

A VOICES FROM THE FIELD REPORT

BLUEPRINT FOR INVESTING IN WOMEN AGE 60+

NOVEMBER 2014

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THE VOICES FROM THE FIELD SERIES

The New York Women's Foundation's *Voices from the Field* series comprises of four **Blueprint for Investing in Women** reports that explore the position, needs, and strategies for supporting the security and contributions of low-income NYC women during one of four major developmental periods (i.e., ages 0-8, 9-24, 25-59, and 60+). The series is based on a "Voices from the Field" approach that draws on data obtained from academic and policy research and from interviews with a cross-section of on-the-ground leaders – including members of each age cohorts. Its goals are to: (1) broaden understanding of the key role and issues of NYC's low-income girls and women; (2) stimulate broad, productive discussion of how best to support those roles and address those issues; and (3) catalyze bold investment into promising strategies and solutions.

ABOUT THE NEW YORK WOMEN'S FOUNDATION

The New York Women's Foundation (NYWF) was launched in 1987 as an alliance of women of diverse means and backgrounds leveraging their collective resources to promote broad-based economic progress and social justice. The Foundation works on a range of interrelated fronts (workforce development, violence prevention, reproductive health and choice) to advance the economic security of low-income women and girls, and – thereby – the economic strength of the city as a whole.

All NYWF's efforts reflect the conviction that women are the best experts on their own positions, situations, and goals. Its programs are carried out in close partnership with grassroots, women-centered organizations possessing firsthand, authentic knowledge of their constituents' issues. Its events and publications highlight the challenges and celebrate the triumphs of the women leaders who are the bedrock of communities across the city – and the world.

Since its founding, NYWF has built a track record of impressive influence and impact. It is currently the seventh-largest philanthropic leader in New York City's tightly-packed workforce development field.¹ Each year, it raises and invests \$5.5 million into best-practice programs that reach 200,000 individual low-income women and move 15,000 of those women – and their families – measurably closer to safety, health, and financial stability.

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¹ New York Community Trust study, 2012.

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THE VOICES FROM THE FIELD SERIES

The New York Women's Foundation's *The Voices from the Field* series comprises of four **Blueprint for Investing in Women** reports that explore the position, the strengths, the needs, and the best strategies for promoting the economic security of NYC women, across the full span of their lifetimes. In line with NYWF's core mission, the series particularly focuses on the situations of women whose opportunities for progress are limited by outside factors or attitudes related to initial economic position, race, immigration status, or sexual orientation/ gender identity.

The goals of the series are to: (1) broaden understanding of the roles and issues of the city's low-income girls and women; (2) stimulate broad, productive discussion of how best to both support those roles and address those issues; and (3) catalyze bold investment by all stakeholders capable of expanding relevant opportunities and resources.

Each of the four **Blueprints** covers a major developmental period in a woman's life:

- **0 – 8:** the years in which girls develop the core foundation for all future physical, cognitive, social and emotional progress.
- **9 – 24:** the generally most-concentrated years in which girls and young women acquire – and begin deploying – key academic, social, and work-related skills and competencies.
- **25 – 59:** the generally most-intense years of paid employment and raising and supporting families.
- **60+:** women's years of older adulthood.²

The **Blueprint** series is based on a "Voices from the Field" approach. That is, it draws on qualitative and quantitative data obtained both from the best academic and policy research and from a cross-section of on-the-ground leaders – including members of each age cohort and their supporters. Each **Blueprint** includes:

- An overview of the size, scope, and overall demographics of the girls and women in the particular age cohort being considered.
- An overview of the core service infrastructure (public and nonprofit) with a role in supporting cohort.

- Discussions of:
 - The positions and roles of girls and women at that stage of development.
 - The key issue areas in which greater attention and investment could increase the overall wellbeing of women and girls.
 - Proven and promising approaches and programs in those issue areas – and gaps in those programs and approaches.
- Recommendations for ways in which the public, non-profit, and philanthropic sectors can work separately and jointly to promote those programs and fill those gaps.

Each year, the pioneering efforts of the NYWF and its grantee-partners enable thousands of individual New York women to build safer, healthier, more economically secure lives for themselves and their families. But The Foundation and its partners cannot possibly

single-handedly address all the global and structural issues that diminish low-income women's opportunities and stability from earliest childhood through the farthest reaches of old age. Nor can they single-handedly reach enough individual women to make a measurable dent in the city's grimly persistent overall 20%+ poverty rate.

The **Blueprint** series was conceived as a first step in marshaling the multi-player, coordinated awareness and action required to finally bring down that stubborn marker of destitution. It is offered with the conviction that there is no better strategy for boosting New York's overall economic strength than supporting the women who are both the principal economic providers and the primary caregivers for families across the richly diverse communities of the city.

² Organizing issues and solutions within rigidly age-based phases clearly has certain limitations. Individuals can acquire skills and competencies – and assume roles and responsibilities – at many different points; challenges to health, safety, and economic security can extend across whole lifetimes. It is also true, however, that certain activities and issues tend to cluster within particular periods of a person's developmental trajectory; and that policies and programs – whether related to health, housing, education, employment, or violence prevention – tend to be formulated and delivered within those age-segregated silos. The four **Blueprint** reports, thus, will stick to that rubric – while also making note of the themes that transcend particular phases, that link phases together, and that call for a more integrated approach.

ACKNOWLEDGEMENTS

The *Blueprint on Investing in Women, Age 60+* is based on the input of the leading experts in the field of aging. More than a hundred advocates, philanthropists, scholars, service providers, and government officials – key staff members of the NYC Department for the Aging (DFTA), leaders at AARP and other major policy and funding institutions, and staff and participants from senior-serving organizations in every corner of the city – generously shared their knowledge, experience, and insights.

Particular thanks go to:

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- **Bobbie Sackman**, Policy Director of the Council of Senior Centers and Services (CSCS) – who patiently fielded a stream of evolving questions.
- DFTA Deputy Commissioner **Caryn Resnick** and NYWF board member and Queens Community House (QCH) Executive Director **Irma Rodriguez** who provided in-depth readings and perceptive feedback on early drafts of the document.
- The **staff members of The Foundation**, whose profound knowledge, astute suggestions, and overall support strengthened the substance and the presentation of the report throughout every step of the process.

A diverse and significant group of New Yorkers are committing their best energies, resources, and determination towards supporting the wellbeing of the city's older women. Their perceptions and achievements merit broad attention and meaningful reinforcement.

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I. REFLECTIONS ON OLDER WOMEN: Reality, Perception, Response

“We’re a youth-oriented culture. And we’re a future-oriented society. So, basically, we don’t give much thought to investing in older women. What we don’t realize is that in many communities it is the older women who are supporting the future.” – **Aging services advocate**

Low-income older women of color and immigrant older women comprise a significant, growing, and vital segment of New York City’s residents. In tens of thousands of households, they are raising grandchildren for parents whose lives have been derailed by drugs, imprisonment, or illness. In tens of thousands of others, they are cooking, cleaning, and taking care of grandchildren for parents who are working grueling hours outside their homes. They provide care and economic assistance for disabled relatives of all ages, loyally support local businesses, and fill a host of volunteer functions in grassroots and faith-based institutions. And – more often than not – they manage these roles while contending with a host of steep challenges.

Some wrestle with serious economic deprivation, despite lifetimes of hard labor. Others contend with illnesses and disabilities that could have been postponed, lessened, or avoided had they had access to the core tools of good health throughout their lives. And all face the kinds of painful, ongoing losses – peers, routines, personal capacities – that inevitably come with aging.

But for all their importance and struggles, older women remain essentially invisible to the public at large. Unless one stands in school yards across the metropolis to note just how many grandmothers are picking up the grandchildren who depend on them, it can be all too easy to assume that those

grandmothers are enjoying a well-deserved rest after years of family-raising responsibilities. And, unless one stands outside any of the city’s food pantries to note just how many older women are waiting on line for their week’s survival provisions, it can be all too easy to assume that the safety nets put in place last century are providing all the support that those women need.

It can be all too easy to assume that New York’s low-income older women are enjoying a well-deserved rest... and that the safety nets put in place last century are providing them with all the support that they need.

The experts on the ground – the core providers and funders who work with low-income older women on a daily basis – provide vivid evidence of the ways in which the public, philanthropic, and non-profit sectors are both seriously under-estimating and seriously under-supporting this group’s roles. They report that:

- The City tax levy portion of the Department for the Aging (DFTA) budget has been pared down significantly over the last five years despite the fact that the population of New Yorkers over the age of 60 has been steadily increasing. And there have been no cost-of-living increases for publicly-funded aging service providers in more than a decade.³

³ Telephone interview with Caryn Resnick, DFTA Deputy Commissioner for External Affairs.

- Most philanthropic “aging” funding goes towards “medical-model” approaches to disease. Less than 3% supports “healthy aging” programs that address the root causes of poor health among low-income seniors – lack of adequate nutrition, lack of opportunity for exercise, the tolls of abuse and exploitation, isolation, economic and cultural barriers to care.⁴ And no public or philanthropic aging portfolio focuses specifically on the contributions and wellbeing of *older women*, despite the fact that women comprise the largest segment of seniors – and often face very different issues than older men.



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- Except for organizations specifically working in the field of aging, most community-based providers pay scant attention to women once they pass the age of 60. In 2012, The New York Women’s Foundation commissioned a report examining the extent to which its grantee partners serve this population. And the 50 organizations surveyed conceded that although the older women in their communities

tend to be mainstays of family, community and spiritual life – and although they face economic, safety, and discriminatory challenges as great as their younger counterparts – they are rarely taken into specific account within those organizations’ agendas or programs. “Strategies designed both for and by older women,” concluded the report, “were virtually non-existent among participating grantee partners.”⁵

Beyond the larger moral issue of how a society should treat its elders, it is clearly short-sighted for our policy-makers, funders, and

“mainstream” providers to continue ignoring a group that – against all odds – continues providing much of the scaffolding for the city’s low-income communities. The aging services system – created decades ago to serve a relatively small, homogeneous cohort of retired individuals with few ongoing family responsibilities – merits a fresh viewing and more robust support, so it can truly reinforce the strengths and efforts of this critical population.

It is time to re-assess and to re-invest.

“I’m a cancer survivor and so is my mother. I’m old – and she’s older. We’ve both had our health issues – and lots of them – but she’s still going strong. I help her; she helps me – and we both help the kids and the grandkids and the great-grands. When I see her, I can’t help but be strong, too.” – 72-year-old focus group participant at a Brooklyn food pantry

⁴ Interview with Stephanie Raneri, Executive Director of the Isaac H. Tuttle Fund.

⁵ Finkelstein, Ruth. *New York Women’s Foundation Findings Report to Inform Action Planning for Older Women*. NYWF: 2012. It should be noted that the findings of this report led to The Foundation launching a new “Healthy Aging” initiative that is currently working with grantee partners across the city to expand services for older women; and that they also helped spur the undertaking of the current “Blueprints on Women” series as a way to better examine and recommend strategies for investing in women across the full span of those women’s lifetimes.

II. YOU'D BEST TO PAY ATTENTION: Key Demographic Markers

"I'm very glad you've come to listen to us. You'd best to pay attention to us. There are a lot of us, you know." – Focus group participant, age 76

NYC's senior population is notable in terms of its absolute dimensions; its growth rate; its particular gender, ethnic/racial, and economic composition; and its challenges. The number of New Yorkers over the age of 60 is higher than it has ever been and is expected to continue expanding as the Baby Boom generation ages and as we all live longer. The group as a whole is disproportionately female. As noted above, older women are increasingly non-white and immigrant. And it is those older women of color and older female immigrants who are the ones most likely to be impoverished and in poor health.

THERE ARE A LOT OF US: SIZE, SCOPE, AND GENDER DISTRIBUTION⁶

According to the experts who track the city's demography, the cohort of NYC's seniors is bigger than it has ever been and is poised on the verge of yet another growth spurt. As of 2010, there were 1.4 million seniors in the city – 17% of the total population. By 2030, when the last of the Baby Boomers passes the age of 60, there will be more than 1.8 million older adults in the city, constituting just over 20% of the total.

The experts further stress that the main drivers of the ongoing expansion of older New Yorkers will be women. They point out that in 2010, among people age 65+, women outnumbered men by 3:2. Among people 85+, women outnumbered men by more than 2:1.⁷

And while the experts reassure us that the gender differential has declined a bit over the past few years, the main inference is unavoidable. For the foreseeable future, women will continue to outlive men. If they have male partners, they may well spend several years as the main caregivers for those partners – despite their own increasing frailties. And then they will most probably spend their oldest years alone. And – as the focus group member quoted above so astutely noted – there will be "a lot of them."

THE "NEW FACE" OF AGING: RACE AND ETHNICITY⁸

In 1965, when the Older Americans Act was first enacted and the city's main aging services initially developed, NYC's population of seniors was not only smaller (in absolute and relative terms) than it is now, it was far less diverse. Fully 85% of NYC's overall population self-identified as "white;" and among seniors the percentage was probably even higher, since most of the city's population of color in the 1960's was relatively young. Most older New Yorkers had either been born in this country or had lived here for several decades. Most had acquired at least some fluency in English; most had been able to become citizens. And most senior-headed households had at least one spouse who had worked "on the books" in this country – thereby making those households eligible for Social Security, as well as Medicare and Medicaid.

⁶ The following section is based on the NYC Department for the Aging. *Census 2010: Changes in the Elderly Population of New York City, 2000 to 2010*. NYC: 2012; and NYC Department of Planning. *New York City Population Projections by Age/Sex & Borough, 2000 – 2030*. NYC: 2006.

⁷ DFTA, *op. cit.*

⁸ The title for this section – and most of the information it contains – come from Gonzalez-Rivera, Christian. *The New Face of New York's Seniors*, Center for an Urban Future; New York: 2013; and also from the U.S. Census: *New York Race and Hispanic Origin for Large Cities and Other Places; Earliest Census to 1990*.

In the nearly forty intervening years, the entire city has evolved considerably – and the senior population along with it. The once overwhelmingly youthful black and Latino population has aged. An historic immigration amendment, passed in 1965, opened the door to tens of thousands of émigrés from parts of the world (Africa, Asia, the Caribbean, Latin America) that were once largely excluded from our shores; and in the intervening decades many of the members of that initial immigration grew old. And, finally, a set of “family reunification” amendments passed in the 1980’s and 1990’s permitted already-established immigrants to bring over family members left behind in the “old country” – and those already-established immigrants wasted no time in bringing over tens of thousands of older parents as cooks, housekeepers and baby-sitters, while they worked grueling hours outside the home.

The net result of all these developments is that a full 40% of NYC’s seniors now identify as non-white – and a full 46% were born abroad. And, overwhelmingly, it is those black, Latina and immigrant older women who are the ones playing the most critical roles in terms of raising grandchildren, keeping house for working children, or providing care for adult dependent children. Most are shouldering these responsibilities with minimal recognition or support from the City, the nonprofit sector, or – in many cases – even their own families. Many are personally isolated, impoverished, and struggling with serious health issues of their own.

In short, in the words of the Center for an Urban Future (CUF)’s groundbreaking, eponymous report, the city’s population of seniors truly has a “new face” – and a set of strengths and challenges that could never have been anticipated by those who crafted the city’s original aging service network.

THE FEAR RUNS DEEP: SEXUAL ORIENTATION AND GENDER IDENTITY⁹

Experts in the field estimate that there are roughly 100,000 LGBT seniors in NYC, though they stress that – because older LGBT individuals are still often reluctant to disclose identity – that total may well be seriously undercounted. Those experts further note that LBT older women probably constitute more than half of whatever the total number may be – both because of women’s generally longer life-spans and because so many gay men of that generation were lost to the early stages of the AIDS epidemic.

The experts stress three main points when describing the challenges facing older LBT women:

- They are likely to have endured longer – and more overt – years of bullying, labels, stigma, and discrimination than their younger LBT counterparts.
- They are twice as likely to be living alone – and only a quarter as likely to have adult children or grandchildren – as other groups of older New York women.
- LBT older women – and particularly black and Latina LBT older women – are not only generally underserved by the “mainstream” service infrastructure, they are generally underserved by an LGBT service infrastructure that was originally founded by (and still largely focuses on the needs of) young, gay white men.

“For many older LBT women, recent anti-discrimination victories have come very late in life,” explains Catherine Thurston, the Senior Director of Programs for SAGE, a national organization serving LGBT seniors. “So the fear – the insularity – may still run deep. An older LBT woman taking her

⁹ The information in this section comes from Council of Senior Centers and Services (CSCS) *The Aging Tsunami: Recommendations for the Quality of Life for Older New Yorkers; An Age Equality Agenda*, NYC: December 2013; from the SAGE website; from the GRIOT Circle Website; and from conversation with Bobbie Sackman, Director of Policy for the Council of Senior Centers and Services (CSCS) and Catherine Thurston, Senior Director of Programs, SAGE.

partner to the hospital may still feel compelled to say she is ... her sister."

"Low-income older LBT women of color face a number of challenges," adds Katherine Acey, Executive Director of GRIOT (Gay Reunion in our Time) Circle, an organization that is specifically committed to serving this population. "They are likely to have faced lifelong discrimination due to their race, their economic status, their gender identification, and their sexual orientation. And, as they grow older, they may well face the additional prejudices that can come with age. There may be very few environments in which they can feel truly safe and supported; and there may be very few opportunities for them to contribute – or to be recognized for – their many talents and gifts."



ALIGN

AMONG THE POOREST PEOPLE IN THE CITY: ECONOMIC STATUS¹⁰

A significant segment of NYC seniors live with extreme financial insecurity. Less than a quarter of New Yorkers age 60+ are still employed. Some 83% live alone. Most, in short, are living on a precarious income stream comprised of their own life savings, social security, and – in some cases – pension benefits. Unsurprisingly, nearly 31% of NYC's older residents live at or below the NYC Center for Economic Opportunity (CEO)'s Poverty Line, which – unlike the Federal Poverty Line – takes into account the extraordinary and nearly unique costs of living in this city when calculating the adequacy of income and the boundaries of poverty.

They are, in short, among the poorest people in the city.

While data is scarce on the specific economic status of NYC's older women (municipal statistics are not routinely broken down by gender) a few factors virtually guarantee that it is older women – and particularly older women of color and older immigrant and LBT women –

who will most frequently find themselves part of the group of seniors who are at or below the CEO Poverty Line. These factors relate to:

- **Employment:** Even those older women who fall into that "24%-of-seniors-who-are-still-employed" category are not likely to be earning incomes as robust as those of older men. Women, on the whole, earn less than men in all jobs and at all stages of their employment history; and women of color and immigrants tend to earn less than white women, at almost all levels of work.¹¹
- **Social security, pension payments, and savings:** Besides earning less than men, women often cut back on – or take time out of – working, at one or more points in their lives, to accommodate caregiving responsibilities. And lower pay or interrupted employment throughout a lifetime eventually translates into lower potential savings – and lower Social Security and pension payments. For those women who never worked for pay – and for those whose work was, of necessity, "off the books" because of immigration status – there are, of course, no such payments at all.

¹⁰ This section is drawn from a number of sources, including: The NYC DFTA Profile of Older New Yorkers, NYC: February 2013; Center for an Urban Future, op. cit.; Movement Advancement Project, op.cit., and Finkelstein, Ruth and Kamber Tom; Toward a 21st Century for All; NYC: 2013

¹¹ See Williams, Erica, The Economic Status of Women in New York State, Institute for Women's Policy Research in partnership with The New York Women's Foundation, New York, 2008.

- **Survivor benefits:** A relatively high proportion of women of color – and most LBT women – have been “officially” single for much or most of their adult lives. Many immigrant spouses work “off the books.” Older women who are members of any of these groups, therefore, may have no access to survivor benefits.

Finally – in addition to these baseline income-limiting factors – older women’s economic stability may be further depleted by: (1) dearth of financial management skills; (2) strains placed on fixed incomes and fixed savings by relatively longer lifespans; and (3) ongoing draining or exploitation of limited resources by dependents.

PUTTING THEIR OWN NEEDS ASIDE: HEALTH

The chances that a woman will be living with the potentially limiting effects of ill-health or disability – with ongoing losses of vision, cognition, or mobility – increase steadily with age. Some 56% of all New Yorkers age 65 or over have diagnosed hypertension; 23% have diagnosed diabetes; and up to 25% have mild to moderate depression – and all these conditions can take significant tolls on overall strength, resilience, and sensory and motor capacities.¹² In 2010, nearly 36% of the civilian, non-institutionalized population of older people in the city reported having some level of disability – including a host of conditions that restrict ability to leave the home or perform self-care functions.¹³ NYWF grantee partner, the



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Council on Senior Centers and Services (CSCS) estimates that 65,000 of NYC’s older adults – most over the age of 85 – are currently in need of case management and/or home delivered meals due to extreme frailty or being homebound.¹⁴

Similarly, the chance that an older woman will face a major health-related disability in later life increases dramatically with poverty – with years of inadequate access to nutritious food, lack of opportunities for appropriate exercise, lack of opportunity to engage in constructive social activities, and lack of access to culturally-competent health information and supports. Older people living in the neighborhoods consistently labeled as impoverished (e.g., the South Bronx, Central Brooklyn, East Harlem) have rates of hypertension and diabetes significantly higher than those in the highest-income areas.¹⁵

And women of color, in particular (who disproportionately live in New York’s lowest-income areas), tend to develop the primary age-exacerbated diseases younger – and in greater numbers – than any other population group. Black women have the consistently highest rates of high blood pressure across all age cohorts (both male and female). Latina women come next. Latina women have the consistently highest rates of diabetes – and black women come next. And with every year, black and Latina women’s rates of diabetes, hypertension and heart disease increase steadily – and the disparities in rates between white women and black and Latina women grow even larger.¹⁶

¹² Finkelstein, Ruth and Kamber, Tom. *Toward a 21st Century for All: The Aging City*. NYC: 2013

¹³ *NYC Department for the Aging Annual Plan Summary*; NYC: September 2013; and *DFTA Profile of Older New Yorkers*. NYC: 2013.

¹⁴ CSCS, Council of Senior Centers and Services of NYC, Inc. *The Aging Tsunami: Recommendations for the Quality of Life for Older New Yorkers/An Age Equality Agenda*. New York: November 2013.

¹⁵ The rates of hypertension and diabetes among older people in the South Bronx vs. the rates of those illnesses on the Upper East Side are, respectively 70% vs. 39% and 42% vs. 8%. See Finkelstein and Kamber, op. cit.

¹⁶ See NYC Department of Health and Mental Hygiene (DHMH) *EpiQuery*, 2012.

CONTRA VIENTO Y MAREA

Despite their susceptibility to age- and poverty-related health disorders and disabilities, older women in low-income neighborhoods are the individuals most likely to put their own health needs aside to care for even-needier adult children and grandchildren, for frail partners and friends, and for other older relatives.

"I came from Guyana and brought my kids with me, back in the '80's," recounts a 72 year-old woman in a Brooklyn food pantry. "Now my eldest is 52, and I've got my grands and great-grands to look after. I have lupus, asthma, and thyroid. But the Lord wants me here and so I keep on holding on."

"Older women in the South Bronx," asserts Evelyn Laureano, Executive Director of Neighborhood Self Help by Older Persons Project (SHOPP), "tend to have more common age-related health issues than older women elsewhere in the city. They live with greater poverty – this is, after all, the poorest Congressional District in the country. They live with tough demands – many are raising grandkids because their adult children are unable to provide care. But despite all that, they feel successful and strong. They are proud that they have survived *contra viento y marea* – against wind and tides. They keep moving forward, and they thank God that they are still moving."

III. SEGREGATED, SILOED, AND UNDER-RESOURCED: The Aging Services Infrastructure

“It is the joint and several duty and responsibility of the government...to assist our older people to secure equal opportunity to the full and free enjoyment of adequate income in retirement; the best possible physical and mental health services ... suitable housing; restorative and long term care; opportunity for employment; retirement in health, honor, and dignity; civic, cultural, educational and recreational participation and contribution; efficient community services... the exercise of self-determination; and protection against abuse, neglect and exploitation.” – Older Americans Act of 1965

NYC’s current aging services infrastructure, forged in 1965 in the wake of the passage of the Older Americans Act (OAA), was shaped by the assumptions that this group was relatively small; relatively ethnically, racially and linguistically homogeneous; basically self-contained; largely free from onerous, ongoing child-raising and family support responsibilities; and – thanks to Social Security and the newly-passed Medicare and Medicaid programs – largely protected from the worst tolls of poverty and ill-health.

Over the past 40 years, and particularly in the last decade, the New York City Department for the Aging (DFTA) – the primary municipal government agency charged with serving seniors – has worked valiantly to keep up with the needs of a demographic group that has evolved significantly in terms of race, ethnicity, role, and circumstance. It has worked with foundations interested in “healthy aging” and with a core group of aging-focused community providers to create a range of innovative new service approaches better reaching under-served populations, better promoting fitness and nutrition rather than just medical services, and better supporting the various needs associated with caregiving and care receiving.

Nonetheless, as will be elaborated in further sections of this report, the original premises and framework of the aging service delivery system – and the public mindset shaped by those premises – continue to deeply hamper its ability to serve New York’s evolving cohort of older women. In particular, the system’s flexibility is limited by: (1) the rigidly siloed nature of its funding sources; (2) the overwhelmingly age-segregated approaches of the service providers created through those funding sources; (3) the ongoing lack of public awareness of the particular situations of the city’s low-income older women; and (4) the concomitant stagnation – and even reduction – of the public and private resources allocated to serving those women.

DFTA and its network of aging services providers are – in short – operating in a silo and on a shoestring.

DFTA and its network of aging services providers are operating in a silo and on a shoestring budget

Briefly – besides the medically-focused residential services (e.g., adult homes and nursing homes) – which are beyond the general focus of the NYWF, the city’s aging-centered services fall into a few major categories:

- **A set of major publicly-supported entitlement, subsidy, and income-protection programs.**

The three principal programs are Social Security, Medicare, and Medicaid. There also exist a few affordable housing and affordable housing protection programs geared specifically for low-income seniors. As indicated in previous sections, a substantial segment of the city’s poorest senior women are ineligible for these programs because of their immigration status or prior work history.

- **A core infrastructure of aging service programs**

operated by nonprofit organizations and principally funded by the City’s Department for the Aging (DFTA). The bulk of DFTA funding goes to supporting the City’s network of 250+ senior centers (attended by some 25,000 seniors). A second major segment funds 29 NORCs (Naturally Occurring Retirement Communities) – social service-supported apartment complexes or circumscribed neighborhoods in which large populations of adults are aging in place (approximately 15,500 seniors benefit from the NORCs). A third segment supports a range of services for: (1) unpaid caregivers; (2) older people with Alzheimer’s; (3) parenting grandparents; (4) elder abuse victims; and (5) seniors who wish to find employment and volunteer opportunities. The rest of the funding supports the arrangement of case management, home-delivered meals, and home care services for older people meeting certain income guidelines.



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Some of these programs, of course, also receive support from selected foundations, major federations, and individual donors.

- **A core set of services for indigent, Medicaid-eligible seniors who can no longer manage their own care** – i.e., (1) home care services provided through the Human Resources Administration (HRA); (2) guardianship services through the New York State Office of Children and Family Services (OCFS); and (3) emergency food through the State-funded Emergency Food Program.

- **A range of small initiatives or adaptations of existing service programs to better serve seniors,**

through the *Age Friendly New York* effort launched in 2008 by DFTA, the City Council, the New York Academy of Medicine, and Mayor Bloomberg’s Mayor’s Office.

- In addition, there exist a **range of services for older New Yorkers, based in churches, synagogues, and other faith institutions.**

These programs generally provide little more than weekly lunch- and-Bible-study sessions, holiday and birthday celebrations, and occasional trips for the older women who are their main participants. And they are generally “off the radar screens” of both public and private funders – shoestring operations surviving almost exclusively on volunteer labor and on contributions from members of their congregation. There is not even any comprehensive list of where they are or what they include.¹⁷ Nonetheless, they constitute an absolutely vital and

deeply-valued lifeline for their participants, and are a vital potential partner for programs seeking ways to reach different groups of under-served older women.

Detailed descriptions of all these programs and supports are included in Appendix D.

¹⁷ Interviews with Joel Gibson, the Director of Faith Services for Federation of Protestant Welfare Agencies (FPWA) – which offers training and information, capacity-building, and technical assistance to a circumscribed group of member churches; Isaac H. Tuttle Fund Executive Director Stephanie Raneri and UJA-Federation of New York Caring Commissioner Planning Manager Laura Rothschild Epstein.

IV. RETHINKING OUR APPROACH: Critical Issues and Promising Strategies

“The term ‘older woman’ covers a lot of ground. Different women face different challenges at different ages. But – eventually and inevitably – every older woman faces one or more of a few key challenges: loss of income, loss of health, loss of social connections, and loss of personal capacities. And in low-income communities, these challenges often have particularly deep roots and steep consequences. We need to re-tool the current service infrastructure to meet those needs.” – **Senior Center director**

The leaders in the field of aging consulted for this report were asked to identify the key areas in which today’s lower-income older women need more support, to describe promising approaches for providing that support, and to recommend the places in which new investment could make the most difference.

The four key issue areas that those leaders invariably named – **Economic Security**, **Health**, **Social Connectedness**, and **Caregiving** – are discussed in detail below.

ECONOMIC SECURITY: HOUSING, ENTITLEMENTS, FINANCIAL MANAGEMENT, EMPLOYMENT

As noted in previous sections, older women are among New York’s poorest residents – their ability to meet even basic survival needs all too frequently compromised by lifetimes of inadequate compensation, under-the-table wages, and interrupted employment trajectories. The first key issue cited by the experts as needing more attention was thus, unsurprisingly, economic security.

And the strategies they most frequently cited to address this issue included:

- Expanding older women’s access to affordable housing.
- Increasing their access to the available entitlements.
- Supporting their financial management capacities.
- Expanding their employment options, as possible and appropriate.

EXPANDING ACCESS TO AFFORDABLE HOUSING

The leaders in the field of aging stressed that a majority of low-income older women spend most of their income on housing¹⁸ and that many regularly are forced to choose between buying food or medications and covering rent. The strategies that younger women tend to employ in times of housing crisis (e.g., sleeping on friends’ couches, entering the City’s shelter system) are even more unsuitable for older women than they are for those younger counterparts. Those experts cited two main approaches to addressing this issue:

- **Expanding, reinstating, or ensuring continuation of proven government housing programs** (e.g., Article 20 Housing, Section 8, SCRIE).
- **Supporting creation of more flexible and viable living arrangements** (e.g., enabling older women who are being pressured to leave “family-sized” NYCHA apartments to move into

¹⁸ See, also, Navarro, Mireya and Vivian Lee, “Up in Years and All but Priced out of New York,” New York Times, April 29, 2014.

smaller units in the same housing project, creating programs for apartment-sharing by groups of unrelated older women).

The experts also, however, stressed that any strategies involving changes to housing policy, construction of new housing, or curbs on the profitability of NYC's real estate market tend to be complicated, battle-fraught, and time-consuming – and are therefore of only limited use to a population that needs help right now. And so, while stressing the need for ongoing advocacy and efforts in the affordable housing arena, they almost inevitably returned to the three other – more easily implemented – income-stretching approaches described in the sections below.

INCREASING ACCESS TO ENTITLEMENTS

"I help older women get all the support they are entitled to," explains Po Ling Ng, Assistant Executive Director of the Chinese American Planning Council (CPC) and long-time Director of CPC's Open Door Senior Center. "I am a big fighter; they know me down at the Medicaid Office on 35th Street – I've brought so many people there and gotten such good results. If you're old, can't work and don't have entitlements, you can't get food, you can't get health care. You suffer. So top on my list is making sure Open Door members know their rights and what they are eligible for and put those 'survival assets' in place."

The impact of successfully enrolling every single eligible older New Yorker in all the available entitlements would be huge for both those seniors and for the city as a whole. The Council of Senior Centers and Services (CSCS) estimates that fully half of NYC's eligible seniors remain unenrolled in the federally-funded SNAP program (otherwise known as Food Stamps) and calculates that full enrollment would put \$556 million in seniors' collective pockets and generate more than \$1 billion for local businesses.¹⁹

Given the scope of those potential gains, a range of stakeholders – DFTA, United Way of New York City, AARP, the Food Bank, CSCS, Met Council, the NYC Coalition Against Hunger, the Human Resources Administration (HRA), The Fan Fox & Leslie R. Samuels Foundation, and City Harvest – have all invested considerable resources towards increasing enrollment in SNAP. Many soup kitchens and food pantries consider SNAP enrollment to be as important as the hot meals and food packages that they distribute. Almost all NYWF's economic security grantee partners include entitlement enrollment within their overall menu of services.

But while entitlements-access programs remain popular among those funders and providers, system-wide capacities to implement such efforts remain limited. Most of the city's smaller senior centers – and almost all its smaller church-based senior programs – lack the staff capacities to carry them out. Only the most determined and enterprising are able to do so.

"Enrolling older people in entitlements programs is detailed, time-consuming work," explains Fern Hertzberg, the Executive Director of the Washington Heights-based senior center, ARC XVI Fort Washington. "And it can be terribly frustrating, as well. All those bureaucracies, all that documentation, all those calls. My staff is already stretched so thin that I've had to be very creative. I reach out to social work schools – train students, watch over them to make sure that they do it right. It would be best to have more staff, of course, but we do whatever it takes. Because there is probably *no more important thing* we can do for this population. Honestly, if you can't buy food, if you can't pay your rent, what else matters?"

"Honestly – if you can't buy food, if you can't pay your rent, what else matters?"

¹⁹ CSCS; *Preventing Hunger Among the Elderly: Under-Enrollment of SNAP by Older New Yorkers*; NYC: February 2013.

SUPPORTING FINANCIAL MANAGEMENT CAPACITIES

“We absolutely need to be better at teaching women about economic planning at every stage of their lives,” explains Merble Reagon, Executive Director of NYC grantee partner the Women’s Center for Education and Career Advancement (WCECA). “Girls need to start thinking about career tracks and budgeting – about paying bills efficiently and maintaining healthy credit – practically from the moment they start school. And middle-aged women need to sharpen their skills in all those areas. WCECA has strong programs for both those populations – and so do some other places. *But senior women are still basically left to struggle.*”



GRAND STREET SETTLEMENT

Recently, a couple of far-sighted community organizations have begun filling this service void. CSCS, for example, operates a program called *Bill-Payer*, through which volunteers are trained to provide bill-paying and financial management counseling and support for those who can no longer manage these functions alone.

And a second NYWF grantee partner, Urban Upbound (also known as the East River Development Corporation) – which provides employment, financial literacy, and credit-repair assistance to the residents of the city’s largest public housing project (Queensbridge) – offers a cutting-edge financial education program, *Better Directions*, specifically designed for people over the age of 55. The program takes seniors through a series of economic planning workshops, provides individual financial counseling, credit consultations, assistance setting up savings accounts, and access to appropriate loan products and investment opportunities. It also, as necessary, provides hands-on assistance managing and paying bills.

The consensus, however, is that appropriately-tailored services such as these are few and far between. The experts stress that most economic security programs totally bypass the senior population, and that most aging service programs lack the capacity to address clients’ financial and bill-paying challenges.

And they emphasize that supporting older woman’s financial capacities is not only vitally important for those women themselves, it is vital to the survival of the families who depend on them, or who are themselves too struggling and

stretched thin to offer those women support.

When You Reach Older Women – You Reach Deep

“The older women in this neighborhood are fiercely independent. I would say that it is more often other people who are dependent on them,” recounts Bishop Mitchell Taylor, senior pastor of a local church and Urban Upbound’s founder and Executive Director. “And yet, these vital family pillars often face huge financial struggles. Their incomes are restricted. They don’t access all the available benefits. They have no emergency savings. They’re susceptible to unscrupulous lenders. And they don’t like to talk about these things. They’re proud. Most never even admit they are struggling till they hit serious trouble. So it’s up to us to provide them with timely, pre-emptive guidance. And make no mistake: the benefits of that support can be huge. I love to watch what our participants do, once they leave our training sessions. They go right to their girlfriends and tell them what they’ve learned. And then they tell their children – and their grandchildren. They pass on the wisdom. When you reach older women, you reach deep.”

EXPANDING AND PRESERVING EMPLOYMENT OPTIONS

“We need to help all those seniors who say: ‘I still have another good wind in me,’” asserts Lorraine Cortés-Vázquez, former NYWF Board member and Executive Vice President for Multicultural Markets and Engagement at AARP. “We need to explore all the options, whether it is in the area of re-training, re-marketing, re-imagining, or advocating against all the ‘isms’ that contribute to job loss and financial stress within this population. Women who are 50 can easily have another 30 solid working years ahead of them.”

Helping seniors stay in the workforce for as long as it is feasible and desirable is one of AARP’s major goals; and a range of other leaders in the field have begun adopting this agenda. The NYC Department for the Aging (DFTA), as previously noted, operates a program specifically designed to help people 60+ retool – or find jobs suited to their current – skill-sets, as do a couple of NYWF grantee partners and other providers interviewed for this report.

“We should be raising consciousness that aging is not a disease, that women 50 and older still have talents, energies, and skills that can and should be tapped,” states Irma Rodriguez, an NYWF board member and Executive Director of NYWF former grantee partner **Queens Community House (QCH)**. “We should be holding job fairs – doing job training and placement – in ways that are specifically focused on that age group. We should be making sure that older women who want to keep working or to return to the workplace can do so.”



GRAND STREET SETTLEMENT

Staying in or returning to the job market is not, of course, appropriate for every low-income older woman. The very low-income participants interviewed for this report almost invariably stated that they had no interest in reprising the stresses, costs, and family balancing acts required by steady employment – or explained that their current circumstances made such a move impossible.

“I worked for the City for 33 years. I’m tired, I’m retired, and I’m glad,” remarked one 75 year-old woman at the Harlem senior center. “People say: ‘do you want to go back?’ And I say: ‘I have plenty to do without it, thank you very much.’”

“I’m happy volunteering – cooking for my church soup kitchen,” stated a 70 year-old participant in a Brooklyn focus group. “Two days a week is just fine – and I don’t do dishes and I don’t lift. They pay people to do that. They couldn’t pay me, because I wouldn’t do it.”

Nonetheless, for many older women – and particularly for the 50–65 year-olds who were disproportionately hard-hit by job loss during the past recession – remaining part of the segment of seniors who are still working is the most viable way to forestall indigence; and selected experts urged the public, nonprofit and the foundation community to keep investing in this strategy.

ECONOMIC SECURITY: Sector-by-Sector Recommendations for Action

From the ambitious task of expanding affordable housing options to the more modest strategies of providing financial literacy, access to entitlements and job-seeking support, there are clearly many ways that the public, nonprofit, faith-based and philanthropic sectors can bolster older women's economic security. The experts offered the following concrete recommendations to each sector:

FOR THE PUBLIC SECTOR:

- **Expand the overall supply** of affordable housing by: (1) Developing more subsidized housing units specifically designated for older adults; (2) reinstating flexible rent subsidies (e.g., Section 8) for older tenants; and (3) sustaining and expanding age-based protections against rent increases (e.g., rent control, SCRIE).
- **Make policy changes promoting more flexible/reasonable use of existing housing resources:**
 - Modify relevant housing laws to permit seniors to save money by living together
 - Modify NYCHA practices to ensure that older tenants pressured to leave "family-sized" apartments can move to smaller units within the same housing complex.
- **Expand and create new funding streams designed to enable senior centers, NORCs, and other community-based economic security-focused organizations** help older women access all the currently available entitlements, better manage finances, and more strategically pay bills.

FOR THE NON-PROFIT AND FAITH-BASED SECTORS:

- **For non-profit providers in the overall fields of housing, economic security, and financial management:** Better tailor outreach and service delivery to the specific needs of the older women.
- **For senior centers, faith organizations and non-profits in the fields of economic security, housing, and workforce development:** Explore strategies for pooling outreach and resources towards extending services to a wider group of low-income seniors.

FOR THE PHILANTHROPIC SECTOR:

- **Tailor grant-making guidelines** towards encouraging "general" housing and economic-focused grantees to be more strategic and deliberate about serving seniors.
- **Support non-profit organizations** that are currently providing entitlements access, financial management, bill-paying, and employment assistance for older women.
- **Convene and support** promising potential collaborations among economic development organizations, senior centers, and faith organizations, so as to provide a wider group with appropriate, accessible supports.
- **Fund advocacy organizations** pursuing expansion of affordable housing; more flexible housing programs, and better funding for entitlements specialists and employment specialists for seniors.

HEALTH: EDUCATION, FITNESS, AND NUTRITION

As noted in previous sections, older women from low-income communities generally struggle with a range of debilitating illnesses – e.g., hypertension, diabetes, heart conditions – caused or exacerbated by lifelong lack of access to the core resources of health. The experts in the field described a range of programs that are successfully offering low-income older women information, exercise options, and nutrition tailored to their tastes, and that are, thereby, measurably increasing those women’s overall health and wellbeing.



QUEENS COMMUNITY HOUSE

HEALTH EDUCATION

About a decade ago, a range of NYC aging service providers began routinely integrating health education initiatives into their roster of activities. Basically, they simply accessed the available curricula – curricula reputed to be best-practice, “evidence-based,” and effective in other U.S. localities – and presented them to their clients, in the hope that they would influence personal habits and promote better health.

Over time, however, it became clear that what works in other parts of the country doesn’t necessarily work with New York’s uniquely diverse older populations. These efforts were achieving very little in terms of motivating healthier behavior or achieving improved outcomes, and it was sometimes even hard to maintain regular attendance.²⁰ And so, those providers began exploring strategies for presenting health information in ways that would reflect the specific interests, beliefs, perspectives, practices, and issues of their constituents.

“We realized fairly early on that seniors in this area weren’t interested in listening to what some outside expert thought they should hear,” explains Carlina Rivera, Program Manager for the “Healthy Aging Program” run by NYWF’s Lower-East-Side-based

grantee partner, GOLES. “And so we created a steering committee of neighborhood seniors who could work with peers and local health providers, crafting programs of real value to those peers. They’ve been very successful. Their seminars have attracted a real following. Participants say they learn a lot – and that they are changing their behaviors for the better. Getting first-rate health information is really important for this population.

But it has to be what they want. And it has to be appropriately framed.”

Unsurprisingly, older people in Washington Heights don’t respond with much gusto to lecture-style educational sessions formulated for older white Minnesotans.

“Unsurprisingly, older people in Washington Heights don’t respond with much gusto to lecture-style educational sessions formulated for older white Minnesotans,” explains Fredda Vladeck, Director of the *Aging in Place Initiative* of the **United Hospital Fund**. “Even when those sessions are carefully translated into Spanish. So, right now, we’re piloting a ‘Together on Diabetes’ education and management model in which the older residents of Washington Heights are involved in planning and implementation from the very outset. We’re documented everything, so we will be able to track our progress. We’ll let you know what happens. But so far, it looks very promising.”

²⁰ New York Academy of Medicine, *op cit*.

We Like Sharing What We Know

It is Tuesday afternoon, and the meeting room at Union Settlement Association's Gaylord White Senior Center is packed with some sixty older Latina women – plus half a dozen medical residents from Mount Sinai Hospital. An older Cuban man – a “shaman” or traditional healer – stands at the front of the room, arranging roots, herbs, and bits of leaves on platters. It is the monthly meeting of the “Green Medicine” Seminar in which Latina women educate future doctors about traditional Latin American medical practices.

The shaman picks up each of the plants he has arranged, and provides a preliminary description of their role in indigenous healing. The women then take over – explaining how they prepare them, when they use them, and how and why they work – while staff members offer periodic translations, as needed, and the medical students take voluminous notes and ask questions.

The residents report that these “Green Medicine” sessions are invaluable – that knowing more about older Latina patients' beliefs and practices helps them to “break the ice” with those patients, supports better understanding of those patients' perspectives, and promotes the kind of mutual trust required in any doctor-patient relationship.

“This was really wonderful,” one participating medical resident told the seniors at the end of the event. “We've learned so much from you. So – please – be sure to share this kind of information and guidance with all your doctors. Let them know what remedies you are using at home. And why you use them. It will help them help you to be healthier!”

“Well, we like sharing what we know,” answered one of the participating women. “When we know that you are listening to us, we are happier to listen to you.”

FITNESS AND NUTRITION

While the experts are pleased with the impact of culturally-appropriate health education efforts, they are even more sanguine about efforts that directly link older women to the core tools of good health – i.e., appropriate fitness activities and nutritious food options.

“The best health programs for older women,” asserts one foundation leader, “don't just have them sitting there, listening to someone talk about remedies and lifestyle changes. They get them out there exercising and moving and nourishing themselves. They get them dancing, growing vegetables, running a farmers' market – making a difference.”

The best health programs for older women ... get them out there ... dancing, growing vegetables, running a farmers' market – making a difference.

FITNESS PROGRAMS

Since the mid-2000's, DFTA has promoted the development of vibrantly strong fitness programs across the senior center network. Even the smallest centers now offer a host of exercise options reflecting their members' articulated interests – walking clubs and tai chi classes, daily chair yoga and Zumba sessions, ping-pong and ballroom dancing. And across the board those centers report that these options are being eagerly embraced by those members and are resulting in increased flexibility and stamina, healthy weight loss, reduced depression, and expanded feelings of overall wellness.²¹ What is more, the movement to support older people's fitness has spread far beyond the senior center network. A growing number of nonprofit providers – both the obvious ones (e.g., YMCAs) and the less obvious ones (e.g., hospitals, community organizing groups) now sponsor appealing senior-focused exercise programs.

²¹ New York Academy of Medicine, *op cit*.

“If I were to name the single best development in aging services over the past few years,” remarks one center leader, “it would be the increased emphasis on physical activity. I’ve seen women who used to just come here to sit quietly all day take on a whole new life, once we got them on the dance floor. Come take a look at our salsa class – it’s fabulous! These ladies can really move! Who knew?”

Exercise supports vitality; it supports socialization. It’s a direct path to better health.”

Or – as one center participant interviewed for a New York Academy of Medicine evaluation of “healthy aging” practices, put it: “Thanks to the ...exercise.... I feel younger every time I come [here].”²²

These Seniors are Fierce

In 2011, after noting that older women in the Brownsville area had among the worst rates of common age-related illnesses in the city, staff at the Brownsville Partnership – a Brooklyn-based community organizing group – decided to take action. They figured that the best route to better health would be to engage older women in an exercise program designed to appeal to their tastes. And so they engaged a 70 year-old NYC Road Runner named Sid to create an approach that would be enticing, inclusive, and easily implemented.

Sid asked a group of seniors to suggest entrée-points that would bring in their peers, and – based on their recommendations – designed an initial training program that included chair yoga and low-impact aerobics, conducted to “golden oldies” tunes. And once he had developed a robust community following, Sid got more ambitious. He worked with the seniors and with the Partnership to create a walking path that would wend its way through several of the area’s New York City Housing Administration (NYCHA) housing developments, following what local historians asserted was the area’s main thoroughfare when Brownsville was a separate town – some two centuries ago.

Finally, Sid took his group of aerobics-primed seniors walking out along that historic path – with great fanfare and with a set of banners that proclaimed: “NYC is Our Gym!”

Three years later, the program has 150 “regulars” walking the trail with energy and determination, two mornings a week, rain or shine. There is even a cohort of women in wheelchairs, following along or – occasionally – leading the way.

“For decades, the older women in this area were too scared of crime to even just go downstairs and take a stroll,” explains the Partnership’s Director, Rasmia Kirmani-Frye. “They were virtual prisoners in their own apartments. I don’t have to tell you what that does to overall morale – never mind health. Now they are out and about, a visible presence, getting physically stronger every week, honoring the area’s past – and making a strong statement about its future. People tell me all the time how reassuring it is to see that group of bold older women, marching by. They say it inspires them to go out themselves. These seniors are fierce. They told us what they wanted and they helped us create it. They are taking back the streets.”

²² Ibid.

NUTRITION PROGRAMS

The Council of Senior Centers and Services (CSCS) estimates that 35% of older New Yorkers live with limited or uncertain availability of nutritionally adequate food, also known as “food insecurity.” The national figure for this age group is closer to 6%.²³ The health tolls of overall food insecurity are further compounded by the malnutrition that comes with living in “food deserts” – areas where the main purveyors of nourishment are McDonalds or ill-stocked bodegas.

Enrollment in SNAP benefits (e.g. food stamps) and access to food pantries and well-balanced meals provided by the senior center network are New York’s broadest-based and most frontline approaches to addressing the nutritional challenges of low-income seniors. However, an innovative strategy to combat malnutrition has emerged out of NYC’s burgeoning community-based urban farm movement.

Getting Old Doesn’t Mean Slowing Down

“For a long time, East New York was a high-crime area filled with abandoned garbage-strewn lots,” recounts Ana Aguirre, Executive Director of NYWF grantee partner, United Community Centers (UCC). “No one in the City was doing anything about it, so the community decided to take action. We agreed that our two main liabilities were: (1) the abandoned lots; and (2) the community-wide lack of nutritious food. And that our two main assets were our young people and our seniors – seniors who had often spent their childhoods working on farms, seniors who knew how to grow things. And so we said: ‘Let’s turn those lots into food-producing assets, with the older people leading the way!’”

UCC created a plan for a neighborhood-wide network of urban farms that began attracting supporters, including The New York Community Trust, the NYC Sanitation Department, and NYWF. It recruited 80 gardeners – mostly older women who came to the neighborhood from the South, the Caribbean, Africa, and South America, and they transformed the empty lots into gardens. They established a weekly farmers’ market from which they sold their produce to other local senior women and to low-income single mothers and brought in neighborhood high school students to work alongside them.

“I’ve been a gardener since my early days in Jamaica,” explains one of the older volunteers. “But I never dreamed I could use what I know the way I do now. But when UCC said: ‘Let’s do something,’ we proved what could be done with a little energy and direction.”

A New York Academy of Medicine evaluation of the project found that as many as 97% of the participating senior women reported feeling less isolated and less depressed, lost weight, and needed fewer medications to control cholesterol, depression, high blood pressure, diabetes, and arthritis as a result of both their hands-on farming activities and their access to better nutrition.²⁴

“We start out the morning saying: ‘my back hurts, my leg hurts’ but after a day bending and digging, we feel limber and good,” explains the volunteer. “We make things grow. And we teach young people that getting old doesn’t mean slowing down. You know what those young people tell us? They tell us: ‘From you, we’ve learned that we need to take care of the earth...and of ourselves.’”

²³ CSCS. *Hunger Hurts: A study of Hunger Among New York City’s Elderly*. NYC: 2007.

²⁴ New York Community Trust. *Three Year Progress Report, Community Experience Partnership-Community Solutions Program*. NYC: 2013.

HEALTH: Sector-by-Sector Recommendations for Action

The evidence is clear: It is possible to measurably improve low-income older women's overall physical and mental health through pro-active educational-, fitness- and nutrition-focused programs in which those older women themselves play primary, hands-on roles. The experts offered the following specific recommendations for increasing reach and impact:

FOR THE PUBLIC SECTOR:

- **Continue and expand investment in senior-center-based (and other community) health education programs that are guided and shaped by the interests of the older women they are designed to serve.** Evaluate, codify and promulgate these new culturally-relevant evidence-based approaches.
- **Continue and increase investment in the main publicly-funded programs supporting access to nutritious food** (e.g., SNAP —food stamps, food pantries and soup kitchens, and the nutritious meal programs offered through the senior center network and Meals-on-Wheels).
- **Continue and expand funding for efforts expanding exercise options for older women.**
- **Continue and increase support for urban farm projects.**

FOR THE NON-PROFIT AND FAITH-BASED SECTORS:

- **For senior centers, hospitals, YMCAs, faith-based aging ministries, NORCs, and other community providers:** Continue and expand the provision of innovative exercise programs (from aerobics to Zumba) available for older constituents.
- **For community providers involved in addressing food or land use issues:** Continue adding urban farm components to existing programs, pursue new opportunities to create farms, and – to the extent possible – be sure to tap the skills and energies of older women in creating these efforts.

FOR THE PHILANTHROPIC SECTOR:

- **Support programs** that involve food production, exercise, and health education for older women – particularly those programs that promote the inclusion of the older women as advisors in overall design and implementation.
- **Convene non-profit and faith-based providers serving older women** to create additional innovative health education, exercise, and nutrition-related programming.

SOCIAL CONNECTEDNESS: SENIOR CENTERS AND MEANINGFUL VOLUNTEER OPPORTUNITIES

As all women age, they face inevitable, ongoing loss. Friends, partners, and siblings die before they do. Children move away. Travel becomes more difficult. Options for employment close down and income constraints lead to further social constraints. Even those older women whose lives are caught up in taking care of other people – and who are, therefore, not technically alone – tend to lose access to appropriate social outlets and contacts as their days are consumed with those caregiving responsibilities.

The leaders in the field of aging explained that the tolls of progressive social isolation can be addressed or reversed through two main proven approaches: (1) supporting older women’s participation in the senior center network; and (2) engaging them in meaningful volunteer projects.

The Pleasure of a Shared Meal

Sometimes it is easier to admit that you are hungry than that you are lonely,” remarks William Dionne, Executive Director of the Carter Burden Center for the Aging. “Hunger is a huge issue among older women – make no mistake. But loneliness is just as huge. If you ask one of our members why they come to our centers, they will talk about how great the food is. But what they really value is simply the pleasure of a shared meal.”

SENIOR CENTERS: GOD AND MY GIRLFRIENDS

“I left all my people back in the South,” explains an 80 year-old woman at a Brooklyn food pantry. “My husband’s dead and my kids have moved away. The doctors say I have sugar – and maybe I do; I sure don’t have the pep I used to. But I can still get to church and I can still get to my senior center. So I’ve got God and my girlfriends. And that gets me through.”

For nearly forty years, New York’s best approach to addressing the loneliness of aging has been its impressive network of 250+ senior centers. As described in previous sections, those centers offer a host of isolation-reducing supports to seniors across the metropolis – from hot daily congregate meals to an impressive range of group-based cultural, recreational, wellness, and educational activities. And while those centers were originally crafted to serve older adults with relatively homogenous backgrounds, orientations, and physical capacities, they have steadily evolved to reach people from a broader range of cultures, to include members of the LGBT community, and to better serve people with disabilities.

ENGAGING NEW IMMIGRANTS

As noted in a previous section, the vast majority of immigrant seniors (and, particularly, of the women in that group) came to New York for one of two reasons – to help take care of their families or to be taken care of by those families. And, once ensconced in those families’ homes, few are encouraged (or even permitted) to venture far beyond their four walls. Because they rarely take advantage of existing services – particularly senior centers – they have little chance to master English. They rarely pursue citizenship, despite the fact that most entered this country through legal channels; they therefore remain ineligible for Medicaid, Medicare, or Social Security. They have few opportunities to learn about their new country or to make new friends. The deep and varied skills and experiences that they may have brought with them all too frequently remain untapped and unrecognized.

They are, in short, at high risk of isolation, depression and poverty – particularly when their adult children reach a certain degree of affluence and decide to move to the suburbs and leave those parents behind.

Most senior center directors are firmly committed to reach these new populations. But the challenges involved are huge. In part, they relate to the difficulties of even communicating with – let alone engaging – every single segment of New York’s robustly diverse immigrant population. But, in part, they relate to the barriers put up by those older immigrant women’s own families and communities.

One of the most common phrases heard among immigrants and immigrant providers is: “our families take care of their own.” All too often, what this translates into is a reluctance to focus on the sacrifices and isolated existences of the older mothers who tend their homes and care for their children, a refusal to permit those women to pursue interests of their own, and a fear that – by so doing – they will leave themselves open to the criticism that “taking care of our own” is not enough.

Given these challenges, DFTA and its community providers have, in fact, made remarkable progress in terms of incorporating new populations into senior center activities. It has sought out partners with expertise in and connections to particular immigrant communities to create entire new centers geared to the specific preferences of those constituencies. Or it has worked with those partners to imbed tailored “mini-centers” within existing centers. It has supported established centers’ efforts to hire more culturally-diverse staff members – and to create menus and activities that will attract new groups of participants. And, it has supported centers’ efforts to help “original” participant groups become familiar with – and acquire respect for – the cultures, cuisines, and activities of the new groups.

“I know that our daily menu says things like ‘roast chicken’ and ‘meatloaf,’” remarks Robin Aparicio,

Our Families Take Care of Their Own

“In the Muslim community, older women tend to be very sheltered,” explains Robina Niaz, Executive Director of Turning Point for Women and Families, a former NYWF grantee partner that serves Muslim domestic violence survivors and supports young Muslim women. “And, in post-9/11 New York, older women have become legitimately wary of encountering anti-Muslim prejudice. Thus, we hear stories of older women who remain at home all day, feeling isolated and depressed. That some feel like ‘household help,’ looking out of windows. Their families are, of course, deeply concerned; but culturally it is unacceptable for them to send their mothers or grandmothers to some City-funded senior center. It isn’t so easy to change those cultural norms.”

“Just because an older Korean woman lives with her family doesn’t mean she’s not isolated and lonely, most of the time,” adds Kyung B. Yoon, Executive Director of the Korean American Community Foundation – another former NYWF grantee partner. “There are strong language and generational barriers. A grandmother may not even be able to communicate with her own grandchildren because those grandchildren don’t speak Korean. An older woman’s adult children may be too tired or preoccupied to pay much attention to her when they get home from work. But in our community, seniors hesitate to go outside the home to seek help because it might reflect badly on their children. It’s a matter of saving face.”

Project Director for Catholic Charities of Brooklyn and Queens' Glenwood Senior Center – a site primarily serving the West Indian population of Flatlands/ Mill Basin, in Brooklyn. “But we made sure to hire a West Indian chef who knows just how to spice it all in a way that ... well, if you tasted it, you'd know that it isn't just 'meatloaf.' Our West Indian participants are thrilled. But guess what? It's not only they who like it. Everyone who comes here – regardless of background – has been very pleased. It's tasty stuff. And we're broadening horizons.”

“Our activities reflect the tastes of every ethnic group in this very diverse neighborhood,” recounts Mei-Guey Jan, Director of Senior Services at NYWF's Lower East Side-based grantee partner, the Grand Street Settlement House. “Depending on the day, our members may be doing Latino Dance or Tai Chi; attending an ESOL class or a 'Poetry and Writing’

seminar; eating collards, or arroz con pollo, or stir-fry vegetables. There are layers and layers of immigrants – layers and layers of cultures – in this area, so it is vital that we be as inclusive as possible. We've worked very hard to help everyone feel welcome here, regardless of background – and we've been successful. Even when people don't speak the same language, they find ways to communicate, to get along – to mix in one another's activities. You never know who will be eating, singing, or dancing together.”

Nonetheless, despite all these dedicated efforts, a significant segment of NYC's older immigrant women remains isolated, segregated and under-served. It will take considerable ongoing effort – both on the part of the center network and on the part of NYC's immigrant communities themselves – to ensure that this cohort of our population receives the attention, the support, and the services that it needs.

A Very Sweet Home

India Home is a nonprofit group that has been working with DFTA for the past few years to create centers tailored to the needs of the many older East Indians who come to New York to support adult children while those adult children work long hours outside the home. Using a combination of privately-donated and DFTA funds, it runs five senior center programs – four located within other “established” centers and one self-contained within a Buddhist Temple in Queens Village. Participants in these centers share Indian food with one another (and with their non-Indian peers), take part in discussions, attend health lectures, sing together, and do chair yoga. And they join in the ongoing activities of the centers in which their program is imbedded.

“India Home is a very sweet home like our parents' homes,” explains one India Home member, “where people mingle to share their problems, happiness and sadness. It provides us warmth, friendship,

bonding, entertainment, and good knowledge regarding health and medical issues. We celebrate our festivals, birthdays, and auspicious days...”

Many of the participants served by these centers were active, well-respected community members and professionals in their home country before putting all that aside to – essentially – take on childcare and housekeeping duties for their adult children. All are deeply grateful for having a place to go where they can once again feel important, cared for, respected – and part of a larger community.

“We came to the U.S. for our children's future,” explains a second participant. “But now that our children are successful, they unfortunately have to move to where they get employed. Since they are away, we come to India Home to enjoy our old age instead of sitting at home.”

REACHING OTHER UNDER-SERVED GROUPS

Over the past few years, in addition to promoting ethnic/racial diversification, a range of senior centers and other aging service providers have made efforts to draw in other groups who have historically been outside the reach of the established center network. In particular:

- *Seniors with Vision Impairments.* VISIONS – one of the premiere organizations serving vision-impaired New Yorkers – operates a senior center within the larger community center of a HUD 202 apartment building designed for individuals and families with visual and other disabilities. Because of its location, the senior center’s programs tend to attract participants of all ages. So teens, adults, and seniors join forces in computer classes and bowling tournaments. They play guitar and make ceramic pots side by side. They tap similar employment services and supports. They cross generational barriers, learn from one another, and make new friends.²⁵
- *LGBT Seniors.* A few community providers are working within and outside the senior center system to offer group services appropriate to the needs of the senior LGBT population:
 - SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders) operates a city-wide center in Midtown Manhattan, plus a number of satellite sites in other parts of the city. It also provides training and seminars designed to: (1) strengthen the cultural competence of the staff members of non-specialized senior centers; and (2) enhance the LGBT sensitivity of other professionals who work with seniors.
 - Queens Community House (QCH) – an NYWF-supported multi-service settlement house that sponsors five Queens-based senior centers – has created a multi-ethnic Jackson Heights-based LGBT-centric program that regularly invites in members of the broader immigrant community for center-based activities and meetings.
 - GRIOT (Gay Reunion in our Time) Circle – a Brooklyn-based organization dedicated to serving the particular needs of LGBT elders of color – provides a range of non-center-based companionship programs including a Buddy-2-Buddy pairing program; a “Caring Caller” program; various support, arts, and health and wellness groups; and ongoing social events.²⁶
- *Homebound Seniors.* Selfhelp Community Services is a provider that operates a comprehensive range of programs and services for older adults, including a “virtual” senior center through which homebound seniors can use computer-based linkages and training to participate in a spectrum of activities and services – e.g., support groups and “chat” groups; special events, lectures, wellness activities and museum exhibits; e-friendly visits from volunteers; and regularly-scheduled assistance from case managers.

Each of these innovative models demonstrates the profound benefits of bringing different populations together within integrated settings. VISIONS’ multi-age service delivery model – the product of necessity – suggests a vibrant new paradigm for the kind of inter-generational programming that rarely appears on the radar screens of funders and providers. QCH’s LGBT center provides a similarly promising strategy for breaking down the pre-conceptions that can separate older and younger people – and LGBT and non-LGBT populations. And Selfhelp’s pioneering technological approach provides an excellent model for reaching a broad range of temporarily or permanently homebound individuals and groups.

²⁵ Interview with Carrie Lewy, Director, VISIONS senior center; and Ann De Shazo, Director, Selis Manor, December 4, 2013.

²⁶ Interview with Catherine Thurston, *op. cit.*; with Irma Rodriguez, *op.cit.*; interview with Katherine Acey; and the *GRIOT Circle website*.

More Comfortable With Their Neighbors

“Queens is probably the most diverse place on earth,” remarks Irma Rodriguez, a NYWF board member and QCH’s Executive Director. “Racially, ethnically, culturally – all ways. And so, for the past few years, we have worked with those varied constituencies to help everyone feel more comfortable with their neighbors. Our efforts to bring non-LGBT immigrant seniors – and younger people all from the area’s diverse ethnic groups – into our predominantly gay-focused Jackson Heights senior center is creating the kind of vital cross-cultural, cross-age, and cross-ethnic bridges that make for real community. We haven’t quite gotten to that ‘YES!’ moment in which everyone feels totally comfortable surrounded by rainbow flags. We’re still a bit at the ‘Well, yes’ stage. But we’re getting there.”

MEANINGFUL VOLUNTEER OPPORTUNITIES: OLDER WOMEN AREN’T “TAKERS”

“We have to stop framing programs in terms of ‘giving’ to older women,” states Lauren G. Weisenfeld, Deputy Director of the Healthy Aging Program of the Fan Fox & Leslie R. Samuels Foundation, Inc. “Older women aren’t ‘takers.’ They, themselves, have enormous amounts to give.”

Most senior centers, NORCs, and faith institutions enlist older people from within their own memberships to cover a host of internal functions – from handling the reception desk to calling people who haven’t shown up for regular activities for a few days. These volunteer efforts are often viewed as an “extra” – a way to stretch the scarce resources of hard-strapped community organizations or as a nice project for the volunteers themselves. And, often, that is all that they are.

The experts insist, however, that the best programs are far more than a “frill.” They are efforts that allow older women to utilize their still vibrant gifts to support the community as a whole. They are singularly effective strategies for helping seniors to reduce their sense of social isolation and to maintain – or reclaim – the recognition that they deserve.

Particularly impressive senior volunteer efforts include:

- **Community Service Society/AARP: Experience Corps.** In 1996, the Community Service Society of New York City (CSS) launched a pioneering program – Experience Corps – through which it rigorously prepares and trains senior volunteers to provide tutoring to students who are reading significantly below grade level. The volunteers all come from the same neighborhoods as the students. They are thoroughly screened; taught to employ a range of effective tutoring strategies, and offered support and additional coaching throughout the school year. The benefits to the community have been impressive. Fully 99% of participating teachers rated it as being “good” or “excellent” for the schools and for the students. Reading skills improved significantly – often dramatically – for fully two-thirds of participating children. And so have the benefits to the volunteers. One 83 year-old Bronx woman, who joined the program when she found herself unexpectedly widowed seventeen years ago, calls it the gift that “changed my whole outlook on life.”²⁷
- **Hamilton Madison House’s “Phone Angel” program.** From 2010-2012, Hamilton Madison House – a Chinatown-based settlement house – sponsored a program called “Phone Angel” in which senior center members (largely older women) offered regular telephone reassurance, emotional support, and information to neighborhood residents who were caring for frail family members (also largely older women). Formal program evaluation revealed that the caregivers served by this program felt “less stress” in their

²⁷ “Concourse Village Octogenarian Set to Begin 17th Year Volunteering in City Schools,” Daily News, August 23, 2013.

More Radical With Age

One of the most appropriate and effective channels for older women's volunteer energies is within advocacy efforts carried out on their own behalf – or on behalf of other constituencies.

A few farsighted programs have recognized this potential, and have been actively organizing, training, and supporting senior volunteers to help advance policy-related initiatives. CSCS's "Activator" program prepares seniors to make the case for important legislative changes to leaders in Albany and City Hall. ALIGN's "Caregiving Across the Generations" campaign (described in detail in a subsequent section of this report) brings seniors together with Medicaid-funded homecare workers, to advocate for better wages for those homecare workers.

"If you get a group of older women together, we will tell you what is needed – and see that it gets done," remarks an older advocate whose efforts in East New York helped secure formal City recognition for an African slave burial ground that had been covered over and ignored for more than a century. "We are the ones who notice things. The ones with the time to think, to consider, and to figure out the right answer. And we aren't shy."

"There is no better advocacy team than a group of older women," adds Carter Burden Center for the Aging Executive Director William Dionne. "They are formidable and persistent. They have a real way with words. They can be a real force. They should be a real force."

Or as Gloria Steinem puts it: "Women may constitute the only group of people who grow more radical with age."

lives. And the volunteers felt: "empowered," "more purposeful," "a more vital part of the community," and "a source of pride" for their families. As noted in that evaluation, this latter outcome is of particular significance within an ethnic community in which older women's feelings of "having outlived their usefulness" have been linked to some of the highest rates of depression and suicide attempt in the city.²⁸ "I wouldn't come to the Center just for leisure activities," recounts one former Phone Angel volunteer. "That would feel too selfish. But I am happy to be a volunteer here. We volunteers are doing something very important for the community. That means a lot to us."

The possibilities for supporting senior-driven volunteer efforts – for tapping the talents of older women in support of the overall good of the community – are virtually limitless. From preparing older women to mentor and tutor young people, to positioning them to bridge the distance between immigrant peers and local senior centers, to training them to support those who are homebound or overwhelmed by caregiving duties, to equipping them to carry out advocacy efforts – there are all manner of opportunities for imaginative, constructive endeavors.

The experts stress that none of these activities can function without serious investment of resources. That without that funding they can be forced to shut down altogether – like the "Phone Angel" program, once its two-year grant ended. When they are robustly funded, however, the payoffs can be huge. "Volunteering is a lifeline for both the community and the volunteers," concludes Sara Capers, the Director of the Ruby S. Couche 'Big Sister' Educational Action and Service Center – a minimally-funded program in a tiny Jamaica, Queens storefront, in which a small cadre of older volunteer women tutor local middle-school students, run a food pantry that distributes 300 bags of food a week, and tend a community garden that adds 800 pounds of fresh

²⁸ Mui, Ada C.; Glajchen, Myra; Chen, Huajuan; Sun, Juanjuan. *Developing an Older Adult Volunteer Program in a New York Chinese Community: An Evidence-Based Approach*. Ageing International; Rutgers University: 2012.

produce to that pantry's offering. "This neighborhood has so many talented older women. They do so much! And they could do so much more, if I only had the means to manage more of them! Think of the all young people they could teach! Think of

all the hungry people they could feed! But there's only so much one can do in a one-woman shop, and right now, that's what this is. Just think of what we could accomplish if I had just a little more help with the load!"

SOCIAL CONNECTEDNESS: Sector-by-Sector Recommendations for Action

The primary strategies for reducing social isolation among the city's low-income, marginalized older women have more than proved their merits. The experts' sector-by-sector recommendations for ongoing and enhanced investment in these strategies included:

FOR THE PUBLIC SECTOR:

- **Continue investing in senior center activities** of all types. Pay particular attention to centers that work with – or seek to work with – new immigrants and other under-served populations in their communities.
- **Provide funding streams encouraging providers to utilize seniors as volunteers** in projects in which they support other seniors, young people, community caregivers, and the community as a whole.

FOR THE NON-PROFIT SECTOR:

- **For providers working in immigrant communities:** Examine whether the community's own beliefs and cultural attitudes are preventing older immigrant women from accessing programs that could benefit them, and begin working to address those attitudes. Wherever possible, incorporate those older women themselves as ambassadors and planners in changing attitudes, reshaping "mainstream" programs, and creating new, tailored efforts.

- **For youth providers and aging service providers:** Explore potential collaborations that can expand horizons at both ends of the age spectrum, that combine diverse talents and energies for the benefit of the community as a whole, or that tap the energies of young people to help older people – and older people to help younger ones.
- **For providers working in the LGBT community:** Examine whether general community-based social programs are reaching out to, open to – and taking into account the particular needs of – older LBT women, and explore ways that partnership with other senior-serving organizations could open doors for older LBT women within those organizations.

FOR THE PHILANTHROPIC SECTOR:

- **Convene, work with, and fund leaders of the city's newer immigrant communities, with LBT communities, and with communities of people with disabilities** to increase access to services for the older women in those communities.
- **Convene, work with, and fund nonprofit leaders working in youth and aging services** to create programs that involve these groups in mutually-supportive, mutually-beneficial community projects.

CAREGIVING: SUPPORTING BOTH SIDES OF THE RELATIONSHIP

Some of the biggest challenges facing low-income older women relate to the issue of caregiving.

Women are the primary caregivers of our society. And – particularly in the low-income communities that are the primary focus of this report – those caregiving responsibilities often extend far into old age. As noted in previous sections, tens of thousands of New York’s low-income older women represent the primary support system for grandchildren and dependent adult children, well into their own seventh, eighth and ninth decades – ignoring their own needs; exhausting their emotional, physical and financial resources; and making themselves vulnerable to exploitation and abuse.

At the same time, once those women reach the point of needing care themselves, all too many find themselves either unable to access appropriate assistance or left to depend on caregivers who are, themselves, under-supported, under-trained, depleted, and in some cases so stressed as to become neglectful or abusive.

The sections below discuss some of the main issues facing – and the best approaches for supporting – women caught on both sides of the caregiving equation.

OLDER WOMEN AS CARE PROVIDERS

While the task of providing or coordinating care for aging spouses and even older parents tends to fall on women regardless of income level, it is lower-income older women who most often also assume the taxing, solo responsibility for providing hands-on

care for dependent grandchildren and adult children. And, while every unpaid caregiver faces sacrifices and challenges, the challenges associated with those ongoing or reprised child-caring responsibilities tend to be the most onerous, unrelieved, and emotionally painful. The experts consulted, therefore, primarily focused their discussions on those latter caregiving situations.

GRANDMOTHERS CARING FOR GRANDCHILDREN

A huge segment of New York’s children go home to their grandmothers at the end of each day. This arrangement sometimes exists because those grandchildren’s parents are putting in the grueling work

hours required to get ahead in this intensely competitive city. But it also frequently exists because of other, grimmer reasons – e.g., because those parents are in prison, are drug-addicted or dead, have abandoned their families, or are deemed by the state to be incapable of carrying out their parental responsibilities.

At the height of the crack and HIV/AIDS epidemic from the mid-1980’s

through the late-1990’s, the number of children served by the City’s foster care system at any given time swelled to an unprecedented 60,000. And, since the available supply of “unrelated” foster parents was nowhere near large enough to absorb this deluge of new need, a significant proportion of those children were placed in the care of relatives – generally grandmothers.

Today, the roster of children who are “officially” in the child welfare system has shrunk dramatically to less than 12,000. But the issues that caused that initial flood have not just gone away. An estimated 100,000 of the city’s black and Latina children continue to be raised by some 65,000 grandmothers, through both formal and informal caregiving arrangements.²⁹



GRAND STREET SETTLEMENT

²⁹ 2010 Census.

The issues that caused the flood of children into the child welfare system in the late 1980's and 1990's have not just gone away. An estimated 100,000 of the city's black and Latina children continue to be raised by some 65,000 grandmothers, through both formal and informal arrangements.

Over the years, DFTA has developed a range of services supporting the community providers who work with parenting grandmothers. It helps those providers launch and facilitate support groups and guide constituents in choosing appropriate custodial arrangements (from informal care to kinship guardianship to kinship foster care to adoption). It sends them up-to-date information about relevant community resources. And it engages a group of grandmothers who themselves have raised grandchildren, to serve as coaches and role models for the grandparents served by those providers.

"My husband and I took in our two granddaughters back in the 'eighties when our son was incarcerated and their mother was on drugs," relates one of the grandmothers engaged by DFTA as a parenting grandparent coach. "It wasn't exactly our dream for our senior years. I had retired and had to go back to work to help pay for everything. I was simultaneously taking care of my mother, who was in failing health. And I wasn't in the best of health, myself. But none of that stopped me. Those granddaughters were my heart. The only part that really took something out of me was watching those girls deal with what had happened with their parents. I tried my best, but I could only do so much to ease their pain. I could have used some help."

Unsurprisingly, most of DFTA's efforts in the grandparents-raising-grandchildren arena – as well as the efforts of most of the community providers that DFTA supports – focus principally on the needs of the caregiving grandmothers. They provide counseling, respite, support groups, and recognition for those

grandmothers' heroic efforts. But, as the DFTA coach notes, some of the most difficult challenges for parenting grandmothers' relate not to their own direct needs – herculean as those may be – but rather to the turmoil, confusion, and ongoing struggles of their grandchildren. And, thus, the programs that are most effective offer coordinated supports to both sides of this caregiving relationship.

Some of the most difficult aspects of parenting grandmothers' lives relate not to the grandmothers' direct needs – herculean as those may be – but rather to the turmoil, confusion, and ongoing struggles of their grandchildren.

Efforts that exemplify this holistic approach include:

- *Presbyterian Senior Services/West Side Federation for Senior & Supportive Housing's "Grandparent Family Apartments."* The nation's first supportive "Grandparent Family Apartment" complex was created on an empty New York City Housing Authority (NYCHA) property in the South Bronx, using funding blended from a spectrum of aging, youth and housing sources. The complex provides low-income "grand-families" with both an apartment and an array of on-site services addressing the inter-related needs of everyone in these "reconstructed" households. In particular, it offers: (1) a range of youth development services for the grandchildren; (2) a range of supportive services for the grandparents; and (3) counseling helping each of the two generations to better deal with one another – and to come to terms with the often heartbreaking circumstances surrounding the loss of the "middle" generation.³⁰
- *The Harlem Hospital Center Grandparents Program.* In 1993, Harlem Hospital combined funding from a range of private and public sources to create a program in which infants born with acute, drug-related complications from crack-addicted mothers were provided with intensive,

³⁰ Ibid.

ongoing developmental and medical assistance, while the grandmothers taking them home from the hospital accessed case management, counseling, group support sessions, and individual coaching. When the program's founder, director, principal fundraiser and tireless advocate, Dr. Evelyn Davis, retired, this unique, multi-faceted support system ended. Over the course of Dr. Davis' tenure, however, it enabled an entire generation of profoundly at-risk children to deal with huge developmental, physical, and emotional challenges while helping sustain the grandmothers responsible for those children's care.³¹

These two programs exemplify the tremendous efforts required – and the tremendous rewards reaped – when providers pay attention to both sides of the grandparent-grandchild caregiving paradigm. In each case, staff members were forced to invest huge amounts of energy towards blending funding sources and services that are almost never viewed as linked. And in each case, that investment produced a seamless support structure of incomparable benefits.

“The way government agencies are structured doesn't really permit – let alone inspire – thinking about multi-generational needs,” remarks Rosa Marcano, the Educational Coordinator for the Presbyterian Social Service “Grandparent Family Apartments” project. “Article 20 housing for seniors doesn't normally permit children to share those apartments. Senior service providers don't generally receive youth development funding. But kids grow up in families! And older people take care of kids! It's been really tough to get everything in place. But, as a result, we have this incredible community! Grandmothers look after each other – and after one another's grandkids. Older kids look after younger ones. Teenagers teach computer classes for the grandmothers – you should see those classes – they are marvelous! Almost 90% of our kids move on to the next grade level at the end of each year – where else in the South Bronx do you see statistics like

that? But that's what happens when you dare to think 'out of the box'!”

“The way government agencies are structured doesn't really permit – let alone inspire – thinking about multi-generational needs... But kids grow up in families! And older people take care of kids!”

“I always thought it would be marvelous to co-locate an after-school center or a day care center right here in our building,” remarks one senior center director. “So many of our clients are stretched to their limits trying to juggle their own needs and the needs of their grandkids. They fly out of here like rockets at 2:30 to go pick up their kids from school. Having on-site services for the grandkids wouldn't just ease their burden logistically. The youth workers could offer the grandmothers advice from time to time, model some parenting skills. We don't tend to think of those things because everything in our society is so silo-ized. But what a difference it would make!”

OLDER MOTHERS CARING FOR DEPENDENT ADULT CHILDREN

“The City has no idea how much money it saves because so many older women are taking care of their mentally-ill or developmentally-disabled adult children,” remarks a participant at a Council of Senior Centers and Services (CSCS) Roundtable for senior center directors. “They do it alone and without support. They put themselves at risk of impoverishment and abuse. But they do it.”

“Many of our senior center members are helping to support adult children, even when they don't have enough money for themselves,” adds a second participant. “The kid has a drinking problem or a gambling problem or a work problem. He may live elsewhere, but he keeps coming back to Mom for meals, or for money, or for a place to crash for the night. He brings his friends over, and they steal from her. Or he persuades her to put his name on her bank account and then he empties it out.

³¹ Leicher, Susan; *The Harlem Hospital Center Grandparents Program*; Harlem Hospital Center. NYC: 1996.

Of course, no one talks openly about those situations. We only find out about them by asking questions when some red flag goes up.”

“The City has no idea how much money it saves because so many older women are taking care of their mentally-ill or developmentally-disabled adult children. They do it alone and without support. And they often put themselves at risk of impoverishment and abuse by doing it.”

Whereas younger women tend to be abused by the partners or predatory older men on whom they depend, older women tend to be abused by fully- or partially-dependent adult children. In 2012, an estimated more than 120,000 older New Yorkers – mostly women – were victims of financial, physical, or psychological abuse by the grown children for whom they were providing care or support. And most providers assume that, given mothers’ reluctance to report this crime, this number is only the tip of the iceberg.³²

Given this reality, addressing the abusive aspects of older women’s caregiving situations generally involves addressing a whole slew of issues – guilt, pity, and feelings of responsibility – that may be less present in other cases of domestic abuse. It generally requires carefully easing the caregiver into admitting that she is being abused by the person for whom she feels responsible – or even taking the burden of that admission entirely out of her hands. And it requires assuring that caregiver that the person who is abusing her will be properly looked after if she takes the steps required to protect herself from that person’s abuse.

“Oftentimes, an older parent will be reluctant to take action if she is being abused by an adult child,” explains Leah Ferster, Chief Services Officer at JASA. “She will put the adult child’s needs first and only agree to seek protection for herself if she

knows that the adult child can obtain alternative care and support. In our Legal Elder Abuse-prevention Program (LEAP), we use a team approach involving both a social worker and a lawyer. The social worker identifies services for the adult child – a safety net of supports addressing his or her underlying mental health, developmental, housing, employment, and substance abuse needs. And then, once the adult child is safe, the lawyer secures the order of protection – or the other measures – that will help ensure the mother’s long-term safety. It’s a phenomenally resource-intensive approach. But frequently, it’s the only thing that works.”

“For many mothers,” adds Aurora Salamone, Director of the Elderly Crime Victims Program at the NYC Department for the Aging (DFTA), “the idea of taking active steps to bar a child from their home or their resources is just too horrible to contemplate. So what we do is gently suggest that the kid be ‘evaluated’ by the Family Court. If it is the Court that finds the need for an order of protection, or a psychiatric hospitalization, or a group home, the mother tends to feel less guilty. It becomes the government – not the mother herself – making that difficult call. And then, once that first and hardest part is in place, we can begin talking to the mother about her own safety – we can begin suggesting a plan for long-term protection.”

One highly promising strategy for addressing the financial-exploitation side of elder abuse is a policy initiative currently being pursued by NYWF grantee partner, the Council on Senior Centers and Services (CSCS). CSCS brought together 40 partners – including the New York State Bankers Association, DFTA, and a range of upstate leaders – to develop a bill that gives banks, adult protective services agencies, and law enforcement agencies a protocol for identifying, reporting, disclosing and appropriately intervening in cases in which there is suspected financial abuse of an older person.

³² This number is an extrapolation for NYC, based on a statewide calculation of 260,000 older victims in *Under the Radar: New York State Elder Abuse Prevalence Study*. NYS Office of Children and Family Services: 2011.

“You’d Think It was Obvious”

“Every caregiving situation involves two parties. You need to consider both,” explains Dr. Megan McLaughlin, former President/CEO of Federation of Protestant Welfare Agencies and noted advocate and policy strategist. “Sometimes the best way to help an older woman raise her grandchildren is to help those grandchildren deal with the challenges with which they, themselves, are struggling. Take some of that weight off the grandmother’s shoulders. And sometimes the best way to support a homebound older woman is to help the home health aide who cares for her deal with the challenges that are sapping her ability to provide that care. You’d think it was obvious!”

“By making it possible for banks to be the primary investigators and protectors of older people’s assets, we not only make it more possible to actually do something about it, we take the burden of accusation away from the older person herself,” explains CSCS’s Director of Policy, Bobbie Sackman. “Elder abuse is seriously under-reported in large part because mothers and grandmothers find it so hard to accuse their own children and grandchildren.”

OLDER WOMEN AS CARE RECIPIENTS

Low-income older women who have reached the point of requiring assistance with the tasks of basic daily living clearly face considerable challenges. Beyond the painful recognition of their own failing capacities – beyond recognizing that they can no longer handle the vital, humble, intimate, unremitting tasks of self-care – those women all too often struggle to access the adequate, compassionate assistance that their situations require.

At the same time, the unpaid and paid caregivers who attend to the needs of the estimated population of 65,000 homebound older women often wrestle with considerable burdens of their own. The unpaid caregivers are likely to be contending with the same type of stresses outlined in previous sections: exhaustion, lack of recognition, lack of support – and potential abuse from those for whom they are

providing care. And the *paid* caregivers are also likely to be contending with grueling work schedules, poor pay scales, and lack of help handling their employers’ frequently challenging attitudes and situations. Nearly two-thirds of the city’s home care workers – and a full 92% of its domestic workers – have annual household incomes of less than \$25,000. A significant majority are new immigrants, struggling to adjust to life in this city. Many are dealing with significant, unmet child care, legal, health care, and housing issues.³³

PUBLICLY-FUNDED HOME CARE SUPPORTS

The NYC Department for the Aging (DFTA) provides an array of services for seniors whose levels of frailty put them in need of ongoing, publicly-funded case management assistance, daily home care, or daily home-delivered meals.³⁴ In particular, it:

- Arranges homecare coverage for seniors with incomes low enough to qualify for Medicaid.
- Provides limited, sliding-scale coverage for those who have incomes slightly above those eligibility levels, through “EISEP” funding.
- Helps seniors in need of nutritious daily meals to access food deliveries through *Meals-on-Wheels* and *Citymeals-on Wheels*.

³³ All these figures are taken from ALIGN and Caring Across Generations; *Caring Across New York City*. New York: 2013.

³⁴ CSCS; *The Aging Tsunami*, op. cit.

In addition, DFTA provides a range of supports – information, referrals, access to respite care – to the several hundred thousand unpaid family members and close friends estimated to be providing unpaid primary or shared care for frail older family members and friends.³⁵

What DFTA does *not* provide, however, is strategic support for the paid caregivers of low-income older women – for the 155,000 certified home care workers (aides and attendants) whose wages are covered through Medicaid, and for the tens of thousands of additional domestic workers whose wages are paid directly by the older women or their families.³⁶

A handful of enterprising community providers are stepping in to fill this gap. Recognizing that paid care providers also need strategic attention if they are to offer truly useful and respectful assistance to the older women who are in their hands, those providers have forged a few farsighted programs – including:

- **ALIGN.** In 2011, ALIGN – a community and labor organizing organization, and NYWF grantee partner – launched the “New York Caring Across Generations Campaign,” to help improve the conditions and the quality of home care service delivery. Through the Campaign, it is building a coalition of home care workers; care recipients; church, synagogue and other faith leaders; elected officials; and advocates committed to addressing the issues that impair caregiving relationships – e.g., home care workers’ low wages, lack of adequate access to health care, and lack of appropriate training. And it is promoting development of united caregiver/

care recipient strategies to reduce abusive behavior on both sides of the relationship; and to expand fee-coverage for low-income care recipients who are just over the income-eligibility level for Medicaid-supported care.³⁷

- **The Union Settlement Association Job Readiness/ Home Health Aide Program.** Since 2007,

this NYWF grantee partner has run an innovative pre-employment training program for the very low-income – generally immigrant – women who tend to enter the home health worker field. The program provides five cohorts of - 15 to 20 women a year with an intensive month of case management assistance, individual counseling, role modeling, and job readiness training, in preparation for their enrollment in full-scale home health training programs. Participants must commit to attend the program every day from 9 to 5

for the full month, and to continue checking in with the program for a full year following course completion. Almost all who accept these terms complete the course and go on to enter – and complete – their subsequent home health training programs.

“To do a good job, a home care worker needs three things,” explains Melissa Nieves, Director of the Union Settlement program. “First of all, what we call ‘heart.’ Before accepting candidates into our program, we assess whether they have the compassion and patience needed for the job. If a prospective candidate doesn’t have ‘heart,’ we suggest that she join one of our other adult education courses. Computers, maybe. Secondly, she needs *personal stability*. You can’t really care for someone else if you don’t have reliable child care in place for your own



ALIGN

³⁵ United Hospital Fund and Visiting Nurse Services. *A Survey of Family Caregivers in NYC*. UHF: New York, 2000.

³⁶ ALIGN and Caring Across Generations, *Caring Across New York City: Envisioning a Home Care System that Meets the Needs of Home Care Workers, Seniors, People with Disabilities, and their Families*. NYC: 2013

³⁷ ALIGN and Caring Across Generations. *Caring Across New York City: Envisioning a Home Care System that Meets the Needs of Home Care Workers, Seniors, People with Disabilities, and their Families*. New York: August 2013.

children – or if you are homeless. So we help our participants to address the matters that can prevent them from concentrating on their jobs. Finally, she needs *hope*. Once our participants go into basic home care training, we continue supporting their ability to improve their own situations. We help them access additional training; encourage them to keep learning, keep earning more, keep supporting their family better. In many cases, those participants have never received that kind of support from anyone. Imagine trying to take care of someone else if no one has ever really cared for you! Our graduates complete their initial training; they go on for more; they see a future for themselves. And what that translates into ... is providing care with 'heart.'"

"Imagine trying to take care of someone else if no one has ever really cared for you!"

COMMUNITY-BASED AUXILIARY CARE SUPPORTS

Beyond the formal network of home care and domestic care services and the informal safety net of family caregiving, there exists a third – potentially vital – source of assistance for seniors who become less able to manage all the core tasks of their lives: community-based, volunteer-driven, auxiliary care programs.

According to the experts, a substantial segment of faith organizations run programs in which congregants provide supportive services for frailer peers. Almost all NORCS have structures in place through which able seniors and other residents check in with, provide friendly visits to, run errands for, or otherwise support those who become less mobile. And a range of senior centers and other aging service providers operate "friendly visit" programs in which community members are organized and supported to visit, escort, run errands

for, or otherwise provide assistance to seniors who have become homebound. Some of the best-known efforts include:

- **VISIONS'** long-standing friendly visiting program in which high school students from across the city fulfill their community service obligations by visiting and taking care of various tasks for homebound older adults with vision problems.
- **Sunnyside Community Services'** senior-center-based "friendly visiting" program – through which able center members and other community residents call, visit, and provide shopping, escorting, and other assistance to homebound seniors in the area.
- **DOROT's** robust roster of services for homebound seniors: (1) a telephone-based *University Without Walls* program; (2) an escorting and shopping assistance program carried out by local volunteers; (3) a home-based computer tutoring program; (4) a *Family Circle* program in which families with small children "adopt" isolated homebound seniors for regular visits and holiday celebrations; and (5) a *Mobile Minstrels* program in which local musicians serenade local seniors with performances in their homes.



QUEENS COMMUNITY HOUSE

There is, clearly, considerable room for grassroots and faith-based providers to continue offering these and other services. And, in addition, a cross-section of the seniors interviewed for this report strongly suggested that there is room for one final community-rooted source of care. In particular, those seniors suggested

that "women-run micro-enterprise businesses" and other community providers in the fields of – for example – transportation, house cleaning and repair, or personal grooming find ways to offer those services at low cost to women who can no longer easily negotiate these tasks themselves.

“My upstairs neighbor – she’s raising four grandchildren and they are a handful,” recounted a member of a Harlem-based senior center. “Each one’s problems are worse than the next. She doesn’t have a moment to herself. I’d love to treat her to a hair-wash-and-set and a manicure – sort of thing can help her feel like a woman again. She says she has no time to go out and get it. But what if someone came to her house? Some local beauty parlor that could send someone to older women’s homes from time to time – give them a treat? Wouldn’t that be nice?”

“There are all sorts of things would make life a little sweeter for a woman who just can’t do for herself anymore,” added a second member. “Making sure

her windows aren’t letting in that bitter cold. Giving her home that once-a-year spring cleaning. Doing those little things that would keep her from feeling completely helpless; cheer her up as her world gets smaller. Couldn’t some company started by – say – a group of community women offer that kind of service at prices an older woman could afford? Doesn’t your Foundation support women-owned businesses? How hard would it be to support something like that?”

“There are all sorts of things would make life a little sweeter for a woman who just can’t do for herself anymore...keep her from feeling completely helpless, cheer her up as her world gets smaller.”

CAREGIVING: Sector-by-Sector Recommendations for Action

The experts’ recommendations for increasing investment in this critical area included:

FOR THE PUBLIC SECTOR:

- **Expand the scope and flexibility of funding** to more holistically and fully support the needs of older caregivers and care recipients:
 - **Encourage the agencies that serve the interrelated needs of older women caring for grandchildren or adult children** (e.g., ACS, DYCD, DOHMH, DFTA) to explore models of blended, dovetailed services for various caregiving relationships, including:
 - Supportive, affordable housing for grandparent-led families.
 - Grandparent support programs incorporating services for the grandchildren.
 - Co-located senior centers and youth or child-care programs.

- Programs blending counseling/legal services for older women with dependent adult children with comprehensive health/housing/employment services for those adult children.
- **Increase the availability of sliding-scale fees for home care** for seniors whose incomes fall just above the eligibility line for Medicaid-funded services.
- **Continue/expand supports and services for unpaid family members** taking care of older women, including respite, support groups, counseling, and adult day care programs.
- **Provide higher base wages and health care coverage** for publicly-funded home care workers.

CAREGIVING: Sector-by-Sector Recommendations for Action

continued

FOR THE NON-PROFIT AND FAITH-BASED SECTORS:

- **For providers working in the areas of elder abuse and parenting grandparents:**
 - **Find ways to link older caregivers with providers offering key services to children and to adults with disabilities** as a way of lightening the burden on those caregivers and of helping them address issues that they cannot address on their own. Establish partnerships with legal providers so as to address potential issues of abuse and exploitation.
 - **Reach out to senior centers, faith-based senior ministries, and other programs serving older adults**, to ensure that their staff members and volunteers are alert to the issues of parenting grandparents and older women supporting dependent adult children and have the capacity to link those older women with appropriate support services.
- **For senior center providers and youth providers:**
 - Seek ways to collaborate so as to offer innovative joint activities and counseling and support services to parenting grandparents within the same location.
 - Explore potential collaborations in which younger people can use their talents and energies to help homebound older people through friendly visits and other volunteer services.
- **For the Entrepreneurial Sector:** Explore the potential for providing certain vital auxiliary care services (e.g., house cleaning and repairs, grooming and beauty, transportation, food preparation) for income- and mobility-limited older women in an affordable, accessible manner.

FOR THE PHILANTHROPIC SECTOR:

- **Fund and encourage the creation of programs** providing general caregiver support, support for parenting grandparents, addressing elder abuse, and supporting home care workers. Particularly focus on efforts that provide holistic support to all sides of the caregiving equation.
- **Fund and encourage the creation of community efforts** that provide friendly visits, musical events, or other vital supports to home-bound or limited-mobility older women in their homes.
- **Fund advocacy organizations working to** raise the income eligibility line for Medicaid-supported home care, and to raise base wages and benefits for publicly-supported home care workers.
- **Convene and support efforts that encourage mutual referrals and innovative collaborative service delivery mechanisms** linking:
 - **Service providers providing legal, counseling, or other support services for older caregivers of grandchildren and adult children and providers who could offer those grandchildren and adult dependent children key social, medical, youth development, or housing services.**
 - **Senior centers and youth development, child welfare, and child care providers** – so as to create innovative joint, same-site services.
 - **Entrepreneurs and aging service providers** to forge efforts providing vital auxiliary care services for income- and mobility-limited older women in an affordable, accessible manner.

V. CONCLUSION

When the experts in the field were asked how best to promote the overall strength and wellbeing of NYC’s low-income older women they raised a wide range of issues; talked about an array of communities and situations; and cited efforts spanning a cross-section of sectors, providers, and approaches. Regardless of whether they were discussing programs in which older Latinas coach medical students in indigenous health practices, older women plan and tend urban farms, or older women and their home care workers come together to seek wage increases for those workers, the core themes of those experts’ remarks remained consistent.



GRAND STREET SETTLEMENT

In particular – besides recommending increased funding towards meeting basic survival issues (i.e., housing, nutrition, and medical care) – two common themes emerged from every expert’s observations:

- **Older women are the best judges of their own challenges and roles:** The best programs involve those women in planning and implementing new support-structures for their situations.

- **Segregation and service silo-ization ill-serve both older women and society at large:** The best programs combine different age groups and cultures to address inter-related concerns, pool varied perspectives, broaden horizons, and channel diverse talents towards achieving common goals

The experts consistently asserted, in short, that the best way for the public, philanthropic, and non-profit sectors to address the significant, evolving challenges of New York’s low-income older women is: to break free of the constraints imposed by societal pre-conceptions or by the original formulation of “services for older adults;” to stop regarding older women as some separate

group – past its usefulness and prime – and easily ignored; to consider older women’s situations within the context of their ongoing, significant family and community positions; and to better acknowledge and promote their significant current and potential contributions.

APPENDIX A: Experts Interviewed

- Katherine Acey**
GRIOT (Gay Reunion in our Time) Circle
- Seema Agnani**
Chayya Community Development Corporation
- Ana Aguirre**
United Community Centers of East New York
- Maria Alejandro**
Union Settlement Association
- Anita Altman**
UJA-Federation of New York
- Naomi Altman**
Queens Community House
- Robin Aparicio, MHA, Ph.D.**
Catholic Charities of Brooklyn and Queens Neighborhood Services
- Bola Aribidesi**
Council of Senior Centers and Services of New York City, Inc.
- Leo Asen**
Selfhelp Community Services, Inc.
- Lilliam Barrios-Paoli**
NYC DFTA
- Jacqueline Berman**
NYC DFTA
- Barbara Blackman**
Project FIND
- Josefina Blackburn**
Central Harlem Senior Centers
- Michael Bosnick**
NYC DFTA
- Sara Capers**
Ruby S. Couche “Big Sister” Educational Action and Service Center, Inc.
- Amy Chalfy**
JASA
- Michele Chapple, MSW, MBA**
Davidson Center-Presbyterian Senior Services
- Nupur Chaudhury**
Brownsville Partnership
- Joyce Chin**
NYC DFTA
- Isabel Ching, LMSW**
Hamilton Madison - City Hall Senior Center
- Nou Toy Chew**
Hamilton Madison - City Hall Senior Center
- Willing Irene Chin-Ma**
Grand Street Settlement
- Lorraine Cortés-Vázquez**
AARP
- Irina De La Cruz**
Casa Boricua Senior Center/ Neighborhood Self Help by Older Persons Project, Inc. (SHOPP)
- Inez De La Nuez**
Grand Street Settlement
- Ann De Shazo**
Selis Manor
- William Dionne**
Carter Burden Center for the Aging
- Gerterlyn Dozier**
Central Harlem Senior Centers
- Judith Duhl**
Visiting Nurse Service of New York
- Laura Rothschild Epstein**
UJA-Federation of New York
- Robin Fenley**
NYC DFTA
- Leah Ferster**
JASA
- Beth Finkel**
AARP New York
- Ruth Finkelstein, Sc.D.**
Columbia Aging Center International Longevity Center/ Mailman School of Public Health

35. **R. Janet Fischer**
Henry Street Settlement
36. **Lenore Friedman**
Senior Citizens League
of Flatbush
37. **Marie Ellen Galasso**
Services Now for Adult
Persons
38. **Brennan Gang**
Korean American Community
Foundation
39. **Reverend Joel A. Gibson**
Federation of Protestant
Welfare Agencies
40. **Naomi Griffin**
Central Harlem Senior Centers
41. **Claire Hall**
Central Harlem Senior Centers
42. **Irfan Hasan**
New York Community Trust
43. **Mei-Guey Jan, MSW**
Grand Street Settlement
44. **Fern Hertzberg**
ARC XVI Fort Washington
45. **Angela Houghton**
AARP New York
46. **Igal Jellinek**
Council of Senior Centers
and Services of New York
City, Inc.
47. **Marjona Jones**
Brown CDC
48. **Rasmia Kirmani-Frye**
Brownsville Partnership
49. **Luz Lara**
Gaylord White Senior Center/
Union Settlement Association
50. **Evelyn Laureano**
Neighborhood Self Help for
Older Persons Project, Inc.
(SHOPP)
51. **Kit Fong Lee**
Hamilton Madison - City Hall
Senior Center
52. **Carol Levine**
United Hospital Fund
53. **Carrie J. Lewy**
VISIONS at Selis Manor
54. **Amy Loewenberg**
Stanley Isaacs Neighborhood
Center, Inc.
55. **Rosa Marciano**
Presbyterian Senior Services
56. **Megan McLaughlin, Ph.D.**
Independent Consultant
57. **Mireille Massac**
Child Development Support
Corporation
58. **Fay Chew Matsuda, LMSW**
Hamilton Madison House
59. **Len McNally**
New York Community Trust
60. **Alina Molina**
Community Service Society
61. **Giovanna Montalvo Baer**
NYC DFTA
62. **Maisha Morales**
GOLES (Good Old Lower
East Side)
63. **Eileen Mullarkey**
NYC DFTA
64. **Divya Nagpal**
India Home
65. **Po-Ling Ng**
Open Door Senior Center
66. **Robina Niaz, MSW**
Turning Point for Women
and Families
67. **Melissa Nieves**
Union Settlement Association
68. **Nikki Odlivak**
Community Agency for
Senior Citizens
69. **Susan Oher**
JASA
70. **Maya Pinto**
Align
71. **Stephanie Raneri**
Isaac H. Tuttle Fund
72. **Nancy Rankin**
Community Service Society
73. **Merble Reagon**
WCECA
74. **Caryn Resnick**
NYC DFTA

75. **Carlina Rivera**
GOLES (Good Old Lower East Side)
76. **Irma E. Rodriguez**
Queens Community House
77. **Margarita Rosa**
Grand Street Settlement
78. **Bobbie Sackman**
Council of Senior Centers and Services of New York City, Inc.
79. **Aurora Salamone**
NYC Department for the Aging
80. **Digna Sanchez**
NYC DFTA
81. **Julia Schwartz-Leeper**
Riverdale Senior Services, Inc.
82. **Julissa Sosa, MSW**
Presbyterian Senior Services Caregivers Support Program
83. **Bishop Mitchell G. Taylor**
East River Development Alliance/Urban Upbound
84. **Catherine Thurston**
SAGE
85. **Karin Tinney**
NYC Department for the Aging
86. **Suzanne Townsend**
AARP New York
87. **Julio Urbino**
Fan Fox & Leslie R. Samuels Foundation, Inc.
88. **Fredda Vladeck**
United Hospital Fund
89. **Mrs. Walton**
NYC DFTA
90. **Pauline Watson**
East New York Farmers Market/United Community Centers of East New York
91. **Lauren G. Weisenfeld**
Fan Fox & Leslie R. Samuels Foundation, Inc.
92. **Judy Willig**
Heights and Hills
93. **Melanie Willingham-Jaggers**
Align
94. **Robin Wilson (Jayaraman)**
East River Development Alliance/Urban Upbound
95. **Christina Yang**
Catholic Charities of Brooklyn-Queens
96. **Kyung B. Yoon**
Korean American Community Foundation
97. **Wendy Zinman-Szachar**
Sunnyside Community Services

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In addition, 37 individual and group participants and volunteers, representing a range of programs and sites, contributed views and perspectives.

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APPENDIX C: Programs Cited

ECONOMIC SECURITY ENTITLEMENTS ACCESS PROGRAMS

ARC XVI Fort Washington

4111 Broadway
New York, New York 10033
www.arcseniors.org/sc.html

Chinese American Planning Council

Director, Open Door Senior Center
168 Grand Street
New York, New York 10013
www.cpc-nyc.org/

FINANCIAL EDUCATION PROGRAMS

East River Development Alliance/Urban Upbound

Better Directions Program
12-11 40th Avenue
Long Island City, NY 11101
www.urbanupbound.org/

HEALTH EDUCATION-BASED PROGRAMS

GOLES (Good Old Lower East Side)

Healthy Aging Program
169 Avenue B
New York, NY 10009
www.goles.org/services.html

Union Settlement Association

Gaylord White Senior Center
Green Medicine Project
2029 Second Avenue (at 104th Street)
237 East 104th Street
New York, NY 10029
www.unionsettlement.org/seniors

United Hospital Fund

Together on Diabetes
Aging in Place Initiative
1411 Broadway
New York, New York 10018
www.uhfnyc.org/initiatives/aging-in-place

EXERCISE AND NUTRITION-BASED PROGRAMS

Brownsville Partnership Community Planning and Health Programs

Senior Walking Project
444 Thomas S. Boyland Street, Suite 104
Brooklyn, NY 11212
www.cmtysolutions.org/projects/brownsville-partnership

United Community Centers/ East New York Farms Project

613 New Lots Avenue
East New York, Brooklyn 11207
www.ucceny.org/

COMMUNITY CONNECTIONS GENERAL CENTER PROGRAMS

Catholic Charities of Brooklyn and Queens Neighborhood Services

Glenwood Senior Center
5701 Avenue H
Brooklyn, NY 11234 (Flatlands/Mill Basin, Brooklyn)
www.nyc.gov/html/nycha/html/ccshtml/bklynglenwoodsc.shtml

Central Harlem Senior Centers

Kennedy Center
34 W. 134th Street
New York, New York 10037
www.chscc.org/

Grand Street Settlement Senior Center

80 Pitt Street
New York, NY 10002
www.grandsettlement.org/programs/senior-services

Queens Community House

108-25 62nd Drive
Rego Park, Queens, NY 11375
www.queenscommunityhouse.org

SPECIALIZED CENTERS**GRIOT Circle, Inc.**

25 Flatbush Avenue, 5th Floor,
Brooklyn, NY 11217-1101
Phone: 718-246-2775 Fax: 718 246-2572
www.griotcircle.org/

India Home

P.O. Box 40263, Glen Oaks, NY 11004
www.indiahome.org/

Queens Community House

Queens Center for Gay Seniors
74-09 37th Avenue Jackson Heights, NY 11372
www.queenscommunityhouse.org

SAGE

305 Seventh Avenue, 15th Floor
New York, NY 10001
www.sageusa.org/

Selfhelp Community Services, Inc.

520 Eighth Avenue
New York, NY 10018
www.selfhelp.net/virtual-senior-center

VISIONS Senior Center at Selis Manor

135 W. 23rd Street
New York, New York 10011
www.visionsvcb.org/visions/programs/isc/

FAITH-BASED CENTERS**Brown Memorial Baptist Church**

Seasoned Warriors Program
484 Washington Avenue
Brooklyn, New York 11238
www.brownmemorialbaptist.org

VOLUNTEER PROGRAMS**Community Service Society**

Experience Corps
105 E. 22nd Street
NY, NY 10010
www.aarp.org/experience-corps

Hamilton Madison - City Hall Senior Center

Phone Angel Program (no longer functioning)
100 Gold Street, Lower Level
New York, New York 10038
www.hmhonline.org/CityHallFactSheet.htm

Ruby S. Couche "Big Sister" Educational Action and Service Center, Inc.

117-08 Merrick Blvd.
Jamaica, Queens 11434
www.facebook.com/pages/Ruby-S-Couche-Big-Sister-Educational-Center

CARE-GIVING**PROGRAMS FOCUSED ON OLDER CAREGIVERS****Council of Senior Centers and Services of New York City, Inc.**

Elder Abuse Project
49 W. 45th Street
New York, NY 10036
www.cscs-ny.org/

JASA Elder Abuse Programs

247 W. 37th Street
NY, NY 10018
www.jasa.org/services/legal-assistance/elder-abuse

NYC DFTA

Elderly Crime Victims Project
 2 Lafayette Street
 New York, New York 10007
www.nyc.gov/html/dfta/html/services/crime-victims.shtml

NYC DFTA

Grandparent Resource Center
 2 Lafayette Street
 NY, NY 10007
www.nyc.gov/html/dfta/html/caregiver/grandparents.shtml

Presbyterian Senior Services

PSS/WSF Grandparent Family Apartments
 951 Prospect Avenue
 Bronx, NY 10459
www.pssusa.org/

PROGRAMS FOCUSED ON OLDER CARE RECIPIENTS

HOME CARE SERVICE PROGRAMS

Align

Caregiving Across the Generations Campaign
 50 Broadway
 NY, NY 10004
www.alignny.org/

Union Settlement Association

Job Readiness/Home Health Aide Program
 237 East 104th Street (2nd floor)
 New York, NY 10029
www.unionsettlement.org/adult-ed

AUXILIARY COMMUNITY-BASED SUPPORT PROGRAMS

DOROT

Volunteer Programs
 171 W. 85th Street
 New York, New York 10024
www.dorotusa.org/site

Sunnyside Community Services

Friendly Visiting Program
 43-31 39th Street
 Sunnyside, New York 11104
www.scsny.org

VISIONS Senior Center at Selis Manor

135 W. 23rd Street
 New York, New York 10011
www.visionsvcb.org/visions/programs/isc/

APPENDIX D: Overview of the Aging Services Infrastructure

PUBLIC SECTOR-SUPPORTED ENTITLEMENT, SUBSIDY AND PROTECTION PROGRAMS³⁸

The three main entitlement programs benefiting older New Yorkers are:

- **Social Security** and **Social Security Insurance**, which provide monthly income for, respectively, the general population of retired older citizens and for older citizens who are disabled and unable to work.
- **Medicare**, which provides basic health insurance coverage for citizens over the age of 65.
- **Medicaid**, which supports medical costs (including the costs of long-term care) for older citizens falling below certain income levels.

These programs provide a critical baseline of income and health care supports for most of NYC's older women. As noted in previous sections, however, their benefits may not reach women who have never worked or who have worked "off the books," women who cannot afford Medicare's co-payments, women who cannot manage the complexities of applying for Medicaid, and – of course – women who are not documented.

Besides those three core entitlements, a few other publicly-supported programs offer older women income-boosting savings or support. These include:

- The **Supplemental Nutrition Assistance Program (SNAP)** (also known as Food Stamps) – a Federally-funded program providing monthly assistance in purchasing food for families and individuals.
- The **Home Energy Assistance Program (HEAP)**, the **Weatherization Referral and Packaging Program (WRAP)**, the **Senior Citizen Homeowners' Exemption (SCHE)** and the **School Tax Relief Program (STAR)** – New York State-funded programs that help older adults remain in their homes by saving them money.
- The **Senior Citizen Rent Increase Exemption (SCRIE)** – a city-funded program that exempts people who are age 62+ and who have incomes less than \$29,000 a year from rent increases in rent-controlled or rent-stabilized units.

In addition, many city seniors benefit from a few additional government-subsidized or government-run housing programs. These include:

- **New York City Housing Authority (NYCHA)**, which provides subsidized housing for some 61,000 older New Yorkers. Some of these older adults have aged in place within apartments in which they have lived for years, and 10,000 more live in 42 senior-only developments and 15 senior-only buildings within larger developments.
- **Mitchell-Lama Housing** – Once a major source of affordable housing for New Yorkers aging in place, this originally 132,000-unit-strong supply of moderate and middle-income rental and limited-equity apartments has shrunk by about one-third

³⁸ Most of the information in this section comes from Finkelstein, Ruth and Kamber, Tom *The Aging City*. NYC: 2013

since the State began permitting housing companies to return units to market rates after twenty years of subsidized occupancy.

- **U.S. Department of Housing and Urban Development (HUD)-funded Section 202 Housing** for low-income seniors. There are currently 170 projects with a total of 10,000 units providing housing to older New Yorkers who fall within the income guidelines.

PUBLIC SECTOR- AND PHILANTHROPICALLY-SUPPORTED SERVICE PROGRAMS³⁹

Most of the city's major service programs receive support through the NYC Department for the Aging (DFTA), roughly 30% of whose budget, in turn, comes directly from federal funding authorized through the Older Americans Act, through other federal programs (e.g., from the US Department of Agriculture or from Title XX) or through City tax levies. In addition most providers receive additional funding from private foundations, federations, or individual donors.

- **DFTA-Based Programs.** DFTA's main community-based services include:
 - **Senior Centers.** The largest and probably best-known aspect of DFTA's work is its network of some 250+ senior centers, operated under contracts with community providers and offering five days a week of nutritional, educational, and social service supports (as well as linkages to other resources) to more than 25,000 older New Yorkers, in communities across the city.

Besides providing a much-appreciated community-away-from-home for participating seniors, these centers: (1) provide daily lunches – and sometimes breakfasts (more than 7.4 million congregate meals a year); (2) promote access to available income supports and community services; (3) offer a range of on-site recreational, educational, and health and wellness activities – including citizenship, GED, ESOL, and computer classes; and (4) harness participants' skills and talents in a range of volunteer capacities. Ten "Innovative Senior Centers" (ISC's) provide services tailored to the needs of particular populations (e.g., seniors who are blind or LGBT seniors).⁴⁰ Almost all are tailored and staffed to support the preferences of the particular ethnic/racial group(s) that they serve – and to facilitate inter-cultural activities when those groups are diverse.

- **NORCs.** NORCs (Naturally Occurring Retirement Communities) comprise apartment houses, housing developments or entire neighborhoods that were originally built for people of all ages but that now house a particularly significant number of people who are "aging in place." They are primarily funded by DFTA, but receive additional support from the United Hospital Fund, from the housing entities in which they are lodged, from a range of community service providers, and from the NORC residents themselves. NORCs provide assorted health and wellness activities and services, case management services, educational activities, trips, and opportunities for volunteering and taking part in governance activities. There currently are 29 DFTA-supported NORCs that collectively serve 15,500 seniors.⁴¹
- **Caregiver Support Services.** DFTA supports a range of programs addressing the various

³⁹ Most of the information contained in this section comes from the NYC DFTA *Annual Plan Summary*, April 1, 2014 – March 31, 2015; NYC: 2013; and the NYC DFTA. *Data and Services Snapshot*; NYC: 2013; and Finkelstein and Kamber, *op. cit.*

⁴⁰ In 2014, DFTA expects to expand the number of ISCs from ten to sixteen.

⁴¹ The number is expected to shrink somewhat in FY 2014-2015, due to anticipated funding cuts.

situations in which older New Yorkers either provide or receive unpaid care. These services include:

- An *Alzheimer’s and Caregiver Resources Center* that funds and provides technical assistance to community programs providing caregivers for older New Yorkers (including caregivers who are themselves seniors) general information and referrals, educational forums, telephone assessments, supporting counseling, respite, and information about community care options (e.g., potential nursing home placements). More than 8,000 caregivers benefit from these services.
- *Social Adult Day Care* services located within some senior centers that offer critical respite to caregiving family members of seniors with Alzheimer’s or other similarly impairing conditions.
- A *Grandparents Resource Center* that funds and provides technical assistance enabling community programs across the city to provide support groups, self-advocacy training, recreational opportunities, and health education services to grandparents raising grandchildren.
- **Case Management Services.** DFTA contracts with 16 community-based agencies to deploy case managers who assess the needs of homebound seniors and arrange for meeting their basic needs. Through this program, an estimated 18,000 seniors receive case management services that open the door for home care services and home delivered meals:
 - Approximately 16,000 *Meals on Wheels* meals are delivered daily through contracts with 20 community providers. Some seniors receive hot meals on a daily basis,

five days a week; some receive a few frozen meals at a time, delivered less frequently.

- Seniors with incomes just above the income level required to qualify for Medicaid-funded home care through the city’s Human Resources Administration (see below) are eligible to receive DFTA-provided *Home Care Services*. Approximately 2,500 older New Yorkers benefit from this service at any given time.

In addition to these “core” services, DFTA runs a number of smaller programs including:

- **Senior Transportation Services** through which DFTA contracts with community providers to offer limited van and car services for frail seniors.
- An **Elderly Crime Victims Resource Center** that works in partnership with the Mayor’s Office to Combat Domestic Violence and the Family Justice Centers of Brooklyn, Queens, and the Bronx, and the Brooklyn Multi-disciplinary Team on Elder Abuse to coordinate care for those experiencing elder abuse. The Center also contracts with five community-based elder abuse programs to provide direct crisis intervention, counseling, advocacy, information and referrals, and limited emergency financial assistance to some 1,200 at-risk and victimized older individuals.
- A **Senior Employment Service Program** that partners with community organizations to help older adults gain the skills to find employment or stay employed.
- The **ReServe** program through which retirees are placed in City agencies to contribute their experience and expertise.
- A **Foster Grandparents Program** that works with the City Administration for Children’s Services (ACS), the Department of Education (DOE), NYCHA, and

the Department of Juvenile Justice to train and place low-income older adults in community sites (e.g., Head Start programs, Reach Out and Read Literacy Programs, hospital pediatric units, courts in the juvenile justice system, NYCHA after-school programs), to provide mentoring and tutoring.

- An **Intergenerational Work Study Program** operated in partnership with the Department of Education that enables older adults and public high school students to work together in senior centers, nursing homes and other settings – thereby providing students with work-study credit.
- **NYC Human Resources Administration (HRA) Programs.** HRA provides home attendant and/or housekeeping services to Medicaid-eligible individuals (mostly seniors) who have difficulty with at least one or more activities of daily life and are in stable medical condition. All those who receive services must either be able to provide guidance for home attendants or must have a readily available family member capable of doing so. Services are provided contractually with nine “Community Alternative Systems Agencies” or “Certified Home Health Agencies (CHHAs).” The largest of these CHHAs is the Visiting Nurse Services.⁴²
- **New York State Office of Children and Family Services Programs (OCFS).** In those cases of elder abuse in which the senior is deemed to be incapable of self-advocacy or defense for reasons of mental or physical impairment, OCFS’s Adult Protective Services unit may step in to provide investigatory, supportive, legal, financial management, temporary living arrangement or guardianship services.⁴³
- **New York City Emergency Food Programs (EFPs).** New York State funding supports community- and faith-based emergency food programs that distribute food packages or provide a hot meal to low-income individuals and families in neighborhoods across the city. Older adults comprise a significantly disproportionate number of those who utilize EFPs; fully 24% of those programs’ clients are 65 or older.⁴⁴
- The **NYC Public Library** system offers a range of activities – from book discussion clubs to yoga to crocheting to ESOL classes – that engage older people within their communities.
- **Age-Friendly New York.** In 2008, Bloomberg’s Mayor’s Office – in partnership with the **City Council** and the **New York Academy of Medicine** (and with guidance from **DFTA**) – launched a range of inter-agency initiatives to make the City’s general resources more accessible to older adults. These initiatives involved: (1) increasing volunteer – particularly inter-generational – opportunities for seniors; (2) expanding support for NORCs; (3) increasing the cultural and artistic resources available within senior centers; (4) expanding eviction prevention services; (5) creating new housing models appropriate to the needs of this population; (6) improving selected transportation options, including tailored taxi services; (7) improving bus shelters and finding ways to reduce pedestrian risk at selected street crossings; (8) expanding opportunities for seniors to use fitness clubs and parks; (9) increasing enrollment of people in SNAP; and (10) increasing access to healthy food in neighborhoods with large numbers of low-income seniors, through the Green Cart program and other means.

⁴² See the NYC HRA website for further information.

⁴³ See the NYS OCFS website for further information.

⁴⁴ Food Bank for New York City, *Hunger: An Aging Issue*. NYC: 2005.

FAITH-BASED SERVICE PROGRAMS

Beyond the network of DFTA- and foundation-funded service providers, there is a parallel spectrum of senior service programs affiliated with individual faith-based institutions. According to Joel Gibson, the Director of Faith Services for Federation of Protestant Welfare Agencies (FPWA) – which offers training and information, capacity-building, and technical assistance to a circumscribed group of member churches – the congregations of at least 80% of the city’s Protestant churches support some type of “senior ministry” providing services (e.g., a once-a-week lunch club and Bible study discussion, birthday and holiday celebrations, and occasional organized trips) to older adults.

Similarly, according to Isaac H. Tuttle Fund Executive Director Stephanie Raneri and UJA-Federation of New York Caring Commissioner Planning Manager Laura Rothschild Epstein, many of the city’s Catholic churches and synagogues sponsor programming for their older members.

Most of these faith-based programs operate with highly limited resources through congregant donations and volunteer labor. Most remain completely unknown to the philanthropic or public sectors. Very few even receive direct support from the major religious federations from which they could, ostensibly, seek funding. There are no comprehensive lists of the religious institutions that host these programs.

The general informal consensus is that faith-based senior programs offer far fewer services than those provided by the official network of senior centers. Almost none include, for example, assistance in accessing entitlements, organized exercise programs, or English language and citizenship programs. These programs nonetheless serve as invaluable lifelines for older women who may not be able to get to DFTA-funded senior centers – or who may feel more comfortable within a faith-based environment. What is more, they constitute a potentially powerful and broad-based infrastructure onto which other vital services could ostensibly be added.



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