

## THE NEW FACE OF NEW YORK'S SENIORS

New Yorkers are getting older and almost half of the city's older adults are immigrants. While the city has taken initial steps to plan for this rapidly diversifying population, not nearly enough attention has been paid to this particularly vulnerable subset of the city's seniors.

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## THE NEW FACE OF NEW YORK'S SENIORS

LIKE MUCH OF THE REST OF THE COUNTRY, NEW YORK CITY IS GRAYING rapidly. In the next two decades, demographers expect the number of city residents 65 and older to increase by 35 percent, going from approximately 998,000 today to 1.3 million in 2030.<sup>1</sup> And while some initial steps have been taken to plan for this profound demographic shift, not nearly enough attention has been paid to a crucial—and especially vulnerable—subset of the city's senior population: those who were born in a foreign country and continue to reside here as either documented or undocumented immigrants.

With 463,000 older immigrant residents, New York has by far the largest foreign-born senior population of any city in the U.S. In fact, one out of every ten older immigrants in the country calls New York City home. Immigrants currently make up 46 percent of the city's total senior population, and if current growth rates continue, they will become the clear majority in as little as five years. In 21 out of the city's 55 Census-defined neighborhoods, immigrants already account for a majority of the senior population; in Queens, this is true for ten out of 14 neighborhoods.

The aging of the city's immigrant population has huge implications for New York. As a group, immigrant seniors have lower incomes than their native-born counterparts and much less in retirement savings. They receive far fewer benefits from traditional entitlement programs like Social Security and Medicare. Compounding these challenges, nearly two thirds of immigrant residents age 65 and older have limited English proficiency, while nearly 200,000, or 37 percent, live in linguistically isolated households. As a result of these language and cultural barriers, many older immigrants have trouble finding out about existing support services and are much more likely than their native-born counterparts to suffer from isolation, loneliness and depression.

With so many immigrant neighborhoods, one of the most comprehensive health systems in the U.S. and excellent public transportation, New York has the potential to be a great place for immigrants to grow old. But it is far from clear that the city has the infrastructure or programs to handle all the challenges that are likely to arise as this population increases. City funding for senior services has actually fallen significantly since 2009. And although the Bloomberg administration recently unveiled the widely heralded Age-Friendly NYC, an initiative created with the New York Academy of Medicine to assess how the city's existing services affect seniors, many immigrant groups and community-based organizations say that initiative doesn't address the particular needs of older immigrants, a major oversight in a city where they are not only one of the fastest growing demographic groups but also one of the most vulnerable.



Drawing on Census data, this report provides extensive demographic details about New York's older immigrant population, including where they immigrated from, how long they've lived in New York City, which neighborhoods they live in and how many have access to government assistance, among other important factors to their well-being. In order to better understand the challenges foreign-born seniors face and how well the city is prepared to meet those challenges, we interviewed over 50 caseworkers at community-based organizations, advocates for immigrants and older adults, government officials, academics and a wide variety of policy experts in health care, community development and social services. Together, the data and first-hand accounts paint a picture of an increasingly international senior population in New York, with challenges and needs that are both common to all older New York residents and unique to their immigrant status or even their ethnicity or country of origin.

Over the next decade, both New York and the country will be profoundly affected by the rapid aging of the population. Nationwide, the Baby Boom generation that built our postwar economy and continues to form the powerbase in politics and business will put major strains on our en-

## WHO IS AN OLDER IMMIGRANT?

For the purposes of this report, we define "immigrant seniors" or "older immigrants" as people age 65 and older who were born in a country other than the United States and are residing in the United States, regardless of immigration status. Thus, "native-born" refers to people born in any of the states or territories of the United States. In this report we also present separate data for Puerto Ricans living in the mainland United States, who share many of the language and cultural barriers of the foreign-born senior population even though they are U.S. citizens.

titlement and social safety net programs as they move out of the workforce into retirement. The first member of this generation turned 65 in 2010, and over 10,000 have been reaching this milestone every day since then.<sup>2</sup> And yet, as serious as this trend is on a national scale, it is likely to pose even bigger challenges in New York, where an increasing percentage of the older generation came here from another country and culture.

"We are not paying attention to this very important demographic shift," says Joan Mintz, director of special projects at the Lenox Hill Neighborhood House in Manhattan. "[The immigrant population is] getting older and older. We need to be planning for services for a lot of people moving forward, but we have not put dollars and brainpower and policy on these issues."

The median age of New York's immigrant population is 14 years higher than that of the native-born population. While the median age of an immigrant New Yorker is 43, the median age of a New Yorker born in the U.S. is 29.

The total number of older immigrants in New York is also increasing rapidly. Over the last decade, as the native-born senior population decreased by 9 percent, the number of older Asian immigrants grew 68 percent, older Caribbean 67 percent and older Latinos 58 percent. Overall, the number of foreign-born seniors jumped 30 percent in that time, going from 356,000 in 2000 to 463,000 ten years later.

"The aging segment of the Asian population is the fastest-growing part," notes Howard Shih, a demographer at the Asian American Federation in New York. "The wave that came in the 1960s, when the Immigration Act removed race-based quotas, has been here for over 40 years and is now getting to retirement age."

Although Queens and Brooklyn are home to the vast majority of immigrant seniors overall (68 percent of the city's total), every borough has seen its older immigrant population spike dramatically since the beginning of the decade. Between 2000 and 2010, the number of foreign-born seniors in Staten Island grew 60 percent, the Bronx 51 percent, Queens 36 percent, Manhattan 25 percent and Brooklyn 18 percent. Only one borough—

Manhattan—saw a significant increase in native-born seniors during that time, while three boroughs—the Bronx, Brooklyn and Queens—saw significant decreases. In all, 21 out of 55 neighborhoods in New York experienced at least 50 percent growth in their immigrant senior population, including six neighborhoods in Queens, five in the Bronx, four in Brooklyn, and three each in Manhattan and Staten Island.

Some of the neighborhoods that have seen tremendous growth in the number of older immigrants are in areas with well-established immigrant communities, such as Flushing in Queens, Chinatown in Manhattan and Sunset Park in Brooklyn. But, somewhat surprisingly, many other high-growth neighborhoods are not traditional immigrant enclaves and, in a few cases, have relatively few existing services or age- and immigrant-friendly amenities. These include Mott Haven/Hunts Point in the Bronx (with 181 percent growth since 2000), Far Rockaway in Queens (with 83 percent growth) and the North Shore of Staten Island (with 50 percent growth).

**1 out of 10**

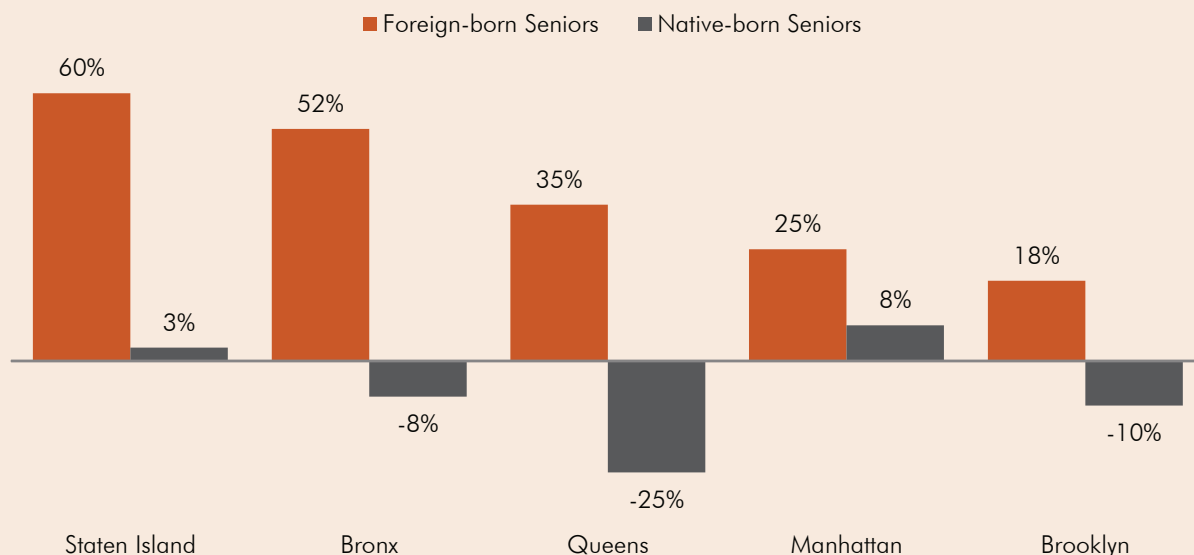
**older immigrants in the nation  
live in New York City**

Because immigrant seniors tend to be poorer and have much less in retirement savings than their native-born counterparts, and because they tend to have a much harder time accessing existing support services and programs, many in this group are not only poised to strain the social safety net but fall through it entirely.

The median income for immigrant seniors in New York is \$8,000 lower per year than for native-born seniors (\$9,900 compared to \$18,300). And for those living in households of two or more people, this disparity grows to nearly \$40,000 per year (\$52,185 compared to \$90,800). Nearly 130,000 immigrant seniors in the city, or 24 percent of the total, are living in poverty, compared to

### The Older Immigrant Population is Increasing All Over New York City

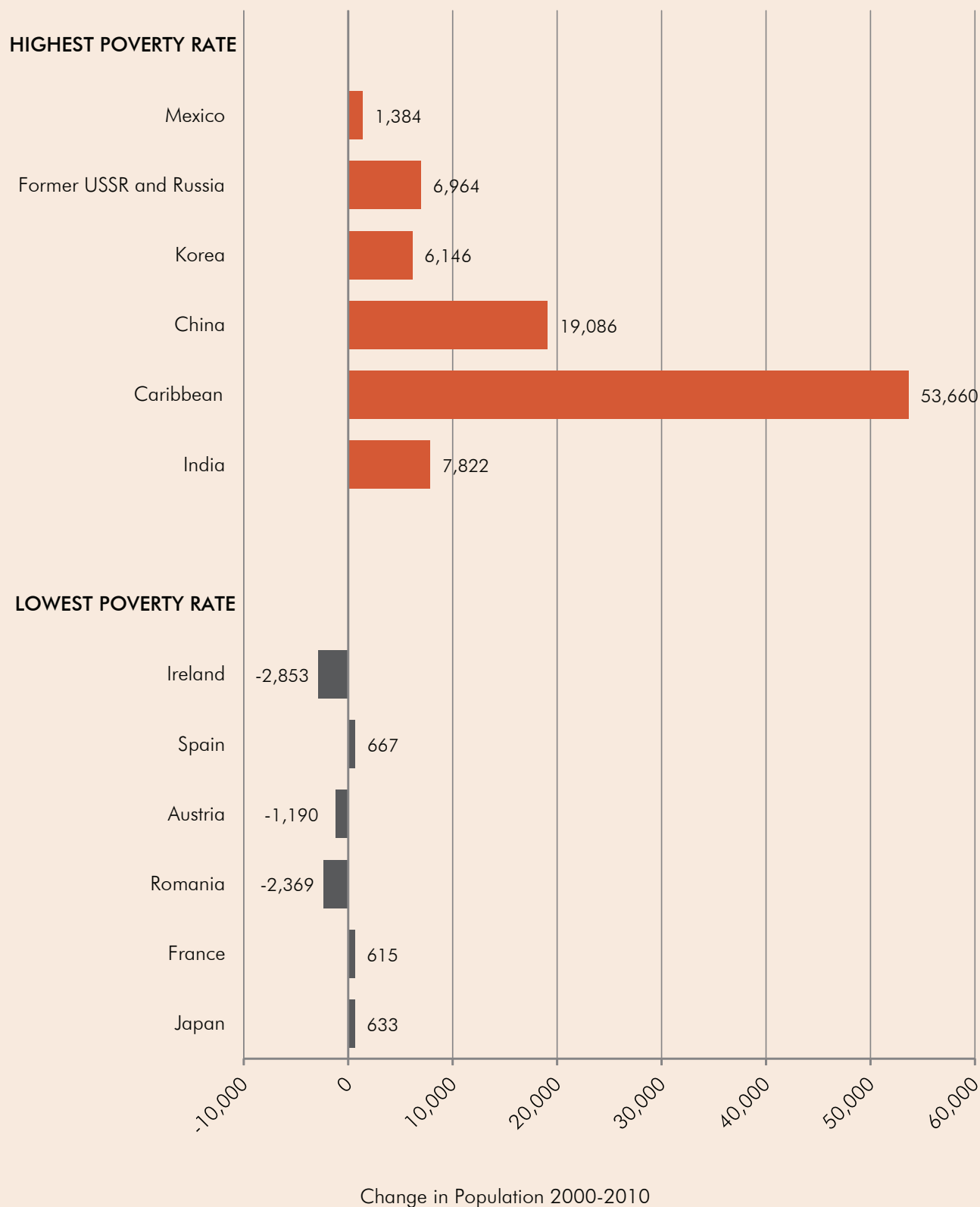
While the population of older immigrants has grown in every borough over the past decade, the native-born senior population has declined in three of the five boroughs.



Source: IPUMS U.S. Census 2000 and 2010.

## The Fastest-Growing Immigrant Groups are also the Poorest

The shift in the origins of New York City's immigrant population is changing the overall poverty rate of the immigrant population, with the poorest groups increasing their numbers the most since the turn of the century.



69,000 or 15 percent of native-born seniors. Older immigrants comprise 46 percent of all seniors in New York, but 65 percent of all seniors living in poverty.

Alarmingly, this discrepancy is likely to grow in the years ahead, as the immigrant groups with the fastest growing populations of seniors are also among the poorest. The number of seniors from European countries with lower levels of poverty has actually fallen 10 percent since the beginning of the decade, while the four fastest growing groups—Chinese, Indian, Caribbean and Korean immigrants—all have poverty rates of at least 25 percent. Among Mexican immigrants, another fast-growing group, an astounding 50 percent are below the federal poverty line.

Dense pockets of poor seniors are sprouting up in neighborhoods throughout the city, including Flushing, where 52 percent of all poor Korean seniors are located, and the North Shore of Staten Island, where 36 percent of all poor African seniors live. In Sunset Park, which has experienced an enormous spike in immigrants from China, Mexico and Latin America over the last decade, nearly half of all foreign-born seniors are living in poverty.

Compounding these financial challenges, foreign-born seniors also receive much less in benefits from Social Security, since they tend to earn significantly less over the course of their working lives and thereby pay less into the system. Moreover, a much higher percentage of immigrants either don't qualify at all for the program or haven't enrolled. Either way, 31 percent of immigrant seniors in New York are not receiving Social Security benefits, compared to only 18 percent of the native-born seniors.

Immigrants age 65 and over also face a number of unique social challenges, and one big reason for that is unfamiliarity with the English language. Sixty percent of immigrant seniors in New York have limited English proficiency (LEP), with even larger percentages among fast-growing groups from Asia and Latin America. An astounding 94 percent of Korean seniors, 92 percent of Chinese seniors and 91 percent of Russian seniors speak English less than very well. And while se-

Because immigrant seniors are poorer and have a harder time accessing services, many are not only poised to strain the social safety net but fall through it entirely.

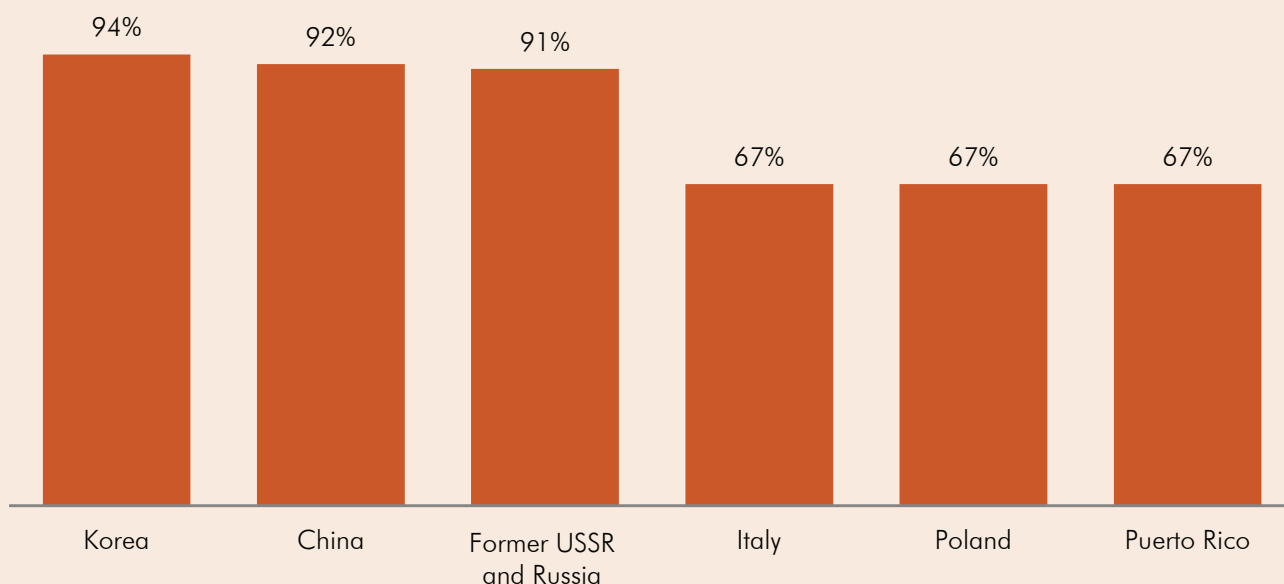
niors from Spanish-speaking countries do better by this measure, big majorities also display low levels of English proficiency. Sixty-seven percent of Mexican seniors, 65 percent of Cuban seniors and 53 percent of Central American seniors indicate on Census surveys that they speak English poorly or not at all. Even among older Puerto Ricans, who are U.S. citizens and aren't included as foreign-born seniors in our demographic analysis, a remarkably large share—67 percent—have low levels of English language skills.

Although English language competency is an important skill in its own right, low levels of English proficiency are also a good proxy for how well immigrants are assimilating to new norms and lifestyles and whether they are in danger of suffering from isolation and depression. According to many of the senior advocates and care providers we spoke to, depression and even suicide are surprisingly widespread among older immigrants in New York.

"Suicide is a huge problem in the Asian American community," says Jo-Ann Yoo, managing director of community services at the Asian American Federation. "A caseworker at a Korean American senior center in Staten Island told me that senior suicide is a major community issue. They are so depressed because they come here, they don't speak the language, they don't know anybody, and they feel really isolated."

## Seniors with Low Levels of English Proficiency

In New York City, the vast majority of seniors from these six countries or regions struggle with English.



Source: IPUMS U.S. Census 2010.

“Many are isolated even within their own families,” adds Kyung Yoon, executive director of the Korean American Community Foundation (KACF). “Many immigrant seniors come [here] to take care of grandchildren,” she says, “but sometimes they find that they can’t communicate with them because they only speak English.”

To be sure, New York City offers immigrant seniors a plethora of advantages, especially when compared to other North American cities with smaller, less entrenched immigrant communities and fewer public services. Immigrant seniors here have an easier time getting around because of the city’s public transit system and have access to a whole host of amenities—from ethnic grocery stores and community-based organizations to hospitals and health care clinics. Moreover, as many community leaders readily recognized in our interviews, New York has a more robust system of senior centers and senior services than any other city in the U.S.

Nevertheless, many of these existing resources and services aren’t keeping up with the rising demand and changing geography of the city. Because of language and cultural barriers, foreign-

born seniors have a harder time finding out about existing support services, including both tax and entitlement programs, such as the Earned Income Tax Credit (EITC), Medicare, Medicaid and the Supplemental Nutrition Assistance Program (SNAP), and services delivered through senior centers and other community-based organizations. In the latter case, immigrant seniors may be reluctant to participate in programs not just because they don’t know the services exist but because they aren’t linguistically accessible or culturally appropriate. A handful of providers that have been located in certain neighborhoods for years offer services that may once have been appropriate but now don’t speak to the needs of the surrounding immigrant community.

Housing is another essential resource in short supply in New York, limiting many older residents’ ability to stay with extended families and age in place. Unlike most native-born seniors, immigrant seniors tend to live in larger multigenerational households. According to the Census, 16 percent of households with a foreign-born senior consist of four or more people, compared to just 4 percent of households with a native-born senior.



And, among households in which grandparents live with their grandchildren, 72 percent contain a foreign-born grandparent.

Many immigrant seniors come to this country to take care of their grandchildren, and financial strains and cultural values often make it impossible for families to choose long-term care facilities when older family members are unable to take care of themselves. The challenge is that a majority of the city's housing stock consists of small apartments. Only 16 percent of rental units in the city have three bedrooms or more.<sup>3</sup> Several community leaders in our interviews described severe strains that many families experience because of a lack of affordable housing alternatives, forcing them to opt instead for illegal conversions of apartments and basements.

"What are they doing about creating affordable senior housing?" says Maria Rivera, senior services director of the nonprofit community center BronxWorks. "Not just for middle-income baby boomers but for the seniors who are earning anywhere from \$10,000 to \$13,000 per year?"

Aging in place is not only important to individual seniors who would rather stay in their homes and close to their families, it also offers a much less expensive option than nursing homes. A single private room in a New York City nursing home costs an average of \$396 daily or \$144,540 annually.<sup>4</sup> All other types of institutional long-term care facilities are also extremely expensive, significantly above the national and state averages, while the cost of home care is lower here than the national average due to lower wages paid to home care workers.

Providing support services, housing and health care to a rapidly growing senior population will of course require extensive investments and planning by a wide variety of city agencies and the nonprofit providers that depend on them. But even as this population continues to grow at an alarming pace, funding for senior housing and services has declined significantly over the years. Funding for the federal government's primary subsidized housing program for seniors, the so-called Section 202 program, has plummeted by 42 percent nationwide since 2007.<sup>5</sup>

Meanwhile, funding for the Older Americans Act (OAA), the country's primary source of funding for senior services, has fallen far short of demand. Between Fiscal Year 2005 and Fiscal Year 2012, New York City's share of OAA funds declined by 16 percent.<sup>6</sup> Local funding for senior services has dropped precipitously as well: after slight increases between 2005 and 2009, city funding for senior services dropped by 20 percent over the next five years, going from approximately \$181 million in Fiscal Year 2009 to \$145 million in Fiscal Year 2012.<sup>7</sup>

More than just funding, policymakers in New York will need to start planning for the aging of the city population—and the rapid growth of its older immigrant population. The graying of the city's immigrants creates both challenges and opportunities in areas from workforce development and housing to transportation and health care delivery. Government officials would be wise to develop strategies for increasing access to government benefits, expanding the supply of larger apartments for extended families, tapping the expertise of older immigrants, ensuring that more of the centers that offer meals for older adults provide ethnic food options (not just franks and beans, as one immigrant advocate told us), improving access to translators and taking advantage of technology to help older adults access services. They should also develop stronger relationships with the community-based organizations that have the trust of immigrants in neighborhoods across the city—and which are well-positioned to help ensure that more government services reach older immigrants.

The Bloomberg administration has taken some important steps, like the creation of Age Friendly New York City. Still, much more needs to be done to make New York not only a great place for immigrants but a great place for immigrants to grow old.

# NEW YORK CITY'S IMMIGRANT SENIORS

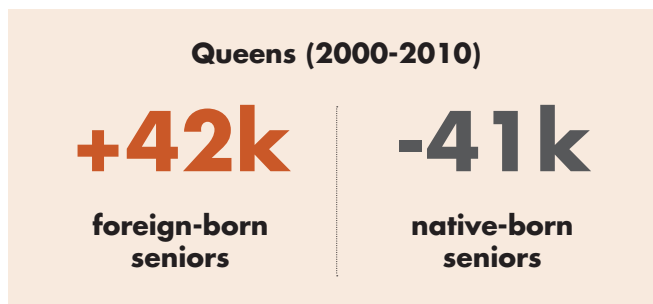
The last 30 years have seen a huge increase in the number of older New Yorkers from many parts of the world. Some have settled in ethnic enclaves but others have scattered throughout the city.

Unlike the mostly European immigrants who inspired the iconic images of pushcart vendors, dockworkers and tenement residents of Old New York, current immigrants in New York hail mostly from Latin America, Asia and the Caribbean—and they are entering the city at a time when an increasingly globalized economy has created a vastly different world from the one earlier immigrants experienced. Since 1980, the number of European immigrants living in the city has dropped by half, even as Asian immigrants have increased sevenfold, and African and Latin American immigrants fivefold. As these communities have grown and matured, New York has seen the number of seniors from these regions swell dramatically.

Between 1980 and 2010, the number of older foreign-born residents in New York grew by 20 percent, but the rate of growth has sped up significantly in that time. After a sizable decrease between 1980 and 1990, the number of residents who fall into this category increased 54 percent over the next 20 years—and 30 percent in the last ten years. Since 2000, not only has the number of native-born seniors in New York decreased by 9 percent, the number of immigrant seniors from European countries has decreased by 5 percent.

Overall, foreign-born seniors now account for 46 percent of the city's total senior population, and when you add Puerto Rican seniors to that group—despite being U.S. citizens Puerto Rican seniors share many of the same cultural and linguistic barriers as other older immigrants—that number climbs to 54 percent of the total.

This growth in the older immigrant population is happening all over the city, yet it can be more keenly felt in some places than others. Thirty-five percent of all older immigrants in the city live in Queens, followed by Brooklyn (33 percent), Manhattan (17 percent), the Bronx (12 percent) and Staten Island (3 percent). Citywide, 15 percent of



immigrants are seniors, compared to 12 percent in the U.S. as a whole.

Of the five boroughs, Queens experienced both the biggest numerical increase in its older foreign-born population and the biggest numerical decline in the older native-born population, with the number of older immigrants increasing by more than 42,000 and the native-born senior population decreasing by almost 41,000 between 2000 and 2010. Staten Island experienced the largest percentage increase in its older immigrant population at 60 percent, while that borough, along with Manhattan, experienced modest increases in the native-born senior population.

Mott Haven and Hunts Point in the Bronx and the Brownsville and Ocean Hill neighborhoods in Brooklyn had the largest percentage increases in their older immigrant population between 2000 and 2010, with many of those seniors from the Caribbean. By far the largest numerical increases came in the Flushing and Whitestone neighborhoods of Queens, where the older immigrant population jumped by 8,475 people in the same time period, owing mainly to immigrants from China, Korea and Southeast Asia. (See Appendix, Table I for data on all boroughs and neighborhoods.)

Meanwhile, the native-born senior population has declined in three out of the five boroughs, and in 39 out of the city's 55 PUMAs (Census-designated neighborhoods). The Flushing and Whitestone neighborhoods in Queens experienced

### Brooklyn (2000-2010)

**+23k**

foreign-born  
seniors

**-16k**

native-born  
seniors

### Bronx (2000-2010)

**+20k**

foreign-born  
seniors

**-8k**

native-born  
seniors

the largest numerical decline in the native-born senior population, losing 6,642 people between 2000 and 2010, while Sunset Park, Brooklyn lost 43 percent of its native-born senior population in that time period. Flushing and Whitestone also have by far the largest population of immigrant seniors of any neighborhoods, at 25,486 people.

The Upper West Side in Manhattan saw both the largest numerical and percentage increases in the native-born senior population, at 8,020 people and 46 percent, while the Upper East Side has the largest population of native-born seniors. Overall, the city's older immigrant population increased by 106,648 between 2000 and 2010, or 30 percent,

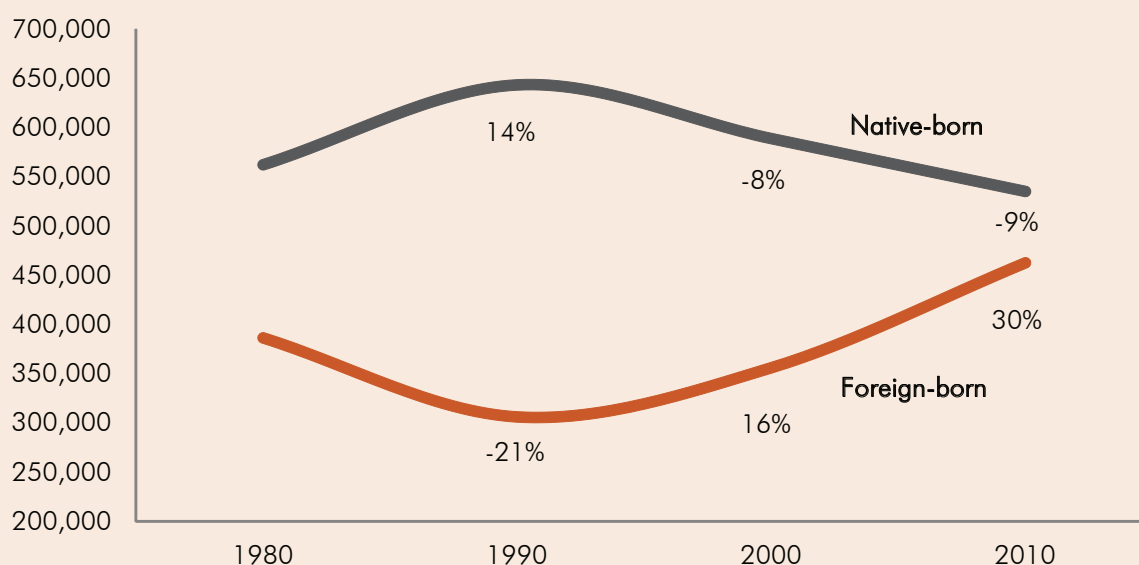
while the native-born population declined by 9 percent, or 53,719 persons.

The geographic distribution of older immigrant groups based on country or region of origin is of particular importance to service providers in assessing where particular linguistic and culturally competent services are required. In the Appendix, Table II shows the neighborhoods with the ten largest groups of older immigrants by country or region of origin, as well as the change in their population in the city over the past ten years.

The population of seniors from Africa grew the fastest in the past ten years, though their

## Population of Older Immigrants in New York City is Growing Faster

The last two decades have seen increasing rates of growth of the older immigrant population and a decline in the native-born senior population.



Source: IPUMS U.S. Census 1980, 1990, 2000, and 2010.

population remains small. Seniors from Latin America and the Caribbean (not including Puerto Rico) are second only to native-born seniors in total population, with seniors born in Europe a distant third. The population of Asian and Middle Eastern immigrant seniors in New York City grew 68 percent, placing their rate of growth above Latino immigrant seniors, whose numbers increased 58 percent in the same time period.

The most numerous group of older immigrants in New York City are the 122,500 immigrants from the Caribbean, mostly from the Dominican Republic and Haiti, who comprise 12 percent of all seniors in the city.

Between 2000 and 2010 there has been a 56 percent increase in the older Chinese immigrant population, which is an increase of 20,111 people, the largest numerical increase of any ethnic group. The largest percentage increase in that time, by contrast, was the population of older immigrants from India, who increased their numbers by 135 percent, or 7,089 people.

While some groups of older immigrants are concentrated in ethnic enclaves, others are more dispersed throughout the city's neighborhoods. While 59 percent of all older Korean immigrants and 51 percent of older Russian immigrants are concentrated in only three neighborhoods, the senior population of many other ethnic groups are scattered throughout the city. For instance,

## In 21 of the 55 neighborhoods in the city, immigrant seniors already outnumber their native-born counterparts.

the three neighborhoods with the most Central American seniors contain only 17 percent of the total population of older Central Americans in the city, and the top three neighborhoods where older immigrants from India live contain only 24 percent of their total population.

Additionally, many neighborhoods have seen substantial increases or decreases in the older population from particular countries or regions. Between 2000 and 2010, the greatest numerical increases from any one country or region was the increase of 4,811 immigrant seniors from Caribbean countries in the Washington Heights and Inwood neighborhoods of Manhattan, and the increase of 3,274 Chinese seniors in the Flushing and Whitestone neighborhoods of Queens. When calculated as percentage growth, Washington Heights/Inwood saw a 63 percent spike in older

**Percent Change in the Population in NYC and the U.S.  
by Age and Nativity, 1980-2010 and 2000-2010**

	Pct. Change 1980-2010		Pct. Change 2000-2010		Population in 2010	
	NYC	U.S.	NYC	U.S.	NYC	U.S.
Foreign-born pop., 18-64	119%	245%	8%	32%	2,488,168	33,960,833
Native-born pop., 18-64	8%	27%	4%	8%	2,935,227	160,807,116
Foreign-born pop., 65+	20%	69%	30%	49%	462,779	5,104,218
Native-born pop., 65+	(5%)	57%	9%	12%	535,273	35,345,156

Source: IPUMS U.S. Census 1980, 2000 and 2010.



### Manhattan (2000-2010)

**+16k**

**foreign-born  
seniors**

**+10k**

**native-born  
seniors**

### Staten Island (2000-2010)

**+5k**

**foreign-born  
seniors**

**+1k**

**native-born  
seniors**

Caribbeans, and Flushing/Whitestone saw a 120 percent increase in older Chinese immigrants.

The greatest percentage increases in any neighborhood were the 2,595 percent increase in the Central American senior population in the Throgs Neck/Co-op City section of the Bronx and the 1,538 percent increase in the Mexican senior population in the Pelham Parkway section of the Bronx between 2000 and 2010. When calculated numerically, the number of Central Americans in Throgs Neck/Co-op City increased by 519 people, while the number of older Mexicans in Pelham Parkway increased by 446 people. The Caribbean senior population is particularly notable in that this group has seen numerical increases in the thousands and percentage increases in the hundreds in every neighborhood in the Bronx and northern Manhattan, except Riverdale.

Ethnic enclaves are anything but static, and populations shift from one neighborhood to another over time depending on changes in the cost of living or the availability of services. For instance, while the concentration of older Russian immigrants and immigrants from the former Soviet Union in Coney Island has increased from 20 percent in 2000 to 26 percent in 2010, the Chinese older population in Manhattan's Chinatown has decentralized, dropping from 23 percent in 2000 to 17 percent in 2010. Many of the Chinese who are leaving Manhattan seem to be moving to Flushing. "Queens is attracting a lot of Asian seniors," says Jo-Ann Yoo of the Asian American Federation. "We suspect that it is largely because there is a base of services in Queens, so the elderly are likely to move there to access those services."

The Elmhurst/Corona neighborhood in Queens is notable for having the greatest diversification of all New York City neighborhoods,

meaning that it saw increases in seniors from nine countries or regions of origin—the most of any New York City neighborhood. Queens as a borough has also experienced the greatest diversification of its senior population, with significant increases in the population of seniors from nearly every country or region analyzed in this report except native-born seniors, whose number declined significantly.

In 22 of the 55 neighborhoods in the city, immigrant seniors already outnumber their native-born counterparts. Ten of those neighborhoods are in Queens (out of a total of 14 neighborhoods in that borough), while nine are in Brooklyn, two in Manhattan and one in the Bronx. (See Appendix, Table III.)

Four out of five seniors in Washington Heights/Inwood are immigrants, mostly from the Dominican Republic and Russia and the former Soviet Union; older immigrants account for 9 percent of that neighborhood's total population. Elmhurst, Corona, and Jackson Heights in Queens are not far behind with their large populations of immigrant seniors from East Asia, South Asia and Latin America. Flushing is home to the largest group of immigrant seniors in the city, with 25,486 living in that one neighborhood, while Coney Island has the highest density of older immigrants, with 15 percent of its total population falling into that category. Flushing's senior immigrant population is largely from Asia, while Coney Island is home to the city's largest population of older immigrants from Russia and the former Soviet Union.

# THE WEALTH AND INCOME GAP

Older immigrants often earn lower wages and have far less in savings than native-born seniors.

The average older immigrant has less wealth, lower income, poorer health, fewer savings and smaller retirement benefits than the average native-born senior. While many seniors are at risk of becoming poor because of their fixed incomes and their decreased ability to enter or re-enter the workforce, a combination of factors make immigrant seniors even more vulnerable. Immigrant seniors' eligibility for government benefits, their ability to speak English, the amount of time they have spent in this country, their level of educational achievement, the kind of job they held during their working years and the socioeconomic status of their family members have important implications for the standard of living that they can enjoy in the United States.

There are 126,961 immigrant seniors in New York City who live in households that are below the poverty line, representing 24 percent of all immigrant seniors in the city. In contrast, 68,915 native-born seniors (15 percent) live in a household that is at or below the federal poverty line. Older immigrants comprise 45 percent of all seniors in New York City, but 64 percent of all seniors who are below the poverty line.

José Ortiz-Ortiz, executive director of the Spanish Speaking Elderly Council-RAICES, one of the oldest service and advocacy organizations

for older Latinos in New York City observes, "In gentrifying communities, rents are soaring, the cost of food is increasing, and work opportunities are decreasing for older immigrants. It is financially more difficult for immigrant seniors to survive." Dr. Yanira Cruz of the National Hispanic Council on Aging (NHCOA) concurs, saying "Sometimes [seniors] have to do the unthinkable: cutting into [their] health care, eliminating some necessary prescriptions, skipping meals and going to bed hungry."

Poverty rates for seniors vary considerably by their country or region of origin. By far the highest poverty rates among seniors in New York City are in the Mexican immigrant population, where nearly half of seniors are below the poverty level. Older immigrants from Russia and the former Soviet Union are the second poorest, with 38 percent living in poverty. In contrast, Canadian, European, Japanese and Middle Eastern immigrant seniors have lower poverty rates than native-born seniors. Alarming, the poverty rate for the four fastest-growing senior immigrant groups—Chinese, Indian Caribbean and Korean—stands at more than one out of four.

Poverty rates also vary by neighborhood. For instance, nearly half of all immigrant seniors in Sunset Park, which is home to large Chinese, Mexican and Central American populations, are living below the federal poverty line. The Rockaways are not far behind, with 45 percent of immigrant seniors living in poverty.

Flushing contains the largest concentration of poor seniors from any one country or region of origin; just over half (52 percent) of all Korean seniors in New York City who are below the poverty line live in the neighborhood. A concentration of poor African seniors lives on the North Shore of Staten Island, home to 36 percent of all poor African seniors in the city. Commissioner

Older immigrants comprise  
46 percent of all seniors  
in New York City, but 64  
percent of all seniors who  
are below the poverty line.

### Median income of New York City seniors

**\$10k**

**foreign-born  
seniors**

**\$18K**

**native-born  
seniors**

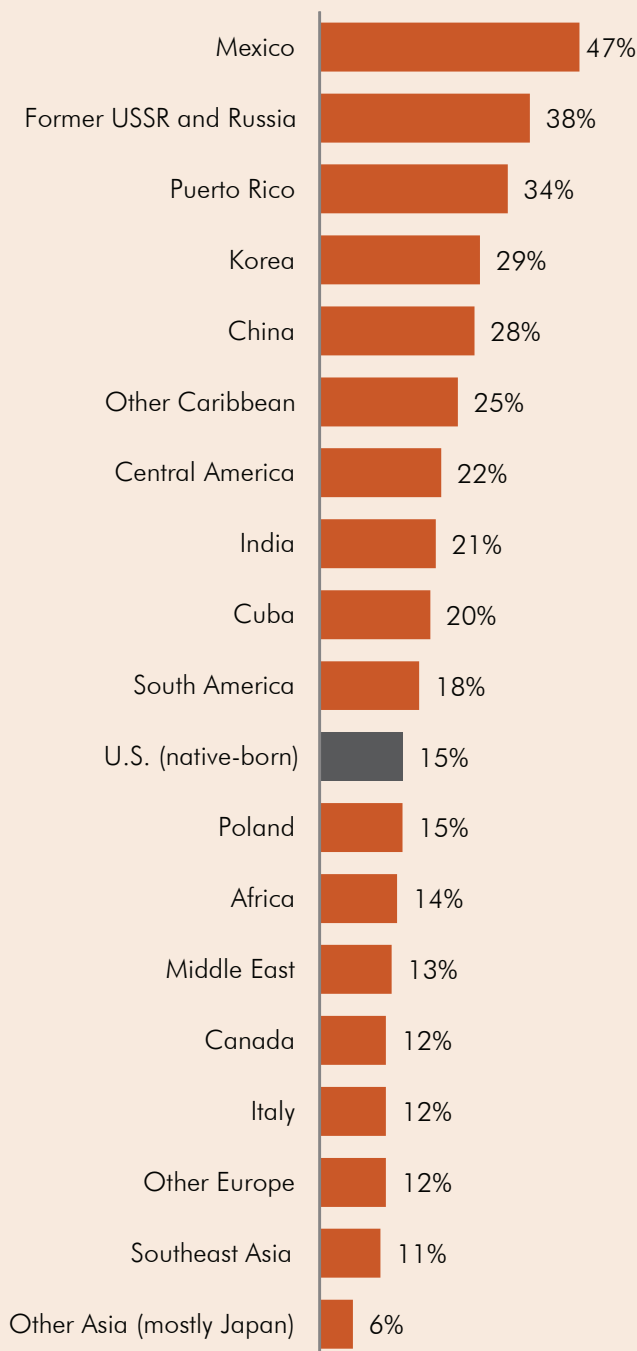
Fatima Shama of the Mayor's Office of Immigrant Affairs says that these are primarily immigrants from Liberia, and that despite their demonstrably high level of need, few services are available to them where they live. Table IV in the Appendix contains the immigrant senior poverty rates for all 55 neighborhoods in New York.

The median income of foreign-born seniors in New York City is just \$9,900, compared to \$18,300 for native-born seniors. However, there is considerable variation in the incomes of the foreign-born in New York City based on country or region of origin. While immigrants from the Middle East, Japan, and Western Europe tend to have the highest average incomes, on par with native-born residents, immigrants from Korea, China, India and certain Latin American countries have the lowest incomes. For instance, the median income of Mexican seniors living in New York is \$7,370, while that of Chinese immigrants is \$7,000 per year.

Immigrant seniors tend to receive significantly less than their native-born counterparts from all income sources, not just wages but Social Security and private retirement accounts. For instance, despite depending on wages and Social Security for more than 80 percent of their incomes (compared to 55 percent for native-born seniors), Mexican seniors receive \$4,460 less in Social Security benefits than native-born seniors. Immigrants are much less likely than natives to work for an employer that offers retirement benefits, and those who do tend to earn lower incomes, thus decreasing their ability to save for retirement. For example, the average immigrant in New York City who is between the ages of 55 and 64 earns \$23,000 less per year than the average native-born individual in the same age range. The ages 55 to 64 are significant because this is at the

### Poverty Rates Vary Significantly by Country or Region of Origin

Nearly half of Mexican seniors live below the federal poverty line, and seniors from Russia and the former Soviet Union are not far behind.



Source: IPUMS U.S. Census 2010.

**Proportion of Seniors and Non-Seniors  
in New York City With a College  
Education or Greater by Country or  
Region of Origin, 2010**

Country or Region of Origin	Age 25-64	Age 65+
Mexico	5%	12%
Central America	13%	10%
Caribbean	16%	10%
South America	20%	12%
Italy	26%	4%
Cuba	26%	17%
China	27%	17%
<i>Average for all foreign-born</i>	28%	19%
Poland	32%	15%
Africa	36%	38%
India	42%	34%
<i>United States (Native-born)</i>	43%	25%
Middle East	44%	40%
Other Europe	50%	25%
Other Asia	55%	35%
Former USSR and Russia	56%	41%
Southeast Asia	57%	54%
Korea	58%	27%
Australia and New Zealand	69%	38%
Canada	70%	28%

Source: IPUMS U.S. Census 2010.

end of a person's career when they can expect to have their highest earned income.

Moreover, immigrant seniors are also more likely to report having no income at all; in New York, 10 percent of immigrant seniors have no income compared to 4 percent of native-born seniors.

Overall, individual immigrants' age at arrival in the United States and their access to family support are the main determinants of whether they will have sufficient support in older age. "Someone who is 60 has very different needs from someone who is 85," notes Joan Mintz of the Lenox Hill Neighborhood House. "Someone who comes here at 61 may very well be able to be part of the workforce for many years. Someone who comes with an extended family and is 85 is more likely not part of the workforce and is not putting money into the system."

Seniors with sufficient resources may be able to live well on their own, and families with sufficient resources and an extra room in their homes are much more likely to be able to care for their older relatives. However, in some lower-income families, seniors must supplement the family income by finding employment, especially if they arrived later in life and therefore receive little in Social Security or other retirement benefits.

The fact is, however, that the average foreign-born senior living alone in New York City has nearly \$10,000 less in income than the average native-born senior living alone, and the income of the average two-person family household—typically a married couple living together—where at least one person is an older immigrant has an income that is an alarming \$37,000 lower than that of native-born senior two-person family households.<sup>8</sup>

Lower educational achievement among immigrants in general, and particularly immigrant seniors, contributes to their higher poverty rates. The educational achievement levels of the family members of seniors can be a proxy for their earnings potential, the ability of the family to navigate the social services system on behalf of the senior and the likelihood that the family will be able to provide resources to ensure that older members



## Overall, individual immigrants' age at arrival in the United States and their access to family support are the main determinants of whether they will have sufficient support in older age.

age with dignity. Since many more older immigrants live with successive generations of their families and so may very well depend on them for financial and other support, the more successfully an older immigrant's family can navigate American society and its institutions, the better off the senior is likely to be. This web of interdependence often extends to the ethnic communities to which the families belong. As evidenced in the table on page 16, educational achievement varies significantly by country or region of origin, explaining some of the inequalities in services available to particular populations.

On average, both senior and non-senior foreign-born New Yorkers have lower levels of educational attainment than the native-born. While 43 percent of U.S.-born New Yorkers aged 25 to 64 have a four-year college degree, only 28 percent of immigrant New Yorkers of the same age range do. Immigrants between the ages of 25 and 64 from Latin America and China tend to have lower levels of educational achievement than those from Europe, Africa and other parts of Asia. The low levels of educational achievement in the Mexican immigrant community are especially noteworthy and likely reflect a large influx of low-skilled, low-wage workers from that country. Only 5 percent of Mexicans in New York City aged 25 to 64 have a four-year college degree or higher.

Many immigrants with high levels of educational attainment or significant training in their home countries still fall through the cracks because they do not speak English well, or because the country does not accept their credentials from their home countries. Dr. Dmitri Daniel Glinski, president of the Russian-Speaking Community Council of Manhattan & the Bronx, told us the

story of a senior linguist from Russia who has written many books and is famous around the world, yet when he came to the United States he was denied all employment in academia, despite having learned English and publishing a book in English. He had come here to take care of his 12-year-old son who has a rare illness and needs to be treated here. The linguist had difficulty going back to Russia for political reasons, but did so anyway so he could earn money. His income here was only \$300 a year.

Indeed, many immigrants find that their degrees and experience are worth little in their adopted home. This is particularly true for doctors, lawyers, engineers and other professionals who often lack the licenses that may be required in the United States. While some younger immigrants may choose to obtain licenses or additional training after arriving here, older workers are less likely to do the same.

# FALLING THROUGH THE SAFETY NET

Many senior immigrants do not qualify for Social Security, Medicare and other programs designed to help seniors.

Many people find it difficult to plan for old age, when they may not be able to keep their jobs and their health could begin to decline. But for immigrants, many of whom have limited access to Social Security, pensions, property and other sources of support, looking to the future can be especially daunting.

Retirement security can be conceived of as a four-legged stool supported by personal wealth, retirement pensions, Social Security and health insurance. As previously discussed, compared with native-born seniors, immigrants have less wealth and lower personal income, and are less likely to have had jobs that offered retirement pensions. Many immigrants do not even qualify for the social supports that the government has for seniors, and for those that do, the help may not be enough to allow them to live independently and with dignity.

“Social Security is a safety net for many older adults,” observes Dr. Yanira Cruz of the National Hispanic Council on Aging (NHCOA), “but many Hispanic older adults have a history of employment where a pension was not a part of the benefit package and so they rely heavily on Social Security. In fact, without Social Security, over 50

percent of Hispanic older adults would live in poverty.”

“Many seniors are not even eligible, particularly many immigrant seniors,” says Department for the Aging Commissioner Lilliam Barrios-Paoli. “But even for those who do qualify, the amount of money they get through these programs is ridiculous. They can’t really live with that, or they live a very difficult life.”

Federal regulations require that a person have 40 quarters of covered earnings (work for 10 years in formal employment where paychecks are subject to Social Security taxes) before becoming eligible to receive federally funded benefits like Social Security, Supplementary Social Income (SSI), Temporary Assistance for Needy Families (TANF), Medicare and Medicaid (except emergency Medicaid). The table on page 19 summarizes eligibility requirements for immigrants seeking government senior assistance programs.

Many immigrants may not meet the eligibility requirements because they have not worked in the U.S. for the required minimum amount of time or because they worked “off the books.” Most of these immigrants simply have not been in the country long enough to work the required ten years.

While 84 percent of native-born seniors have Social Security income, only 69 percent of older immigrants do, and the share of the foreign-born with no Social Security income has been increasing. In 1980 about 25 percent of both native-born and foreign-born seniors did not receive Social Security income. In 2010, the latest year for which figures are available, the proportion of older immigrants who did not receive Social Security income increased to 31 percent, while the corresponding figure for native-born seniors had declined to 16 percent. Among immigrant seniors who lived in the U.S. for less than ten years prior

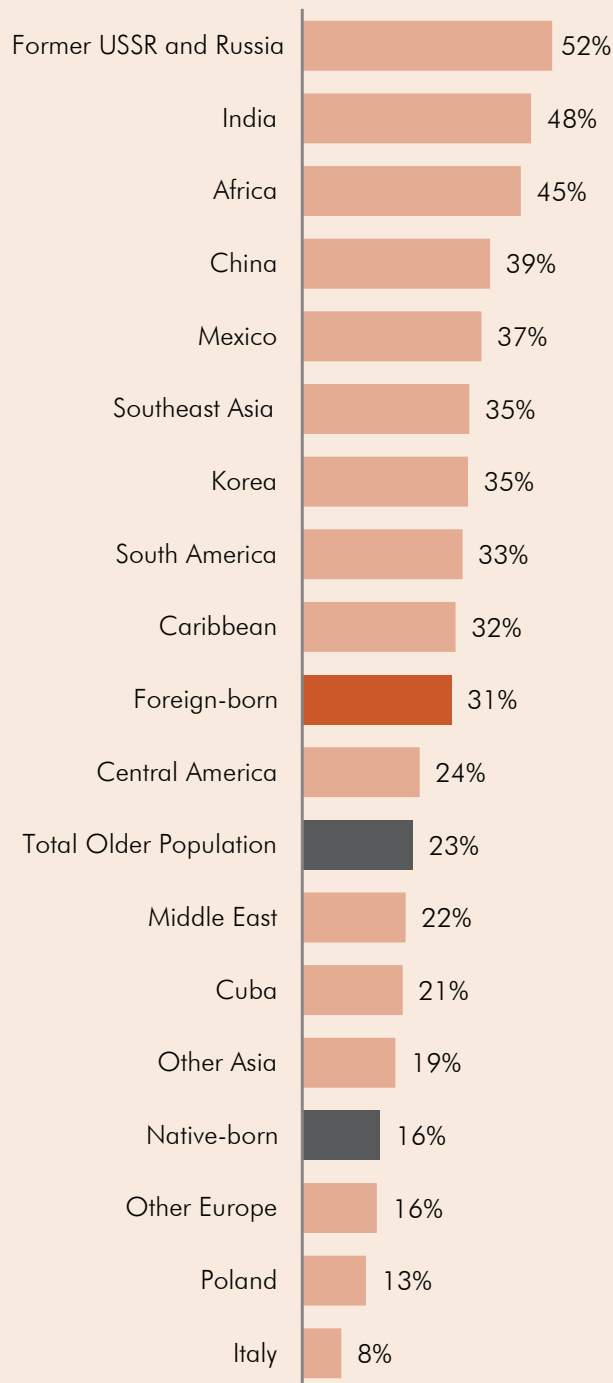
**Among immigrant seniors  
who lived in the U.S. for  
less than ten years prior  
to turning 65, 79 percent  
reported having no Social  
Security income.**

## Eligibility of Immigrants for Government Senior Assistance Programs

Program	Naturalized Citizen	Noncitizen (qualified aliens)
Social Security	<ul style="list-style-type: none"> <li>10 years of working (40 quarters)</li> <li>The earliest one can start receiving Social Security retirement benefits is 62 years of age, but with reduced benefits. Full retirement age is 65 to 67 depending on year of birth.</li> </ul>	
Supplemental Security Income (SSI)	<ul style="list-style-type: none"> <li>Age: over 65 (or younger if blind or disabled)</li> </ul> <p>Must have:</p> <ul style="list-style-type: none"> <li>Limited income: Includes earned income from work, other resources such as Social Security benefits, unemployment benefits, Department of Veterans, etc., friends or relatives.</li> <li>Limited resources: Less than \$2,000 in assets for individuals, or \$3,000 for couples. Rules do not take into account the wealth of the applicant's children. However, giving away a resource or selling it for less than it is worth in order to reduce resources below the SSI resource limit might result in ineligibility for SSI for up to 36 months.</li> </ul>	<p>Must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>Must have been lawfully residing in the United States on August 22, 1996, be blind or disabled; or</li> <li>Receiving SSI on Aug 22, 1996, and lawfully living in the U.S; or</li> <li>Lawfully admitted for permanent residence and have 10 years (40 quarters) of work. Spouse's or parent's work also may count.</li> </ul> <p>If entered the United States on or after August 22, 1996, is not SSI eligible for the first five years as a lawfully admitted permanent resident even after attaining 40 qualifying credits of earnings.</p>
SSI New York State Supplement	<p>Eligibility requirements are the same as federally-funded SSI.</p> <ul style="list-style-type: none"> <li>The state of New York adds money to the federal payment, so as to deliver a single combined federal/state payment at the beginning of each month</li> <li>Considers cost of living in county or borough of residence</li> <li>Considers whether applicant resides in congregate care (group home or adult foster care).</li> </ul>	
Medicaid	<p>Individuals who qualify for SSI automatically qualify for Medicaid.</p> <ul style="list-style-type: none"> <li>Individual residents must have monthly income of less than \$792 and couples less than \$1,159.</li> <li>The resources or assets limit is \$14,250 for individuals and \$20,850 for couples.</li> </ul>	<ul style="list-style-type: none"> <li>All qualified immigrants regardless of their date of entry into the United States, can be eligible for Medicaid provided they meet all other eligibility requirements.</li> </ul>
Family Health Plus (FHP)	<ul style="list-style-type: none"> <li>FHP is an extension of New York's Medicaid program that provides health coverage through managed care plans only (and do not include long term care) for adults who are over-income for regular Medicaid.</li> <li>Income limit: 150 percent FPL (Federal Poverty Level)</li> </ul>	All "qualified immigrants." (same as Medicaid)
Medicare	<p>Either applicant or spouse must have paid into the Medicare system for 10 years (40 quarters).</p>	<ul style="list-style-type: none"> <li>10 years (40 quarters) of covered earnings</li> <li>If legal residents (non U.S. citizens) haven't worked in the U.S., there may still be a possibility to "buy in" to Medicare provided that they've resided in the United States for five continuous years or more and are 65 years or older. Premiums may be higher.</li> </ul>

## Older Immigrants Are More Likely to Have No Social Security Income

Older immigrants in New York City typically have lower incomes than the native-born, yet are also more likely to be living without Social Security benefits.



Source: IPUMS U.S. Census 2010.

to turning 65, 79 percent reported having no Social Security income.<sup>10</sup> Also, seniors who do not speak English or who do not speak English well are much more likely not to have Social Security income. Among seniors who reported their level of English proficiency to the Census, 37 percent of those with limited English proficiency have no Social Security income compared to 19 percent of those who are proficient.

These figures differ significantly by country or region of origin. For example, in 2010, fully 52 percent of Russian and 48 percent of Indian seniors in New York City did not have Social Security income, while only 8 percent of Italian and 13 percent of older Polish immigrants were in that position. Four groups of immigrants have seen increases in the share of their seniors who receive no Social Security since 1980: Russians and others from the former Soviet Union (28 percent), Africans (21 percent), Mexicans (20 percent) and Chinese (3 percent). In the case of Mexican and African immigrants, their populations have grown significantly in the last decade, increasing the share of immigrants from places that have not been here long enough to work the ten years needed to qualify for benefits. Immigrants from Russia and the former Soviet Union are among the oldest at the time of immigration to the United States and so are also less likely to have worked for the required number of years.

While native-born seniors nationwide depend on Social Security for 36 percent of their income, Hispanic seniors depend on it for 42 percent of their income.<sup>11</sup> Asian immigrants depend on Social Security for less of their income (28 percent) than native-born seniors, at least partly because they derive the largest portion of their income from wages and salary, as discussed earlier. In New York City, the difference in sources of personal income between native-born and foreign-born seniors is slightly narrower for Hispanic immigrant seniors, but significantly greater for Asian immigrant seniors: Social Security comprises 29 percent of native-born seniors' income, 39 percent of Hispanic immigrant seniors' income, and 32 percent of Asian immigrant seniors' income.



There is also significant diversity among immigrants from specific countries of origin. For example, Mexican immigrant seniors in New York City depend on wage and salary income for 47 percent of their personal income and on Social Security for 35 percent, indicating that many Mexican seniors work well into old age in order to supplement small Social Security or SSI benefits. Indeed, the average Mexican immigrant senior receives \$6,599 annually in Social Security income and \$1,356 in SSI. Together, that still totals \$3,104 less than the \$11,059 that the average native-born senior receives annually from Social Security alone. Chinese immigrant seniors receive even less: \$4,708 in Social Security and just \$626 in SSI.

Retirement plan and pension income is another major source of income for seniors, comprising 19 percent of the average native-born senior's income, 15 percent of the average Hispanic immigrant's income and 12 percent of the average Asian immigrant's income. Although immigrant seniors are only somewhat more likely to have no retirement income—37 percent of foreign-born seniors have no retirement income compared to 34 percent of native-born seniors—the average immigrant senior who does have retirement income receives much less than the average native-born senior with retirement benefits: \$15,807 annually compared to an average of \$23,970 annually for native-born seniors. Seniors who report no or limited English are less likely to have retirement income than immigrants who know English well.

Supplemental Security Income (SSI) and the Supplemental Nutrition Assistance Program (SNAP) are important sources of income for lower-income and disabled seniors, but it's likely that many immigrants who need help do not receive these benefits. Not all immigrants in need are eligible to receive them, and not all immigrants who are eligible seek out the government aid. Despite that, 16 percent of foreign-born seniors receive SSI compared to 9 percent of native-born seniors. Currently federal SSI payments are \$760 per month, and New York State provides a supplement to the federal check for recipients living in high-cost areas.

**Percent of Older Immigrants in New York City (with a Population of at least 500) by Country or Region of Origin Who Have Been in the U.S. for Ten Years or Fewer, 2010**

Country or Region of Origin	Percent	Number
Albania	39%	718
Mexico	25%	694
India	24%	3,246
China	14%	8,061
Africa	14%	1,286
Caribbean	12%	14,009
Yugoslavia	11%	645
Korea	8%	995
Philippines	8%	764
Former USSR and Russia	8%	3,415
South America	8%	3,981
Central America	6%	988
<b>TOTAL</b>	<b>5%</b>	<b>45,915</b>

Source: IPUMS U.S. Census 2010.

Foreign-born seniors in New York City are also more likely to participate in SNAP, which distributes food stamps. Almost a third of older immigrants receive food stamps, accounting for 65 percent of all seniors in New York City who receive food stamps. An immigrant must legally reside in the U.S. for at least five years to be eligible for SNAP.

Nearly all of the other federal benefits require that an individual pay Social Security taxes for ten years before being eligible, making the age

when an immigrant arrives in this country a crucial factor in whether he or she has access. Immigrants who spend a big portion of their working

lives in the U.S are also much more likely to speak English, have a better understanding of American culture and have access to other programs that support older adults. Those who arrive later are much less likely to have these skills and resources at their disposal and as such are much more likely to be socially isolated and vulnerable.

The table on page 21 shows the percentage of older immigrants who have been in the U.S. for ten years or fewer by nationality. These figures present a *minimum* estimate for the percent of older immigrants who are not eligible for federal benefits, since some immigrants who have been here for ten years may not have worked for the minimum ten years. Albanian and Mexican older immigrants are the most likely to have been in the country for less than ten years, but the number of Caribbean seniors in this situation is by far the highest, with 14,009 being relatively new immigrants.

Overall, 62 percent of all immigrants living in New York City arrived after 1990, and 34 percent arrived after 2000. However, only 27 percent of older immigrants arrived since 1990 and 10 percent since 2000, meaning that about 90 percent of older immigrants in New York City have been in the U.S. for more than ten years.

The age at which immigrants arrive varies significantly by country or region of origin. While Canadian, European, Cuban and Japanese immigrants who are currently 65 and over came to the U.S. when they were in their 20s and early 30s and are thus likely to have worked here all their lives, a majority of immigrants from China, India, Korea and the former Soviet Union arrived when they were in their late 40s and 50s. The table to the left illustrates these significant differences in age by country or region of origin.

The proportion of foreign-born seniors in New York City without health insurance of any kind is six times higher than that of the native-born; while half of 1 percent of native-born seniors in the city lack health insurance, 3 percent of older immigrants do. Most seniors in both groups are covered by Medicare. In New York only 2 percent of native-born seniors have no Medicare coverage, compared to 4 percent of foreign-born

**Average Age at Immigration for the Foreign-Born Population that is Currently 65+, by Country or Region of Origin, 2010**

Country or Region of Origin	Average Age
Former USSR and Russia	53
Korea	49
India	49
China	48
Mexico	47
Southeast Asia	44
Other Caribbean	42
South America	41
Central America	38
Middle East	35
Other Asia	34
Poland	33
Australia and New Zealand	32
Cuba	30
Other Europe	29
Italy	27
Canada	23

Source: IPUMS U.S. Census 2010.

seniors. Of the 58,034 seniors in New York City without Medicare coverage, 61 percent are foreign-born. The actual number is probably higher because immigrants are less likely than native-born people to report their insurance status.

Though these proportions seem small, it is important to understand that the problem of uninsured immigrants is concentrated among recently arrived and undocumented immigrants, who, as we have seen, come disproportionately from a few countries or regions. For instance, Asian seniors are more than twice as likely to have no health insurance coverage as the other major race and ethnic groups.<sup>12</sup> In fact, among all Asians who were hospitalized in New York City in 2009, 33 percent did not have Medicare coverage, compared to 13 percent of non-Hispanic Whites.<sup>13</sup>

The proportion of foreign-born seniors in New York City without health insurance of any kind is six times higher than that of the native-born.

## GROWING OLD WITHOUT DOCUMENTS

Most immigrant seniors reside in the U.S. legally. Some, however, live in the shadows of our immigration system. Because seniors often are not in the labor force, these undocumented immigrants go largely unnoticed. Without access to services, though, their lives can be precarious.

There is a process for sponsoring parents to come to the U.S. and obtain permanent residency (commonly known as a “green card”), but it is only open to U.S. citizens. Therefore, immigrants residing in the U.S. must first become citizens themselves, which can take anywhere from a few years to more than a decade, before they can help their parents join them.<sup>14</sup> Most immigrants enter the U.S. in their 20s and early 30s, at the beginning of their working careers and during their prime childrearing years, meaning their parents may not be able to be with them at a time when they are needed most.

About half of the immigrants of all ages from the fastest-growing countries and regions of origin, including China, India, Korea and the Caribbean, are not citizens. Among Mexicans, only one out of ten immigrants is a citizen. “There is a growing immigrant elderly population,” says José Ortiz-Ortiz of RAICES. “For a long time this population was hidden because of their immigration status. Many did not know they could access services without revealing their status. They are now starting to come out more, and as a result we are seeing more elderly immigrants seeking services.”

However, many undocumented immigrants who do reach out for services find they are denied access. “The undocumented don’t have access to anything,” says Yudith Ortiz, a case manager at the Institute for the Puerto Rican/Hispanic Elderly. “Their only access is to emergency Medicaid, and only for certain conditions. For them, all doors are closed. There are many organizations that are forced to deny service to immigrants if they see that they do not have papers.”

Even the most destitute find themselves having nowhere to turn for assistance. Suzy Nanjad, director of social services at Project FIND Aid for the Aged, an organization on the Upper West Side that helps low- and moderate-income seniors find support services, reports, “A lot of our Homeless In-Reach program clients are undocumented, and that is a big problem for us, because there are not really any services for them.”

Importantly, serving the needs of the undocumented or other immigrant seniors without access to services entails a high cost to the public health infrastructure. “HHC has been underwriting undocumented emergency cases, but they can’t do that forever,” says Alan Aviles, president of the New York City Health and Hospitals Corporation (HHC).

# THE SERVICES ARE THERE BUT THE SENIORS MAY NOT BE

New York has unequaled community-based resources for seniors, but obstacles keep older immigrants from getting the help they need.

New York City has the most extensive array of resources for seniors in the country. On top of federal benefits like Social Security and Medicare, older New Yorkers have access to senior centers in every neighborhood, senior socialization programs, walkable neighborhoods and the most comprehensive health care and transportation systems in the nation. Despite that, immigrant seniors are less likely than the native-born to take advantage of what is available to them. As José Ortiz-Ortiz of RAICES puts it, “I don’t think there are insufficient services for seniors, but there are institutional and language barriers that make it difficult for these individuals to access these services.” Indeed, the lack of in-language services and cultural attitudes toward accepting services and support from outside the family or the community keep many immigrants from accessing available resources.

Immigrant seniors and their communities are also less likely to be aware that services exist and

“I don’t think there are insufficient services for seniors, but there are institutional and language barriers that make it difficult for these individuals to access these services.”

that they are eligible to receive them, while mistrust of government or fear of jeopardizing their residency in the U.S. keep others from getting available help. Maha Attieh, a program manager at the Brooklyn-based Arab American Family Support Center, told us that she sees “many people who are afraid to even apply for Medicaid, asking ‘will applying affect my citizenship?’ or ‘will this affect my family?’” To encourage more seniors to take advantage of services, providers also must understand different cultural attitudes towards accepting and receiving support from outside the family.

Many of the experts we spoke to told us that New York City is in the vanguard of crafting policy to support seniors, though they also report that immigrant seniors continue to face considerable challenges. In this section we will outline these barriers.

## Language and Cultural Barriers

By far the biggest barrier that prevents older immigrants from accessing essential services is their inability to communicate with service providers in their own language. More than three out of every five immigrant seniors in New York City are Limited English Proficient (LEP), which means that they reported to the Census that they speak English “less than very well” or not at all. Language proficiency varies significantly by country or region of origin. As shown in the table on page 25, the highest rates of LEP are among Korean seniors, 94 percent of whom speak English less than very well or not at all and Chinese seniors, 92 percent of whom are LEP.

Moreover, 37 percent of older immigrant seniors live in households that are linguistically isolated, meaning that nobody in their household over the age of 14 can speak English very well. As shown in the table on page 26, the highest inci-



dence of linguistic isolation by far is among older immigrants from Russia and the former Soviet Union, 82 percent of whom live in a household that is linguistically isolated. Additionally, more than half of all older Polish, Chinese and Korean immigrants live in linguistically isolated households. Seniors in these households are among the most vulnerable, because it is difficult for them to easily find anyone who can translate important information for them. They are also more likely to be socially isolated.

In the linguistically isolated households, seniors generally live alone without multiple generations of family, some of whom may have been born in the U.S. or learned English through their jobs. Among all linguistically isolated households that contain a senior in New York City, 80 percent of them are comprised of seniors living alone or with another senior (such as their spouse), while 14 percent of them contain at least a senior with one more generation of their family (usually their children), and just 6 percent of them are comprised of grandparents living with two or more generations of their families, perhaps their children and grandchildren.

The largest shares of people in New York City who are LEP include 44 percent who speak Spanish, 15 percent who speak Chinese and 12 percent who speak Russian. Together, speakers of those three languages comprise seven out of every ten LEP seniors in the city, highlighting the importance of making information and services available in those languages. Immigrant Affairs Commissioner Fatima Shama points out that in some non-English speaking communities, the majority of people are seniors. “The Italian population is mostly aging, and the concentration of Italian speakers is mostly in the older community,” she says. “The Yiddish-speaking community is also older. So we don’t translate anything in the school system into Italian or Yiddish, but we do have to translate for DFTA and for emergency management services.”

Since families and ethnic communities are the main sources of support for immigrant seniors, particularly those who have limited command of English, it is crucial for immigrant families and communities to be aware of services and to

Limited English Proficient (LEP) Seniors by Country or Region of Origin		
Country or Region of Origin	Percent	Number
Korea	94%	11,327
China	92%	51,575
Former USSR and Russia	91%	40,391
Italy	67%	19,918
Poland	67%	7,946
Puerto Rico	67%	48,413
Mexico	67%	1,835
Cuba	65%	5,806
India	62%	8,374
Other Asia	54%	1,094
Central America	53%	9,036
South America	53%	28,418
Middle East	51%	3,325
Caribbean	45%	54,954
Southeast Asia	45%	5,834
Africa	41%	3,768
Other Europe	39%	21,641
Canada	8%	237
United States	3%	11,564
Australia and New Zealand	0%	0
<b>TOTAL</b>	<b>34%</b>	<b>335,456</b>

Source: IPUMS U.S. Census 2010.

### Seniors in New York City Living in Linguistically Isolated Households by Country or Region or Origin, 2010

Country or Region of Origin	Percent	Number
Former USSR and Russia	82%	36,287
Korea	58%	7,049
Poland	56%	6,569
China	55%	30,755
Italy	42%	12,382
Cuba	41%	3,666
Puerto Rico	41%	29,471
Other Asia	39%	798
Mexico	39%	1,057
<i>Total Foreign-Born</i>	37%	197,153
Middle East	33%	2,175
South America	26%	13,999
Other Europe	25%	13,992
Caribbean	24%	29,050
Central America	22%	3,782
Southeast Asia	20%	2,544
India	17%	2,339
Africa	12%	1,074
Canada	6%	164
United States	2%	7,678

Source: IPUMS U.S. Census 2010.

seek them out. But making information available in the appropriate languages is only part of the equation. Cultural barriers are a crucial and often overlooked part of why immigrant seniors are less likely to avail themselves of existing community services. Different cultural groups have different ways of socializing their elders, different cultural mores related to a family's responsibility to take care of their elders and different attitudes around seeking government services. Because of this, service providers must be creative in finding culturally sensitive ways to reach populations in need. This involves far more than simply translating brochures and flyers into various languages.

Social services workers are often well meaning but can be hampered by a lack of familiarity with the needs of specific populations. Bryan Pacheco, who coordinates services for LGBT seniors of color in Harlem for SAGE told us that "there are a lot of good people in senior services who want to help, but also a lot of people who don't know the issues." Tova Klein of Self-Help Community Services agrees. "You definitely need to have people who speak the language of the person who is asking for help," she says, "but you also have to get what the obstacles are to people asking for help."

In many immigrant communities, children are expected to take care of their aging parents. Seeking help from the outside, whether from the government, a nonprofit service agency or a senior center can be socially shameful. For some seniors, negative associations with government services in their home countries make them instinctually reluctant to see government as a source of aid. Dr. Dmitri Daniel Glinski of the Russian-Speaking Community Council says religion isolates many Russian immigrants; services in their language are available through nonprofit organizations with religious affiliations, but many Russians are secular due to the repression of religion under Soviet rule.

In the Muslim community gender is the most contentious issue. "Female Arab Americans tend to be secluded and are not comfortable interacting with men, so that limits their access to many services," says Lena Alhusseini, executive director of the Arab American Family Support Center.

“They need a place with only women, where they can feel comfortable and where they can take off their hijab, knowing that no men will walk in.” She adds that the center she runs is one of the only places in the city that offers services specifically for older Muslim women. Alhusseini also reports that, due to stricter gender roles in many Muslim families, wives often serve as caretakers for one or two sets of parents, as well as for their own children. This leaves them severely overburdened, yet cultural mores discourage them from seeking help outside the family.

Family is clearly the first and most central source of support and care for older immigrants in New York City, but close-knit immigrant communities, can serve as a secondary support network. Sabrina Ramos of the Department for the Aging pointed out, “Most seniors do not go to the center in their neighborhood, but those who are attended by people who look like them.” Jo-Ann Yoo of the Asian American Federation says that she has heard countless stories of Asian seniors in Brooklyn traveling up to two hours on the subway to attend a senior center in Flushing.

Seniors from some immigrant communities are more likely to congregate in senior centers than those from other communities. In the Indian community in Flushing, for example, Hindu temples are a natural gathering place for older adults, who socialize, eat lunch and do yoga and other exercises there instead of at senior centers. In contrast, senior centers seem to be a great way to reach older Chinese adults. DFTA Commissioner Lilliam Barrios-Paoli has noticed that while seniors in many immigrant groups will only attend senior centers and participate in programs that are specifically targeted for them, Chinese seniors will often go to any center that is nearby. She attributes this to a cultural affinity for group services and a lack of stigma associated with using government services.

The public libraries also serve as an important resource for immigrant seniors, especially because many branches in immigrant communities stock books, newspapers and other materials in their languages.<sup>15</sup>

Different cultural groups have different ways of socializing their elders, different cultural mores related to a family’s responsibility to take care of their elders and different attitudes around seeking government services.

In a city that has seen as many population changes as New York, institutions founded to serve a particular community in a specific neighborhood may now need to shift gears and serve other groups. For instance, Self Help Community Services’ Benjamin Rosenthal Prince Street Senior Center in Flushing was established decades ago to serve the Jewish community. Now its members are almost exclusively Chinese, and the center hired an all-Chinese staff.

Though Self Help found that it could serve this new population by changing its staff, other organizations depend on partnerships with ethnic-specific senior-services organizations to help meet the new needs. One example of such a partnership comes from the South Asian community in Queens, where an organization called India Home takes culturally appropriate services to senior centers that operate where South Asian seniors live. India Home helps five centers serve this population by providing lectures, exercise sessions, cultural celebrations and recreational opportunities.<sup>16</sup>

Dr. Linda Leest of Services Now for Adult Persons (SNAP), an organization that runs three senior centers in Queens that were named Innovative Senior Centers by the Bloomberg admin-

**"The senior immigrant population is not so tapped into the nonprofit community, largely because they do not speak English well. Though they are very well connected within the community, they are not as well connected outside of it."**

istration, has been working with India Home for the past five years. She says that India Home has facilitated intercultural communication at SNAP's Eastern Queens location by bringing in South Asian seniors once a week. For example, the India Home seniors eat together with seniors from other ethnic groups, creating an opportunity for cultural exchange. "Many of the other elders want to taste the Indian food," she says. "Also when there is non-Indian food left over some of our Indian elders say, 'Oh can I taste this, can I try that?' Eggplant parmesan is a big hit with both groups. When people break bread together, it opens up doors and makes them feel comfortable."

Ultimately, ensuring that senior services are provided in a linguistically and culturally competent fashion will require creating opportunities for newer organizations that serve specific immigrant groups and increasing the capacity of existing organizations to deliver services to an increasingly diverse senior population.

#### **Lack of Political Representation Limits Access to Services**

Seniors tend to be avid voters, and this has made them a key constituency for politicians at

all levels of government. However, immigrant seniors have much lower rates of voting, and so do not always benefit from the political largesse that can come through active political participation. While 70 percent of U.S.-born voters in New York City over the age of 65 voted in the November 2010 election, only 43 percent of naturalized foreign-born citizens did.<sup>17</sup> Moreover, many foreign-born seniors are not U.S. citizens and are therefore not eligible to vote.

Beth Finkel, the New York State manager for programs and services for the American Association of Retired Persons (AARP), says negative experiences with political participation in their home countries and the experience of poverty in this country work to silence the political voice of many immigrant seniors. "It's hard enough in diverse communities to get people to vote, but in immigrant older communities it's even harder," she says. "Unless they are coming out of countries where that was the practice, it's very hard. Just getting them to fill out the Census so they can get more services in their communities is challenging."

A lack of people in political office from their communities also holds back many of the smaller, newer, poorer or more linguistically isolated immigrant groups. Dr. Glinski of the Russian-Speaking Community Council calls the lack of political representation "a vicious circle, because funding decisions are made by government and by philanthropic foundations, but Russians are not represented; they are not hired into government agencies and into the foundations that work in immigrant affairs. A lot of large and small immigrant groups have representatives that advocate for them in these organizations, but unfortunately I would be hard-pressed to think of a foundation where we are represented."

A case in point is the political process by which City Council members distribute their allotted discretionary funds (popularly called member items) to senior centers and other senior service agencies in their districts. This money accounts for about 19 percent of all city dollars that go to senior services.<sup>18</sup> The council vets each recipient of discretionary funds, and applicants must dem-



onstrate a successful track record in providing senior services. While this process is essential to ensuring that taxpayer dollars are well spent, it places smaller immigrant-led organizations at a disadvantage, since they are less likely to follow standardized procedures or have the track record in providing the types of services that larger, more established senior service organizations do.

Kyung Yoon, executive director of the Korean American Community Foundation (KACF), a New York City-based community foundation that provides funding to grassroots organizations, including senior centers, in New York's Korean community, also cites limited English as a barrier for immigrant senior service leaders seeking public funds. "The senior immigrant population is not so tapped into the nonprofit community, largely because they do not speak English well. Though they are very well connected within the community, they are not as well connected outside of it. Although there is city funding and City Council discretionary funds available to senior centers, it may not be within the language capacity of these organizations to go seek that out," she says.

### **Lack of capacity in ethnic-specific community-based services**

Despite an increase in the population of older immigrants in New York City compared to the population of native-born seniors, and despite immigrants' greater need for social services, many organizations that specifically serve immigrant seniors tend to be smaller than those that serve seniors in general. Many do not have city contracts for senior services and are not able to compete with other organizations for foundation and other funding. They often lack the fundraising and development capacity that bigger organizations have to compete for funding. "Some organizations are just an executive director and two other staff people doing a whole lot," says Immigrant Affairs Commissioner Fatima Shama. "They chase the dollars, going from youth services and doing after-school tutoring to aging, because that's where the money is. It's not easy for small mom-and-pop CBO shops."

**Many organizations that specifically serve immigrant seniors tend to be smaller than those that serve seniors in general.**

Another issue is that funding for ethnic- or immigrant-focused senior centers is not proportional to the share of older people who are immigrants. Linda Lee of Korean Community Services of Metropolitan New York says that Asians are 13 percent of the city population but they receive only 1 percent of city contracts. She reports that many organizations serving immigrant seniors do not receive contracts directly from the city but subcontracts for things like language services.

Asian senior service organizations, in particular, find it difficult to reduce the costs of delivering their services through economies of scale, because of the diversity of the people they serve. "The challenge of the Asian American community is our diversity," notes Jo-Ann Yoo of the Asian American Federation. "There's very little funding going to the community and everybody applies. That one piece of pie is divided up among everyone, and there is very little to go around."

One solution would be for the city to change its contracting requirements to give extra points to agencies with the cultural and linguistic ability to serve specific populations, so that the biggest agencies don't get all the contracts. However, this may be easier said than done. Limited funding makes it difficult for DFTA to extend contracts beyond the agencies that currently hold them and is one reason city contract holders do not reflect the diversity of New York's senior population. DFTA Commissioner Barrios-Paoli says that her agency has "a lot of organizations that have traditionally been serving seniors for 50 years. They do it well, and I have no excuse to shut them down and give the money to someone else."



# FINDING AN AFFORDABLE PLACE TO GROW OLD

As difficult as the housing situation is for most New Yorkers, immigrant seniors in particular face multiple challenges to aging in place.

Ask seniors where they hope to spend their golden years, and most will tell you they would like to continue living in their neighborhoods, among their friends and close to familiar businesses and services. This is particularly true of many immigrant seniors who have become accustomed to communities where people speak their language and stores sell the products they want. Those who do not speak English well prefer to live in places where they can find service providers who speak their language and understand their culture.

In New York City, finding such neighborhoods is far easier than it is in most places. With its walkable and diverse neighborhoods, one of the most comprehensive health care systems in the United States and a mass transit system that per-

mits mobility, New York City is by many accounts an excellent place to grow older, particularly for immigrant seniors.

The major problem for many of them, though, is the high cost of housing. “Finding adequate housing at an affordable cost is the biggest problem facing immigrant seniors,” says Yudith Ortiz of the Institute for the Puerto Rican/Hispanic Elderly. “They need a place where they can live decently and where they can have access to the services they need.”

Helping seniors remain in their communities has advantages for the society at large as well. Caring for most seniors in their homes with community-based supports is much, much cheaper than caring for them in hospitals, nursing homes or assisted-living facilities. A very small proportion of seniors, and an even smaller proportion of immigrant seniors, have the resources to pay their own way in an assisted-living facility or nursing home, so a significant portion of end-of-life care costs are borne by government through Medicare, Medicaid and public hospitals. “The reality is that by choice or lack of choice, seniors are going to age in place wherever they are: in their homes and in their communities,” says Cheryl Gladstone, director of senior housing at Enterprise Community Partners. “They are not going to have a choice to move to a retirement community, they are not going to have the choice to move somewhere else. This is particularly true for people who are more vulnerable than the average person.”

Aging in place requires that community health and social services are available near where seniors live, that there be affordable, accessible and decent housing, and that family caregivers are supported. As Dr. Yanira Cruz of NHCOA states, “We need to be thinking about preserving and building additional housing facilities that allow

“By choice or lack of choice, seniors are going to age in place wherever they are: in their homes and in their communities. This is particularly true for people who are more vulnerable than the average person.”

older adults to live independently and to have supportive services. At the same time we should be supporting policies that allow seniors who are willing and able to age in place to be able to do so. But in order to have that we need systems in place that can support their families.”

Family members, not institutions, are often the main caregivers for immigrant seniors, and most immigrant seniors live with families. In fact, older immigrants are living in ever-larger households, especially compared to older native-born residents. Between 1980 and 2010 the percent of older immigrants who lived alone or with one other person (usually their spouse) dropped from 79 percent to 62 percent, while for native-born seniors it remained the same at 83 percent.

Sixteen percent of households where foreign-born seniors live contain four or more people, compared to just 4 percent of households containing a native-born senior. Among New York City households in which grandparents live with their grandchildren, 72 percent contain a foreign-born grandparent.

In addition, foreign-born seniors are less likely to be heads of households; seniors are the head of the house in 54 percent of foreign-born households compared to 68 percent of native-born households, indicating that many foreign-born parents come to live in household set up by their children or other relatives. Among all immigrant groups, Asian seniors were the most likely to fall into this category.<sup>19</sup>

These multigenerational arrangements are not compatible with much of the housing stock in New York City. Approximately 41 percent of rental units in the city are one-bedroom, 34 percent are two-bedroom and 9 percent are studios. Only 16 percent of units have three bedrooms or more, allowing them to accommodate larger multigenerational households.<sup>20</sup> As a result, foreign-born seniors are much more likely than native-born seniors to live in overcrowded homes. While 10 percent of older immigrants live in an overcrowded household, only 2 percent of native-born seniors do. Moreover, while 116,294 foreign-born seniors live in households with four or more people, only 46,801 apartments in New York City have four or more bedrooms.<sup>21</sup>

Grandparents in reasonably good health often contribute to their households by taking care of grandchildren, performing housekeeping duties or even contributing financially. For seniors who are in poorer health, however, their families often serve as caregivers. This can tax the resources of immigrant families who, on average, have lower incomes than their native-born counterparts. Spouses usually care for each other in later life, and among immigrant families, older people who lose their spouses are more likely to be in the care of their children.

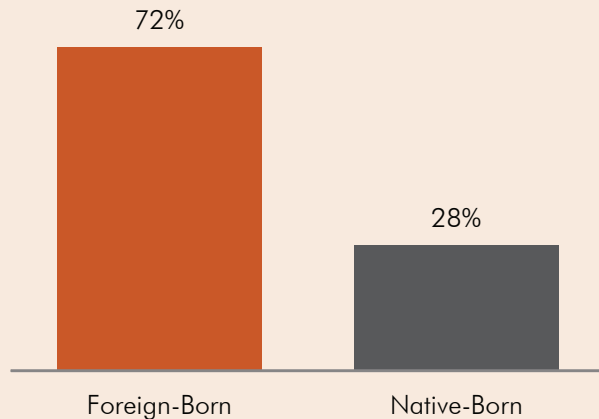
For those seniors who do not live with their families finding a place to live presents a number of obstacles, including language barriers, a lack of senior services tailored to some immigrant groups, and a severe shortage of affordable housing, especially near culturally appropriate services. A number of housing programs exist but all have restrictions, and many immigrant seniors may not know how to apply for them.

Neighborhoods or housing developments with large concentrations of older people may be eligible to be named Naturally Occurring Retirement Communities (NORC). In New York State, NORCs based in large housing developments are funded and organized through the Supportive Service Program (NORC-SSP). The program offers in-place supportive services in developments that are not exclusive to seniors but where either 50 percent of all residents or at least 2,500 residents are 60 years of age or older and where the majority of residents have low to moderate incomes. Neighborhood-based NORCs (NNORC), on the other hand, cover low-rise buildings in certain geographically-defined areas, though they must be comprised of no more than 2,000 seniors occupying at least 40 percent of the housing units.<sup>22</sup>

“NORCs are a very effective model, and I think it should be expanded,” says Stephan Russo of the Goddard Riverside Community Center. “You have large communities of seniors who are in their housing, and this program goes out to where they are living.” Despite their effectiveness in communities where NORCs have already been established, they do not currently serve the areas where immigrant seniors are growing the most. Several NORCs, most of which are in public housing facilities, serve the largely Chinese

### Immigrant Grandparents are Live-In Grandparents

Immigrant grandparents are much more likely to live with their grandchildren than their native-born counterparts.



Source: IPUMS U.S. Census 2010.

senior community in the Lower East Side and Chinatown, and the Russian senior community in Coney Island. However, in Flushing, which has the highest concentration of older immigrants from many origins, there is only one NORC serving 1,797 seniors, and it is located in a moderate-income co-op building that does not primarily serve immigrant seniors. Similarly, in Elmhurst, Queens, which has the most diverse population of immigrant seniors of any neighborhood in the city, there is also only one NORC, also located in a moderate-income co-op building with just 897 seniors.<sup>23</sup>

Of the 40 NORCs in New York City, only four are neighborhood-based: the Shorefront NNORC on Coney Island, the Chinatown NNORC in Manhattan, the Bensonhurst NNORC in Brooklyn and the El Corazon NNORC in Manhattan's Washington Heights and Inwood neighborhoods.<sup>24</sup> The rest are located in high-density moderate-income housing developments or public housing developments, which are likely to have few immigrants, particularly newer immigrants, because of the long waiting lists for entry and the extremely low

turnover. According to Howard Shih of the Asian American Federation, the density requirements for NORCs present a barrier to their establishment in areas like Queens where there is lower residential density. With the exception of Washington Heights/Inwood, many neighborhoods where the older immigrant population is growing are lower-density neighborhoods that do not meet the current NNORC requirements.

The New York/New York (NY/NY) cooperative agreements between New York City and State have funded thousands of supportive housing units across the city that offer previously homeless people a place to live; they also offer services such as counseling, job training skills and exercise areas. According to the evaluations of the first agreements, 95 percent of the investment that has been made in these housing programs has been recouped through drastically reduced expenses in emergency services to the people they serve.<sup>25</sup>

Some advocates have proposed that this model be extended to seniors, but Cheryl Gladstone of Enterprise points out an important structural barrier. She notes that the underwriting of the financing for supportive housing takes into account the cost of service providers. "In contrast, the financing for senior housing deals only covers the building; they do not finance the services," she says. This produces a huge gap in financing, and the housing provider then has to scramble to figure out how to bring these services into the home."

The Elderly Housing Program, commonly known as Section 202, is the main federal affordable supportive housing program for seniors, financing both the construction of new housing and rehabilitation of older structures. The program, administered by the U.S. Department of Housing and Urban Development (HUD), supports senior-only developments with community health services on-site. There are over 16,000 Section 202 units in 256 developments located in every neighborhood in the city; about 27 percent of all Section 202 units in the country are in New York City.<sup>26</sup> However, as of this writing, no new funding has been put toward creating new 202 developments. "It was one of the bigger programs for

senior housing in the city,” says Elizabeth Brown, a budget and policy analyst at the New York City Independent Budget Office (IBO). “Unfortunately there was no funding for new housing in the budget last year, and I don’t think it’s in the budget for this year, either.”

While the Section 202 program provides affordable housing and service to allow seniors to live independently, it does have drawbacks. The waiting list for a unit can be three years long, and crucially for immigrants, they can’t choose their neighborhoods. Dr. Ruth Finkelstein of the New York Academy of Medicine told us about a group of Chinese speakers who live in a 202 building close to the academy’s headquarters in East Harlem. She says that they are extremely isolated because the vast majority of the services both in the building and in the neighborhood are in English or Spanish, catering to the large Latin American population there. Finkelstein says similar mismatches occur in Section 202 developments all over the city.

Moreover, Section 202 housing is strictly for seniors, and so younger relatives are barred from living there even temporarily. Dr. Cruz of NHCOA recommends that the program become more flexible so people who provide services that seniors need can live in 202 housing. As things stand now, the rules put immigrant seniors in a bind, forcing them to choose between having affordable housing on the one hand and having access to in-language, culturally-competent services and support from their relatives on the other.

Some seniors who have homes may find it difficult to remain in them. “A lot of our Latino communities are being gentrified and those Latino older adults are being forced to move because of the increase in the cost of housing in those communities,” says José Ortiz-Ortiz of RAICES. NYC’s Senior Citizen Rent Increase Exemption Program (SCRIE) freezes the rent for some seniors. SCRIE, however, is only available to seniors living in rent-controlled apartments, including those in city or state limited profit, limited dividend, redevelopment projects, projects realized through the Housing Development Fund, and those that are part of 213 Cooperative Housing Companies. Se-

niors living in housing units that do not fall into these categories are still subject to rent increases.

Even for some seniors who are eligible, SCRIE is not enough. Maria Rivera of BronxWorks points out that many immigrant seniors depend solely on public benefits and can barely make ends meet. “We have a lot of seniors being evicted because they can’t afford the rent, and all we can do is help them get SCRIE,” she says. “But in the end, even if we can freeze the rent at \$600 and they get only \$797 a month in benefits [from SSI], there’s little we can do,” she says. As a result, many seniors are forced to seek out the cheapest available apartments, or remain in rent-controlled apartments that may no longer be suitable for them.

Although long-term care facilities may be appropriate for many immigrant seniors, the vast majority of them remain out of reach. In New York City, there are more than twice as many native-born seniors living in nursing homes, assisted living facilities and other institutions for the elderly as foreign-born seniors. While 10 percent of native-born seniors live in institutions, 7 percent of foreign-born seniors do. Many of these institutions are too expensive for immigrant seniors who are disproportionately lower-income.

In 2012, a single private room in a nursing home in New York City cost an average of \$396 daily, making the annual rate \$144,540.<sup>27</sup> The rates for all types of long-term care facilities in New York City are significantly above the national and state averages, while the cost of home care is lower here than the national average, due to lower wages paid to home care workers.

Moreover, many immigrant communities still shun the very thought of placing parents in long-term care facilities, and so families take on the very considerable burden of caring for older relatives with significant health issues. Maha Attieh of the Arab American Family Support Center told us she knows of many cases where children stay with parents even when they need long-term care, which makes it more difficult for them to take care of their own families. “We try to educate them about the system here, and to tell them that it is OK to send your parents for long-term care.”



# THE TOLL OF POVERTY AND ISOLATION

Immigrant seniors are more likely than the native-born to be cut off from support, services and community, leaving them vulnerable to depression and even abuse.

While many seniors suffer from social isolation, a number of factors place immigrant seniors at even greater risk. Older immigrants are poorer than their native-born counterparts, more dependent on their relatives, less likely to be able to speak English and more likely to live in linguistically isolated households. These barriers threaten to cut off immigrant seniors from the social supports that can help them live healthier, more connected lives. Loss of such support can in turn increase a senior's propensity to develop depression, become a victim of elder abuse, and to not seek medical attention and other essential services when they need them.

In many immigrant families seniors have different cultural values than their children and grandchildren, who may have spent more time in the U.S. and have adopted American practices and ideas. Cultural notions of filial piety that seniors

bring from their home countries can sometimes be at odds with the realities of life facing their children and grandchildren in the United States.<sup>28</sup> "Young people often live and work in a variety of places because that's where the money is. Their parents, though mostly stay in New York City, and are isolated," says Dmitri Glinski of the Russian-Speaking Community Council.

As declining health limits the ability of seniors to leave their homes, they can become increasingly isolated. "Once someone's mobility is impacted, it limits their ability to access services and opportunities. This extends to social connections as well as just the ability to go shopping or getting to and from medical appointments," says Cippi Harte of the YM and YWHA of Washington Heights. Seniors who live in neighborhoods like parts of Southern Brooklyn, Southeastern Queens and the North Shore of Staten Island, where driving is a chief means of transportation, are especially at risk of becoming socially isolated once they can no longer drive.

Isolation is a particular problem for immigrant seniors who live outside of traditional immigrant enclaves, and are therefore less able to find services available in their language, and stores that sell familiar foods and other products. Immigrant seniors with little access to culturally appropriate services in their language are also less likely to seek needed medical attention or the social opportunities outside their homes.

Some create their own opportunities. Jo-Ann Yoo of the Asian American Federation told us the story of a McDonald's restaurant on Staten Island that serves as an ad-hoc center for Korean immigrant seniors with nowhere else to go. "The Korean seniors will go there in the morning, buy a cup of coffee, read the Korean newspaper, and they will just sit there all day," she says. "A lot of the

"Young people often live and work in a variety of places because that's where the money is. Their [immigrant] parents, though mostly stay in New York City, and are isolated."



managers are really unhappy about that at first, but now a lot of them are realizing what is happening and they're fine with it."

Lack of employment opportunities for seniors in general, but especially for immigrants with limited English, also limits their ability to play roles outside the home. Some immigrant seniors may have had productive professional careers in their home countries and earned respect and renown. However, in the U.S., where they may not speak the language, many of these seniors may feel marginalized and unrecognized for their achievements in life.

While the cultural practices of many immigrant communities strongly encourage children to support their parents in later life, often by having them live under their roof, both American cultural notions about family and economic constraints often make these living arrangements a burden for American-raised children of immigrant parents. "Occasionally you see parents who are not welcomed by their children into their home," says Shiuho Lin, former president of the Taiwanese American Association of New York. "There are always some bad apples."

Hard data on exactly how many immigrant seniors suffer abuse is hard to come by, but anecdotal evidence suggests that the phenomenon is not limited to a few "bad apples." Financial stress and differing cultural values about filial piety and the amount of control older adults should have over their adult children figure prominently in the struggles that lead to elder abuse. Such abuse can range from the occasional verbal spat to extended periods of neglect to more serious physical, verbal and financial abuse. Dr. Modestine Rogers, the administrator of the Family Services Department at the New York City Housing Authority (NYCHA), which houses both seniors and lower-income people, finds that "the economic environment tends to create stressors that affect familial relationships. That can lead to elder abuse and financial exploitation."

The American Psychological Association (APA) defines elder abuse as the infliction of physical, emotional/psychological, sexual or financial harm on an older adult. Elder abuse can

also take the form of intentional or unintentional neglect of an older adult by the caregiver.<sup>29</sup>

Estimates of the prevalence of elder abuse vary widely. There are not any national databases reporting elder abuse and no uniform data collection strategies or reporting systems.<sup>30</sup> One study reported that two out of every five older Latino adults had experienced some form of abuse or neglect within the previous year, while a nationally representative study of over 7,000 older adults not living in nursing homes or other institutions found that "approximately one in ten elders reported experiencing at least one form of elder mistreatment in the past year."<sup>31</sup> The National Council on Elder Abuse estimates that "between one and two million Americans aged 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection."<sup>32</sup> Meanwhile, a national study by the MetLife Mature Market Institute found that the cost of such abuse is at least \$2.9 billion a year.<sup>33</sup>

The more vulnerable and dependent a senior is, whether because of being undocumented, lacking access to benefits or employment, or belonging to a marginalized group, the more likely he or she is to face abuse. Bryan Pacheco of Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), the largest senior LGBT senior services organization in the country, told us the story of an undocumented Ecuadorian male-to-female transgendered older immigrant who was financially and verbally abused by her apartment mate. "She was isolated because she is undocumented and taken advantage of because of her transgender identity," he says.

According to one estimate, for every case of elder abuse and neglect reported to authorities, as many as 23 cases go unreported.<sup>34</sup> There is evidence that immigrant seniors are even less likely to seek help than those born in this country and that cultural mores may prevent them from seeking outside help in resolving conflicts within their families.<sup>35</sup> Marguerite DeLiema, a doctoral student at University of California at Davis School of Gerontology believes that older immigrants don't report or underreport abuse because of their

While the cultural practices of many immigrant communities strongly encourage children to support their parents in later life, often by having them live under their roof, both American cultural notions about family and economic constraints often make these living arrangements a burden for American-raised children of immigrant parents.

limited English proficiency, because they are secluded in ethnically homogeneous neighborhoods that are cut off from a lot of the services that they need to get help from others, and because they depend on their family members as caregivers.<sup>36</sup>

Language and cultural barriers present many immigrant seniors with an additional and often formidable challenge to forming and fostering the social contacts that are essential to avoiding not only abuse but other consequences of social isolation as well. Isolation can lead to depression and other psychological problems.<sup>37</sup> A New York Academy of Medicine report analyzed data from both the Community Health Survey (CHS) and the Brookdale Health Indicators Project and found “the ethnic group with the highest rates of diagnosed depression to be Hispanics” (20 percent according to CHS and 21 percent according to Brookdale). The report also states, “Across ethnic groups, women are 50 percent more likely than men to have been diagnosed with depression.”<sup>38</sup> However, according to the New York City Department of Health and Mental Hygiene, “Asian women 65 and older in the city have a suicide rate of 11.6 per 100,000, more than double the rate for non-Hispanic white women in that age group.”<sup>39</sup>

For the very poorest families, not knowing the eligibility requirements for government benefits can mean the difference between being able to properly care for an older relative and leaving them to live in destitution. “One trend I am noticing more and more is that there are seniors who are sponsored to come to the U.S., and who can’t get any food stamps, services, Medicare—anything—for five years,” says Maria Rivera of BronxWorks. “The people who sponsor them—usually their adult child or a sibling—realize they can’t afford to support them, and they end up on our front door. People have come here with their suitcases, and I have to send these poor people to shelters. This fiscal year alone I sent about four women and a man to a shelter.”

A caseworker at a different senior services agency agrees that this is happening, saying that some relatives of older immigrants “want the government to give them everything. They bring them here as servants, and when they can’t serve as servants they toss them aside.”

# MORE DEMAND, FEWER DOLLARS

At all levels of government, spending for senior services has not kept up with increasing demand, particularly for programs aimed at older immigrants.

From the federal level to the local, funding for senior services has not kept pace with the needs of a growing senior population. Though New York City has a more comprehensive services network for immigrant seniors than any other city in the country, a lack of resources threatens its ability to meet the demands of a rapidly increasing population. In this section we discuss how existing government agencies, funding sources and programs may be expanded or amended to better serve immigrant seniors.

## City Funding for Senior Services is Declining

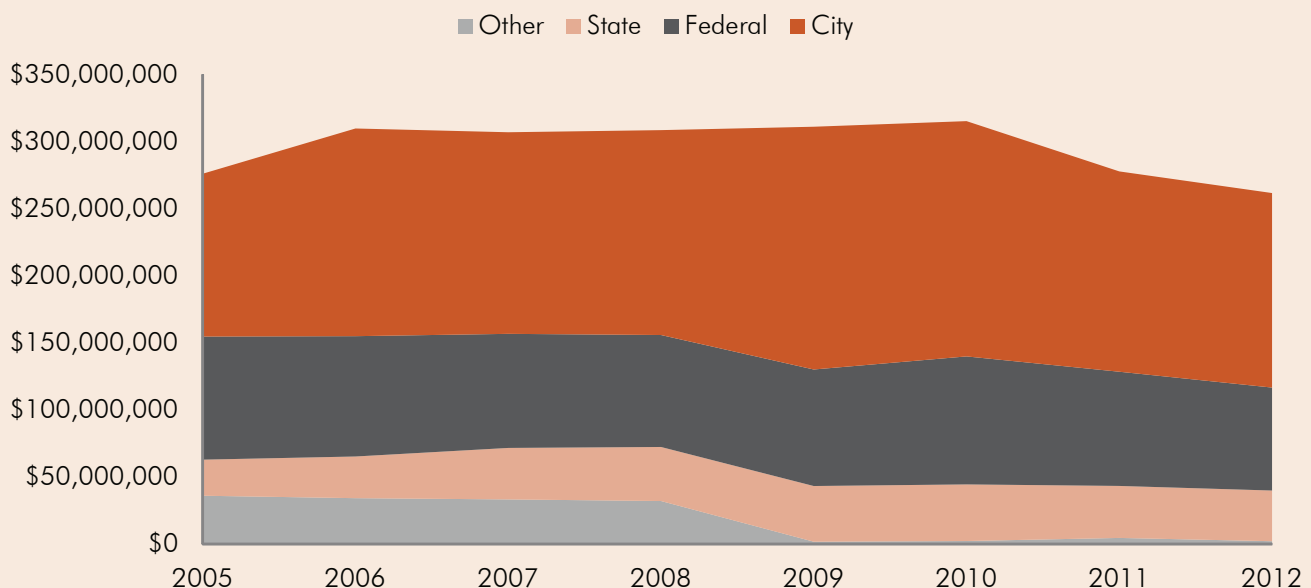
New York City's Department for the Aging (DFTA) is tasked with coordinating social ser-

vices for seniors in the city and with carrying out the mandates of the federal Older Americans Act of 1965. DFTA's total budget has declined by 5 percent between fiscal years 2005 and 2012.<sup>40</sup> At \$261.8 million, DFTA's budget is the 21st largest of the 80 agencies listed in the city's comprehensive budget.<sup>41</sup> One senior services leader, referring to DFTA's "tiny" budget grumbled, "DFTA is never going to be anything but a small, depressed backwater."

DFTA is unique among most city agencies in that it receives a relatively large portion of its funding from local tax revenue. While in theory this allows New York City to be more nimble in providing funding to new senior service initia-

### DFTA's Budget Has Declined Over the Past Few Years

The agency's budget has declined by 5 percent since 2005, and it received 55 percent of its budget from city funds, 29 percent from the federal government, and 14 percent from New York State.



Source: NYC DFTA. All figures adjusted to 2012 dollars.

tives without having to apply for federal or state funds, in practice this makes DFTA very susceptible to local budget cuts. “New York City is the only place in the country where the local government contributes a huge amount of money to senior services,” says DFTA Commissioner Lilliam Barrios-Paoli. “So we are better funded than most localities. That doesn’t mean that we are well-funded—it just means that we are better funded.”

As shown in the graph on page 37, DFTA currently receives 55 percent of its budget from the City of New York, 29 percent from the federal government, 14 percent from New York State, and 1 percent from other sources. While city and state funding have climbed slightly between fiscal year 2005 and fiscal year 2012, federal funds have dropped 16 percent. City funding has also declined significantly over the last three years, going from \$181 million at its peak in fiscal year 2009 to \$145 million in fiscal year 2012.<sup>42</sup>

Federal support for DFTA comes from the Older Americans Act,<sup>43</sup> which President Lyndon Johnson signed into law in 1965 as part of his Great Society pledge to create a social support

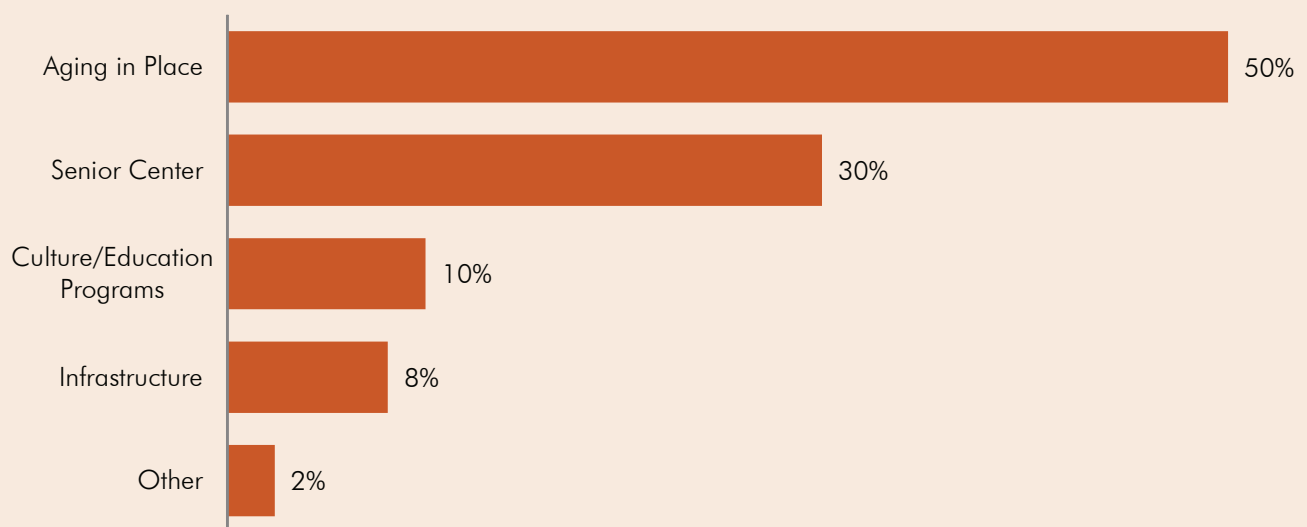
network for seniors across the nation. The act established the federal Administration on Aging as well as Area Agencies on Aging, which act as local coordinators of senior services. The New York City Department for the Aging is the largest Area Agency on Aging in the nation.

Although the act does not explicitly authorize Area Agencies on Aging to make specific services available to older immigrants, it does have relatively strong provisions outlining the importance of linguistic competency in service delivery to seniors. However, funding for the act has not kept pace with the tremendous growth in the number of immigrant seniors with limited English proficiency. “We really need more federal funding—not just in New York City, but across the nation—that is dedicated to preserving the mission and services that are funded through the Older Americans Act,” says former DFTA Commissioner Edwin Méndez-Santiago. “There really has not been a substantial increase in federal funding for the Older Americans Act in the past 15 years.”

As we stated earlier, DFTA’s limited budget prevents it from expanding the number of orga-

### Seniors Demand Funding for Aging in Place Services

Half of all community board requests were for services that allow seniors to age in their homes and communities, while another third were for additional funding for local senior centers.



Source: Center for an Urban Future analysis of information from the Council of the City of New York’s Discretionary Funding Online Database.

nizations with which it works, and many of the organizations that hold coveted DFTA contracts for senior services are large organizations that have held those contracts for decades and may not have expertise in working with some of the growing immigrant populations. An increase in the agency's budget might allow it to expand its contractor base and so increase the diversity of service providers it supports. Though the city, DFTA and the City Council all contribute to support local senior services, only an increase in federal support for senior services will expand the capacity of the city's senior services network to serve the growing immigrant senior population. Expanding the Older Americans Act to include additional emphasis on cultural competency and support for community-based senior services organizations also would increase funding targeted to immigrant seniors.

At the very local level, each of the city's 59 community boards submits a Community Board Budget Request to the New York City Office of Management and Budget (OMB), detailing the community's funding priorities for both expenses and capital projects. However, the Department for the Aging rarely recommends these community board budget requests for funding. DFTA received 79 expense requests from community boards for fiscal year 2013, the fourth highest amount of any city agency, yet recommended only 4 percent for funding. The agency received 17 capital requests and recommended none for funding.<sup>44</sup>

We analyzed all the senior services budget requests targeted to DFTA for fiscal year 2013 and organized them into 30 general categories. Most budget requests fall into more than one category. For instance, one community district in the Bronx listed "Allocate Additional Funds to Operate Programs for the Aged" as an expense item, and elaborated on the request by asking that "additional funds be allocated to increase such services as transport/escort, congregate and home-delivered meals, and other coordination and social action programs." In our analysis, we divided this budget request into three service demand categories: Transportation/escort, Home-delivered meal/Meals on Wheels, and Congregate Meal.

Though New York City has a more comprehensive services network for immigrant seniors than any other city in the country, a lack of resources threatens its ability to meet the demands of a rapidly increasing population.

Of the 212 separate senior services funding demands that we identified, nearly one quarter were to restore, maintain, develop or increase support for senior centers. Another quarter was for home health care, home-delivered meals, and adult daycare, all services that allow seniors to age in their own communities.

These budget requests represent the desires and priorities of community board members and the members of the community who participate in community board meetings. Insofar as community board meetings are a form of political and civic engagement, immigrant groups as we discussed in Chapter 4, are less likely to participate than other New Yorkers, especially if their English proficiency is limited.



# PLANNING FOR AN OLDER NEW YORK

As the city's population ages, government and business leaders need to take a fresh look at how they can meet the needs of this growing population—and even benefit from it.

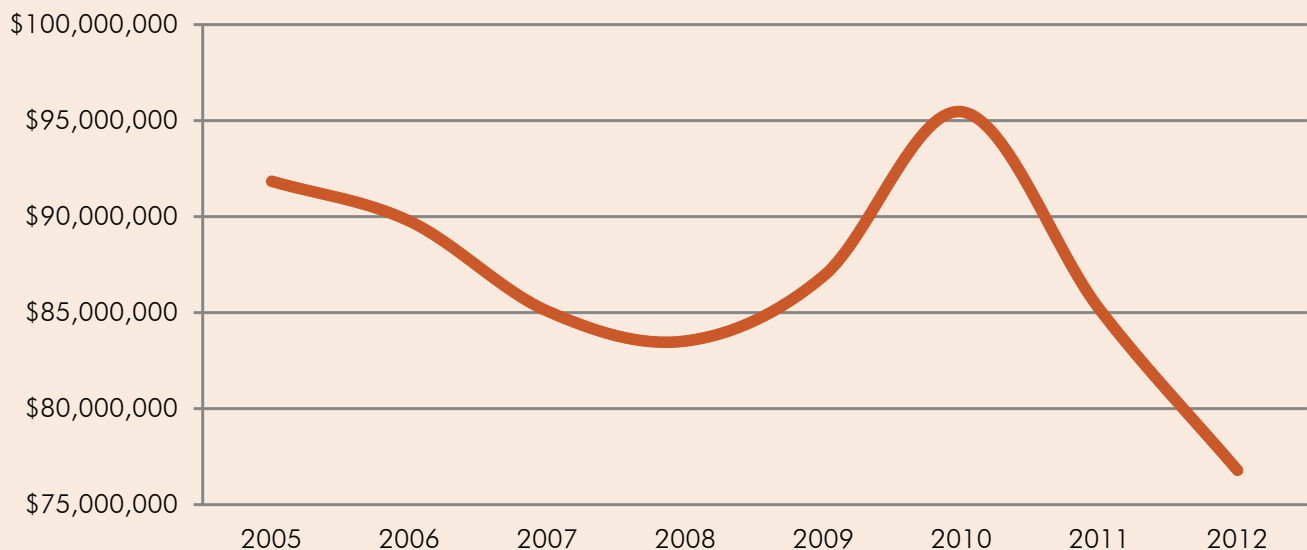
New York City has placed itself in the vanguard among world cities in caring for its older adult population by starting Age-Friendly NYC, an initiative in partnership with the New York Academy of Medicine which asks all city agencies, businesses, nonprofits and community groups to “consider how changes to policy and practice can create a city more inclusive of older adults and more sensitive to their needs.” This grew out of the World Health Organization’s Global Age Friendly Cities project, which that organization describes as “an international effort to address the environmental and social factors that contribute to active and healthy aging.”<sup>45</sup> DFTA Commissioner Lilliam Barrios-Paoli is sanguine about the initiative’s ability to make the city a better place to grow old-

er. “I think New York City is in much better shape than the rest of the country, because we have the Age Friendly initiative,” she says. “We have begun to think about making services age-friendly, but the rest of the country has not done that.”

However, many leaders in the immigrant senior services community have been less enthusiastic. A longtime leader in the Latino senior community is very critical of the Age Friendly Report. “A group of us felt very strongly that the Age Friendly New York initiative was totally in denial about culture and ethnicity, and felt that there was not much in the report that reflected the changing demographics of New York. When they talk about ‘culture’ in that report they’re just talking about going to the theater,” she says.

## Federal Support for NYC Senior Services Has Declined

Federal funding to New York City through the Older Americans Act has declined 16 percent since 2005, and it has dropped 20 percent in the last two years, alone.



Source: NYC DFTA.

A leader in the Asian community expressed concern about whether the initiative would respect the expertise of grassroots groups that have been providing services to diverse populations. This person warns, “One of the tenets of the initiative is that they wanted bigger contracts with more subcontractors. Our concern is that culturally appropriate services are going to suffer. You are getting economies of scale by giving everybody franks and beans, but that’s not what everybody wants to eat.” When we asked one leader in a large senior services agency about the initiative she curtly and cynically responded, “Until we put real dollars into programs nothing will get done.”

Former DFTA Commissioner Edwin Méndez-Santiago agrees that more funding is needed, and says it must come from the federal government as part of supporting the Older Americans Act. He hopes the Age Friendly Initiative will inspire the federal government to do more to support seniors. “There needs to be greater adoption at the federal level of what New York City is in the vanguard of—looking at age friendly initiatives, and being able to say, ‘How do we support those, and what is the value for doing that?’” This section looks at a few things the Age Friendly Initiative can do to better serve immigrant seniors.

### Senior Services Agencies

Senior centers are New York City’s most visible organizations offering services to seniors at the community level. In fact, the very first senior center in the United States was the William Hodson Community Center in the Bronx, which opened in 1943.<sup>46</sup> The Department for the Aging funds 255 senior centers, spread across every neighborhood in the city, while many more are locally run by community-based nonprofits, informal civic associations and faith-based groups. Currently, though, only 4 to 5 percent of senior population uses senior centers, and these are usually the poorest seniors in the city with nowhere else to go.<sup>47</sup> For many of these seniors, the meal they receive at the senior center is likely to be the most substantial meal they receive all day.

A major goal of Age-Friendly NYC is to bring more older New Yorkers into senior centers by

“To a large degree going to a senior center of my grandparents generation meant going at ten in the morning, playing bingo, having lunch and going home. Today we are looking at a very different population with diverse interests, so the programming has to also be diverse.”

changing the traditional view of senior centers as places where old people sit around playing bingo and eating lunch. “To a large degree going to a senior center of my grandparents generation meant going at ten in the morning, playing bingo, having lunch and going home,” says Cippi Harte of the YM and YWHA of Washington Heights, “Today we are looking at a very different population with diverse interests, so the programming has to also be diverse.”

The most visible part of the effort to update the city’s senior centers is the DFTA’s naming of eight Innovative Senior Centers that exemplify the “new” model of senior center that the city wants to encourage. These senior centers em-

phasize programs that increase seniors' access to wellness, health care, and cultural programs, as well as provide more volunteer opportunities. They also offer extended hours and more flexible meal times, thus accommodating seniors who work or have home responsibilities during the day when most other senior centers concentrate their services.<sup>48</sup>

However, the criteria for being named an Innovative Senior Center gives funding preference to larger and better capitalized senior centers. This presents a barrier to senior centers that serve immigrant populations because they tend on average to be smaller and have less formal governance structures.

One leader of a group that serves immigrant seniors feels that if the RFP had more explicit language mandating the provision of culturally-competent services, it could help community-based groups score more points toward winning a contract. "The Department for the Aging's new procurement rules do not have a standard for the provision of culturally competent services right now," said this person. "This lack of standards is reflected in the department's RFPs, which are totally devoid of cultural competency information." Indeed, while the RFP states that an Innovative Senior Center should offer programming that provides "links to public services and benefits" and offers "opportunities for social engagement,"<sup>49</sup> it does not explicitly state that this should be done in a linguistically and culturally competent manner. However, the RFP does list certain priority neighborhoods using a formula that includes information on immigration status and income.<sup>50</sup>

### Health and Long-Term Care

So is New York City ready for a larger, more diverse senior population? Many experts say no. "The city is not ready to deal with the aging population, period, never mind whether its immigrant, ethnic, or otherwise," says Dr. Evelyn Laureano of Neighborhood Self Help by Older Persons Project (SHOPP). "If you can't even get services for the elderly how are you going to advocate for a particular group within the elderly population?"

All of the senior services leaders to whom we spoke agreed that the city needs more socialization programs for immigrant seniors and preventative health programs for all seniors. Socialization programs should be aimed at preventing the mental health issues that social isolation can bring about, while preventive health programs offer a chance to manage chronic disease before it gets worse.

Caring for seniors begins at the family level, while neighborhoods and ethnic communities offer additional support by providing services and necessities of daily living such as in-language and culturally appropriate shopping, medical services and recreation. Community supports also keep seniors out of institutional care and in their homes, where they can be cared for by family and friends. Not only has it been demonstrated countless times that most seniors want to age at home in familiar surroundings, but it also saves public dollars. "Having senior centers and supports in the community is a million times cheaper," says DFTA Commissioner Barrios-Paoli. "It's just like keeping a kid in school is much cheaper than having him end up in Rikers, where it costs \$66,000 a year to keep one kid. So do we really want to put the money into solving the problem once it presents itself, or do we want to prevent the problem?"

The Federation of Protestant Welfare Agencies conducted a cost-benefit analysis that illustrates the magnitude of some of those cost savings. According to its analysis, based on 2010 figures, it costs the public \$550 per year to provide food to a senior through a senior center in New York City, \$1,979 to provide transportation, and \$18,500 per senior for social adult day care services. Funding a year of adult day health services per senior cost \$46,250.<sup>51</sup> Nursing home care, in contrast, costs the public \$123,420 per year, so having seniors go straight into Medicare-paid nursing homes because of a lack of appropriate—and much less expensive—community supports is a misuse of public money. With such a rapidly growing senior population, this problem is going to be especially acute in New York.

Costs are going to disproportionately fall on the New York City Health and Hospitals Corpo-

ration (HHC), the public benefit corporation that operates the city's public hospitals and is the largest municipal healthcare system in the country. For many immigrants, especially the undocumented, New York City's public hospitals are the main or only source of medical care. Currently HHC provides 75 percent of all hospital outpatient services to the undocumented population.<sup>52</sup>

While immigrant families are much more likely to care for their older relatives at home, seniors with more serious health care needs will need to turn to long-term care services. Moving an older relative into long-term care is a difficult decision for any family, though as we discussed earlier, cultural stigmas around seeking help from outside the family, lack of information about options, and the lack of affordable care makes this process even more difficult for immigrant seniors and their families.

Given how crucial community-based supports are to ensuring that the increase in the older adult population does not become a public cost burden, many believe the city, state and federal governments should do more to ensure that these supports remain strong and have the capacity to meet the increased demand. At the federal level, existing laws like the Older Americans Act and the Affordable Care Act should be expanded to include language specifically mandating linguistically and culturally competent service delivery for seniors, and more funding should be appropriated for these provisions. "The Older Americans Act was passed about 30 years ago and is like a best kept secret," says Yanira Cruz of the National Hispanic Council on Aging. "It allows older adults to age in place, pays for Meals on Wheels, allows for prevention services, as well as some level of support for the family so elderly can remain at home. It's a great piece of legislation, but it has not been reauthorized." Reauthorization would provide an opportunity to include language on culturally- and linguistically-competent services into the OAA.

### Transportation

New York City is served by the largest and most extensive public transportation network

"The Older Americans Act was passed about 30 years ago and is like a best kept secret. It's a great piece of legislation, but it has not been reauthorized."

in the nation, yet as William Henderson, executive director of the Permanent Citizens Advisory Committee to the MTA points out, "we have a system that is over 100 years old, and it's not always welcoming to people who have trouble climbing stairs, or who have other difficulties getting around."

Not all subway stations are compliant with the Americans with Disabilities Act (ADA), which would make them accessible to wheelchairs, scooters and other devices that seniors may use to get around.

Manhattan has the most ADA accessible stations, with 34 out of 152 stations in the borough being accessible to wheelchairs and other mobility assistance devices. However, only four of those accessible stations are in neighborhoods where there is a concentration of immigrant seniors. For example, of the nine subway stations and 13 subway lines that serve Manhattan's Chinatown, only one, the 6 line, is ADA accessible. In Washington Heights and Inwood, which are served by the A, C and 1 lines, only the A and C lines have accessible stations, and only three out of the 11 stations serving those neighborhoods are accessible.<sup>53</sup>

Access to ADA-accessible subway stations is much worse in the growing immigrant neighborhoods outside Manhattan. For instance, only four out of the 18 stations on the Queens section of the 7 line, which has been dubbed the "International



Express” because of the extremely diverse communities that it serves, are ADA-accessible.

The MTA has a commitment to make 100 of its 468 stations accessible. “Making subway stations more accessible presents not just a money issue, but often an engineering feasibility issue,” says Henderson. “There are not always the clearances that are required to put in an elevator in some stations.”

The bus system is often a better bet for seniors with greater mobility impairments, since the entire fleet is equipped with chair lifts, making it ADA accessible. Moreover, in many neighborhoods where the immigrant population is growing the most, like many in Queens, the bus system offers more comprehensive coverage than the subway system.

The MTA’s paratransit service, Access-a-Ride, serves residents with disabilities, and approximately half of the 137,000 users are seniors. But the service is hard to use, requiring pickups to be scheduled two days in advance, and to qualify seniors have to take a functionality test with a certified health care professional. Many immigrants may not know about this service or how to apply, and many more may not trust a qualification process that requires a government-certified physical evaluation.

### **Employment and Volunteerism**

Though many immigrant seniors work in formal or informal jobs to make ends meet, others do so voluntarily to remain active and maintain social networks outside the home. For many, employment or volunteer work is a way to prevent social isolation.

Some seniors may arrive in the U.S. with significant skills that they can put to use by taking a job. Mary Bleiberg, president of ReServe, an organization that matches professionals who are 55 and over with positions at nonprofits and government agencies where their skills are needed, sees potential for the growing tide of immigrant seniors to fill positions that will contribute to the economy while enabling them to become eligible for retirement benefits. “There is always a shortage of ReServists with specific skills, and language

is one of them, she says. “We have many ReServists who are bilingual in Spanish, but many fewer in Russian and Mandarin.”

A senior official at the Department of Education sees the possibility of retirees serving as teachers or mentors to younger people working in the fields from which they retired. “If you think about fields like construction trades, health care and manufacturing, you have a lot of people who physically might not be up to the rigors of those very demanding jobs anymore but if they’re in their 60s and 70s their minds are still sharp, they may know how to teach, and they can talk about their career,” said the official.

Seniors can also offer their time and expertise as volunteers. “Seniors volunteer at schools, senior centers, libraries, etc., and they are incredible resource,” says Susan Tanenbaum, the community and cultural coordinator at the Queens Borough President’s Office. “You can’t buy that kind of expertise, that kind of wisdom. Oftentimes these institutions have limited budgets, so these senior volunteers play a critical role in service delivery.”

Indeed, there is ample room for city programs like Workforce1 and senior services agencies to expand seniors’ access to employment opportunities. Dmitri Glinski of the Russian-Speaking Community Council told us, “A lot of older Russians came with advanced education, including graduate and doctoral degrees, and lots of experience working in science and industry in their home countries. They are suffering here due to lack of employment opportunities and lack of recognition for what they have done.” Immigrants could help meet the acute need for workers with expertise in these fields, if language and cultural barriers can be overcome.

Currently, immigrants account for a significant majority of senior workers in several formal occupations. For example, 67 percent of all nursing, psychiatric and home health aides in New York City who are 65 years of age or older are immigrants, with more than 7,600 home health aide jobs held by immigrant seniors.



# RECOMMENDATIONS

## **Plan for a graying city and more diverse population of older adults.**

Few trends will impact New York more over the next decade or two than the aging of the city's population. By 2030, around 15 percent of the city's population will be over the age of 65, up from around 12 percent today. Leaders from the city's government, business and civic sectors need to absorb and plan for this demographic shift to a much greater extent that has occurred thus far. New York's next mayor can start by implementing the ideas laid out in the Age-Friendly NYC initiative. However, city policymakers must take a number of additional steps to address the many unique challenges facing older immigrants, who already comprise nearly half of all of those over 65 across the five boroughs.

## **Increase funding at the federal, state and local levels for senior services targeting immigrants.**

Funding levels for senior services in New York City have not kept pace with the needs of a rapidly growing senior population. DFTA's budget has declined 9 percent since 2009, which has prompted the agency to consolidate services and close some senior centers. Moreover, federal funding for the Section 202 senior housing program has declined 42 percent nationwide over the last five years, slowing down the building of more homes for lower-income seniors and straining the city's ability to maintain the ones that exist. The federal government should increase funding for localities through the Older Americans Act and the section 202 program for senior housing, and the City of New York ought to reverse recent cuts to senior services delivered through the Department for the Aging. The Workforce Investment Act and state funds for adult literacy also desperately need to be increased not only to help displaced workers in need of a job but the growing

number of seniors who lack adequate English and computer skills to function in a world where both are prerequisites.

## **Take steps to allow more seniors to remain in their neighborhoods.**

Immigrant seniors should not have to choose between the affordable housing they need and being alienated from familiar services, but a lack of affordable and legal housing options prevents many of the city's older adults from staying in their neighborhoods. The city could greatly benefit from more Section 202 housing, but the program should also be amended to allow participants to remain in familiar parts of the city. Meanwhile, the city's NORC program, which provides senior services in neighborhoods with a high concentration of seniors, should be expanded into neighborhoods with large numbers of older immigrants.

## **Update city housing regulations to allow extended families to live together.**

Immigrant seniors live in multigenerational households at much higher rates than native-born seniors, but finding appropriate accommodations in New York, where a vast majority of rental housing was built for traditional nuclear families, is an enormous challenge for larger households. As a result, older immigrants are much more likely than their native-born counterparts to live in overcrowded apartments or in illegally subdivided spaces in larger houses or buildings. City policymakers would be wise to revise building codes and zoning regulations to legalize the creation of safe basement conversions and allow the construction of accessory units for older family members, provide technical assistance to homeowners seeking to implement these changes, and create incentives for developers to build larger apartments that can accommodate extended families.

### **Enable New York's senior centers to offer culturally and linguistically appropriate services to immigrants.**

Many of the senior centers across the city need to take steps to better serve immigrant seniors. Some centers that have been serving the same neighborhood for years are struggling to keep up with the needs of newer immigrant residents and should hire from the community and contract with other community based organizations to make sure their services are linguistically accessible and culturally appealing. Senior centers have to avoid a 'one-size-fits-all' approach to serving immigrant seniors, since different cultural groups respond to different forms of outreach, have different needs, and have different expectations. Because immigrant seniors are much more likely to live with their children and grandchildren they should develop multigenerational programming. At the same time, because elder abuse is much more likely to go unreported in immigrant communities, they need to develop outreach and counseling services that are sensitive to different cultural norms.

### **Help nonprofits in immigrant communities increase their capacity to deliver services.**

Many small community-based organizations struggle to compete with larger, more well-established organizations for funding and contracts, and also struggle to provide services due to a lack of professional staff. Community foundations like the Korean American Community Foundation work with such organizations, which often grow organically out of the communities they serve, to increase their management and fundraising capacity. Larger foundations with aging initiatives can support such efforts either directly by investing in the capacity building of promising nonprofits or indirectly by supporting community foundations.

### **Build on New York's public libraries and their unique appeal to immigrants.**

Public libraries are a trusted resource for immigrants of all ages, whether they want to learn

about how to apply for a driver's license, learn English or file taxes. But with more support from city policymakers and agencies they could become an even more important resource for the city's growing senior population. They could help mitigate loneliness and isolation by providing English language courses designed especially for this population and creating senior-focused resource centers where participants can take part in activities and find out about a wide variety of government programs.

### **Increase immigrant seniors' access to existing government services.**

Immigrant seniors are less likely to be aware of services that are available to all seniors in the city due to mistrust of government, because the information is not available in their language, or because they mistakenly assume they don't qualify. Programs such as the Senior Citizen Rent Increase Exemption (SCRIE) program, which helps limit rent increases for seniors, Access-a-Ride, which provides transportation services for mobility-impaired people, and the Home Energy Assistance Program (HEAP), which helps low-income seniors pay for their utility bills, are available to all qualifying seniors, but immigrant seniors do not participate at high enough rates. DFTA should undertake a public outreach campaign to change that.

### **Health insurance providers, including Medicare and Medicaid, should fund supportive housing for seniors.**

There is increasing evidence that keeping seniors in their communities with supportive services is far less expensive than placing them in a nursing home, which is one of the only options for lower-income seniors who can no longer live independently. Supportive housing models have been an efficient and cost-effective way of delivering services to formerly homeless people placed in housing, in part because funders of supportive housing for the homeless allow the cost of the contracts with service providers to be underwritten into the financing for the building. To improve geriatric care and save on costs, health

insurance providers and the federal government should establish a funding infrastructure for senior-focused supportive housing that is similar to the model commonly used for homeless people.

### **Expand access to employment and volunteer opportunities for immigrant seniors.**

As seniors are living longer lives, the city should be looking for ways to tap the valuable time and experience that seniors can offer. Some immigrant seniors are already working past the age when many native-born seniors retire, and still others have extensive duties at home. However, there are many more who could benefit from services linking them to new employment or volunteer opportunities. Title V of the Workforce Investment Act (the Senior Community Service Employment Program) provides funding through DFTA to offer these seniors with volunteer and work opportunities, and can help them maintain their physical and mental health by helping them engage with others. There are many foreign-born seniors who have earned credentials in their home countries and can use those skills to benefit their communities, and they all have language and cultural skills that can be invaluable in volunteer and employment positions.

### **Make city streets and the transit system more senior friendly.**

Although the New York City Department of Transportation and New York City Transit have implemented a number of important measures to make the city's streets and transit system more age friendly, many neighborhoods with large numbers of immigrant seniors still lack these amenities. Curb ramps, median islands, dedicated bus lanes and even bike paths can dramatically improve the speed of buses, calm traffic, and reduce pedestrian fatalities to the immense benefit of seniors. According to a 2010 study by the DOT, seniors comprise 38 percent of pedestrian fatalities in New York despite making up only 12 percent of the population. In addition, only 79 of the city's 468 subway stations have elevators or ramps for people using wheelchairs, walkers or other mobility assistance devices, and few of those are in neighborhoods with rapidly growing senior populations such as Elmhurst, Sunset Park and Washington Heights. Where it is not possible to add elevators and ramps to subway stations, officials should look into improving buses, promoting Access-a-Ride, and issuing vouchers or discount cards to use on ADA-accessible taxis.

## **ENDNOTES**

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# APPENDIX

TABLE I  
Change in New York City’s Senior Population by Nativity, Borough, and Neighborhood, 2000-2010

	Foreign-born Seniors			Native-born Seniors		
Borough and Neighborhood	Pop. 2010	Pct. Chg. 2000-2010	Num. Chg. 2000-2010	Pop. 2010	Pct. Chg. 2000-2010	Num. Chg. 2000-2010
<b>BOROUGH</b>						
Staten Island	14,142	60%	5,307	45,314	3%	1,246
Bronx	60,075	51%	20,415	87,509	-8%	-7,960
Queens	162,015	36%	42,458	124,924	-25%	-40,789
Manhattan	80,239	25%	15,825	134,827	8%	9,756
Brooklyn	146,308	18%	22,643	142,699	-10%	-15,972
<b>NEIGHBORHOOD</b>						
Mott Haven / Hunts Point, BX	4,680	181%	3,015	7,647	5%	393
Brownsville / Ocean Hill, BK	5,220	124%	2,886	5,548	-13%	-819
Morrisania / East Tremont, BX	5,449	118%	2,945	6,152	-22%	-1,724
Howard Beach / S. Ozone Park, QN	9,342	112%	4,943	8,450	-24%	-2,712
Brooklyn Heights / Fort Greene, BK	3,446	105%	1,763	8,387	-5%	-460
Bedford Stuyvesant, BK	3,646	87%	1,700	10,514	25%	2,133
Rockaways, QN	6,988	83%	3,168	9,550	-16%	-1,773
Throgs Neck / Co-op City, BX	7,293	81%	3,254	16,488	1%	227
South Shore, SI	4,662	80%	2,078	15,886	13%	1,816
Highbridge / S. Concourse, BX	5,903	77%	2,575	8,211	35%	2,124
Central Harlem, MN	3,417	73%	1,439	10,000	-11%	-1,207
East New York / Starrett City, BK	8,065	68%	3,254	7,353	4%	257
East Harlem, MN	3,613	66%	1,441	10,428	-6%	-676
Bellerose / Rosedale, QN	13,466	63%	5,226	15,261	0%	25
Stuyvesant Town / Turtle Bay, MN	6,973	58%	2,557	14,137	-10%	-1,644
Mid-Island, SI	4,548	54%	1,588	15,865	8%	1,242
Jamaica, QN	10,031	52%	3,430	14,654	-17%	-2,989
Bayside / Little Neck, QN	10,167	52%	3,457	9,494	-30%	-4,076
Soundview / Parkchester, BX	6,426	50%	2,147	12,138	-3%	-370
North Shore, SI	4,932	50%	1,641	13,563	-12%	-1,812
Flushing / Whitestone, QN	25,486	50%	8,475	15,776	-30%	-6,642
Flatlands / Canarsie, BK	10,995	45%	3,437	11,057	-19%	-2,546
Middle Village / Ridgewood, QN	11,038	44%	3,395	11,764	-24%	-3,768



TABLE I cont'd Change in New York City's Senior Population by Nativity, Borough, and Neighborhood, 2000-2010						
	Foreign-born Seniors			Native-born Seniors		
Borough and Neighborhood	Pop. 2010	Pct. Chg. 2000-2010	Num. Chg. 2000-2010	Pop. 2010	Pct. Chg. 2000-2010	Num. Chg. 2000-2010
Hillcrest / Fresh Meadows, QN	12,208	43%	3,657	9,575	-21%	-2,617
Washington Heights / Inwood, MN	19,415	39%	5,471	5,270	-40%	-3,451
Morningside Heights / Hamilton Heights, MN	6,774	39%	1,900	7,907	7%	529
Park Slope / Carroll Gardens, BK	3,071	39%	861	6,299	-15%	-1,104
University Heights / Fordham, BX	3,824	36%	1,021	3,103	-20%	-768
Elmhurst / Corona, QN	11,220	34%	2,868	3,989	-10%	-423
Upper East Side, MN	10,323	33%	2,568	28,085	21%	4,952
Pelham Parkway, BX	8,264	32%	2,000	8,858	-28%	-3,511
Kingsbridge Heights / Mosholu, BX	4,943	32%	1,186	5,689	-13%	-820
East Flatbush, BK	11,661	31%	2,756	4,940	18%	761
NYC TOTAL	462,779	30%	106,648	535,273	-9%	-53,719
Williamsbridge / Baychester, BX	7,548	29%	1,694	8,495	-18%	-1,909
Coney Island, BK	15,695	28%	3,472	7,284	-33%	-3,658
Sunset Park, BK	6,842	28%	1,513	4,553	-39%	-2,945
Bensonhurst, BK	18,412	27%	3,959	15,589	5%	673
Kew Gardens / Woodhaven, QN	7,805	25%	1,547	4,029	-43%	-3,013
Greenwich Village / Financial District, MN	4,572	21%	805	11,633	22%	2,112
South Crown Heights, BK	8,199	19%	1,327	3,490	-22%	-996
Chelsea / Clinton / Midtown, MN	4,747	18%	730	11,598	21%	2,040
Bushwick, BK	3,711	16%	519	6,365	31%	1,517
Riverdale / Kingsbridge, BX	5,745	11%	578	10,728	-13%	-1,602
Forest Hills / Rego Park, QN	12,329	11%	1,212	6,361	-36%	-3,599
Williamsburg / Greenpoint, BK	6,271	10%	577	7,362	-12%	-1,037
Jackson Heights, QN	11,804	8%	894	4,522	-41%	-3,157
Lower East Side / Chinatown, MN	12,840	3%	404	10,287	-8%	-919
Astoria, QN	12,123	1%	141	7,148	-36%	-3,964
Sunnyside / Woodside, QN	8,008	1%	45	4,351	-32%	-2,081
Bay Ridge, BK	7,145	-6%	-440	10,878	-17%	-2,203
North Crown Heights / Prospect Heights, BK	4,184	-7%	-296	6,503	-6%	-430
Flatbush, BK	9,832	-9%	-953	6,411	-13%	-953
Sheepshead Bay / Gravesend, BK	9,856	-13%	-1,422	14,484	-6%	-946
Upper West Side, MN	7,565	-16%	-1,490	25,482	46%	8,020
Borough Park, BK	10,057	-18%	-2,270	5,682	-36%	-3,216

TABLE II Countries or Regions of Origin of the 65 and Over Population in New York City, 2010						
Country or Region of Origin	Pct. of all seniors in NYC, 2010	Pop. 2010	Pct. Chg. 2000-2010	Neighborhoods of Highest Concentration	Pct. Who Live in That Neighborhood	Number Who Live in That Neighborhood
MAJOR REGIONS						
Latin America & Caribbean	21%	204,573	58%	Washington Hts. / Inwood, MN	6%	16,223
				Soundview / Parkchester, BX	4%	12,094
				East Flatbush, BK	4%	11,586
Europe	14%	142,080	-10%	Coney Island, BK	9%	12,951
				Bensonhurst, BK	8%	11,209
				Middle Village / Ridgewood, QN	6%	7,854
Asia & Middle East	10%	103,333	65%	Flushing / Whitestone, QN	15%	15,310
				Lower East Side / Chinatown, MN	9%	9,802
				Bensonhurst, BK	5%	5,632
Africa & Oceania	1%	9,522	168%	Bedford Stuyvesant, BK	7%	690
				North Shore, SI	7%	623
				Flatlands / Canarsie, BK	6%	528
COUNTRIES AND SUBREGIONS						
Caribbean	12%	131,439	67%	Washington Hts. / Inwood, MN	11%	14,058
				East Flatbush, BK	7%	8,679
				Bellerose / Rosedale, QN	5%	6,916
Puerto Rico	7%	72,368	16%	Soundview / Parkchester, BX	9%	6,315
				Mott Haven / Hunts Point, BX	8%	5,345
				East Harlem, MN	6%	4,091
China	6%	56,173	56%	Lower East Side / Chinatown, MN	17%	9,468
				Flushing / Whitestone, QN	13%	7,281
				Bensonhurst, BK	9%	5,145
South America	5%	53,492	66%	Howard Beach / S. Ozone Pk., QN	8%	4,375
				Bellerose / Rosedale, QN	6%	2,918
				Elmhurst / Corona, QN	5%	2,528
Former USSR and Russia	4%	44,515	12%	Coney Island, BK	26%	11,608
				Bensonhurst, BK	13%	5,905
				Sheepshead Bay / Gravesend, BK	11%	5,077
Central America	2%	16,897	51%	Jamaica, QN	6%	1,046
				Brownsville / Ocean Hill, BK	6%	960
				Soundview / Parkchester, BX	6%	936
India	1%	13,406	112%	Flushing / Whitestone, QN	9%	1,144
				Elmhurst / Corona, QN	8%	1,007
				Bellerose / Rosedale, QN	7%	998

TABLE II cont'd Countries or Regions of Origin of the 65 and Over Population in New York City, 2010						
Country or Region of Origin	Pct. of all seniors in NYC, 2010	Pop. 2010	Pct. Chg. 2000-2010	Neighborhoods of Highest Concentration	Pct. Who Live in That Neighborhood	Number Who Live in That Neighborhood
Korea	1%	12,123	82%	Flushing / Whitestone, QN	41%	4,971
				Bayside / Little Neck, QN	11%	1,283
				Elmhurst / Corona, QN	8%	950
Africa	1%	9,262	174%	Bedford Stuyvesant, BK	7%	690
				North Shore, SI	7%	623
				Flatlands / Canarsie, BK	6%	528
Philippines	1%	9,225	81%	Flushing / Whitestone, QN	13%	1,240
				Forest Hills / Rego Park, QN	9%	820
				Sunnyside / Woodside, QN	7%	616

TABLE III Percentage of Seniors who are Foreign-Born by Neighborhood, 2010			
Neighborhood	Pct. of Seniors who are Foreign-Born	Num. of Foreign-Born Seniors	Pct. of Neighborhood's Pop. who are Older Immigrants
Washington Heights / Inwood, MN	79%	19,415	9%
Elmhurst / Corona, QN	74%	11,220	8%
Jackson Heights, QN	72%	11,804	7%
East Flatbush, BK	70%	11,661	8%
South Crown Heights, BK	70%	8,199	8%
Coney Island, BK	68%	15,695	15%
Forest Hills / Rego Park, QN	66%	12,329	11%
Kew Gardens / Woodhaven, QN	66%	7,805	6%
Sunnyside / Woodside, QN	65%	8,008	6%
Borough Park, BK	64%	10,057	6%
Astoria, QN	63%	12,123	7%
Flushing / Whitestone, QN	62%	25,486	10%
Flatbush, BK	61%	9,832	6%
Sunset Park, BK	60%	6,842	5%
Hillcrest / Fresh Meadows, QN	56%	12,208	9%
Lower East Side / Chinatown, MN	56%	12,840	8%
University Heights / Fordham, BX	55%	3,824	3%
Bensonhurst, BK	54%	18,412	11%
Howard Beach / S. Ozone Park, QN	53%	9,342	7%
East New York / Starrett City, BK	52%	8,065	5%
Bayside / Little Neck, QN	52%	10,167	8%

TABLE III cont'd Older Immigrant-Majority Neighborhoods, 2010			
Neighborhood	Pct. of Seniors who are Foreign-Born	Num. of Foreign-Born Seniors	Pct. of Neighborhood's Pop. who are Older Immigrants
Flatlands / Canarsie, BK	50%	10,995	5%
Brownsville / Ocean Hill, BK	49%	5,220	5%
Middle Village / Ridgewood, QN	48%	11,038	6%
Pelham Parkway, BX	48%	8,264	7%
Williamsbridge / Baychester, BX	47%	7,548	6%
Morrisania / East Tremont, BX	47%	5,449	3%
Bellerose / Rosedale, QN	47%	13,466	7%
Kingsbridge Heights / Mosholu, BX	47%	4,943	4%
NYC TOTAL	46%	462,779	6%
Morningside Heights / Hamilton Heights, MN	46%	6,774	5%
Williamsburg / Greenpoint, BK	46%	6,271	4%
Rockaways, QN	42%	6,988	6%
Highbridge / S. Concourse, BX	42%	5,903	4%
Jamaica, QN	41%	10,031	5%
Sheepshead Bay / Gravesend, BK	41%	9,856	7%
Bay Ridge, BK	40%	7,145	5%
North Crown Heights / Prospect Heights, BK	39%	4,184	4%
Mott Haven / Hunts Point, BX	38%	4,680	3%
Bushwick, BK	37%	3,711	3%
Riverdale / Kingsbridge, BX	35%	5,745	5%
Soundview / Parkchester, BX	35%	6,426	4%
Stuyvesant Town / Turtle Bay, MN	33%	6,973	5%
Park Slope / Carroll Gardens, BK	33%	3,071	3%
Throgs Neck / Co-op City, BX	31%	7,293	7%
Brooklyn Heights / Fort Greene, BK	29%	3,446	3%
Chelsea / Clinton / Midtown, MN	29%	4,747	4%
Greenwich Village / Financial District, MN	28%	4,572	3%
Upper East Side, MN	27%	10,323	5%
North Shore, SI	27%	4,932	3%
East Harlem, MN	26%	3,613	3%
Bedford Stuyvesant, BK	26%	3,646	3%
Central Harlem, MN	26%	3,417	3%
Upper West Side, MN	23%	7,565	4%
South Shore, SI	23%	4,662	3%
Mid-Island, SI	22%	4,548	3%

TABLE IV  
Percent of Immigrant Seniors Who Are Below the Poverty Line by Neighborhood, 2010

	Pct. Poor	Num. Poor
Sunset Park, BK	47%	3,195
Rockaways, QN	45%	3,154
East Harlem, MN	44%	1,600
Central Harlem, MN	39%	1,340
North Shore, SI	37%	1,818
Coney Island, BK	36%	5,669
Flatbush, BK	35%	3,411
Lower East Side / Chinatown, MN	34%	4,403
Bushwick, BK	34%	1,271
Morrisania / East Tremont, BX	32%	1,765
Sheepshead Bay / Gravesend, BK	32%	3,117
Morningside Heights / Hamilton Heights, MN	31%	2,101
Chelsea / Clinton / Midtown, MN	31%	1,455
Park Slope / Carroll Gardens, BK	31%	944
Pelham Parkway, BX	30%	2,505
Bedford Stuyvesant, BK	29%	1,047
Brownsville / Ocean Hill, BK	28%	1,434
Kingsbridge Heights / Mosholu, BX	27%	1,309
Flushing / Whitestone, QN	26%	6,690
South Crown Heights, BK	26%	2,133
Washington Heights / Inwood, MN	24%	4,736
Mott Haven / Hunts Point, BX	24%	1,117
NYC TOTAL	24%	126,961
Williamsburg / Greenpoint, BK	24%	1,484
Sunnyside / Woodside, QN	23%	1,855
East Flatbush, BK	23%	2,694
Soundview / Parkchester, BX	22%	1,415
Highbridge / S. Concourse, BX	22%	1,287
East New York / Starrett City, BK	22%	1,758



**TABLE IV cont'd**  
**Percent of Immigrant Seniors Who Are Below the Poverty Line by Neighborhood, 2010**

	Pct. Poor	Num. Poor
Flatlands / Canarsie, BK	22%	2,401
Bay Ridge, BK	21%	1,527
Howard Beach / S. Ozone Park, QN	21%	1,978
Forest Hills / Rego Park, QN	21%	2,533
Riverdale / Kingsbridge, BX	20%	1,158
Borough Park, BK	19%	1,890
Throgs Neck / Co-op City, BX	19%	1,351
Jamaica, QN	18%	1,799
Upper West Side, MN	17%	1,320
Middle Village / Ridgewood, QN	17%	1,920
Williamsbridge / Baychester, BX	17%	1,292
Elmhurst / Corona, QN	17%	1,924
North Crown Heights / Prospect Heights, BK	17%	700
Hillcrest / Fresh Meadows, QN	16%	1,922
Upper East Side, MN	16%	1,604
Greenwich Village / Financial District, MN	15%	685
Bensonhurst, BK	14%	2,546
Astoria, QN	14%	1,649
Kew Gardens / Woodhaven, QN	14%	1,064
Mid-Island, SI	13%	593
University Heights / Fordham, BX	11%	427
Bayside / Little Neck, QN	11%	1,064
Jackson Heights, QN	9%	1,106
Stuyvesant Town / Turtle Bay, MN	9%	596
South Shore, SI	6%	300
Brooklyn Heights / Fort Greene, BK	5%	186
Bellerose / Rosedale, QN	3%	419

Sources: Table I: IPUMS U.S. Census 2000 and 2010  
Table II: IPUMS U.S. Census 2000 and 2010  
Table III: IPUMS U.S. Census 2010  
Table IV: IPUMS U.S. Census 2010

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