

Expert Roundtable on Social Services -Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 1) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 2) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 3) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 4) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 5) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 6) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 7) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Social Services Roundtable discussion, which was held in the United Way of New York City offices on Wednesday, February 27, 2008.

PARTICIPANTS

- Council Member Maria del Carmen Arroyo, Chair of the Committee on Aging
- *Chair:* Gordon Campbell, President and CEO, United Way of New York City
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Beth Finkel, Associate State Director, New York State Office, AARP
- Bill Dionne, Executive Director, Burden Center on Aging
- Bobbie Sackman, Director of Public Policy, Council of Senior Centers and Services
- Carolyn McLaughlin, Executive Director, Citizens' Advice Bureau
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- Catherine Thurston, Director of Clinical & Social Services, Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders
- Elana Broitman, Director, City Policy and Public Affairs, UJA Federation
- Igal Jellinek, Executive Director, Council of Senior Centers and Services
- Kathleen Fitzgibbons, Senior Policy Analyst, Federation of Protestant Welfare Agencies
- Marcia Stein, Executive Director, Citymeals-on-Wheels
- Marlon Williams, Policy Advisor to Deputy Mayor Linda Gibbs
- Mary Harper, Executive Deputy Commissioner of HRA/Medical Insurance & Community Services Administration
- Nancy Miller, Executive Director, VISIONS/Services for the Blind and Visually Impaired
- Nancy Wackstein, Executive Director of United Neighborhood Houses & Chair of the Human Services Council
- Nora Leissig-Lazzaro, Director of Social Services, New York City Housing Authority (NYCHA)
- Nora O'Brien, Director of Aging Programs & New Initiatives, The Brookdale Foundation
- Roberta Leiner, Managing Director for the Caring Commission, UJA Federation
- Ronald E. Richter, NYC Family Services Coordinator, Deputy Mayor's Office
- Rosa Gil, Executive Director, Communilife
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Ruth-Ellen Simmonds, Executive Director, One Stop Senior Services
- Wendy Perlmutter, Deputy NYC Family Services Coordinator, Deputy Mayor's Office

DISCUSSION QUESTIONS

- Going forward, what should be the main objectives of social services for seniors in New York City? What should be the priorities?
- Knowing that limited resources are available, which seniors should be the primary "target audience" (i.e. the "intended users") for social services along the continuum of aging (moving between the healthy-active phase to the slowing down phase to the service-needy phase, as defined by James Knickman)? Where should we focus our attention and resources going forward?
- Who should pay for what (e.g. government, foundations, corporations, caregivers, seniors themselves, etc.)? And what criteria should be used to determine resource allocation among these various entities?
- How can we ensure service quality?
- What supports are needed by social service providers? What supports are needed by informal caregivers?
- What are ways to include or expand the voices of older people in decision-making (including both individual-level choices about one's own service needs as well as larger policy choices related to resource allocation and programmatic priorities and structure)?

MAJOR THEMES TO EMERGE

Participants expressed widespread agreement about the overarching goal of social service delivery to older adults: to help older people remain living in their homes and communities as they age with dignity and a good quality of life (thereby reducing premature hospitalization or nursing home placement). Due to the immense changes occurring both within the human services sector and among the older population relying upon it, providers acknowledged that they are struggling to determine how future services should be structured, funded, and expanded. Also discussed was the need to maximize organic community relationships to assure that formal social services are a last resort for community-dwelling elders and that when older people do use such services, they have good access to programs with a quality workforce augmented by technology and the use of seniors as resources.

I. Ushering in a New Paradigm in Service Delivery

Roundtable participants acknowledged the significant shifts now occurring within the human services sector, particularly among services targeted to older adults. A new continuum is emerging because the older population is rapidly increasing and it is thought that their needs and preferences may be changing. In addition, there has been a move within the sector toward home and community based care and a turning away from nursing home placement. Social service providers recognize the need to re-examine current approaches to serving older adults and begin planning for future needs.

A. While participants reached general agreement about the overarching goals of social services for older people, there was tremendous variation in identifying the intended “consumers,” which plays a key role in determining the needed structure and focus for such services going forward. The two major dichotomies that emerged were (1) targeting services to the needs and preferences of present versus future cohorts (e.g. Baby Boomers) of seniors and (2) targeting services to the needs of the most vulnerable -- particularly those living in poverty and/or those with significant need who lack informal social support – versus a much more ambitious target that aims to increase the well-being of all older people.

Recommendations:

- Service eligibility and provision should be guided less by age than by the functional capacity of an older person
- Examine service needs and preferences of coming cohort of seniors (those age 45 to 55) for planning purposes (e.g. are their needs and preferences significantly different from the current cohort of elders?)
- Engage in a more formal dialogue among various stakeholders about the intended target population(s) for social services and try to come to a resolution about the role that services should play in their lives
- Align marketing of services with needs and preferences of target population (e.g. many of the younger-old will not go to a “senior” center)

B. Participants acknowledged the need to assess and update their service delivery approaches in order to better meet the needs of today’s and tomorrow’s older populations.

Recommendations:

- Services should start from and emphasize the capabilities and assets of each older persons, as opposed to arranging services simply around their disabilities or needs
- Services providers should increase the expectations of those living with disabilities, as many people are homebound who don't have to be (additional supports like transportation are needed for this)
- Service providers must go to where seniors are and not wait for them to come to them
- Seniors should be further incorporated into the programmatic and policy decision-making that directly affects them (we need to ask seniors what they want)
- Examine the current notion that services should target geographic catchment areas rather than other types of communities, such as the visually impaired community, the LGBT community, ethnic communities, etc.
- Examine age segregated (e.g. senior centers) vs. age integrated services (e.g. intergenerational programs), as the preferences of seniors need to be taken into account

C. There is a growing need to better integrate services and sectors to ensure seniors experience seamless transitions as they move through the new home and community based continuum of care.

Recommendations:

- Work to better integrate aging and health systems
- Examine ways to integrate different services for seniors into a one-stop shopping model Integrated services - Move toward community center model; (stand alone senior centers are now seen as a thing of the past)
- In this new continuum of services, long term care/nursing homes will still be needed and must be supported and monitored to assure quality
- Examine whether or not service structure has unintended negative consequence of breaking existing relationships - Need to keep people connected to resources they've been using all their lives if it works for them, not mandate that they enter a whole new social service system that people must use simply because they turn age 65

D. Emerging Social Issues/unmet needs among City seniors

- Affordable housing
- Sense of security/public safety
- Mental health (MH clinics don't have capacity to serve seniors)
- Poverty
- Transportation
- Diabetes/lifestyle issues: lack of understanding of preventive health
- Hospital discharge planning to social services needs improvement

II. Maximizing Human & Social Capital

A. Informal Caregivers

Recommendations:

- Create and distribute a comprehensive resource guide for caregivers to help them navigate the service system and have a working knowledge of what services are available

- Find ways to leverage what the Sandwich generation is now going through to care for their aging parents – it could be a very educational time to help them begin planning for their own aging and become engaged with social services now

B. Neighborhood support

Recommendations

- Need to provide guidance to communities on to be a good neighbor for senior residents including if/when to offer their seats to older people without feeling awkward, etc.
- A pilot should be created to test protocols that provide clear protocols that encourage neighbors helping neighbors / looking out for one another, especially (e.g. provide a number to call if they feel concerned about an elderly neighbor)
- Examine ways to maximize the key role of faith communities/spiritual care in the lives of elders

C. Service Delivery Workforce

Shortage of people trained in serving seniors exists; have trouble finding and retaining geriatricians and geriatric SW, etc.

Recommendations

- Need more incentives to increase the sector's appeal among potential workforce to serve older people
- Need to combat ageism so this sector is more attractive to potential workforce
- Need additional training/educational opportunities subsidized for social workers, students, etc.

D. Seniors as Resources

- The Mayor's Volunteer Action Center should be expanded and extensive outreach about it should be done for the older population so that they are aware of the volunteer opportunities available to them
- Continuums support each other: well seniors can give back to communities thereby serving/helping seniors in need (volunteerism)
- Employment: people don't retire at 65 anymore: they're a workforce to tap into (programs like ReServe model; Experience Corps should be supported and expanded)
- Seniors helping to raise grandchildren should be recognized and supported through tax rebates and/or other incentives

F. Technology to help stay connected

Recommendations

- Expand services like telephone reassurance and Internet training and access programs for seniors
- Make telephone service more affordable for seniors, perhaps by asking telephone companies to offer senior discounts

III. Increasing Access to Quality Assistance

A. Barrier to care: People don't know where to go for help and have trouble navigating the service system

Recommendations

- More outreach about available services is needed
- The various interagency councils around the city should be centralized in some way to maximize efforts and understanding of what's out there

B. Focus on populations that are notoriously underserved

- New retirees and those transitioning into system; union retirees might be an ally in this;
- Elders who are socially isolated
- Immigrant elders, elders of color and elders not proficient in English

C. Ensuring service quality

Recommendations

Ensuring a high quality workforce through training and compensation is the best way to ensure service quality so the recruitment and retention of quality staff must be made a top priority

IV. Securing additional funding for service delivery

Recommendations

- Need to leverage existing dollars to bring in outside money/matching grant ops (NORC model is a great example)
- Need for more public/private ventures and pilots to test new models
- Need to engage the for-profit community more and in new and creative ways; find cost-effective ideas for businesses and then package these ideas and sell them to businesses; need to seek resources in places we haven't looked before
- Create a senior trust fund in the city; Philadelphia uses lottery proceeds to fund senior services
- Limited resources require us to prioritize what government should fund; how to allocate its resources and when and how we should rely on foundations, etc. – this is a discussion that still needs to happen
- Move toward home and community based care: Medicaid in New York State should change the paradigm of what it funds to cover the less invasive/more preventive types of service; Federal funds /Medicaid waiver would be nice
- Age-based segregation is driven by siloed funding streams. Flexibility is needed to allow providers to provide services in the way their clients prefer (either age segregated or integrated)