant and minority community members to be sensitive to the needs of Alzheimer’s Patients who may speak English as a Second Language.

1) Home-sharing & Respite save the city \$20million dollars yearly

2) Encouragement of smaller community-run "senior active groups"

>Diversity of services among different seniors with different needs and interests
(needs for an active and passive seniors)

3) The creative arts in senior programming helps keep seniors physically, cognitively and socially fit. Cutting funding for these programs limits the impact that centers can have to keep older adults actively in the community and prematurely moves people faster into institutionalized care. Moreover, there needs to be a committee created by the creative arts (cultural institutions, etc...) community to begin to make this cross-over between aging health care and the impact that the creative arts has with older adults.

4) Food budget for senior centers are too low

5) "Invisible Senior"/home-bound seniors need to be recognized. We need to brainstorm better ways to reach and serve the isolated senior at home.

6) Massive for profit expensive housing has been built in Brooklyn in the past decade, making affordable living more difficult for the average citizen in the Borough. There should be a policy that would require a substantial percentage of units to be dedicated to senior housing including low and moderate income housing for seniors.

7) Easy accessible information for caregivers

8) Mobile Units that go to each community providing advice, mobile clinic, outreach, caregiver and senior support

>Possibility of one in every borough

9) Teleprompted programs (online services) keeping senior connected to senior center, social adult day and home care providers

- 10) Utilizing research based/evidence based research to prove outcomes and to better make the case for less use of more expensive institutional care
- 11) Funding for Social Workers in Senior Centers and requirement to work with more frail and cognitively impaired seniors to access alternative or additional services in the city such as home care, social adult day care and home delivered meals.
- 12) Collaborations between acute health providers and senior service providers to avoid hospitalization
- 13) Better oversight during hospital discharge planning for seniors at risk for being re-admitted to the hospital due to lack of proper support in the community. A program should be developed to ensure that hospital discharge planners and senior service providers to begin to work more closely together to ensure seniors get access to community-based services and prevent hospital re-admissions.
- 15) Reevaluate New York City Housing Authority starting from "needing more housing" to moving in seniors that need it
- 16) Implement a strategic plan to address the needs of those living with Alzheimer's and related dementia and their caregivers.

Social and Medical Adult Day Center

Funding through Medicaid for Social Adult Day is a cost effective solution that provides for a better quality of care for physically frail seniors and for those with Alzheimer's and related dementia. Although there are state minimum standards for care for Social Adult Day centers, there is no enforcement of these standards. We recommend that there is a certification system to ensure that all new and old day centers meet the minimum standards of care as promulgated in statute by the state.

In addition the hybrid model, which combine the Medical and Social models in the same facility are a much more comprehensive approach to patients in this situation.

Issue 3: Senior Centers

Brooklyn's senior centers provide people over 65 with a variety of services during the day such as meals, recreation, health screenings and fairs, educational workshops, fitness programs, as well as continuing education classes and computer classes. At the typical NYC senior center, there are approximately 80 seniors per caseworker. Threatened with continuing budget cuts, senior centers will most likely NOT increase the number of caseworkers per senior, which often results in fewer activities and programs offered. Recreational and cultural programs are critical for cognitive therapy and overall health.

Goal: Expand the effectiveness of Brooklyn’s senior centers

- Increase number of caseworkers within centers.
- Increase amount of neighborhood centers since seniors stay close to home.
- Increase outreach to get more seniors/baby boomers to utilize centers.
- Create more intergenerational programs at centers: encourage more youth and baby boomer volunteerism so seniors are part of intergenerational conversation.
- Institute multi-pronged efforts to help seniors access information (technology, DFTA web site, education/resources at senior centers).
- Explore ways to reach “invisible” seniors in homes (outreach/spiritual institutions/family/peers).
- Change regulations at centers where, currently, one can’t give a take-home meal at center for seniors to have a meal at home. All meals must be served/eaten in the center.
- Use more research/evidence-based research to get funding for senior programs.
- Create senior centers “on wheels,” for seniors who do not visit centers and stay isolated at home. Services that visit seniors in their homes with information and services could reach those who are isolated or immobile.

Issue 4: Senior Safety

Falls and injury are a big concern for seniors so efforts to educate both seniors and their caregivers about fall prevention are needed. Other issues that impact the safety of our elder residents are identity theft, predatory lending, crime and emergency preparedness.

Goal: Increase Our Senior Resident’s Safety

- Educate seniors/families on how to make home safer for seniors.
- Work to make sidewalks safer through review/repair.
- Expand policing at neighborhood street level.
- Educate seniors, caregivers, families on identifying/preventing senior scams.
- Use technology to keep seniors safe: educate them about how to use technology.
- Advocate on issue of emergency preparedness with OEM, DFTA and other agencies.

FALLS PREVENTION

The aspect of livable communities and a livable borough (and beyond that a livable city) was explored. There is a need to educate seniors on falls prevention, home safety and community/merchant safety. The idea of senior friendly business establishments was addressed. In order to accomplish this, we need to explore productive methods of education related to falls prevention inclusive of task forces that have the responsibility to examine Brooklyn communities, educate seniors/community members on fall prevention with the goal to decrease falls in the borough.

Seniors are at risk for falls due to various conditions which include medical issues and frailty.

ELDER ABUSE

Quoting from the NYC DFTA website:

A recent Study of [Elder Abuse Prevalence in New York State](#) (in [PDF](#)) found that 76 out of every 1,000 older New Yorkers were victims of elder abuse in a one year period. The Study also found a dramatic gap between the rate of elder abuse events reported by older New Yorkers and the number of cases referred to and served in the formal elder abuse service system. The reported incidence rate is nearly 24 times greater than the number of referred cases. This suggests that many elders are not seeking - or getting - the assistance they need.

Here are some serious ways older persons can be abused:

Emotional Abuse: causing mental anguish and despair by name calling, or by insulting, ignoring, threatening, isolating, demeaning, and controlling behavior.

Financial Abuse: illegally or unethically exploiting an older person through use of his/her cash, credit cards, funds or other assets without permission or through coerced permission.

Physical Abuse: slapping, bruising, coercing (including sexual coercion), cutting, burning, or forcibly restraining an older person.

Neglect: refusing or failing to carry out caretaking responsibilities (e.g., withholding food, medicine, glasses or dentures); also, abandoning a dependent older person.

Recommendations:

- There is a need for better education to seniors, caregivers, and families healthcare/social work providers. This includes but is not limited to Identity Theft, Reverse Mortgages, etc. What is needed is a comprehensive outreach program to educate on warning signs of potential scams which can be done at community/senior centers and an awareness campaign.

Issue 5: Transportation

TRANSPORATION

History - Brooklyn is the largest of the 5 boroughs in NYC. As such, there are many challenges that go along with this problem especially regarding seniors and the disabled populations.

Fares have increased over the years, and the quality of services, overall has diminished.

Need – Brooklyn needs a transportation system that is comprehensive, reliable, accessible, and affordable to seniors and disabled no matter where in Brooklyn they live and no matter where they would like to travel to.

Presently Happening - Transportation policies that have been adopted in Brooklyn in the recent years have seen a reduction in public transportation bus lines, reduction in door-to-door services for Access-a-Ride transportation for seniors and disabled, and a reduction in qualified ambulette services for Medicaid patients in need of transportation services to go to medical appointments.

Goal: Increase Seniors' Transportation and Mobility Options

Improvements in the future –

- a. Ensure that applications for Access-A-Ride are readily available and processed in a timely manner;
- b. Improve on the waiting time for Access-A-Ride pick-ups and deliveries – we see many seniors who wait over one hour for their rides and are left stranded;
- c. Have more courteous drivers for Access-A-Ride;
- d. Re-institute bus lines that have been eliminated over the years;
- e. Reinstate policy where Access-A-Ride does continue to provide door-to-door services and not leave seniors or disabled people at bus stops;
- f. Provide better access to subway stops in neighborhoods where entrances are not handicap accessible;
- g. Reinstate personnel at subway stations where they have been eliminated – unmanned stations attract more criminal activity and less assistance for seniors in need of help;
- h. Support efforts to incorporate truly accessible taxicabs in NYC taxi fleets; and
- i. Work toward ensuring that Medicaid paid transportation services for medical appointments are actually performed by trained ambulette services, and not livery cabs who are not trained, nor reach a level of certification to handle frail patients (many of the ambulette services are going out of business due to loss of routes with the new Medicaid rules).

NURSING HOMES

The discussion centered on the issue of the disappearance of not for profit nursing homes in Brooklyn. Historically, not only are not for profit nursing homes known for providing higher quality of care, but they also were more charitable in their admission policies. Privately owned facilities are notorious for not admitting low scoring dementia patients, they prefer the higher reimbursement of short term rehab patients. With the rapid disappearance of not for profit nursing homes, who were much more willing to admit strictly dementia patients, who will care for those individuals who are severely cognitively impaired, but otherwise well physically? Many of them cannot be maintained at home because of their need for constant supervision, and due to safety issues. With the growing population of baby boomers in Brooklyn, combined with the largest elderly population in the state already, who will provide custodial care to them? This will become a tremendous need for the borough, and I'm not sure that the state when looking to approve the sale of these facilities is taking the above mentioned issues into consideration.

Furthermore, one of the serious problems in many of the Brooklyn Nursing Homes is a critical lack of adequate staffing. We get numerous and on-going complaints from residents and their families regarding the lack of staff and the results of same. We also continue to get frequent and continual complaints about a serious diminution in the quality of care in facilities taken over by for-profit corporations.

If we are going to protect the quality of care our seniors and disabled need, strong advocacy is needed. Families and residents need our support in getting their message out and in supporting them at a policy and enforcement level.

Some of the Challenges Facing Nursing Homes:

- Recruiting of Volunteers to serve as Long Term Care Ombudsmen
- Implementation of Medicaid, Managed Care Long term Care Reforms
- Impending 2014 Implementation of Nursing Home Managed care
- Impending 2014 Implementation of the Dual Eligibles pilot project in Nursing Homes
- Changes in Nursing Homes Ownership from Not-For-Profit to For-Profit
- Educating and Empowering Residents and Families

Recommendations:

- Develop and implement recruiting methods for responsible citizens to become volunteer ombudsmen;
- Develop and implement a volunteer task force to identify areas for public education and consumer empowerment;

- Working with the Ombudsman Program, assist in the development and implementation of a Family Council. This council would be made up of family member representatives from participating nursing homes. The Council would meet on a regular basis to provide education, support, community development, and input to governing agencies and policymakers.

SENIOR ISOLATION

Need to address the invisible senior at home

MOBILE UNITS

- The concept of Mobile Units in each community for seniors to get access to outreach, clinical services, care giving, etc. was discussed. Equate it to a “senior center on wheels” to reach and assist those seniors who cannot get to senior centers.
- Medicare/Medicaid does not cover ramps. Seniors become homebound due to lack of a reasonable way to get out of their homes; if they are low-income and cannot afford having a ramp installed they are faced with being subject to forced isolation.

TECHNOLOGY

- The Brooklyn Public Library is actively involved in teaching seniors about technology and how they can effectively use it in various areas, i.e.: communication, education, decreasing isolation. It was noted that 70% of seniors who use technology use it every day. This is an area that was identified as something that is being done well and should be expanded for better outcomes in the area mentioned.
- Caregiver outreach technology –Investing in a NYC web site for caregivers.
- Also develop a resource book for caregivers that complement the aforementioned website.

Retirement Security

Brooklyn seniors are living in communities that undergoing a tremendous amount of gentrification to the point where the cost of living is outpacing their fixed incomes at a disproportionately quick rate.

The cost of food, transportation, medications, and out-of-pocket medical costs, added onto the increase in real estate taxes, energy and water bills renders some of the neighborhoods where they have lived for most of their lives unaffordable.

Many programs available to lower income seniors are income and asset based, disqualifying the middle income older Brooklynites from access. However, through the Elder Economic Security

Index, we know that seniors considered middle income by the Federal Poverty Level, are not making ends meet.

In addition, many people who are 65 are not in a financial position to retire due to the fact that the cost of living is so high and their retirement income is insufficient. However, many of the senior employment programs are for what the government considers low income seniors, which leaves many seniors in need for extra income without the possibility of work.

Suggestions:

1. Consider at least 200 % of the Federal Poverty Level for seniors to qualify for entitlements, benefits and programs.
2. Re-instate energy programs specifically for senior citizens creating benefits and capitation on amounts of energy bills for heating and utilities.
3. Reduce amounts of out-of-pocket medical and prescription drug expenses for seniors and families.
4. Institute Universal Healthcare ensuring equal access to care and cost to all Americans
5. Amend the Affordable Care Act policies which cause Medicare patients to be responsible for costly hospital and rehabilitation care if they are not admitted to the hospital and placed under observation.
6. Create senior employment programs that are not income based.
7. Grant tax incentives to businesses that employ older employees.

Age Friend Banking

As the senior population is growing – with baby boomers aging in with insufficient retirement funds and older seniors living longer, certain programs should be instituted within financial institutions to ensure that older Americans enjoy more fiscal stability. We agree with the National Community Reinvestment Coalition’s Age Friendly Banking Recommendations:

- (1) Low-cost, low-fee checking accounts;
- (2) Low-interest lending and credit products;
- (3) Assistance accessing public benefits;
- (4) Help avoiding financial abuse and fraud;
- (5) In-person customer service; and
- (6) Early-intervention retirement planning based on these findings and examples from the field.

In addition, banks should:

- (1) Develop more affordable banking products for seniors on fixed-incomes;
- (2) Assist customers in applying for public benefits
- (3) Proactively address financial abuse and fraud; and
- (4) Provide in-person customer service and better early retirement planning.