Responding to Our Older Americans: Aging Services During COVID-19

June 11, 2020

Greg Olsen  
Acting Director  
NYSOFA

Becky Preve  
Executive Director  
AANYS
NYSAC Thanks Our Sponsor of Today’s Webinar:

HEALTH ECONOMICS GROUP, INC.
Level Set: Older New Yorkers in NYS
A Wholistic Picture
Social, Economic & Intellectual Capital of Older Population

New York’s total population is over 19 million individuals, and the State ranks fourth in the nation in the number of adults age 60 and over – 4.3 million.

- 4.2 million between 45-59

• **935,000 individuals age 60+** contribute **495 million hours** of service at economic value of **$13.8 billion**

• **64% of individuals** age 60+ who own their own homes and have no mortgage

• **4.1 million caregivers** at any time in a year – economic value if paid for at market rate is **$32 billion**, average age is **64**
## New York State Trends Demographics

<table>
<thead>
<tr>
<th>FAMILY STRUCTURE in the United States</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married couple families</td>
<td>62 Counties</td>
</tr>
<tr>
<td>Married couple families with children</td>
<td>Change in Population Aged 60 and Over</td>
</tr>
<tr>
<td>Single parent households</td>
<td>2020 to 2030</td>
</tr>
<tr>
<td>Single person households</td>
<td></td>
</tr>
<tr>
<td>Non-traditional households</td>
<td></td>
</tr>
</tbody>
</table>

### Proportion of County Population Aged 60 and Over

<table>
<thead>
<tr>
<th>Proportion of County Population Aged 60 and Over</th>
<th>Number of Counties with Specified Percent of Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>Less than 20%</td>
<td>3</td>
</tr>
<tr>
<td>20% to 24%</td>
<td>18</td>
</tr>
<tr>
<td>25% to 29%</td>
<td>32</td>
</tr>
<tr>
<td>30% and over</td>
<td>9</td>
</tr>
</tbody>
</table>

### Aggregate Personal Household Income by Age – NYS – 2008 - 2012 ACS Data

<table>
<thead>
<tr>
<th>Ages</th>
<th>Aggregate Personal HH Income</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 24</td>
<td>$ 8,934,627,400</td>
<td>1.48%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>$216,111,979,400</td>
<td>35.76%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>$282,022,363,700</td>
<td>46.67%</td>
</tr>
<tr>
<td>65 and over</td>
<td>$ 97,278,275,500</td>
<td>16.10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$604,347,246,000</td>
<td>63%</td>
</tr>
</tbody>
</table>

- 63%, $379 billion – ages 45+

### Aggregate Personal Household Income by Age – NYS – 2018 - ACS Data

<table>
<thead>
<tr>
<th>Ages</th>
<th>Aggregate Personal HH Income</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 24</td>
<td>$ 9,565,305,500</td>
<td>1%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>$248,664,663,500</td>
<td>34%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>$332,470,547,700</td>
<td>45%</td>
</tr>
<tr>
<td>65 and over</td>
<td>$ 149,109,424,100</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$739,809,940,800</td>
<td>100%</td>
</tr>
</tbody>
</table>

- 65%, $481.6 billion – ages 45+

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U.S. Census Bureau, American Community Survey 2008-2012 Five-Year Estimates, Tables B19037 & B19050

2018 American Community Survey 1-Year Estimates, Table B19050
Chronic conditions are singled out as *the* major cause of illness, disability, and death in the United States.

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

### New York State Population: Disability

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of Group with All Types of Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-20</td>
<td>4%</td>
</tr>
<tr>
<td>21-64</td>
<td>9%</td>
</tr>
<tr>
<td>65 and over</td>
<td>35%</td>
</tr>
</tbody>
</table>
Nursing Home Risk Indicators

Long established national risk factors for nursing home placement:

- **Demographic characteristics**: Older individuals and those who are non-Hispanic white.
- **Socioeconomic status**: Individuals with low incomes
- **Health status and physical functioning**: Those with certain health conditions (such as cognitive impairment, cancer, high blood pressure, diabetes, and a history of strokes and falls) and those who have difficulty performing activities of daily living (ADLs)
- **Prior health care utilization**: Individuals who have spent time in the hospital or in a nursing home. In 2009, about 7 percent of state residents 65 or older had one nursing home stay and 23 percent of state residents 85 or older had one nursing home stay. (Source: Nursing Home Compendium 2010 from CMS)
- **Living arrangements and family structure**: Those who live alone (including widowed and divorced individuals), do not own their home, and have fewer children than their peers not in nursing homes.
- **Availability of support**: Individuals who lack caregiver support
PERCENTAGE OF CLIENTS BY NUMBER OF CHRONIC CONDITIONS

- PERSONAL CARE II
  - 0 to 1: 50.7%
  - 2 to 3: 29.6%
  - 4 to 5: 16.2%
  - 6+: 3.5%

- PERSONAL CARE I
  - 0 to 1: 46.5%
  - 2 to 3: 31.6%
  - 4 to 5: 17.5%
  - 6+: 4.4%

- HOME DELIVERED MEALS
  - 0 to 1: 33.2%
  - 2 to 3: 31.3%
  - 4 to 5: 24.4%
  - 6+: 11.1%

- ADULT DAY SERVICES
  - 0 to 1: 27.9%
  - 2 to 3: 27.4%
  - 4 to 5: 29.7%
  - 6+: 15.0%

- CASE MANAGEMENT
  - 0 to 1: 36.4%
  - 2 to 3: 32.4%
  - 4 to 5: 22.6%
  - 6+: 8.6%
<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Personal Care II</th>
<th>Personal Care I</th>
<th>Home Delivered Meals</th>
<th>Adult Day Services</th>
<th>Case Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>67.3%</td>
<td>67.1%</td>
<td>50.0%</td>
<td>37.0%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>15.2%</td>
<td>16.8%</td>
<td>12.4%</td>
<td>11.7%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>12.5%</td>
<td>11.5%</td>
<td>9.8%</td>
<td>6.5%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30.2%</td>
<td>28.6%</td>
<td>28.1%</td>
<td>21.6%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>40.0%</td>
<td>39.3%</td>
<td>33.0%</td>
<td>27.0%</td>
<td>33.7%</td>
</tr>
<tr>
<td>Incontinence</td>
<td>17.2%</td>
<td>11.1%</td>
<td>8.5%</td>
<td>13.1%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Parkinson’s</td>
<td>3.8%</td>
<td>2.0%</td>
<td>2.5%</td>
<td>4.4%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Renal Disease</td>
<td>4.6%</td>
<td>3.9%</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Respiratory Problems</td>
<td>20.9%</td>
<td>21.0%</td>
<td>14.7%</td>
<td>7.6%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Stroke</td>
<td>14.2%</td>
<td>10.7%</td>
<td>9.8%</td>
<td>12.8%</td>
<td>10.2%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>71.3%</td>
<td>69.8%</td>
<td>64.8%</td>
<td>52.2%</td>
<td>67.1%</td>
</tr>
<tr>
<td>Dementia/Alzheimer’s</td>
<td>16.4%</td>
<td>7.0%</td>
<td>12.2%</td>
<td>64.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>.7%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.6%</td>
<td>.9%</td>
</tr>
<tr>
<td>Anemia</td>
<td>8.3%</td>
<td>6.7%</td>
<td>5.6%</td>
<td>4.6%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Anorexia</td>
<td>.2%</td>
<td>.0%</td>
<td>.1%</td>
<td>.2%</td>
<td>.1%</td>
</tr>
<tr>
<td>Constipation</td>
<td>10.3%</td>
<td>8.3%</td>
<td>7.4%</td>
<td>5.2%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2.1%</td>
<td>2.1%</td>
<td>1.3%</td>
<td>.8%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Colitis</td>
<td>1.5%</td>
<td>2.2%</td>
<td>1.0%</td>
<td>.8%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Colostomy</td>
<td>.8%</td>
<td>.6%</td>
<td>.7%</td>
<td>.2%</td>
<td>.6%</td>
</tr>
<tr>
<td>Diverticulitis</td>
<td>5.7%</td>
<td>6.4%</td>
<td>3.2%</td>
<td>4.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Gall Bladder Disease</td>
<td>3.6%</td>
<td>4.0%</td>
<td>2.0%</td>
<td>2.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>25.7%</td>
<td>22.9%</td>
<td>19.6%</td>
<td>19.7%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Hiatal Hernia</td>
<td>5.2%</td>
<td>5.8%</td>
<td>3.0%</td>
<td>2.8%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Hyperglycermia</td>
<td>1.1%</td>
<td>1.1%</td>
<td>.7%</td>
<td>1.3%</td>
<td>.7%</td>
</tr>
<tr>
<td>Hypoglycerina</td>
<td>.8%</td>
<td>.9%</td>
<td>.5%</td>
<td>.6%</td>
<td>.5%</td>
</tr>
<tr>
<td>Liver Problems</td>
<td>.7%</td>
<td>.9%</td>
<td>.8%</td>
<td>.4%</td>
<td>.8%</td>
</tr>
<tr>
<td>Low Blood Pressure</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.3%</td>
<td>1.5%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Osteroporosis</td>
<td>22.4%</td>
<td>22.2%</td>
<td>13.7%</td>
<td>12.4%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Smelling Impairment</td>
<td>1.5%</td>
<td>1.5%</td>
<td>.8%</td>
<td>1.6%</td>
<td>.7%</td>
</tr>
<tr>
<td>Ulcer</td>
<td>3.6%</td>
<td>3.5%</td>
<td>2.5%</td>
<td>1.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>46.5%</td>
<td>46.0%</td>
<td>35.8%</td>
<td>27.8%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Taste Impairment</td>
<td>1.6%</td>
<td>1.6%</td>
<td>.9%</td>
<td>1.0%</td>
<td>.8%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>26.5%</td>
<td>27.6%</td>
<td>26.2%</td>
<td>19.7%</td>
<td>27.6%</td>
</tr>
</tbody>
</table>
50+ Longevity Economy

- 83 percent of US household wealth is held by people over 50.
- Access to credit and assets allows the group to spend more on goods, services and investments than their younger counterparts.
- Economic activity by those aged 50 and over amounted to $8.3 trillion in 2018.
  - Direct spending - $7.6 trillion – 56 cents of every dollar spent
- When summed together, approximately $1.8 trillion in federal, state and local taxes were attributable to the Longevity Economy in 2018. Will quadruple by 2050.
  - About 43% percent of federal tax revenue ($1.4 trillion)
  - and 37% percent of state and local tax revenue collected in the US ($650 billion)
50+ Longevity Economy

50-plus cohort
- Spends more overall than their under-50 counterparts
- Accounts for a majority of the spending in several categories of goods and services, including:
  - Healthcare;
  - Nondurable goods;
  - Durable goods, utilities;
  - Motor vehicles and parts;
  - Financial services; and
  - Household goods.

Societal Benefits
- Worth $745 billion in 2018
- Caring for loved one, helping raise grandchildren, volunteering, supporting charities

Overall contribution – economic and unpaid activities - $9 trillion in 2018.

50+ also account for the majority of:
- Volunteering;
- Philanthropy; and
- Donation activities in the US.
As people in the 50-plus cohort make purchases at grocery stores, retail outlets, restaurants, healthcare centers, and so on, money ripples through these providers’ supply chains.
  - And the longer people remain in the labor market, the more they earn and have to spend

Spending by people aged 50 and over in the US in 2018 supported:
  - More than 88.6 million jobs (44% of total employment)
  - Over $4.7 trillion in labor income
  - 61 percent of all US jobs and 43 percent of labor income was related to spending by the 50-plus cohort
NYSOFA Mission

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

• NYSOFA is an Executive Agency, authorized under the federal Older Americans Act and NYS Elder Law
AANYS Mission

The mission of the Association is to support and enhance the capacity of New York's local Area Agencies on Aging and to work in collaboration with the aging network to promote independence, preserve dignity, and advocate on the behalf of aging New Yorkers and their families.
AAA and Aging Service Providers Strengths

- Already established infrastructure/network with experience serving vulnerable populations
- Knowledge of community based provider networks and can access them
- Experience with hospital transitions and evidence based programs
- Cultural and linguistic competence
- Can help MCO reduce complaints and grievances
- Knowledge of community they serve and their varied needs
- Established relationships and trust
- In the home
AAA and Aging Service Providers Strengths

• Serve clients for life, not episode focused
• Have a holistic approach to support individuals in their homes
• Serve individuals across all care settings
• Are the eyes and ears of medical professionals in the home
• Provide one door for many services to support individuals in their homes
• Are the best value to improve the health of the community/people
• Have served their communities for over 40 years
• Not insurance driven

Mission driven but data informed:
• Cost avoidance
• Improved activations
• Improved satisfaction
Core Home and Community Based Services Provided by the Network of Aging Professionals

Coordinated with Local Network of Partners

- Home delivered meals (HDM)
- Congregate meals
- Nutrition counseling & education
- Senior center programming
- Health promotion and wellness
- Evidence Based Interventions – CDSMEs, fall prevention, etc.
- Volunteer opportunities
- Respite and caregiver supports
- Legal Services
- Home modifications, repairs
- Elder abuse prevention and mitigation

- NY Connects (ADRC) - LTSS I&A/R, options counseling, benefits and application assistance
- Health Insurance Information, Counseling and Assistance (HIICAP)
- Personal Care Level I and II (non-Medicaid)
- Case management
- Ancillary services such as PERS and assistive devices
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Long Term Care Ombudsman
2018-2019 Network Infrastructure

- 59 county-based Area Agencies on Aging (also called offices for the aging)
- 1,176 contractors
- 777 senior centers
- 819 congregate meal sites
- 315 central kitchens
- 2,057 HDM routes
- 41 EBIs implemented through AAAs, serving 35,651 older New Yorkers
- 904 HIICAP and LTCOP volunteers
- 384 HIICAP counseling sites
2018-2019

• More than 1 million individuals/families served annually—$495,000,000 invested (all sources)

  – 63,825 older New Yorkers are receiving registered dietician (RD) certified home delivered meals.
  
  – 196,547 older New Yorkers are receiving RD certified meals in a congregate setting.
  
  – 69,561 older New Yorkers have case managers to help them maintain their independence and navigate various health and social service systems, connect to benefits and resources.

  – 13,087 older New Yorkers are receiving personal care services in their homes.

  – 108,000 older adults are receiving transportation services to medical appointments, dialysis, pharmacies and other community outlets.
2018-2019

- More than 1 million individuals/families served annually – $495,000,000 invested (all sources)
  - 10,823 receiving legal assistance.
  - 89,000 receiving nutrition counseling and education.
  - 293,600 receiving information and assistance.
  - 109,100 receiving health promotion/prevention.
  - 248,000 individuals received Medicare plan and prescription counseling and assistance.
  - 13,100 older New Yorkers are receiving support services and respite so they can continue to care for frail loved one.
Update on: Long Term Care Planning Project
Long Term Care Planning Project

In 2018, Governor Cuomo announced the establishment of the Long Term Care Planning Project (LTCPP), a joint effort by the New York State Department of Health (DOH) and the New York State Office for the Aging (NYSOFA).

The LTCPP seeks to bring forward meaningful discussion on ways to improve aging and long term care in New York.

This project was designed to understand the projected and desired needs of older adults in New York by examining New York's long-term care system.
In 2018, DOH and NYSOFA released a statewide survey to gather information on the issues faced at all levels of care and by all involved in the aging and long term care system.

The survey helped to inform the topics for discussion. The aging and long term care system was defined broadly to include clinical services as well as non-medical home and community-services that address the social determinants of health, including prevention. In response to this survey and stakeholder input, the LTCPP meeting topics will include:

- Aging and Long Term Care Services – Improving Coordination, Communication, and the Consumer Experience
- Evidence-Based Programs and Innovative Models in Aging and Long Term Care
- Family Caregiving Support
- Analyzing, Expanding, and Supporting the Long Term Care Workforce
- Financing Alternatives to Public Programs (Medicaid)
Recommendations submitted to Governor’s office for review and comment

For more information on the planning project:

https://www.health.ny.gov/facilities/long_term_care/planning_project/
Update on: What We’ve Been Up to in addition to traditional work
Priorities During Pandemic

• **Accurate Information** – there was a need to get accurate information out on the deadliness of the pandemic, the need to stay home, social distancing, self care protocols, etc. Depending on where people get their news depends on how seriously they took. A portion of New did/would not understand the severity of this pandemic.
  – Lieutenant Governor and I were on an AARP Teletownhall– we broke the record for most attendees ever – 27,000. Many of the questions that we received from AARP members were very basic information and safety questions and some were conspiracy theories – making the point that we need to continue to be vigilant in getting basic info out.
  – We developed an outreach plan for the Lieutenant Governor and it focused on getting on am radio primarily, but radio to get message out. Also visited two kitchens that we oversee that prepare home delivered meals to highlight the work they are doing and to make a call for volunteers.

• **Matilda’s Law** – has been very important in terms of telling those at risk to stay home – significantly however, impacts our service capacity because many of our staff and most of our volunteers are the at risk population – so we have seen a decrease in human capital to deliver services. There are currently almost 1 million new Yorkers over the age of 55 providing 495 million hours of volunteer service annually at an economic value of over $13 billion – this capacity has gone down significantly due to Pandemic. Good news is others have stepped up – non-essential county and state staff, students and general volunteers – so we are ok at this time.
  – **We have had volunteers and staff die from this pandemic** – that hits very close to home for our providers and it is important to let them know that its not their fault, that people accept the risk as other front line staff do – having our professionals take care of themselves is just as important as the public taking care of themselves.
**Primary services** that are in demand to date:
- Home delivered meals
- Groceries and supply deliveries
- Medication deliveries
- Transportation to critical services – dialysis, cancer treatments, etc.
- Combating social isolation

**Essential Services** – NYSOFA fought to be interpreted in the Governors EO as being an essential service as defined by the services above – We worked with NYSAC, conference of mayors and our area agencies by drafting a memo clarifying that they were essential – many older adults who are providing services have copied it and are using it in the event they are stopped by police (which has happened) and was also a way to show the county executives that aging services are critical during this time.

- We have seen a huge increase in demand for home delivered meals/groceries and are expecting this to continue to grow.

- We have provided maximum flexibility in to spend funds and how to operate so that the bureaucracy does not get in the way of serving people and my message consistently to the network and to staff is to do what you have to do to serve people, period.

- PPE is an issue for our front line staff, volunteers and for personal care aides and older adults – we secured 1.875 million masks and they have been delivered to all AAA’s.

- Social isolation – was already a public health problem prior to this pandemic and the pandemic has made it worse. We have many reprogrammed staff and non-essential staff as well as volunteers making check in calls to isolated individuals. We developed resources for the network to assist in connecting people beyond wellness calls.
National Policy/Funding

NYSOFA:
• Helped secure $1 billion in stimulus for OAA - $73 million to NY
• Assured ADRC stimulus funds flexibility to serve younger disabled
• Have asked ACL whether counties or state can supplant federal dollars – drafted guidance and sent to DOB, Chamber and AAA’s that cannot use stimulus funds to supplant state and local funds.
• $50 million in HUD dollars – guidance and application out from our intervention allowing and encouraging HUD properties to contract with restaurants and other food vendors to meet increasing demand to take pressure of our network
• NSIP – these are meals eligible for additional federal reimbursement due to meeting higher standards – NYSOFA receives $23 million in NSIP funding – we were successful in eliminating this requirement due to the pandemic making all our meals eligible for NSIP
• Sysco – donating 2.5 million meals locally – connecting them to our network to deliver food directly to those abiding by stay at home order
• Enterprise – connected to network
June 11, 2020

- SFMNP – Farmers Market Nutrition Program – Ag and Markets
- CFNP – Commodity Food Nutrition Program – DOH
- Emergency Meal Procurement
- Social Media Extravaganza - Value
  - Highlight Network – pictures, staff, volunteers = Essential
- Older Americans Month/Mental Health Awareness Month
- Face Book Live with OMH
- AANYS Assistance in Messaging
- National Leadership Calls
- Business Acumen
- Go Go Grandparent
- Scam Mitigation/Information
Pet Project – Why?
Pet Project – Why?
Mass Food Deliveries
Face Mask Distribution
Other Innovations

• Senior Corp volunteers made masks that have a plastic front insert for individuals that are hearing impaired – distributed throughout the county

• Sewing machines and fabric purchased for the local jail to sew masks – hundreds are being produced each day

• RSVP Volunteers providing phone calls and care packages to homebound individuals. Personalized video messages were provided via facebook and skype by school aged children to older residents

• Girl Scouts/Boy Scouts providing care packages to home delivered meal clients

• Cornell Cooperative Extension provided over 500 masks to local farmers in the community

• Distribution of information weekly about resources (mental health, food, etc.), scams, nutrition education and word puzzles

• Online programs provided for Tai Chi for Arthritis etc to provide health promotion activities

• Pet food being delivered for animals in homes of Older New Yorkers

• Utilization of the National Guard for meal delivery

• Call your neighbor program with trained volunteers
Ryan Gregoire
Legislative Director
NYSAC

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Q & A
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