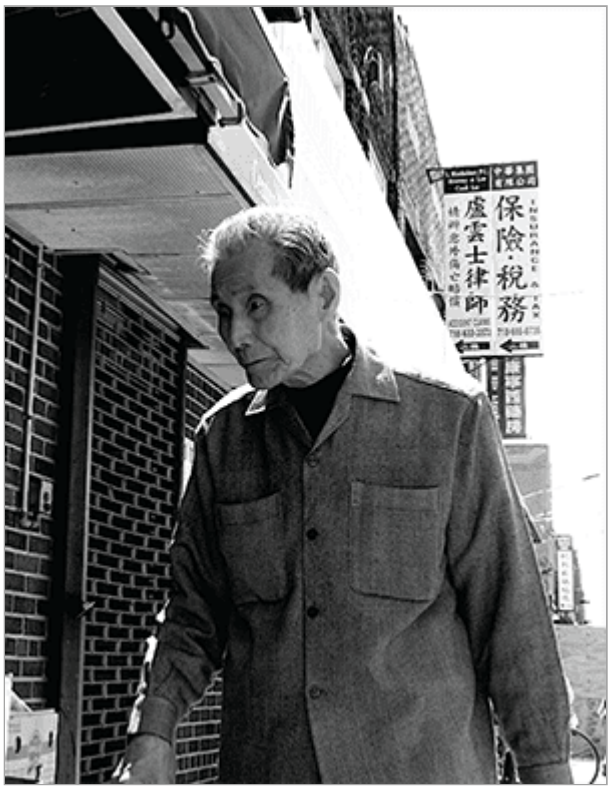
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Testimony - November 2014

Planning for New York's Aging Immigrant Population

In this testimony before a joint hearing of the New York City Council's committees on aging and immigration, CUF research associate Christian González-Rivera details what city agencies and nonprofit organizations need to do to better serve New York's rapidly growing population of older immigrants.

by Christian González-Rivera

I'm Christian González-Rivera, research associate at the Center for an Urban Future, a non-partisan public policy think-tank based here in Manhattan that publishes studies about the key challenges and opportunities facing New York, from studies about the important role of public libraries to the need to improve the city's youth workforce development system. We have written a number of studies about the immigrant New Yorkers, from a report about the powerful impact of immigrant entrepreneurs to the need for more ESOL programs. Thank you for the opportunity to testify.

Last year, the Center for an Urban Future published the first comprehensive study documenting the rapid growth of NewYork City's older immigrant population. Our report, titled The New Face of New York's Seniors, revealed that foreign-born individuals now make up 46 percent of New York City's seniors, and account for virtually all of the growth in the city's older adult population. For instance, we showed that while the number of native born older adults fell by 9 percent between 2000 and 2010, the foreign born over 65 population grew by 30 percent.

Today there are about 1 million New Yorkers who are 65 and older, and that number will grow by 35 percent by the year 2030. Given the tremendous growth in the immigrant senior population, immigrants will comprise the majority of New York's seniors within five to ten years. In fact, immigrants are already the majority of the senior population in 21 of the 55 Census-designated Public Use Microdata Areas (PUMAs) in the city, including ten out of the 14 PUMAs in Queens.

Older immigrants are clearly not a niche population; in fact we cannot talk about older people in New York City withouttalking about immigrants.

As we know well, our large population of older immigrants is a legacy of our city's historical and continuing role as America's

largest gateway for migrants from around the world. Many immigrant seniors arrived in the U.S. when they were much younger, while many others arrived more recently, often to take care of the children of their children. As it is, one out of every ten older immigrants in the country live in New York City, and 68 percent of those live in Queens and Brooklyn.

Older Immigrants are Poorer and Face More Challenges than Native-Born Older Adults

Unfortunately, older immigrants on average face a particularly compelling set of challenges. Our analysis shows that 24 percent of older immigrants live in households below the poverty level, compared to 15 percent of native-born older adults. The median income of a foreign-born senior in New York is only $9,900 compared to $18,300 for native-born seniors. Nearly 130,000 immigrant seniors in the city, or 24 percent are living in poverty, compared to 69,000 or 15 percent of native-born seniors. In fact, despite comprising 46 percent of the senior population in the city, immigrants comprise 65 percent of all seniors living in poverty. Part of the reason for this discrepancy is that a whopping 31 percent of older immigrants in the city do not receive Social Security benefits, compared to only 16 percent of native-born seniors.

The important indicators that tell the story of how immigrant seniors in New York City are doing—indicators like povertyrates, English proficiency, access to services and others vary significantly by country or region of origin. For example, seniors born in Caribbean countries—who comprise the largest group of seniors from a single region of origin in the city—have a median annual income of $9,400. Chinese seniors, who also have a large population in the city, earn only $7,000, the lowest median income of all the groups we studied. Mexican-born seniors, a new and fast-growing population, are not far behind at $7,370. In contrast, Japanese-born seniors have a much higher median income than even native-born seniors, earning $29,600 annually.

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, 47 percent are below the federal poverty line.

Unfamiliarity with the English language is another huge challenge; 60 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. Worse still, 37 percent of immigrant seniors (about 200,000 in total) live in linguistically-isolated households, meaning that nobody over the age of 14 speaks English.

Specifically, we found that Russians have the highest rates of linguistic isolation in the city, with 82 percent of them living in linguistically-isolated households. Partly because of this, the Russian senior population is the second most concentrated in the city, with half of all seniors living in just three neighborhoods in the city; Coney Island, Bensonhurst, and Sheepshead Bay. Koreans have the second highest rate of linguistic isolation, at 58 percent, and are the most concentrated in the city, with 60 percent of seniors living in Flushing, Bayside, and Elmhurst, Queens.

Poverty rates, English language proficiency and the extent to which immigrant seniors can interact in the world outside their families and communities is largely correlated with how long they have been in the United States. By this measure, seniors from different countries or regions of origin vary tremendously. For example, the average Russian who is 65 years or older only arrived in the U.S. at the age of 53, and the average Korean or Indian senior arrived at the age of 49. They are less likely to speak English; less likely to have earned the 10 years of covered earnings required to have access to Social Security, Medicare and other federal benefits; and are more likely to have their worlds limited to their families and communities. The average older adult from Italy, in contrast, arrived at the age of 27, so they are likely to have worked and lived all their lives here, and have greater access to benefits.

Indeed, while many older immigrants have worked here for all or part of their lives and aged in their communities, many

others came to the U.S. later in life to take care of their grandchildren. Among all households in New York City where a grandparent is living with their own grandchildren, 72 percent contain an older immigrant. Contrary to popular belief, however most immigrants do not live with their families in multigenerational households. Our report finds that 62 percent of immigrant seniors live alone or with a spouse, as do 83 percent of native-born seniors. At the same time, 16 percent of immigrant seniors in the city live in a household with four or more people, compared to only 4 percent of native-born seniors.

While all seniors face challenges like a decline in mobility, increased isolation, the challenge of living on a fixed income and the vulnerability to elder abuse, many older immigrants face the additional challenges of the language and cultural barrier and a greater need for services due to greater poverty levels. At the same time, there is less capacity in government and nonprofit services to provide for their needs, largely because many of the organizations that offer linguistically and culturally appropriate services to immigrant seniors tend to have less capacity and funding than those that serve seniors in general.

The challenge in serving the older immigrant population is its diversity, and it is impossible to generalize about older immigrants as a group. Every region or country of origin group has its own challenges that can be very different from those of other region or country of origin groups, so service providers not only have to address culture and language differences, but also differences in the kinds of challenges the groups face.

And the challenges are diverse indeed. In our research we uncovered stories from most of the major ethnic communities in the city. For example, from Brooklyn we heard about women from more traditional Muslim families who lose their husbands and are very isolated because it is difficult for them to find gathering places that are gender-segregated, and where they can feel they can take off their hijab. Russian seniors have the highest average level of education among all the groups of seniors we studied—many have advanced degrees and had distinguished careers back home, often in technical fields like math, science, and engineering—but because few of them speak English they find few opportunities to use their abilities in this country. Koreans have an astronomically high suicide rate, particularly among women. Yet, mental health is an issue that few Korean seniors are willing to discuss outside the family, and is a subject that must be approached with careful attention to cultural sensitivities.

There is also diversity in where service providers must go to outreach to various groups of immigrant seniors. For example, while you are likely to find many Chinese seniors congregating at our senior centers, South Asian seniors are more likely to congregate at houses of worship. And we certainly cannot forget the stories in the *New York Times* several months ago about the Korean seniors who were at the center of a dispute with the management of a McDonalds restaurant in Flushing because they would sit there nursing their coffees and enjoying each other's company.

At a time when the city is growing older, and the senior population is becoming more diverse all city agencies need to focus on the needs of an aging population. Just as the city needs to be an age-in-everything focus when it comes to transportation, housing, open space or other services, DFTA must take care to include an immigrant-in-everything focus when it comes to services. Providers must not just speak the language of the seniors they are serving, but possess the cultural soft skills that make all the difference in reaching these populations. This would allow them to broach sensitive subjects like mental health in many East Asian families, or sharing the role of caregiving among Muslim women and their families. It would also allow service providers to reach immigrant seniors where they are and to provide them with the services they need, not just offer the services that agencies have available.

DFTA took an important step in this direction by adding language in the recently released Elder Abuse Prevention and Intervention Services RFP. The Center for an Urban Future commends the Department for this very important addition to the RFP, and stresses that the most effective actions the Department can take to serve the increasingly diverse immigrant population at a time of limited resources is to ensure that linguistically and culturally competent service is required through loud and clear language in future RFPs, to follow up with providers to ensure that their services are actually reaching immigrant seniors and to provide technical assistance to organizations that are based in the ethnic communities we are trying

to serve.

But to do this right, DFTA needs to create a pipeline to city contracts for those community-based organizations that oftenthey have the cultural and linguistic competence and the credibility in the community, but that may not have capacity or funding to be effective subcontractors. This pipeline starts with capacity building, provides the technical assistance needed to become effective subcontractors and eventually leads to creating partnerships between existing contract-holders and community-based subcontractors. Such a pipeline would allow more community-based organizations to become more effective subcontractors to some of the larger agencies, and eventually perhaps DFTA contractors in their own right. Without a clear pipeline it will be difficult to engage community-based organizations in the city's system.

At the end of the day, New York City can potentially be a great place for immigrants to live, thrive, contribute to the economy and grow older. We have diverse neighborhoods, the largest network of senior centers of any city in the country, a comprehensive network of medical facilities, extensive public transportation and an Age-Friendly Initiative spearheaded by the New York Academy of Medicine that the World Health Organization has called the most comprehensive of any city in the world. The challenge is to ensure that all these great assets are accessible to immigrant seniors.

Just as the Age Friendly Initiative advocates for an "age in everything" focus, we need to re-conceptualize the services we have available for older people to have an "immigrant in everything" focus. After all, immigrants make up almost half of older New Yorkers and are growing in number and as a share of the population, so you can't talk about older New Yorkers without talking about immigrants.

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