












DISRUPT DISPARITIES 2.0

Solutions for New Yorkers Age 50+

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INTRODUCTION

New York is aging fast. There are now more adults age 65 and older than there are children under 13. And New York is growing more diverse. The number of older immigrants statewide grew by 41 percent from 2007 to 2017, nearly double the 21 percent increase in U.S.-born older adults. And of those U.S.-born older adults, 31 percent were non-White, up from 26 percent ten years earlier.

With these two demographic realities in mind as reported by the Center for an Urban Future in “New York’s Older Adult Population Is Booming Statewide,” AARP New York in 2017 embarked on work in collaboration with the Hispanic Federation, Asian American Federation, New York Urban League and NAACP NY to better understand, document and address the racial and ethnic disparities affecting New Yorkers 50+ in health, economic security and livability.

The result was a comprehensive report released in January 2018 that served as a roadmap for elected officials and policymakers and that resulted in significant achievements, including the New York State Secure Choice Savings Program to help more private sector employees save at work; Medicaid authorization to cover expanded Telehealth services; an historic \$15 million increase for home and community-based services that support unpaid family caregivers in helping older loved ones age with independence and dignity in their own homes; \$20 million in state funding to continue endangered housing counseling and legal services; and historic rent regulation reforms.

Since New York’s launch of Disrupt Disparities, AARP state offices in Michigan, Pennsylvania, Illinois, Kentucky, Kansas, Arkansas and Washington D.C. have followed suit. Disrupting Disparities has become the platform to connect with policymakers, legislators, the media, key opinion leaders, and volunteers in a manner that is authentic, relevant and resonating, producing systemic results. With our unveiling of Disrupt Disparities 2.0, we expand our critical areas of focus to prescription drug costs, caregiving, utilities, and housing, including gentrification.

And as we look forward, we will be exploring dependence on Social Security, Medicare and Medicaid, as well as disparities impacting the 50+ in rural New York and the LGBTQ community, with an eye toward developing policy recommendations for building out AARP’s basic pillars of health, financial security and livable communities for older New Yorkers.

This will create a bank of research and policy solutions that is replicable for other states and communities.

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PARTNERS' REMARKS

ASIAN AMERICAN FEDERATION

The Asian American Federation is proud to continue its collaboration with AARP to improve the lives of 50+ people and their families. Since this project began, we have already seen New York State advance policies to reduce the health and financial disparities that affect the Asian American population.

But as these new reports find, more can be done. Most striking among the findings is the dearth of data about the Asian American community on key topics like housing, utilities, and caregiving. We look forward to continuing our work with AARP and its partners to fill the data gaps that exist so that we can find effective policy solutions to end racial and ethnic disparities.

HISPANIC FEDERATION

For more than a quarter-century, the Hispanic Federation has worked to empower and advance the Hispanic community. We advocate for Hispanic children, women and men of all ages with programs and services for both young and old. In New York State, where the Hispanic community makes up almost 20% of the population, it is crucial that we meet the needs of 50+ Hispanics and their families.

The initial Disrupt Disparities reports drove significant changes in state policies that will improve the lives of New York's Hispanic population. Together with AARP, we are excited to build on those early successes through new research and policy ideas.

NAACP

As the nation's oldest, largest and most widely recognized grassroots-based civil rights organization, the NAACP is proud to continue its partnership with AARP on this critical initiative to disrupt the racial and ethnic disparities that impact New York's 50+ communities of color. The data released in 2018 on health and economic disparities led to groundbreaking policy changes for New Yorkers.

Building on that momentum, these new reports aim to tackle difficult issues in housing, gentrification, and caregiving. As the heroes of the Civil Rights Movement showed us, progress comes—sometimes quickly and dramatically, but more often through tough, unglamorous, incremental policy work. The time to get to work is long past, and we stand proudly with AARP to support New York's 50+ people of color.

NEW YORK URBAN LEAGUE

New York is one of the most urbanized states in the nation, with the majority of African Americans living in larger cities. Since 1919, we have been dedicated to ensuring the economic empowerment of historically underserved urban communities. With the growing diversity of New York's population, particularly among people age 50+, ensuring the well-being and equality of people of color in this age segment is more urgent than ever.

The New York Urban League takes great pride in continuing its work with AARP to disrupt the racial and ethnic disparities that have historically afflicted New York's communities of color. People of color 50 and older experience stark disparities across their health, homes and neighborhoods, particularly in New York's urban centers. We are proud of what this initiative has already accomplished, and look forward to implementing more policy changes to close the gaps and ensure equality for all, regardless of race or ethnicity.

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EXECUTIVE SUMMARY

AARP's purpose is to empower people to choose how to live as they age. Through a societal movement called Disrupt Aging, AARP encourages all to challenge outdated beliefs and spark new solutions to facilitate people's choices. However, key disparities that exist in a range of areas impacting 50+ New Yorkers of color create inequalities that can limit or even impede their choices.

In January 2018, AARP New York launched a multi-year effort to Disrupt Disparities in collaboration with key partners. Today, we and our partners launch the next phase of this initiative, Disrupt Disparities 2.0.

Our initial launch examined health, economic security and livability as they impact African American/Blacks (AA/B), Hispanic/Latinos (H/L) and Asian American/Pacific Islanders (AA/PI). Disrupt Disparities 2.0 drills down further on those areas by focusing on prescription drug and utility affordability, caregiving, housing and gentrification, as well as an alarming lack of reliable data about New York's AA/PI population.

In the two years since AARP New York, the Hispanic Federation, the NAACP, the New York Urban League and the Asian American Federation launched this initiative, New York State has enacted key improvements as detailed at <http://rockinst.org/aarp/>

The key findings and policy recommendations of Disrupt Disparities 2.0 are:

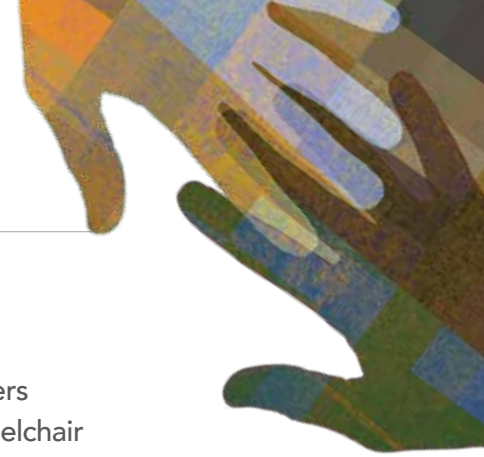
■ PRESCRIPTION DRUG COSTS:

- A higher percentage of AA/B (41%) and H/L (32%) did without medication over a recent 12-month period due to cost than the overall population (23%) nationally.
- Following a 300% increase from 2002 to 2013 in the average price of insulin, 20.4% of AA/B and 23.6% of H/L did not fill their diabetes prescriptions due to cost, compared with 14.4% for Whites, a 2018 study found.

POLICY RECOMMENDATIONS:

- Create a safe, wholesale importation program to provide access to less costly drugs.
- Create a systematic mechanism to trigger judicial review of predatory practices in medication price-fixing and establish penalties for prescription drug price gouging.
- Mandate disclosure of "pay for delay" agreements in which brand-name drug companies pay generic manufacturers to delay introduction of less costly alternative drugs.

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■ CAREGIVING:

- H/L family caregivers spend 44% of their income on average and AA/B family caregivers 34% for caregiving costs such as supplies, aides, transport, and modifications like wheelchair ramps, compared to just 14% of income by Whites, according to a national 2016 AARP survey.
- Nearly 40% of H/L begin caregiving before age 35 vs. under 20% of Whites, resulting in more stress at the workplace and reduced future retirement earnings.
- The “sandwich generation” trend of people caring for both their children and their parents has a disparate impact in communities of color: 38% of H/L caregivers and 34% of both AA/B and AA/PI caregivers face this pressure, compared with just 24% of White caregivers.
- Providers spoke patients’ primary language or had an interpreter to do so in just 18% of nurse visits and 27% of physical therapist visits at New York City metropolitan area homes of patients with limited English proficiency, a 2017 study of 238,513 healthcare visiting services found.
- Half of medical students believed at least one myth grounded in the history of slavery, such as that AA/B have thicker skin or less sensitive nerves than Whites do, according to one study of 222 students’ attitudes. The result: the students rated a hypothetical AA/B patient’s pain a half-point lower than that of a White patient, recommending less adequate treatment 15% of the time.
- AA/B patients were 7.1% less likely and H/L patients 14.8% less likely than White patients to receive opioids for back pain, according to a study of national data on pain management of outpatients.
- Dementia is twice as prevalent among AA/B and one-and-a-half times higher among H/L than Whites, resulting in a greater risk of falls and greater stress on family caregivers of color.

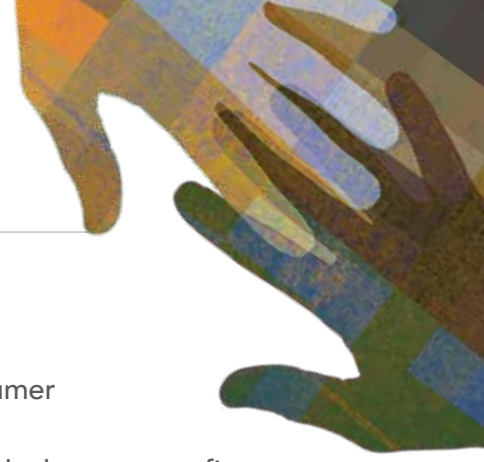
POLICY RECOMMENDATIONS:

- Enact a caregiver tax credit to provide family caregivers some financial relief by allowing them to claim as much as half the total they spend on caregiving.
- Increase state funding for home-delivered meals, which provide support and respite for family caregivers, by \$13.5 million in 2020-21.

■ UTILITIES:

- While 24% of all households nationally experience a high energy burden (spending more than 6% of their annual household income on electricity, gas, and/or other heating fuels), the number jumps to 34% of households with members over age 65, 40% of H/L households headed by a person older than 65 and 47% of similar AA/B households.
- Although AA/B and White households paid similar utility bills, AA/Bs’ percentage of income devoted to energy costs was 64% higher on average (5.4% vs. 3.3%). And while H/L households actually paid lower utility bills than either AA/B or White households did, their “median energy burden” was 24% greater than White households (4.1 % vs. 3.3%).
- AA/B householders over the age of 55 are nearly twice as likely as their White counterparts to be living with inadequate housing conditions such as lack of hot and cold running water and the absence of heat or electricity, according to U.S. Census data.
- An NAACP Legal Defense and Educational Fund analysis of Federal Emergency Management Agency data concluded that low-income households and households of color were hit hardest by the effects of Hurricane Sandy and faced tougher challenges in recovering from the storm, and a high percentage of those impacted were older New Yorkers.

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POLICY RECOMMENDATIONS:

- New York should join many other states by creating an independent utility consumer advocate with the power to fight unfair utility rate increases.
- New York should provide funding for utility intervenors to allow groups of individuals or nonprofit organizations to apply for reimbursement for participating in New York State Public Service Commission proceedings.

■ GENTRIFICATION:

- Rent increases are a primary factor in residential displacement, and older adults of color have much higher shares of renters than do Whites in gentrifying neighborhoods: 91% of older H/L adults and 81% of older AA/B and AA/PI adults rent vs. just 61% of older Whites in gentrifying neighborhoods.
- Half of all properties seized recently by New York City for outstanding taxes owed are in 10 of the 11 city neighborhoods defined as gentrifying or at risk of gentrification, implying financial hardship for homeowners, landlords and renters in gentrifying neighborhoods.
- In New York City's gentrifying Hamilton Heights, Central Harlem, East Harlem and Crown Heights neighborhoods, older non-Hispanic Whites have median annual household incomes about \$100,000 higher than older AA/B and H/L adults.

POLICY RECOMMENDATIONS:

- Enact a statewide law modeled on New York City's "Right to Counsel" law that guarantees legal representation in court to low- and moderate-income tenants facing unwarranted evictions.
- Encourage inclusionary zoning, property tax exemptions and Community Land Trusts (CLTs), including a first right of refusal to CLTs in the sale of publicly owned land in New York City.
- Allocate funding for the state's 2007 Community Development Financial Institutions (CDFI) Fund to invest in low and moderate income neighborhoods not adequately served by mainstream banks. CDFIs are pivotal to providing sound, affordable loans and other responsible financial products and services to people and communities of color, immigrants, and small businesses.
- Preserve and expand limited equity co-ops to encourage affordable homeownership.
- Undertake a housing needs assessment to identify regional and neighborhood needs, particularly for older, low-income residents

■ LACK OF RELIABLE DATA ON ASIAN AMERICANS:

- The many sub-groups of New York's AA/PI population are too small to be captured reliably in survey data. The challenge is compounded by the difficulty and cost of reaching a population where 8 of 10 speak a language other than English at home and half have limited English proficiency. That has resulted in a dearth of data on which to base sound policy.

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POLICY RECOMMENDATIONS:

- Increase the use of internet-based panel surveys, in which a random sample of people are recruited to be on a panel to complete surveys over a period of time. Such surveys could create an opportunity for more detailed study of the community and for amortizing the cost of survey work across multiple surveys to drive down expenses.

Although the State enacted some key initiatives following the January 2018 launch of Disrupt Disparities, it has not yet acted on a number of the initial report's recommendations, including:

HEALTH:

- Require cultural and linguistic competency training for all state-licensed health care professionals.

ECONOMIC SECURITY:

- Increase Supplemental Nutrition Assistance Program (SNAP) enrollment among older adults, including by offering information about SNAP in multiple languages beyond those already required by the State's language access policies, and conducting effective outreach and comprehensive screening to ensure New Yorkers understand eligibility requirements and can readily gain access to needed benefits.

LIVABLE COMMUNITIES:

- Encourage local zoning ordinances that facilitate the creation of Accessory Dwelling Units (ADUs, or "mother-in-law apartments"), promote universal design features in new or renovated housing, and expand funding available for lower-income older adults who need to make home modifications to improve accessibility.
- Increase transit and mobility options by improving accessibility within the Metropolitan Transportation Authority system, and expanding resources to support transit investments throughout the state.
- Increase funding behind existing state legislation that requires pedestrian safety is taken into consideration in new and redesigned streets, and prioritize aid for neighborhoods with high concentrations of AA/B, AA/PI and H/L New Yorkers.
- Revisit the original "Complete Streets" law to ensure it covers the majority of all road projects.

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DISRUPT DISPARITIES IN PRESCRIPTION COSTS

The Need to Disrupt Disparities in Prescription Cost Impacts

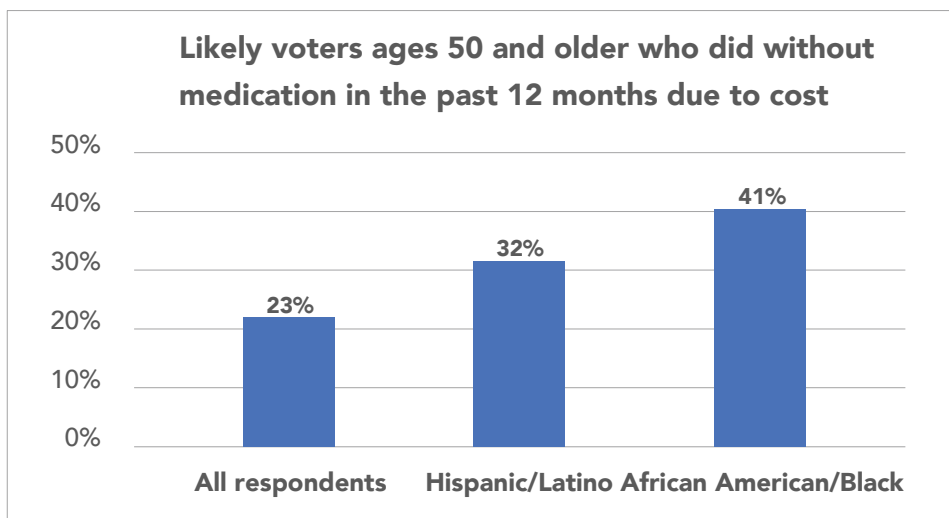
Author: Suzanne Mattei

The high costs of prescription medication place unfair financial stress on many New Yorkers who need healthcare, and are particularly burdensome for low-income residents and communities of color.

Prescription drug prices are rising faster than inflation. Annual spending on prescription drugs in the U.S. tripled from 1997 to 2007. It slowed for a few years, due partly to increasing use of generics.¹ But then prices shot up again—by 20% from 2013 to 2015. Prices in the U.S. today far exceed costs in comparable countries.² In New York City, prescription drugs cost as much as **20% more than the national average.**³

More and more people are paying these prices out of pocket due to increasingly higher deductibles imposed by insurance companies and formulary changes that remove some drugs from coverage.⁴ A 2019 AARP-sponsored survey of likely voters ages 50 and older found that 72% of respondents were worried about the cost of their medications; many reported that they have or will need to make trade-offs to afford prescriptions.⁵ People who have low incomes are at special risk, generally having no adequate safety net of savings to help them get through a hard time of medical needs or manage chronic costs.

The impact of high prescription costs is felt more heavily in communities of color. A disturbingly large percentage of respondents stated that in the past 12 months they had gone without filling a prescription due to cost, and the racial disparities, shown in the chart below,⁶ are stark.



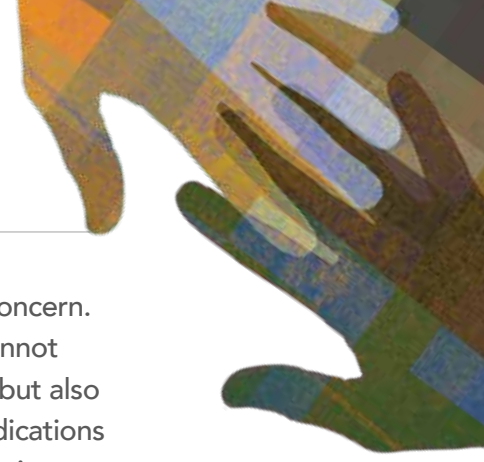
¹ M. Aitken, E. Berndt, and D. Cutler, "Prescription Drug Spending Trends in the United States: Looking Beyond the Turning Point," *Health Affairs* 28(1): w151-60 (Jan.-Feb. 2009) (available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.28.1.w151>). ² A. Kesselheim, J. Avorn, and A. Sarpatwari, "The High Cost of Prescription Drugs in the United States: Origins and Prospects for Reform," *JAMA* 316(8):858-871, 859 (Aug. 23-30, 2016) (available at <https://jamanetwork.com/journals/jama/article-abstract/2545691>); Austin Frakt, "Something Happened to U.S. Drug Costs in the 1990s," *New York Times* (Nov. 12, 2018) (available at <https://www.nytimes.com/2018/11/12/upshot/why-prescription-drug-spending-higher-in-the-us.html>).

³ Tori Marsh, blog, "Here Are the Most, and Least, Expensive Cities for Prescription Medications," *GoodRx.com* (July 6, 2018) available at <https://www.goodrx.com/blog/most-least-expensive-cities-prescription-medications/>.

⁴ Kesselheim, p. 864; Tori Marsh, "Here's Why Asthma Inhalers Are So Expensive," *GoodRX* (Apr. 18, 2018) (available at <https://www.goodrx.com/blog/heres-why-asthma-inhalers-are-so-expensive/>).

⁵ Cheryl Lampkin, AARP Research, "2019 Prescription Drug Survey" (March 2019) (available at <https://www.aarp.org/research/topics/health/info-2019/prescription-drug-survey.html>). The survey was conducted between February 15th and March 4th of 2019. ⁶ Id.

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The impact on those who cannot afford to pay for prescribed medication is of great concern. Indeed, so many people do not follow their prescribed drug regimen because they cannot afford it that the phenomenon not only has a name—“cost-related non-adherence”—but also a commonly used abbreviation, “CRN.” Experts note that patients who underuse medications are “significantly more likely to have complications” that result in increased hospitalizations, emergency room visits, or use of other healthcare services.⁷ The costs associated with medication underuse range from \$100 billion to \$290 billion each year,⁸ but reducing out-of-pocket expenses improves medication adherence.

The causal connection between prescription costs and adverse health impacts, moreover, has been documented. One study found that when cost sharing for prescription drugs was introduced into a population of adults 65 and over and welfare recipients, the use of essential drugs fell by 9% among the older adults and 14.4% among welfare recipients. At the same time, **the rate of serious adverse health events associated with this reduced use of essential medication more than doubled among persons 65 and over and nearly doubled among welfare recipients.**⁹

Conversely, the Agency for Healthcare Research and Quality (AHRQ) found evidence for better adherence to medication regimens when co-payments were lowered for a range of conditions, especially for diabetes and cardiovascular conditions.¹⁰

Excessive drug prices can have a disparate impact on key sub-populations. For example, African Americans/Blacks are almost twice as likely to be diagnosed with diabetes as Whites, and they are more likely to suffer complications from it, such as end-stage renal disease or lower extremity amputations.¹¹ So when the average price of insulin rose 300% from 2002 to 2013, that put this sub-population at special risk.¹² A 2018 study found that CRN among U.S. adults with diabetes was 16.5% on average, and those with annual incomes below \$50,000 and no health insurance were most at risk. It reported that:

For low-income individuals with diabetes, CRN may become a serious issue in managing their blood glucose and comorbid conditions that can potentially lead to further economic disparities in diabetic complications and mortality.

⁷ National Pharmaceutical Council, Access to Care: Development of a Medication Access Framework for Quality Measurement (March 2019) (available at <https://www.pqaalliance.org/assets/Research/PQA-Access-to-Care-Report.pdf>).

⁸ AHRQ, Medication Adherence Interventions: Comparative Effectiveness, Evidence Report No. 208 (AOCR Pub. No. 12-E090 (Sept. 2012) (available at https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/medication-adherence-interventions_research.pdf), p. 13.

⁹ R. Tamblyn, et al., “Adverse Events Associated with Prescription Drug Cost-Sharing Among Poor and Elderly Persons,” *JAMA* (285(4):421-25 (Jan. 24-31, 2001) (available at <https://jamanetwork.com/journals/jama/article-abstract/1108322>).

The rate rose from 5.8 to 12.6 per 10,000 person-months among elderly persons generally and from 14.6 to 27.6 among welfare recipients.

¹⁰ Id., ES-19. See M. Viswanathan, et al., “Interventions to Improve Adherence to Self-Administered Medications for Chronic Diseases in the United States,” *Ann. Intern. Med.* 157(11):785 (2012) (available at <https://www.ncbi.nlm.nih.gov/pubmed/22964778>).

¹¹ See U.S. Department of Health & Human Services, webpage, “African Americans and Diabetes” (available at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>, accessed 5/30/2019).

¹² Kesselheim, p. 860.

¹³ H. Kang, et al., “Cost-Related Medication Non-Adherence Among U.S. Adults with Diabetes,” *Diabetes Res Clin Pract.* 143:24-33 (Sept. 2018) (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204232/>).

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In other words, the high cost of medication can kill people. Disturbingly, the 2018 study found significant racial/ethnic disparities among diabetics in the prevalence of CRN: 20.4% for African Americans/Blacks and 23.6% for Hispanics/Latinos, compared with 14.4% for Whites.¹⁴

As drug prices go up, many people have to make other hard choices. A Consumer Reports 2018 survey found not only that nearly a third of those it surveyed had experienced an increase in prescription costs that year alone, but also that 31% of these people spent less on food as a result, while 25% incurred more credit card debt because of the price hike.¹⁵

Consumers can access comparative data on local pharmacies' drug prices through the New York State Department of Health website.¹⁶ It is worth doing so given that a 2018 report found stark contrasts in prices.¹⁷ However, disclosure is not enough when the prices themselves are simply too high.

While many New Yorkers benefit from enrollment in a Qualified Health Plan (QHP) through New York's Official Health Plan Marketplace, the "metal" plans vary in the size of the out-of-pocket deductible, ranging from \$0 for a standard Platinum plan to \$4,000 for a standard Bronze plan.¹⁸ **People with lower incomes have proven more likely to select Bronze or Silver plans,**¹⁹ which have lower premiums—but higher deductibles. Similar choices are being made in the workplace as employers seek to cut costs by offering plans with lower premiums but higher deductibles.

Drug companies charge more in the U. S. because we let them get away with it. In its examination of this issue, the New York Times found that it had to reject typical rationales put forth to explain why drugs in the U.S. cost so much more than in other comparable countries. It found that:

- Americans do not take a lot more prescription drugs than people in other countries. In fact, for drugs that primary care doctors often prescribe, Americans use less.
- Americans do not use more brand-name drugs; they actually use more generic drugs than people in most other countries.

¹⁴ Id.

¹⁵ Ginger Skinner, "As Drug Prices Increase, Quality of Life Goes Down," Consumer Reports (Aug. 2016) (available at <https://www.consumerreports.org/drugs/as-drug-prices-increase-quality-of-life-goes-down/>).

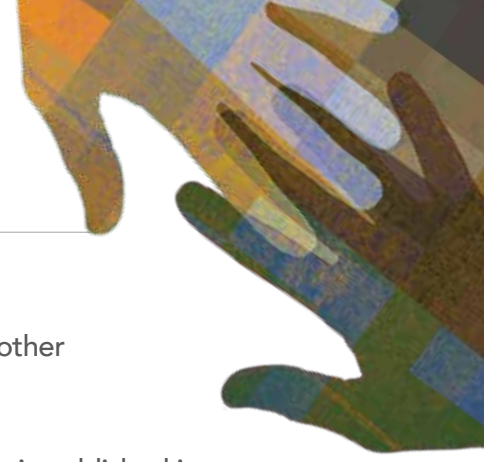
¹⁶ See NYS Department of Health webpage, established under Public Health Law §278, at <https://apps.health.ny.gov/pdpw/SearchDrugs/Home.action>.

¹⁷ New York Public Interest Research Group, Buyer Beware (Sept. 2018) (available at https://www.nypirg.org/pubs/201809/consumer_prescription_drug_report_8.31.18.pdf).

¹⁸ New York State of Health (The Official Health Plan Marketplace), 2019 Open Enrollment Report (May 2019) (available at <https://info.nystateofhealth.ny.gov/2019openenrollmentreport>), p. 15. New Yorkers with incomes below 400% of the federal poverty level can obtain some financial assistance to help cover costs under a QHP, but over 114,000 New York enrollees must pay full price. Of the enrollees in metal plans who responded to questions about race and ethnicity, 7% identified as Black/African American, 10% as Hispanic/Latino, and 10% as Asian American or Pacific Islander. Id., p. 11.

¹⁹ Id. p. 16.

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The New York Times concluded, “Prices are a lot higher for brand-name drugs in the United States because we lack the widespread policies to limit drug prices that many other countries have.”²⁰

The claim that these profits are needed for research does not hold water. An analysis published in the Journal of the American Medical Association (JAMA) noted that important innovations leading to new drug products often are supported by the National Institutes of Health or other public sources. It also cited evidence unearthed by Congressional subpoena documenting two companies that sharply hiked the prices of older drugs for which they had simply gained market rights. It concluded:

[T]here is little evidence of an association between research and development costs and drug prices; rather, prescription drugs are priced in the United States primarily on the basis of what the market will bear.²¹

Some drug manufacturers and insurers engage in tactics that make medicine even more costly. In the absence of federal action, states are finding it necessary to step up and establish appropriate measures to address these tactics.²² In 2018 alone, states across the country enacted 45 pieces of legislation to address such tactics. While New York has been able to negotiate savings on some high-priced pharmaceutical drugs through its Medicaid program drug spending cap,²³ much more action is needed to address the following problems.

Tactic #1: Unconscionable price gouging

Many price hikes defy any reasonable explanation. For example, CBS reported that between 2013 and 2014 exorbitant price hikes occurred for a bottle of the following prescription medications:

- Doxycycline (to fight respiratory and other bacterial infections) rocketed by a staggering 8,281%, from \$20 to over \$1,800;
- Albuterol sulfate (for asthma) ballooned more than 4,000%, from \$11 to \$434; and
- Pravastatin (a cholesterol drug) jumped by 500%, from \$27 to \$196.²⁴

²⁰ Austin Frakt, *supra*.

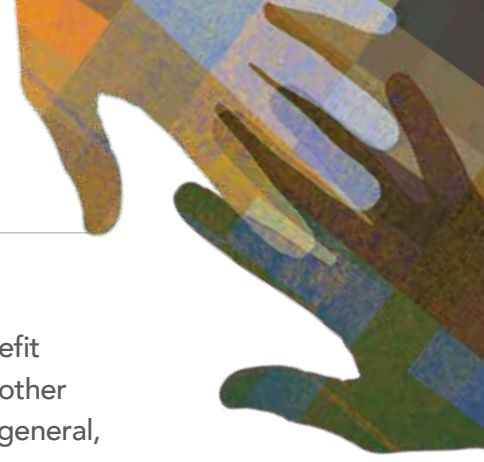
²¹ Kesselheim, p. 863. See also, W. Lazonick and O. Tulum, “How High Drug Prices Inflate C.E.O.’s Pay,” *New York Times* (Feb. 26, 2019) (available at <https://www.nytimes.com/2019/02/26/opinion/drug-pricing-senate-hearing.html?module=inline>).

²² National Academy for State Health Policy, “State Prescription Drug Legislation Tracker 2018” (available at <https://nashp.org/wp-content/uploads/2019/01/RxTracker-Final-2018.pdf>).

²³ Robert Pear, “States Rush to Rein in Prescription Costs, and Drug Companies Fight Back,” *New York Times* (Aug. 18, 2018), available at <https://www.nytimes.com/2018/08/18/us/politics/states-drug-costs.html>.

²⁴ Bill Whitaker, 60 Minutes, “Sweeping Lawsuit Accuses Top Generic Drug Companies’ Executives of Fixing Prices,” *CBS News* (May 12, 2019) (available at <https://www.cbsnews.com/news/sweeping-lawsuit-accuses-top-generic-drug-companies-executives-of-fixing-prices-60-minutes-2019-05-12/>).

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And while the main driver of high drug costs is the price of branded products,²⁵ generic drug makers may be engaging in unfair trade practices undermining their benefit as a cheaper alternative. New York Attorney General Letitia James recently joined 43 other states' attorneys general in a suit filed May 10, 2019, led by the Connecticut attorney general, against 20 generic drug makers, charging them with conspiracy to set high prices.²⁶ CBS News 60 Minutes reported that this may be the "biggest price fixing scheme in U.S. history."²⁷

The lead prosecutor reports unearthing emails that provide evidence of collusion, such as a message stating an intent to raise the price for one drug by "200% over market price." The complaint alleges that the scheme involved over 100 generic drugs, including lamivudine-zidovudine (for HIV), budesonide (for asthma), fenofibrate (for high cholesterol), amphetamine-dextroamphetamine (for ADHD), oral antibiotics, blood thinners, cancer drugs, contraceptives, and antidepressants.²⁸

New York has no systematic mechanism to trigger judicial review of predatory practices in medication price-fixing, nor is there an established penalty for a company that engages in unconscionably excessive pricing of medications. Such action could make a significant difference.

Tactic #2: Secretive pay for delay agreements

One of the most effective ways to reduce prescription drug prices is to use generic substitutes, but brand-name drug manufacturers have found ways to delay the introduction of lower cost generic substitutions into the market. Manufacturers can prolong the exclusive patent period by adding patents on other aspects of a drug, such as its coating or method of administration. When challenged in court by a generic manufacturer, they may settle the case through a so-called pay-for-delay agreement, in which the generic manufacturer agrees to keep its product off the market for a specified period.²⁹ Also, by filing a patent infringement lawsuit against the first generic drug manufacturer to seek FDA approval for a competing generic drug, the brand-name manufacturer can effectively hold all other potential generic drug manufacturers in abeyance. Again, some of these cases are settled through a pay-for-delay agreement.

²⁵ Kesselheim, p. 860. Brand-name drugs account for 72% of drug spending.

²⁶ State of Connecticut v. Teva Pharmaceuticals, D.Conn. (May 10, 2019)

(available at https://ag.ny.gov/sites/default/files/gdms_complaint_5.10.19._final_redacted_public_versionpdf.pdf).

²⁷ Bill Whitaker, 60 Minutes, *supra*.

²⁸ *Id.*

²⁹ Kesselheim, p. 861.

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The Federal Trade Commission (FTC) estimates that such agreements cost consumers roughly \$3.5 billion/year, and it supports legislation to invalidate such agreements.³⁰ The FTC recently achieved a settlement in a case in which it charged that in 2010, Impax Laboratories, Inc., and Endo Pharmaceuticals Inc. had agreed that Impax would not market a generic version of Endo's Opana ER until 2013, in exchange for which, the FTC alleged, Endo paid Impax more than \$112 million.³¹

This nefarious, anti-consumer practice usually occurs without the public being any the wiser. Without a New York law mandating disclosure of these agreements, brand-name drug companies that market to New Yorkers are able to engage in such anti-consumer activities without any public scrutiny.

Tactic #3: The formulary trap

The system of drug formularies can be a source of stress for patients. They have to figure out how much a plan will really cost because of the differences in co-pay tiers for various drugs, and cope with new costs if their needs change. But current practices by health insurance companies make this stress even worse. People can be sandbagged by their health insurer's drug formulary system in three ways:

1. Mid-year removal of a drug from the health insurance plan's formulary so that it is not covered at all, forcing the consumer to change medications or likely pay higher out-of-pocket costs to keep taking a medication that has been working well for the person;
2. Mid-year changes in the formulary's tiers so that a drug on which the person has been relying suddenly costs more; and
3. Changes in a formulary upon renewal of the health plan, but without adequate advance notice to the healthcare consumer.

A change in medication can be extremely disruptive to a patient's care, especially if it introduces new side effects with which the patient must cope. On the other hand, increased co-pays can have a significant financial impact, especially if the patient is hit with this problem for more than one medication.

Currently, New York law fails to protect consumers from these untoward drug formulary surprises.

³⁰ FTC, webpage, "Pay for Delay: When Drug Companies Agree Not to Compete" (available at <https://www.ftc.gov/news-events/media-resources/mergers-competition/pay-delay>).

³¹ See, FTC, webpage, "In the Matter of Impax Laboratories, Inc." (Apr. 3, 2019) (available at <https://www.ftc.gov/enforcement/cases-proceedings/141-0004/impax-laboratories-inc.>, accessed 5/30/2019). The order is available at https://www.ftc.gov/system/files/documents/cases/d09373_impax_laboratories_final_order_0.pdf.

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A POSITIVE OPTION: Importing Regulated but More Affordable Medicines from Other Countries

While the “bandage” approach of coupons and charity does help many individuals, it ultimately does not address the root problem and in fact may be making things worse. Coupons can rope people into paying for a higher priced version of a drug, and when the coupon system is no longer there, the person may shoulder that higher price and forego meeting other needs to avoid changing medication. The healthcare system must absorb charity care costs, and the charity care can potentially raise prices overall.³²

An option that would substantially benefit New Yorkers while also creating healthy competition against companies that sell high-priced drugs in the U.S. would be to establish a system for safe importation of lower-cost medications from countries with consumer safety programs comparable to the U.S.

The shipments would be spot-checked on a sample basis for quality. The drugs would be sold without mark-up, except for a cost-based dispensing fee, to people who are uninsured or who must pay full price at the time due to their insurance plan’s deductible amount.

Safe, wholesale importation would give the state and consumers access to less costly drugs. But New York has not yet established such a program.

New York must act to protect all its residents —especially middle-to-low-income people and people from communities of color— against the harmful impacts of excessive prescription drug prices.

³² See Kesselheim, p. 864, and Helaine Olen, “The Devil in the Discounts: Coupons and Charity Keep List Prices High, Costing Insurers and Governments More,” in, “The Fight to Lower Prescription Drug Prices,” AARP Bulletin (May 2019), p. 10.

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DISRUPT DISPARITIES IN CAREGIVING

The High Costs of Family Caregiving Have a Disparate Impact on Low-Income Families and in Communities of Color

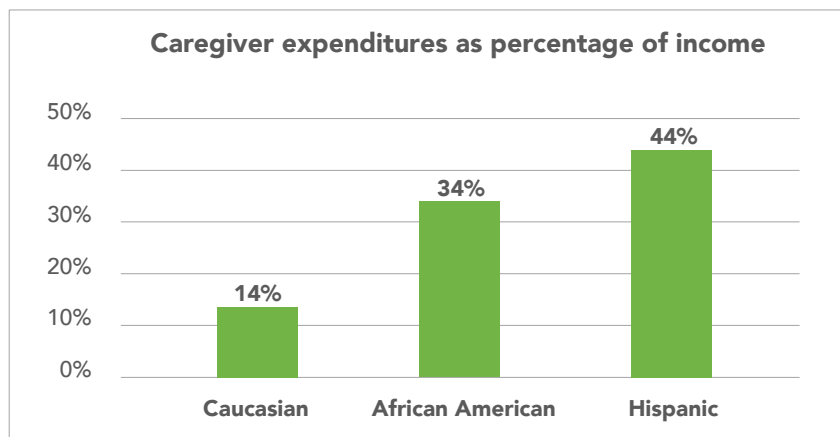
Author: Suzanne Mattei

People who act responsibly by caring for an aging relative or partner should be supported and encouraged. Yet today, the pressures on unpaid family caregivers are greater than ever, and the impacts of these burdens fall heavily and disproportionately on low-income families and in communities of color.

Americans are living longer, and this trend is even more pronounced in New York. While the average American today lives 78.6 years, the average New Yorker lives 80.8 years, a notable rise from 1980, when the average New Yorker lived only 73.2 years. The gap in longevity between African Americans/Blacks and Whites has dropped from 7.1 years in 1993 to 3.7 years in 2016. Hispanics/Latinos, on average, live 3.2 years longer than Whites.¹ All are experiencing the challenge.

AARP New York participated in a summit of government leaders, nonprofits, and caregivers entitled The Future of Family Caregiving in 2017, convened by the New York State Health Foundation. Attendees explored the challenges that older residents and their caregivers face. The summit identified as a high priority the need to ease the financial strains of family caregiving.²

Out-of-pocket costs are high. Family caregivers spend nearly \$7,000 per year, on average, for costs such as supplies, aides, transport, and modifications like wheelchair ramps. But many must spend even more. Caregivers living with a care recipient spend over \$8,600; those caring for people with dementia spend about \$10,700; and those living over an hour away spend nearly \$12,000.³ Family caregivers of color pay a greater portion of their income for care. On average, Hispanic/Latino caregivers spend 44% (\$9,000), African American/Black caregivers 34% (\$6,600), and White caregivers 14% (\$7,000).⁴



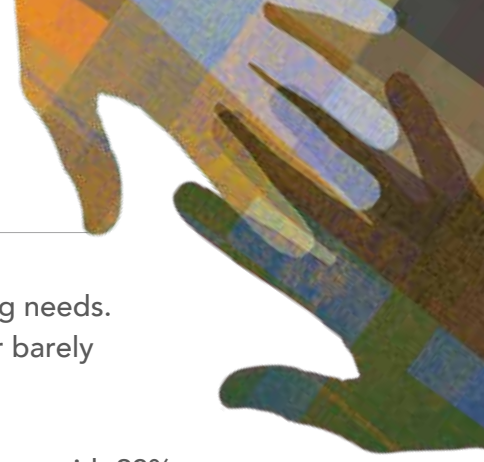
¹ Centers for Disease Control and Prevention, "Mortality in the United States, 2017," NCHS Data Brief No. 328 (Nov. 2018) (available at <https://www.cdc.gov/nchs/products/databriefs/db328.htm>). "If You're an Average American, You'll Live to Be 78.6 Years Old," National Geographic (Dec. 7, 2018) (available at <https://www.nationalgeographic.com/culture/2018/12/life-expectancy-united-states/>); H. Byrnes and T. Frohlich, "Life Expectancy in the U.S.," USA Today (Feb. 21, 2019) (available at <https://www.usatoday.com/story/money/2019/02/21/average-life-expectancy-in-the-us-hawaii-top-state-for-a-long-life/39018551/>); and E. Arias, et al., "United States Life Tables, 2016" National Vital Statistics Reports 68(4) (May 7, 2019) (available at https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_04-508.pdf).

² AARP New York, "The Future of Family Caregiving: Leading the Change" (2018) (available at <https://nyshealthfoundation.org/resource/family-caregiving-leading-the-change/>), p. 2.

³ C. Rainville, L. Skufca, and L. Mehegan, Family Caregiving and Out-of-Pocket Costs (2016) (available at <https://www.aarp.org/research/topics/care/info-2016/family-caregivers-cost-survey.html?CMP=RDRCT-PPI-CAREGIVING-102416>).

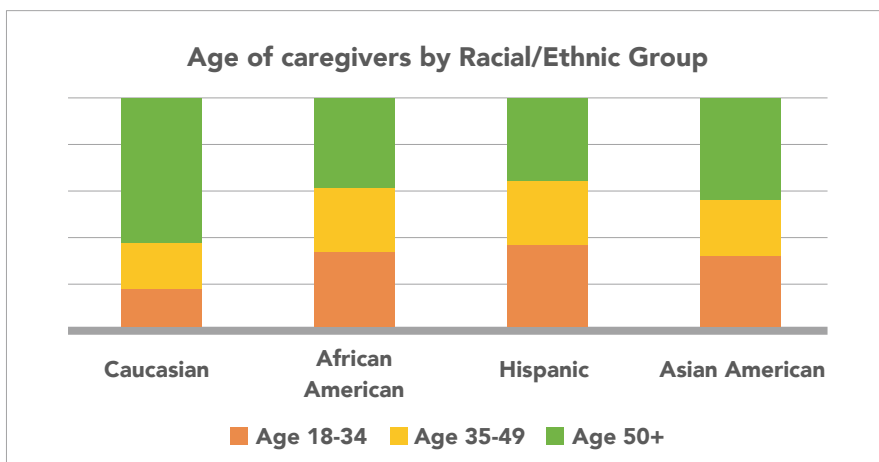
⁴ Id. Asian Americans and Pacific Islanders report a substantially lower amount, roughly \$3,000/year, for reasons not yet fully analyzed.

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Many families earn too much to qualify for Medicaid but not enough to cover caregiving needs. In a 2017 survey of caregivers in New York City, half said they can't make ends meet or barely get by.⁵

Job pressures are severe. Family caregivers spend an average of 24 hours a week on care, with 23% spending over 40 hours; in New York City, roughly 40% spend over 40 hours on care.⁶ The strain is enormous. Of the 31% of caregivers who work full time, 60% report having to cut back on work hours, take leaves of absence, or suffer warnings from bosses, and lower-paying jobs are often less flexible.⁷ In New York City, more than two thirds of those employed say that caregiving affects their job adversely.⁸ So caregivers may lose their jobs or miss out on promotions. And those in communities of color tend to start caregiving at a younger age, making the impact on their lives even more devastating.



This physical and economic stress can go on for years. The average caregiver has served for four years, and nearly a quarter (24%) have done so for five years or more.⁹

There is an increased intensity of caregiving stresses related to racial disparities. People of color with middle-to-upper incomes can experience greater stress in caregiving than White people do. An in-depth study found that African Americans/Blacks and

Hispanics/Latinos whose incomes increased nevertheless were significantly more likely to experience acute and chronic discrimination.¹⁰ In healthcare, this can translate into disparities in prescribing essential new drugs.¹¹ It can involve disparities in treatments that can be highly burdensome and stressful. For example, a study of 2014 data revealed the cumulative incidence of live donor kidney transplantation at two years after appearing on the waiting list was 11.4% among White patients but only 2.9% among African American/Black patients, 5.9% among Hispanic/Latino patients, and 5.6% among Asian American and Pacific Islander patients—disparities that had actually worsened since 1995.¹² The caregiver must help the affected patient cope with the impacts of such disparities in healthcare. In many cases the caregiver also bears, or helps to bear, the burden of trying to counteract such disparities by advocating for proper healthcare for the patient.

⁵ NYC Department of the Aging, *A Survey of Informal Caregivers in New York City* (2017) (available at <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf>), p. 17.

⁶ *Id.*, p. 20.

⁷ AARP and the National Alliance for Caregiving, *Caregiving in the U.S.*, (June 2015) (available at <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>), pp. 7 and 10-11.

⁸ NYC Department of the Aging, *supra*, p. 17.

⁹ AARP and the National Alliance for Caregiving, *Caregiving in the U.S.*, *supra*, pp. 7 and 11. Caregivers ages 18-24 comprise 17% of White caregivers but 34% of African American/Black caregivers, 38% of Hispanic/Latino caregivers, and 30% of Asian American and Pacific Islander caregivers.

¹⁰ C. Colen, et al., "Racial Disparities in Health Among Nonpoor African Americans and Hispanics: The Role of Acute and Chronic Discrimination," *Soc. Sci. Med.* 199:167-180 (Feb. 2018) (available at <https://www.ncbi.nlm.nih.gov/pubmed/28571900>).

¹¹ See, e.g., J. Wang, et al., "Disparities in Access to Essential New Prescription Drugs Between Non-Hispanic Whites, Non-Hispanic Blacks, and Hispanic Whites," *Med Care Res. & Rev.* 63(6):742-63 (Dec. 2006) (available at: <https://www.ncbi.nlm.nih.gov/pubmed/17099124>).

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At its most basic level, it can result simply in less communication. Poor communication is a serious problem for caregivers, who may not receive as much guidance as they need to carry out the increasingly complex care that they are expected to provide their loved ones at home. Hospitals discharge patients sooner than in years past and patients have greater home care needs. While this saves the healthcare system money, it does so by substituting unpaid care for paid care even for complex tasks. About six in 10 caregivers carry out “medical/nursing tasks” such as injections, tube feedings, catheter or colostomy care, or other complex care responsibilities,¹³ yet a survey released in 2015 found that only 14% of caregivers who did so reported being provided some preparation or training. Indeed, caregivers in the most complex care situations are the ones least likely to have received preparation or training: 62% of high-burden caregivers reported performing medical/nursing tasks without prior preparation.¹⁴

AARP NY worked successfully to achieve enactment of state legislation (the CARE Act - Chap. 391 of the laws of 2015) that seeks to relieve some of the stress on untrained caregivers as they carry out such medical/nursing tasks for loved ones after discharge. It requires hospitals to allow patients to designate family caregivers upon admission and engage the caregivers in the hospital discharge planning process. Concerns about the quality of communication, however, remain for communities of color.

A 2016 study of African American/Black cancer patients and their physicians found, overall, that physicians rated high in implicit bias — the result of unconsciously held sets of associations or assumptions about particular social groups — were less supportive of and spent less time with their patients than physicians low in implicit bias did. The patients, in turn, had more difficulty remembering what their physicians told them and had less confidence in their treatment plans.¹⁵ Research indicates that because of implicit bias, people can act on the basis of prejudice and stereotypes without being aware that they are doing so and without intending to do so. Healthcare providers with implicit biases may be less likely to treat a family caregiver from a community of color as a partner in care with an important role to play that requires training and communication.

Footnote: https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/bias_9-14-15_final.pdf.

Additionally, a recent report by SOMOS raises substantial concerns about the impact on Hispanics/Latinos of the continued failure to address language barriers and cultural competency issues in healthcare adequately.¹⁶ For example, a 2017 study of 238,513 healthcare visiting services provided to patients with limited English proficiency at home locations in the New York City metropolitan area found that only 18% of nurse visits and 27% of physical therapist visits were “language concordant,” meaning the provider spoke the patient’s primary language or had an interpreter to do so.

¹² T. Purnell, et al., “Association of Race and Ethnicity With Live Donor Kidney Transplantation in the U.S. from 1995 to 2014,” *JAMA* 319: 49-61 (2018) (available at <https://www.ncbi.nlm.nih.gov/pubmed/29297077>).

¹³ AARP and National Alliance for Caregiving, *Caregiving in the U.S.* (June 2015) (available at <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>), p. 8.

¹⁴ AARP and National Alliance for Caregiving, *Caregiving in the U.S.* (June 2015) (available at <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>), p. 9.

¹⁵ L. Penner, et al., “The Effects of Oncologist Implicit Racial Bias in Racially Discordant Oncology Interactions,” *J Clin Oncol* 34(24): 2874-2880 (Aug. 20, 2016) (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5012663/>).

¹⁶ SOMOS, *Invisible: The State of Latino Health* (2019) (available at <https://www.stateoflatinohealth.com/#report>), pp. 19-20.

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Footnote: A. Squires, et al., "An Exploratory Analysis of Patient-Provider Language-Concordant Home Health Care Visit Patterns," *Home Healthcare Mgt & Pract* 1-7 (2017) (available at <https://journals.sagepub.com/doi/full/10.1177/1084822317696706>).

Particular illnesses can have a disparate impact in communities of color. For example, roughly 22% of caregivers report that their care recipient suffers from Alzheimer's or another form of dementia.¹⁷ Yet the prevalence of dementia is two times higher among African Americans/Blacks and one-and-a-half times higher among Hispanics/Latinos, in comparison with Whites (a phenomenon that has been linked to cardiovascular disease, treatment for which reduces the risk of dementia).¹⁸ Moreover, caregivers for both African American/Black and Hispanic/Latino loved ones are more likely to be coping with problems related to dementia that has not been properly diagnosed, as evidence indicates a greater prevalence of missed diagnoses of Alzheimer's disease and other dementias among these populations.¹⁹ Forms of dementia, in turn, are linked to a risk of falls. These issues can greatly affect both cost and stress for the family caregiver.

Disparate impacts related to pain management. Caregivers frequently report that pain management is one of the most distressing aspects of caring for a loved one. Systematic literature reviews have revealed that African Americans/Blacks are at significantly greater risk of experiencing inadequate treatment of pain in comparison with Whites.²⁰ Thus, caregivers in communities of color may bear a greater burden in having to advocate to obtain proper pain management for their loved ones. A study of national data on pain management of outpatients found that African American/Black patients were 7.1% less likely and Hispanic/Latino patients 14.8% less likely than White patients to receive opioids for back pain.

Footnote: D. Ly, "Racial and Ethnic Disparities in the Evaluation and Management of Pain in Outpatient Settings," *Pain Medicine*, 20(2): 223-232 (February 2019) (available at <https://academic.oup.com/painmedicine/article/20/2/223/4980814>).

Also, a study of 222 medical students' attitudes found that half of them believed at least one myth grounded in the history of slavery, such as that African Americans/Blacks have thicker skin or less sensitive nerves than Whites do. It further found that the medical students who held more of such beliefs rated a hypothetical African American/Black patient's pain a half-point lower than that of a White patient and recommended less adequate treatment 15% of the time.

Footnote: K. Hoffman, et al., "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites," *PNAS* 113(16): 4296-4301 (Apr. 19, 2016) (available at <https://www.pnas.org/content/113/16/4296>). See also, L. Villarosa, "Myths About Physical Racial Differences Were Used to Justify Slavery, and Are Still Believed by Doctors Today," *New York Times* (Aug. 14, 2019).

¹⁷ AARP and National Alliance for Caregiving, *Caregiving in the U.S.* (June 2015)

(available at <https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>), p. 7.

¹⁸ C. Chen and J. Zissemopoulos, "Racial and Ethnic Differences in Trends in Dementia Prevalence and Risk Factors in the United States," *Translational Research & Clin. Interventions* 4:510-510 (Oct. 5, 2018) (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6197734/>).

¹⁹ P. Clark, et al., "Impediments to Timely Diagnosis of Alzheimer's Disease in African Americans," *J Am Geriatr Soc* 53(11):2012-17 (2005) (available at <https://www.ncbi.nlm.nih.gov/pubmed/16274388>); L. Fitten, et al., "Frequency of Alzheimer's Disease and Other Dementias in a Community Outreach Sample of Hispanics," *J Am Geriatr Soc* 49(10):1301-8 (2001) (available at <https://www.ncbi.nlm.nih.gov/pubmed/11890488>).

²⁰ K. Senior, "Racial Disparities in Pain Management in the U.S.A.," *The Lancet* Feb. 2008

(available at [https://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045\(08\)70014-7.pdf](https://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045(08)70014-7.pdf)); M. Goyal, "Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments," *JAMA* (Nov. 2015) (available at <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2441797>).

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Related life stresses can have disparate impacts on caregivers with low incomes and in communities of color. One practical study found, for example, that providing not only a registered nurse but also an occupational therapist and a handyman (to install grab bars and make other modifications for home safety) improved the ability of 75% of participants to perform activities of daily living.²¹

Also, the “sandwich generation” trend of people caring for both their children and their parents has a disparate impact in communities of color: 34% of African American/Black caregivers, 38% of Hispanic/Latino caregivers and 34% Asian American and Pacific Islander caregivers, compared to just 24% of White caregivers face this pressure.²²

Finally, caregivers with low incomes may face the lack of a financial safety net to get through a hard time. They also are more likely to suffer ill health themselves: 30% of those with less than \$30,000 in income report fair or poor health, compared to 7% of those with incomes of \$100,000 or more.²³

A caregiver tax credit would provide relief by allowing an offset of half the total amount expended for caregiving up to a specified cap for individuals below a certain level of income that would be set to include middle-income caregivers within its scope.

**New York should help its family caregivers shoulder their unpaid burdens
—burdens that are even greater in communities of color—
by providing a tax credit to help offset the high costs of caregiving.**

²¹ S. Szanton, et al., “CAPABLE Trial: A Randomized Controlled Trial of Nurse, Occupational Therapist and Handyman to Reduce Disability Among Older Adults: Rationale and Design,” *Contemp. Clin. Trials* 38:102-112 (2014) (available at <https://www.ncbi.nlm.nih.gov/pubmed/24685996>).

²² *Id.*, p. 77.

²³ *Id.*, p. 51.

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DISRUPT DISPARITIES IN ENERGY COSTS

Older New Yorkers in Communities of Color Face Disproportionate Energy Burdens

Authors: Sara Hayes and Ariel Drehabil

When Tashika Turner couldn't afford the electricity bill for her Bronx apartment, the utility company shut off her power. The mother of five began using candles to provide light for herself and her children. The candles started a fire that burned through two stories of their apartment building, killing two children and a four-month-old baby.¹

Electricity blackouts and shutoffs cause significant harm to New Yorkers and can hit older adults and communities of color the hardest. Utilities don't just deliver electricity, heat, and water; they can also provide services and programs that impact the health, welfare, and financial stability of the customers they serve. Energy use is vital to the well-being and survival of communities, individuals, and families. Energy provides the means to cook food, heat water, store medication, and keep a home comfortable during extreme temperatures. New York can support affordability and resiliency to ensure that older people and New Yorkers of color keep their power on through resilient utility networks, affordable energy bills, and strong consumer protections.

Utility costs affect the financial security of older adults and communities of color

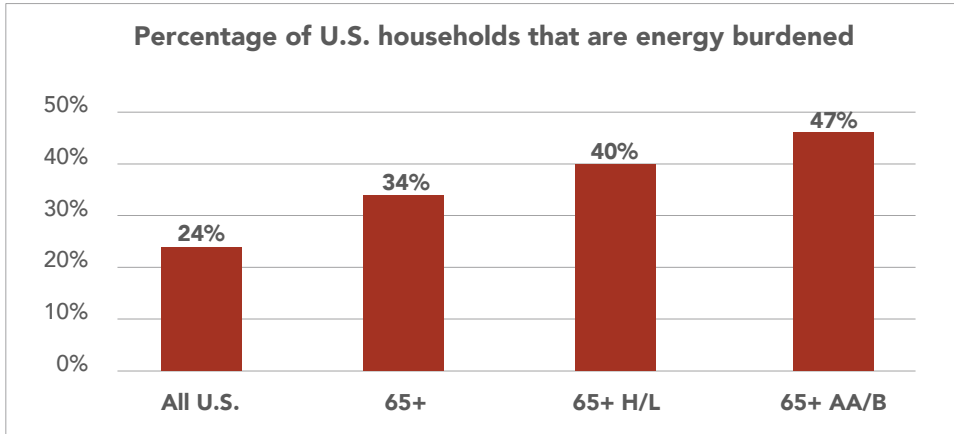
- A 2011 AARP survey of New Yorkers found that 48% of African Americans/Blacks and 56% of Hispanics/Latinos age 50+ reported difficulty paying their electric bill, compared to 41% of all New Yorkers 50+.²
- Many older adults live on fixed or limited incomes and are hit especially hard when energy prices increase. Nationally, 24% of all households experience a high energy burden, meaning that they spend more than 6% of their annual household income on their utilities (electric, gas, and/or other heating fuels) but that number jumps to 34% of households with members over age 65. And older adults of color are much more likely to be energy burdened: 47% of African American/Black households headed by a person older than 65 and 40% of similar Hispanic/Latino households.³
- Although African American/Black and White households paid similar utility bills, African American/Black households on average experienced a median "energy burden"—the percentage of income devoted to energy costs—64% greater than White households (5.4% and 3.3%, respectively). While Hispanic/Latino households actually paid lower utility bills than either African American/Black or White households did, they experienced a median energy burden 24% greater than White households (4.1 % and 3.3%, respectively).

¹ CBS New York, "Officials: Candles Likely Cause of Fire That Killed 3 Young Boys in the Bronx," CBS Broadcasting Inc. (2013). <https://newyork.cbslocal.com/2013/10/26/police-candles-likely-caused-fire-that-killed-3-young-boys-in-the-bronx/>

² AARP. 2011. "New York's Utility Termination Storm, "The Quiet Blackout." https://assets.aarp.org/www.aarp.org/_cs/elec/aarp_shutoff_reportfinal.pdf

³ Energy burdens calculated by the American Council for an Energy-Efficient Economy, using the US Census Bureau's 2017 American Housing Survey data. <https://www.census.gov/programs-surveys/ahs.html>.

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Households may experience a high energy burden due to many factors, such as low incomes, inefficient homes, lack of awareness and/or ability to save energy, and lack of policies and resources to reduce energy bills and make homes more efficient.

Policies that protect financially vulnerable New Yorkers from utility price increases can also make a substantial difference on energy affordability. For example, one way to keep energy costs affordable is through weatherization and energy efficiency programs. The U.S. Department of Energy's Weatherization Assistance Program provides funding for weatherization services and specifically targets households with older adults, children, and disabled individuals. These services are frequently supported with additional funding from local utilities.

Home weatherization programs lower energy costs by providing upgrades such as air sealing and insulation. One federal study found that post-weatherization homes experienced a 20% decline in the number of older adults reporting that it was hard or very hard to pay energy bills.⁴

⁴ B. Tonn, et al. Health and Household-Related Benefits Attributable to the Weatherization Assistance Program. https://weatherization.ornl.gov/wp-content/uploads/pdf/WAPRetroEvalFinalReports/ORNL_TM-2014_345.pdf

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TABLE 1. Drivers of high household energy burdens

Type of driver	Examples
Physical	<ul style="list-style-type: none"> • Inefficient and/or poorly maintained HVAC systems • Heating system and fuel type • Poor insulation, leaky roofs, and inadequate air sealing • Inefficient large-scale appliances (e.g., refrigerators, dishwashers) and lighting sources • Weather extremes that raise the need for heating and cooling
Economic	<ul style="list-style-type: none"> • Chronic economic hardship due to persistent low income • Sudden economic hardship (e.g., severe health event or unemployment) • Inability or difficulty affording the up-front costs of energy efficiency investments
Policy	<ul style="list-style-type: none"> • Insufficient or inaccessible policies and programs for bill assistance, weatherization, and energy efficiency for low-income households • Certain utility rate design practices, such as high customer fixed charges, that limit the ability of customers to respond to high bills through energy efficiency or conservation
Behavioral	<ul style="list-style-type: none"> • Lack of access to information about bill assistance or energy efficiency programs • Lack of knowledge about energy conservation measures • Increased energy use due to age or disability

TABLE 1. Drivers of high household energy burdens

According to U.S. Census data, African American/Black householders over the age of 55 are nearly twice as likely as their White counterparts to be living with inadequate housing conditions.⁵ Examples of inadequate conditions include lack of hot and cold running water, the absence of heat or electricity, broken windows, and leaking roofs.⁶ Utility-sponsored weatherization programs address or alleviate many of these concerns while improving the health of building occupants. Typical weatherization programs include air sealing and insulation that make it harder for pests, allergens, and moisture to infiltrate, all of which can harm health through mold growth, respiratory irritation, and disease. Such programs will also likely address basic safety concerns such as hand rails and smoke, radon, and carbon monoxide detectors. These measures save lives. A federal study of the impacts of residential weatherization programs found that there was a 12% decline in the number of elderly respondents reporting poor physical health.⁷

⁵ ACEEE calculations using data from the American Housing Survey. Census Bureau. 2017. "American Housing Survey 2017 Public Use File." <https://www.census.gov/programs-surveys/ahs/data.2017.html>.

⁶ A discussion of the variable used by the US Census Bureau in the American Housing Survey to assess housing inadequacy can be found here: F. Eggers and F. Moumen, American Housing Survey: Housing Adequacy and Quality as Measured by the AHS (Bethesda, MD: Econometrica, Inc., 2013). <https://www.census.gov/content/dam/Census/programs-surveys/ahs/publications/HousingAdequacy.pdf>

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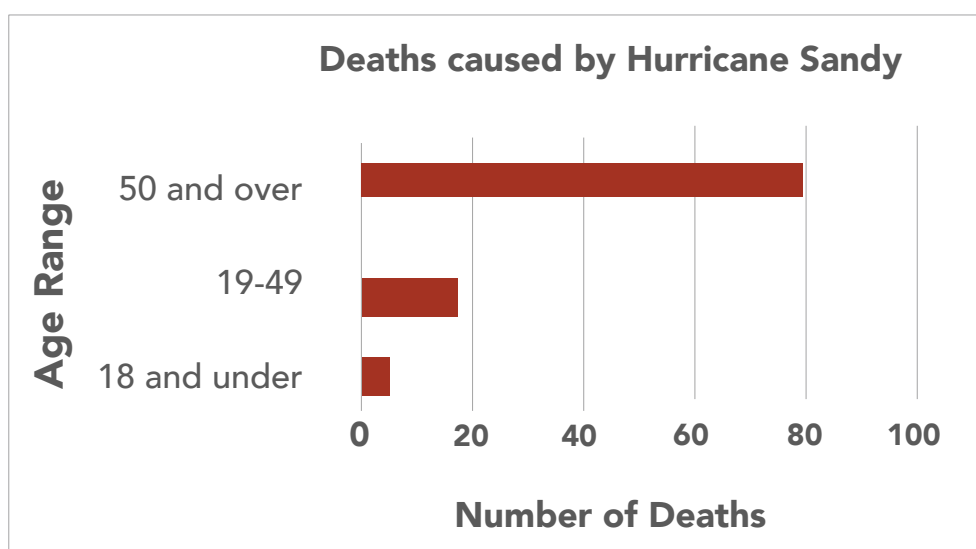


EXAMPLE: In an elderly housing complex that was weatherized, extreme indoor temperatures were reduced, and residents reported improvements in quality of health/life and hours of sleep, as well as decreases in emotional distress.⁸

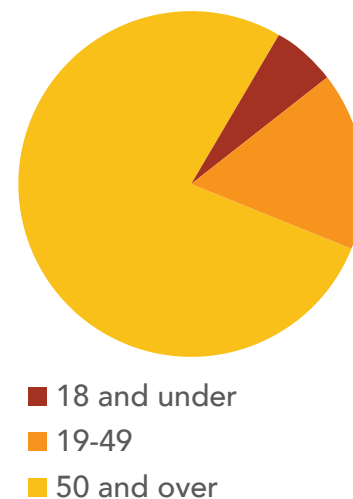
EXAMPLE: After weatherization of a building where the median age of residents was 66, residents reported improvements in mental health, reduced falls, and reduced instances of tobacco smoke in their apartments.⁹

Utility services should improve resiliency for vulnerable New Yorkers

Hurricane Sandy caused more than 100 deaths, with an overwhelming 79% of the people who died aged 50 or older.¹⁰ During the storm, the electricity went out at the home of Ernest Williams, aged 65, and he subsequently died of an asthma attack. People died of carbon monoxide poisoning from generators they used indoors, trying to keep their homes warm when the power went out. Others fell down darkened stairways or died in fires caused by candles they lit when there was no electricity.



Deaths by age range



⁷ Applied Public Policy Research, Institute for Study and Evaluation. National Weatherization Assistance Program Evaluation, Results Report, Non-Energy Benefits of WAP Estimated with the Client Longitudinal Survey, Final Report (Princeton, NJ: APPRISE, 2018).

⁸ S. Ahrentzen, J. Erickson, and E. Fonseca, "Thermal and health outcomes of energy efficiency retrofits of homes of older adults," *Indoor Air* 26, no. 4 (2016): 582-593. <https://www.ncbi.nlm.nih.gov/pubmed/26249033>.

⁹ J. Breyse, S. Dixon, D. Jacobs, J. Lopez, and W. Weber, "Self-Reported Health Outcomes Associated with Green-Renovated Public Housing Among Primarily Elderly Residents." *Journal of Public Health Management Practice* 21 no. 4 (2015): 355-367. https://destinyhosted.com/mankadocs/2015/EDA/20150713_39/318_Jacobs%202015%20Breyse%20Orness%20Final.pdf.

¹⁰ J. Keller, "Mapping Hurricane Sandy's Deadly Toll," *The New York Times* (2012). <https://archive.nytimes.com/www.nytimes.com/interactive/2012/11/17/nyregion/hurricane-sandy-map.html?hp>

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An NAACP Legal Defense and Educational Fund analysis of Federal Emergency Management Agency data¹¹ concluded that low-income households and households of color were hit hardest by the effects of Hurricane Sandy, and faced tougher challenges in recovering from the storm. The analysis also notes that a high percentage of those impacted were older New Yorkers.

According to a report by the American College of Emergency Physicians, “Power loss resulted not only in inconvenience, but it compromised critical systems such as elevators, heating, and life support, most notably for those living in high-rise apartments. The elderly and those with serious medical conditions were most at risk.”¹²

In November 2012, New York Governor Andrew Cuomo established the Moreland Commission on Utility Storm Preparation and Response. The commission was tasked with reviewing the actions of major utility companies before and after Hurricane Sandy and other recent major storms, and making recommendations to the governor on how to reform the oversight and management of energy providers. The final report from the commission¹³ included a recommendation to establish an office of consumer advocate that is independent, controlled by ratepayers, and adequately funded.

The recommendations of the Moreland Commission become more pressing as dramatic weather events and natural disasters are predicted to occur with increasing frequency. Older people are particularly affected. In New York’s 2006 heat wave, the deadliest in recorded history, the majority of the 140 heat-related deaths were people aged 65 or older.¹⁴ Older adults are more likely to have a chronic medical condition that changes the normal bodily response to heat and are also more likely to take prescriptions that interfere with the body’s ability to regulate temperature.¹⁵ A study on heat stress during heat waves found that residents of inefficient homes were approximately 50% more vulnerable to experiencing heat stress during a heatwave than were residents of efficient homes. The study estimated that weatherizing homes would reduce the risk of heat stress during a heat wave from 50% to only 4%.¹⁶

Homes that are well-insulated and air sealed will do a better job of maintaining comfortable temperatures and can eliminate the need for dangerous forms of supplemental heat. These buildings allow people to shelter in place, avoiding the need to face environmental hazards during an extreme weather event.

Society faces significant costs from unsafe and unhealthy situations that arise from extreme weather events and natural disasters. Proactive utility policies that focus on promoting the resiliency and welfare of vulnerable New Yorkers can help reduce the need for emergency public assistance, emergency medical care, and fire, police, and other first responders during times of extreme weather or environmental crises.

¹¹ NAACP Legal and Educational Defense Fund, “Studies Show Low-Income and Minority Households Hit Hard by Hurricane Sandy; Face Toughest Challenges to Recover,” (2013).
<https://www.prnewswire.com/news-releases/studies-show-low-income-and-minority-households-hit-hard-by-hurricane-sandy-face-toughest-challenges-to-recover-195696851.html>

¹² American College of Emergency Physicians, Lessons Learned from Hurricane Sandy and Recommendations for Improved Healthcare and Public Health Response and Recovery for Future Catastrophic Events (Irving, TX: ACEP, 2015).
<https://www.acep.org/globalassets/uploads/uploaded-files/acep/by-medical-focus/disaster/lessons-learned-from-hurricane-sandy-webpage.pdf>

¹³ The Moreland Commission on Utility Storm Preparation and Response, “Final Report,” (2013): 44-46.
<https://utilitystormmanagement.moreland.ny.gov/sites/default/files/MACfinalreportjune22.pdf>

¹⁴ R. Pérez-Peña, “Heat Wave Was a Factor in 140 Deaths, New York Says,” The New York Times (2006) <https://www.nytimes.com/2006/11/16/nyregion/16heat.html>

¹⁵ Centers for Disease Control and Prevention, “Heat and Older Adults,” (Atlanta, GA: CDC, 2017) www.cdc.gov/disasters/extremeheat/older-adults-heat.html.

¹⁶ M. Alam, P. Rajeev, J. Sanjayan, P. Zou, and J. Wilson, “Mitigation of Heat Stress Risks Through Building Energy Efficiency Upgrade: A Case Study of Melbourne, Australia.” Australian Journal of Civil Engineering 16, no. 1. (2017)<https://www.tandfonline.com/doi/abs/10.1080/14488353.2018.1453331> .

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Adopt policies to ensure that utilities serve the interests of communities of color

New York should be proactive in adopting policies that protect the interests of its overburdened and vulnerable communities. Advocates in the state recently helped get approval for adoption of an energy affordability program capping energy costs at 6% of household income for low-income households.¹⁷ Creation of a new independent utility consumer advocate is one way the state can help ensure policies like these are in place. Such a consumer advocate can also foster better engagement between communities and state-level agencies and utilities, promote energy affordability policies and efforts, and provide protections for older Americans and communities of color. Connecticut's Office of Consumer Counsel saved utility consumers \$550 million in 2017-18 alone through court actions and other advocacy, according to the office's most recent annual report. New Yorkers don't have this type of representation. Although the New York State Legislature did pass a bill in 2019 to establish an independent utility consumer advocate, Governor Andrew Cuomo vetoed the legislation.

The Energy Democracy Alliance in New York evaluated the state agencies that oversee New York's energy system on their efforts to incorporate input from vulnerable communities on energy efficiency, renewable energy, and home health. The Alliance found that the state agencies did not create accountable processes for turning community input into policy, and that recommendations and requests made by overburdened communities were not incorporated into the policymaking process.¹⁸

Another way to address this imbalance in representation is through utility intervenor funding. This would allow groups of individuals or nonprofit organizations to apply for reimbursement or compensation of reasonable costs in a proceeding before New York's utility-regulating Public Service Commission. This helps to level the playing field for residential consumers or small businesses looking to participate in utility regulatory matters.

Rising energy costs, chronic health conditions, blackouts, and utility shutoffs can hit communities of color and older adults the hardest. New York needs policies to protect the health and welfare of these overburdened populations.

¹⁷ PSC Dramatically Lowers National Grid's Rate Request. Accessed June 20, 2019.

<https://www3.dps.ny.gov/W/AskPSC.nsf/All/0446D8E570F5D0018525816100573650?OpenDocument>

¹⁸ Energy Democracy Alliance. 2019. Energy Efficiency Report Card: A Midterm Progress Report for New York's Public Service Commission. drive.google.com/file/d/1kVKGVL2tjf4xwwvBUYwVppeK6psAmJx9/view.

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DISRUPT DISPARITIES IN GENTRIFICATION

Older Adults in Gentrifying New York

Authors: Tarry Hum and Dwayne Baker

Introduction

Gentrification, as experienced by rising residential rents, destination retail replacing mom-and-pop businesses, and the erosion of place-based social networks and neighborhood character and familiarity, is becoming commonplace in many U.S. cities.¹ While gentrification is the subject of numerous policy and academic studies, only a few focus on older adults (those 50 years and older), who represent the fastest-growing segment of our population.² This policy brief provides an overview of key housing and income variables—tenure (renter or homeowner), homeowner mortgage, proportion of income spent on rent, and median household income—for older adult households by race group in New York City, which remains one of the most expensive cities in the United States. The overwhelming majority of the older adult population seeks to “age in place” in their homes and neighborhoods.³ For this growing and diverse segment of our population, the challenges of gentrification (and potential residential displacement) and housing affordability are formidable.

This policy brief uses 2010 and 2017 American Community Survey 5-year estimates data to examine trends in median rents and share of older adults in New York State’s five largest cities: Buffalo, Rochester, Yonkers, Syracuse, and New York City.⁴ Since New York City is an epicenter of gentrification, we utilized the neighborhood typologies defined by the New York University (NYU) Furman Center for an in-depth study of older adult renters and homeowners, median household income, and rent burden by race.⁵ The NYU Furman Center categorizes New York City’s 55 sub-borough areas (which are comparable to community districts)⁶ into three different neighborhood types: (1) “gentrifying neighborhoods” are defined as those sub-borough areas that were low income in 1990 and experienced rent growth above the median sub-borough area rent growth between 1990 and 2010-2014; (2) “non-gentrifying neighborhoods” are those that also started off as low income in 1990 but experienced more modest growth; and (3) “higher-income neighborhoods” are the city’s remaining sub-borough areas that had higher incomes in 1990.

¹ For a current literature review on gentrification, see M. Zuk, A.H. Bierbaum, K. Chapple, K. Gorska, A. Loukaitou-Sideris, “Gentrification, Displacement, and the Role of Public Investment,” *Journal of Planning Literature*, 33, 1, 2018 (available at <https://journals.sagepub.com/doi/full/10.1177/0885412217716439>)

² J.F. Torres-Gil and J.L. Angel, *The Politics of a Majority-Minority Nation: Aging, Diversity, and Immigration*, Springer Publishers, 2019.

³ The New York Academy of Medicine, “Toward an Age-friendly New York City: A Findings Report,” (2008), (available at https://www.health.ny.gov/diseases/aids/providers/conferences/docs/nyam_age_friendly_report.pdf).

⁴ We used the U.S. Census Bureau’s 2006-2010 and 2013-2017 American Community Survey (ACS) 5-year estimate Public Use Microdata Samples to calculate New York City Public Use Microdata Areas’ (PUMAs) characteristics. PUMAs are geographic areas containing at least 100,000 people and roughly correspond to New York City neighborhoods. Public Use Microdata Samples provide records representing either single person or single household characteristics rather than larger ACS tabulated datasets, which correspond to different geographic areas such as block groups or census tracts.

⁵ New York University Furman Center. 2016. Gentrification. https://furmancenter.org/files/sotc/Part_1_Gentrification_SOCin2015_9JUNE2016.pdf

⁶ Sub-borough areas are equivalent to PUMAs and community districts. Refer to https://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/census2010/puma_cd_map.pdf for a map and list of NYC PUMAs and Community Districts by borough.

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The NYU Furman Center neighborhood typology is a useful framework to assess gentrification risks and trends. While we use the NYU Furman Center neighborhood typology, we are aware of an important limitation, particularly as it pertains to the higher-income neighborhoods category. By definition, increases in rental costs are not accounted for, and in many cases, these higher-income neighborhoods are experiencing hyper- or super-gentrification, defined as the influx of ultra-wealthy residents to neighborhoods that are already high-income areas.⁷ Moreover, some higher-income neighborhoods that have historically been anchored by middle-class homeownership, such as Jackson Heights, Richmond Hill, and Elmhurst in Queens, have been targeted by speculative investments in 1-4 family residential properties.⁸ Nevertheless, the NYU Furman Center neighborhood typology is a useful framework to ground our analysis of older adults and racial patterns in housing tenure, rent burden, and median household income.

GENTRIFICATION RISK ACROSS NEW YORK STATE

Reflecting a national trend, the population share of older adults in New York has increased in the past few years. Among New York State's five largest cities, the growth rate was near 3% for New York City and Syracuse. In contrast, there was a modest .8% increase in the size of Buffalo's older adult population. According to the 2017 American Community Survey data, nearly one third of New York City's 8.6 million residents are older adults. The older adult population share varies significantly among the city's five boroughs, with Staten Island experiencing the highest increase (4%), such that its older adult population now makes up 36% of the borough's total population. But Brooklyn's older population increased by only 1.7%, well below the citywide growth rate. Moreover, the percentage increase in median rents in Brooklyn and Manhattan is greater than New York City's double-digit increase of 11%.

Yonkers is located in Westchester County, just north of the poorest county in the nation: the Bronx. The median rents in Yonkers are comparable to New York City's, and in the past few years, the median rent increase for Yonkers was significantly higher than for Buffalo, Rochester, and Syracuse. Yet, the poverty rate in Yonkers is 16%, compared to much higher poverty rates in the Bronx (30%), Buffalo (31%), Rochester (33%), and Syracuse (33%). The experience of Yonkers stands out relative to Buffalo, Rochester, and Syracuse—cities whose poverty rates exceed that of the Bronx at 30%. Starting in the early 2000s, the Yonkers waterfront has been transformed by new investments and residential developments along the Hudson River.⁹ Among New York State's largest cities, Yonkers has the highest share of older adults (35%). In light of its proximity to New York City and ongoing luxury residential real estate development, Yonkers merits an in-depth study of gentrification and older adults.

⁷ A. Ehrenhalt, "Hypergentrification and the Disappearance of Local Businesses," *Governing* (August 2015) (available at <https://www.governing.com/columns/assessments/gov-gentrification-local-business-extinction.html>).

⁸ Chhaya Community Development Corporation, "Investor Invasion: The Changing Landscape of Small Home Ownership in the Queens Housing Market," July 2019.

⁹ J. Margolies, "Downtown Yonkers: A Cleaner, Greener Place to Call Home," *New York Times* (July 19, 2017).

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Table 1: Gentrification Risk by NYS Largest Cities (and NYC's Boroughs)

	Total Population (2017)	Poverty (2017)	Median Rent 2010	Median Rent 2017	Rent Increase	Older Adults 2010	Older Adults 2017	Growth in Older Adult Population
New York City	8,560,072	20%	\$1,207	\$1,340	11%	29%	32%	2.6%
Brooklyn	2,635,121	22%	\$1,150	\$1,314	14%	28%	30%	1.7%
Queens	2,339,280	14%	\$1,331	\$1,456	9%	31%	34%	3.1%
Manhattan	1,653,877	17%	\$1,390	\$1,615	16%	30%	33%	2.3%
Bronx	1,455,846	30%	\$1,040	\$1,133	9%	26%	29%	3.0%
Staten Island	475,948	13%	\$1,247	\$1,229	-1%	32%	36%	4.2%
New York State Metro Areas								
Buffalo	259,574	31%	\$728	\$735	1%	29%	30%	0.8%
Rochester	209,463	33%	\$804	\$807	0%	25%	28%	2.3%
Yonkers	200,999	16%	\$1,219	\$1,292	6%	33%	35%	2.3%
Syracuse	144,405	33%	\$758	\$769	1%	26%	29%	2.7%

Data Source: 2007 and 2017 American Community Survey 5-year estimates

HOUSING TENURE AND HOMEOWNERSHIP STATUS IN NEW YORK CITY BY RACE AND NEIGHBORHOOD TYPOLOGY

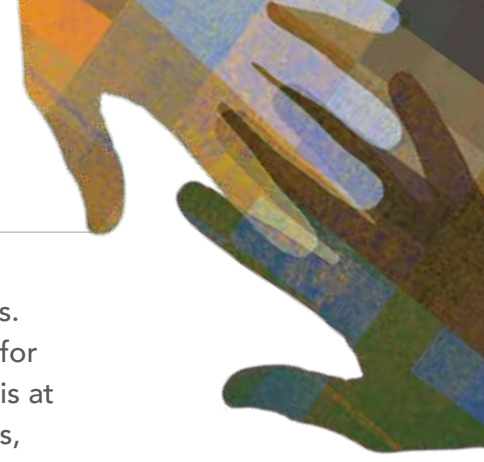
New York City residents are overwhelmingly renters. While two thirds (65%) of New York City residents rent their homes, there are significant racial differences in the share of renters. Non-Hispanic White (NHW) residents are roughly split among renters and homeowners, but only 44% of older adult NHWs are renters. Asian American residents, including older adult Asians, are similar in that about half rent their homes. This is not the case for African American/Black (AA/B) and Hispanic/Latino (H/L) New York City residents, who are overwhelmingly renters, including the older adult populations. H/L residents are most likely to be renters; 82% rent their home. This high renter rate dips slightly for older adults, as 79% of H/L older adults are renters.

Based on NYU Furman Center’s neighborhood typology, the share of renters in gentrifying neighborhoods is very high for all New York City residents except for NHW older adults; their share of renters remains below the citywide rate of 65%. However, for Asian American/Pacific Islander (AA/PI), AA/B, and especially H/L older adults residing in gentrifying neighborhoods, the high renter rate is of great concern since increases in rents are a primary factor in residential displacement.

The built environments of gentrifying neighborhoods typically undergo significant changes with the renovation and construction of new, market-rate residential and commercial developments. In addition to concerns about increasing rents, long-term construction projects pose numerous health and public safety risks, particularly for older adults.¹⁰ A recent study by the NYU Center for the Study of Asian American Health focuses on gentrifying Manhattan Chinatown-Lower East Side as a case study neighborhood. It finds that construction sites release particulate matter that can worsen cardiovascular and respiratory diseases, while air and noise pollution and construction-related vibration can cause additional health risks as well as stress and depression. Finally, construction sites disrupt pedestrian pathways and pose sidewalk safety risks.

¹⁰ New York University Center for the Study of Asian American Health, “The Long-Term Construction on the Health of Older Adults in New York City’s Chinatown,” 2019.

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Homeownership is a primary strategy for building assets for most American households. While the homeownership rate for New York City residents is 35%, it approaches 50% for NHWs and AA/PIs, and among older adults, the NHW and AA/PI homeownership rate is at or exceeds 50%. Racial disparity in homeownership rates is evident for AA/Bs and H/Ls, especially for H/L New York City residents, with only 18% owning their homes. Among older adults, this disparity persists: AA/B and H/L older adults have a significantly lower homeownership rate than their NHW and AA/PI peers. Regardless of neighborhood type, the rate of homeownership among H/L New York City residents (including older adults) is especially low.

Financing homeownership with a mortgage is common; 67% of New York City homeowners have a mortgage. This percentage drops to 51% or lower for older adults, except for AA/B and H/L homeowners. The share of homeowners with a mortgage is especially striking for older adult AA/B homeowners in high-income neighborhoods, as 70% have a mortgage on their residential property. In addition to mortgage payments, the cost of homeownership typically includes municipal property taxes and water and sewer bills. The New York City Council conducted an investigation and held a public hearing in July 2019 on the city's Third Party Transfer program, which seizes properties from homeowners who owe outstanding taxes and transfers ownership to an intermediary nonprofit organization.¹¹ The investigation found that just 11 neighborhoods accounted for 50% of the properties seized by the city in the latest round of the Third Party Transfer program, and 10 of these neighborhoods fall into the gentrifying neighborhoods categorization as defined by the NYU Furman Center.¹²

¹¹ New York City Council, Briefing Paper of the Oversight and Investigations Committee and Infrastructure Division, "Taking Stock: A Look Into the Third Party Transfer Program in Modern Day New York," July 22, 2019 (available at <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3968976&GUID=30748786-B223-49B9-A6E5-D381B3FAF5F7>).

¹² These gentrifying neighborhoods are: PUMA 4003 Bedford-Stuyvesant, PUMA 4002 Bushwick, PUMA 4008 East New York and Starrett City, PUMA 4006 Crown Heights North and Prospect Heights in Brooklyn, PUMA 3802 Hamilton Heights, Manhattanville and West Harlem, and PUMA 3803 Central Harlem in Manhattan.

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Table 2: New York City Housing Tenancy for Older Adults (50 years plus) by Race and Neighborhood Typology

Renters

	Total Renters Households	Older Adult HH	Non-Hispanic White HHs	Black HHs	Asian HHs	Latino HHs
NYC Total Households	65%	--	53%	68%	55%	82%
NYC Older Adult Households	58%	--	44%	64%	50%	79%
Older Adult Households						
Gentrifying	84%	81%	61%	81%	81%	91%
Higher-Income	54%	46%	40%	60%	43%	62%
Non-Gentrifying	79%	75%	66%	79%	50%	86%

Homeowners

	Total Homeowner Households	Older Adult HH	Non-Hispanic White HHs	Black HHs	Asian HHs	Latino HHs
NYC Total Households	35%	--	47%	32%	45%	18%
NYC Older Adult Households	42%	--	56%	36%	50%	21%
Older Adult Households						
Gentrifying	16%	19%	39%	19%	19%	9%
Higher-Income	46%	54%	60%	40%	57%	38%
Non-Gentrifying	21%	25%	34%	21%	50%	14%

Homeowners with a Mortgage

	Homeowner Households with Mortgage	Older Adult HH	Non-Hispanic White HHs	Black HHs	Asian HHs	Latino HHs
NYC Homeowner Households	67%	--	62%	76%	66%	73%
NYC Older Adult Households	51%	--	43%	68%	51%	60%
Older Adult Households						
Gentrifying	65%	52%	48%	59%	45%	51%
Higher-Income	68%	51%	43%	70%	52%	62%
Non-Gentrifying	63%	49%	35%	62%	47%	61%

Data Source: 2017 ACS PUMS 5-year estimates

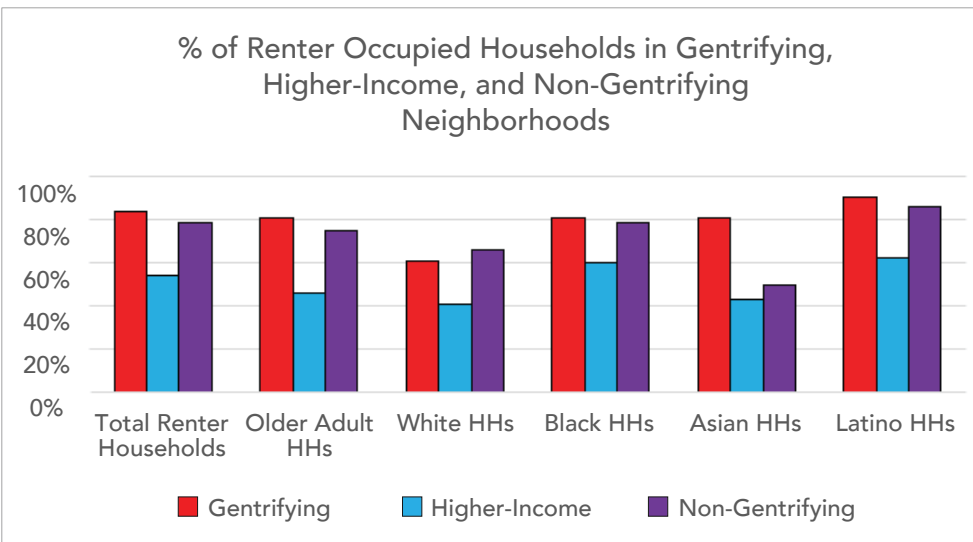


Figure 1: Renter Occupancy Rates by Neighborhood Typology

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RENT AS A PROPORTION OF HOUSEHOLD INCOME

New York City is one of the most expensive housing markets in the country.¹³ Therefore, it is not surprising that New York City renters spend a high share of their income on rent. The federal Department of Housing and Urban Development’s definition of cost burden is spending more than 30% of income on rent.¹⁴ Overall, New York City renter households spend more than two fifths (41%) of their income on rent. Among older adult households, H/L households are the most rent burdened, as 42.7% of their income is spent on rent. A 2018 Fiscal Policy brief on rent inequality finds high rent burden, especially for households of color, not only in New York City but in Albany, Buffalo, Rochester, Syracuse, and Yonkers as well.¹⁵

Table 3: Rent as a Proportion of Household Income

	Non-Hispanic White HHs	Black HHs	Asian HHs	Latino HHs
NYC Total Households	38.4	39.9	40.7	42.3
NYC OlderAdult Households	41.2	40.7	41.3	42.7
Gentrifying	41.0	41.9	40.7	41.7
Higher-Income	40.5	39.8	40.7	42.5
Non-Gentrifying	44.6	42.1	45.7	46.0
Total NYC	41.0			

Data Source: 2017 ACS PUMS 5-year estimates

The median household income in New York City is \$87,205. Similar to the housing variables discussed, racial disparity, especially for AA/B and H/L New York City residents, is striking. The differential in median household incomes between NHWs with the highest median household income (\$105,409) and H/Ls and AA/Bs, with a median household income below the citywide median, is approximately \$37,000. While the income gap between NHW and AA/PI New York City residents is not as large, nevertheless, the median household income of AA/PI New York City residents, at \$93,111, is much closer to the citywide median than to NHWs’ median income. The median household income for older adults is notably less than the overall median household income for their respective racial groups, with the greatest income differential among AA/PI New York City residents.

A closer look at the differentials in median household incomes by race for a sample of neighborhoods in the gentrifying neighborhood category underscores the relative disadvantage of AA/B and H/L older adult New York City residents and possible precarity in their ability to remain in these gentrifying neighborhoods. For example, in three gentrifying Manhattan Public Use Microdata Areas—the neighborhoods of Hamilton Heights, Central Harlem, and East Harlem—the median household income differential between NHW older adults and AA/B and H/L older adults is at or exceeds \$100,000. This is also the case in Brooklyn’s Crown Heights, a rapidly gentrifying, historically AA/B neighborhood where the median household income of NHW older adults exceeds that of their AA/B and H/L neighbors by nearly \$100,000.

¹³ L. Brandt, “New York City Is Home to One of the Country’s Most Expensive Rental Markets,” August 19, 2009 (available at <https://www.businessinsider.com/nyc-rent-brooklyn-hits-high-most-expensive-rental-markets-2019-8>).

¹⁴ U.S. Department of Housing and Urban Development, “Rental Burdens: Rethinking Affordability Measures,” (available at https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html).

¹⁵ B. Kramer and M. Krug, “New York’s Rent Affordability Crisis Harshly Impacts Families of Color,” April 2018 (available at: <http://fiscalpolicy.org/wp-content/uploads/2018/04/April-2018.Final-Rent-Inequality-Brief.pdf>).

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Even in higher-income neighborhoods, such as Manhattan’s Upper West Side and Chelsea and Brooklyn’s Park Slope and Brooklyn Heights, a significant income differential by race (of \$100,000 or more) persists. It suggests that NHW older adults appear to be in a better position to manage gentrification pressures such as rising costs in residential rents and other living expenses.

Table 4: Median Household Income for Older Adults by Race and Neighborhood Typology

	Non-Hispanic White HHs	Black HHs	Asian HHs	Latino HHs
NYC Total Population	\$105,409	\$67,805	\$93,111	\$68,121
NYC 50+	\$97,679	\$62,523	\$79,315	\$60,232
Gentrifying Average	\$103,201	\$51,143	\$59,475	\$40,322
Higher-Income Average	\$105,168	\$70,378	\$92,693	\$72,680
Non-Gentrifying Average	\$50,540	\$49,882	\$58,760	\$44,213
NYC Overall	\$87,205			

Data Source: 2017 ACS PUMS 5-year estimates

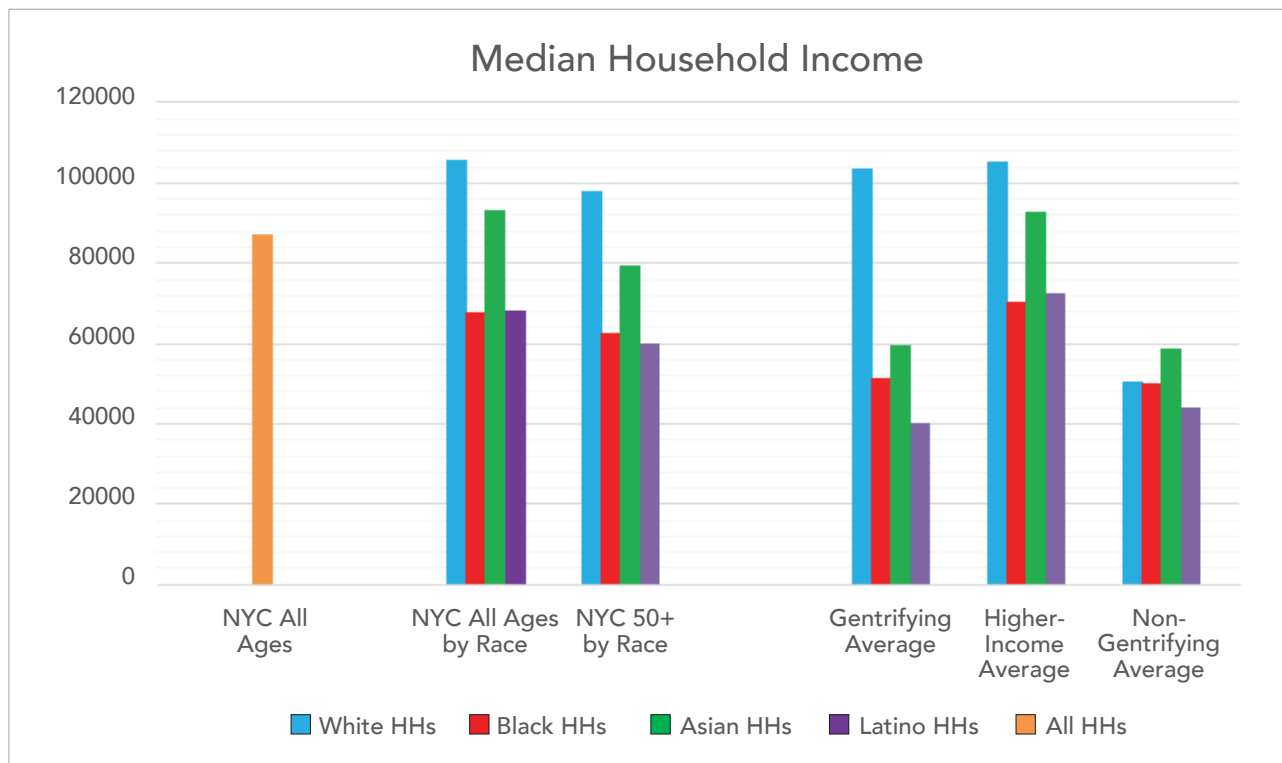
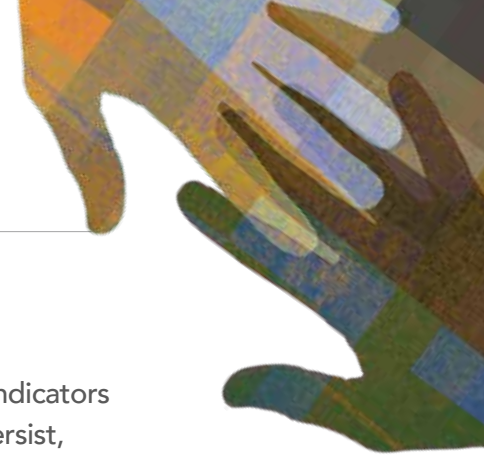


Figure 2: Median Household Income by Race and Neighborhood Typology

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CONCLUSION AND POLICY RECOMMENDATIONS

Older adults are a growing segment of New York’s urban population. By studying select indicators of gentrification and residential displacement risk, this policy brief finds racial disparities persist, especially among older adult AA/B and H/L New Yorkers, suggesting these groups are at greatest risk of housing precarity. Gentrification is experienced on a neighborhood level. More research is necessary to elaborate on the causes as well as the daily experiences and challenges due to long-term construction projects; rising costs of rents, groceries, and services; and social networks and ties that may be disrupted as a result of the influx of affluent residents.

In this section, we elaborate on policy recommendations for the provision of permanently affordable housing and legal representation for low-income renters. These recommendations are to (1) undertake a housing needs assessment to identify regional and neighborhood needs, particularly for older, low-income residents; (2) promote nonspeculative housing models, such as community land trusts (CLTs); (3) cap resale profits through limited equity co-ops; (4) support equitable and affordable financial capital by community-based financial institutions (CDFIs); and (5) pass a statewide law to provide legal advocacy for low and moderate-income renters.

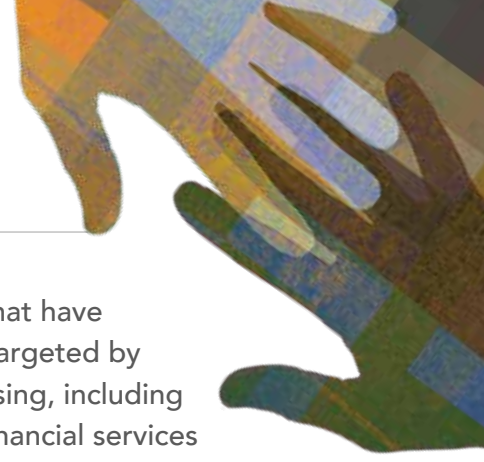
As part of its regional general plans, California requires by law the inclusion of a regional housing needs assessment (RHNA). The RHNA analyzes the housing needs across all income levels for an area. Housing needs assessments for New York State’s largest cities may lead to mandatory affordable housing requirements. They should be similar to California’s but specifically evaluate affordable housing stock, area income, and older populations.

CLTs treat land as a public good where nonprofit organizations own the land and ensure that its development benefits the community by providing affordable housing and community-oriented businesses and spaces. With CLTs controlling the land for community rather than private-interest or profit-driven purposes, the risk of residential and commercial displacement is greatly reduced. In December 2017, the New York City Council passed legislation that codifies CLTs into city law and allows them to enter into regulatory agreements with the city. For FY 2020, the New York City Council allocated \$870,000 in discretionary funding to incubate and support the establishment of CLTs. The city should consider a first right of refusal to CLTs in the sale of publicly owned land.

Limited equity housing cooperatives are similar to traditional co-op buildings in that residents collectively own shares, but limited equity co-ops offer a below-market asking price for low- and moderate-income buyers. Residents are then limited in the amount of profit they can earn upon the resale of their units. New York State has the largest number of limited equity co-ops in the country. Of the approximately 90,000 limited equity co-op units in New York State, two thirds are Mitchell-Lama units, and one third are Housing Development Fund Corporations.¹⁶ Preserving and expanding limited equity co-ops should be an integral strategy for affordable homeownership.

¹⁶ Urban Omnibus, “Limited Equity Co-Ops,” January 10, 2018 (available at: <https://urbanomnibus.net/2018/01/limited-equity-co-ops/>).

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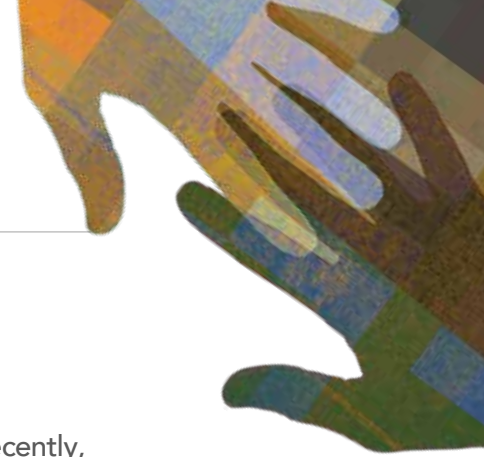
CDFIs are dedicated to serving the capital needs of borrowers and communities that have historically been denied access to mainstream credit sources and that have been targeted by high-priced or predatory loans. CDFIs help preserve and promote affordable housing, including homeownership opportunities for low-income borrowers, and provide equitable financial services in low-income communities and communities of color. New York State has 82 CDFIs, which is the highest concentration of CDFIs in the country.¹⁷ The New York State legislature should allocate funding to the New York State CDFI Fund established in 2007 to provide grants to CDFIs.

In 2017, New York City became the first city in the country to pass a Right to Counsel (RTC) law providing access to an attorney for low-income tenants facing an eviction in housing court. Low-income is defined as those with incomes below 200% of the federal poverty level. A 2019 Community Service Society report on the RTC finds that tenant representation in housing court has increased citywide, and an overwhelming majority of tenants represented by an attorney were able to remain in their homes.¹⁸ In addition to expanding New York City's RTC, a statewide RTC law needs to be enacted to reduce tenant evictions and promote housing stability.

¹⁷ New York State Community Equity Agenda, "Support Cooperative and Community-Controlled Finance, Policy Proposal #1," May 2019, (available at: <https://www.neweconomynyc.org/wp-content/uploads/2019/05/CDFI-Fund-2019.pdf>).

¹⁸ O. Mironova, "NYC Right to Counsel: First Year Results and Potential for Expansion," March 25, 2019 (available at: <https://www.cssny.org/news/entry/nyc-right-to-counsel>).

DISRUPT DISPARITIES 2.0



DISRUPT DISPARITIES IN ASIAN AMERICAN RESEARCH

Asian American Research Disparities

Author: Howard Shih

One of the primary disparities impacting older Asian Americans is lack of data. Until recently, older Asian Americans were often excluded from research results because the population was too small to be captured reliably in survey data. As the first generation of Asian Americans who arrived after the immigration reforms of the 1960s to enter retirement age, today's Asian Americans are among the fastest growing portions of the older population. As a consequence, more data on older Asian Americans is becoming available. However, major challenges remain in obtaining complete and accurate data on older Asian Americans.

In many cases, Asian Americans remain a small portion of survey samples, which means large margins of error and, therefore, less certainty about the reliability of an estimate. In addition, the diversity of languages and cultures that are represented under the Asian American label makes reaching and asking questions much more difficult, particularly for older Asian Americans, where 8 in 10 speak a language other than English at home and half have limited English proficiency. Researchers must translate their survey questions into multiple languages to cover a representative sample of the Asian American community and to avoid biasing their sample toward English-speaking Asian Americans.

The other challenge of working with data on older Asian Americans is the importance of presenting data by Asian ethnicity. One of the major sources of information on Asian groups by ethnicity is the American Community Survey from the U.S. Census Bureau. Data from this survey demonstrate the importance of including a wide range of languages for any survey that covers older Asian Americans. Using the 2017 5-year American Community Survey Public Use Microdata Sample, poverty rates for Americans age 50 and older was 9.9% nationally, with older Asian American poverty rates nearly identical at 10.0%. However, poverty rates by older Asian ethnicities ranged from a high of 22.0% for Nepali Americans and 21% for Burmese Americans to a low of 5.8% for Indian Americans and 5.9% for Filipino Americans. By only reporting results for Asian Americans as a single group, the need within each ethnic community is hidden. Results are often biased towards the largest Asian American ethnic groups. In the poverty example, the high rates of poverty in Nepali and Burmese communities, which represent more recent immigrant refugee communities, are overwhelmed by the low poverty rates of the much larger Filipino and Indian communities, resulting in an older Asian poverty rate close to the national average.

These challenges put researchers in a bind. In order to include results on the various older Asian American communities, they would have to expand their sample size or over-sample Asian Americans. And they would have to create translated survey instruments in a number of Asian languages in order to create a representative sample of the full Asian American community. All these options add cost and complexity to their work. Couple the increased expense with the continuous drop in telephone response rates for surveys in recent years and researchers now are seeking alternatives to the traditional gold standard for probability-based phone surveys. For example, the Pew Research Center has announced it intends to move more of its survey work toward internet-based panel surveys. For these online surveys, a random sample of people are recruited to be on a panel to complete surveys over a period of time.

(<https://www.politico.com/story/2019/02/27/phone-polling-crisis-1191637>) The potential for recruiting a random sample panel of Asian Americans for survey work may create an opportunity for more detailed study of the community and for sharing the cost of survey work across many researchers.

DISRUPT DISPARITIES 2.0



DISRUPT DISPARITIES 1.0 ACHIEVEMENTS

New York has made significant progress on important issues that impact the quality of life of 50+ New Yorkers in communities of color across the state. Recent achievements include:

SECURE CHOICE SAVINGS PROGRAM

Scheduled to begin in 2021, working New Yorkers with no access to a workplace retirement savings plan may have the opportunity to participate in a voluntary workplace retirement savings program that will help them save for their future so they can live as they choose and be ready for retirement when the time comes. Secure Choice, enacted as part of the 2018-19 New York State Budget, will give private companies that don't already provide their employees a retirement savings plan the option to offer their workers a payroll-deduction individual retirement account. The program, to be overseen by the state, will be professionally managed by a private investment firm and will be voluntary for both employers and employees. It will offer businesses a convenient, low-cost tool to attract and retain employees and workers an easy and effective way to save, and to continue saving if they change jobs because their IRA will be portable. Private sector workers of color in New York are more likely to lack access to workplace retirement savings options than their White counterparts.

TELEHEALTH EXPANSION

A person's residence is now considered an originating site to use telehealth services under the Medicaid program. This change, included in the 2019-20 New York State Budget, can help people receive health services without the expense, time and difficulty of in-person visits, while removing another burden for patients' unpaid family caregivers.

HOME AND COMMUNITY-BASED SERVICES

An historic \$15 million increase in funding for non-Medicaid home and community based services for the elderly was included in the 2019-20 state budget. These services, which include transportation to medical appointments and help with bathing, dressing and other daily activities, help relieve the burden on family caregivers and allow older New Yorkers to remain at home longer, where the vast majority want to be. National studies have shown that Americans of color have been moving to nursing homes—the majority of which are paid for by taxpayers—at an increasing rate while the percentage of Whites moving to nursing homes has declined.

FORECLOSURE PREVENTION

\$20 million in state funding for housing and legal services for vulnerable homeowners fighting foreclosure, deed theft, and other challenges that threaten to displace them from their homes was also included in the 2019-20 state budget. This replaces funding from bank settlements that ran out.

AFFORDABLE HOUSING

New York State in 2019 enacted the strongest rent regulation laws in the nation, which are now permanent, and New York now prohibits discrimination against any lawful source of income, such as Social Security checks, to cover housing costs.

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ELDER ABUSE PREVENTION

The 2019-20 state budget includes increased funding for elder abuse prevention.

KINSHIP PROGRAMS

The 2019-20 state budget includes more funding for kinship programs to help grandparents and other nonparent relatives raising children. A bill to make it easier for eligible children to receive a public assistance nonparent grant passed both houses of the Legislature; however the bill was vetoed.

CONSUMER PROTECTIONS

A bill to boost consumer protections against deed theft scams was signed into law in August 2019.

The Student Loan Servicing Act, part of the 2019-20 state budget, created new protections for borrowers and their co-signers, and authorized the Department of Financial Services to license and regulate student loan services while ensuring borrowers are treated with respect and professionalism.

A “payday lending” bill was defeated in 2019, helping to prevent the cycle of debt payday lending creates for all New Yorkers but particularly New Yorkers of color.

ADDITIONAL LEGISLATION INCLUDES:

- A bill that would establish a tax credit for family caregivers to offset the nearly \$7,000 the average caregiver spends out of pocket to help care for loved ones has been introduced by the chairs of the state Legislature’s Aging Committees.

DISRUPT DISPARITIES 2.0



BLACK OLDER ADULTS IN NEW YORK STATE

Where older Black New Yorkers live

	2017 Pop.	Change in Black 65+ Pop. 2007–2017		Change in Total 65+ Pop. 2007-2017
New York State	381,433	35%	96,618	26%
County or Borough				
Brooklyn	116,592	41%	33,624	18%
Queens	60,221	20%	9,870	22%
Bronx	52,978	26%	10,975	26%
Manhattan	32,278	1%	275	33%
Nassau	20,066	58%	7,365	22%
Westchester	19,455	39%	5,500	15%
Erie	15,174	24%	2,913	19%
Suffolk	12,349	53%	4,274	34%
Monroe	11,499	76%	4,956	13%
Rockland	5,402	75%	2,322	32%
Onondaga and Cayuga	4,909	83%	2,232	12%
Staten Island	4,275	37%	1,155	27%
Albany	3,958	70%	1,624	23%
Orange	3,795	52%	1,301	40%
Dutchess	3,443	67%	1,381	36%
Ulster and Sullivan	1,785	60%	670	35%
Niagara	1,727	96%	847	24%
Schenectady	1,392	121%	763	13%
Major City				
New York City	266,344	85%	55,899	24%
Buffalo	10,702	0%	200	19%
Rochester	8,383	0%	4,234	36%
Syracuse	3,531	0%	1,117	9%
Yonkers	3,049	0%	596	23%
Albany	2,667	0%	1,060	26%

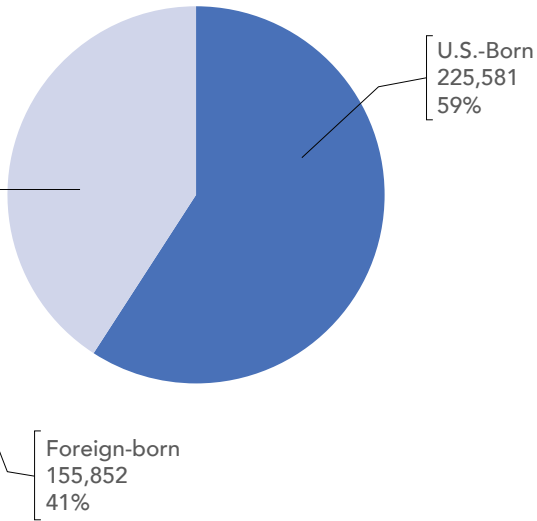
New York's older adult population is growing and increasingly diverse . . .

- Nearly one-third (31%) of older adults in the state are people of color, up from 26% ten years ago.
- The number of Black older adults in the state increased 35% over the past decade, considerably higher than the 26% increase in all older New Yorkers.
- 41% of older Black New Yorkers are immigrants.
- Over the past decade, the number of Black residents ages 65 and above more than doubled in Schenectady County (121% increase) and in the city of Rochester (102% increase).
- Over the past decade, the number of Black older adults has grown faster than the overall older adult population in four of the state's six major cities, except Buffalo and Yonkers, and in 13 major counties outside of New York City.

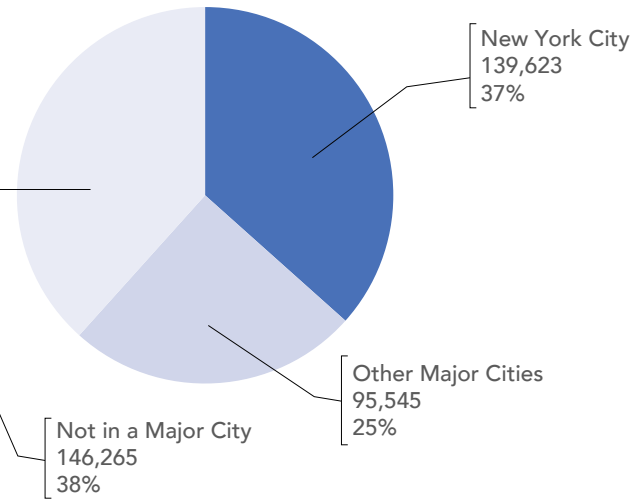
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Many older Black New Yorkers are foreign-born



Many older Black New Yorkers live outside major cities

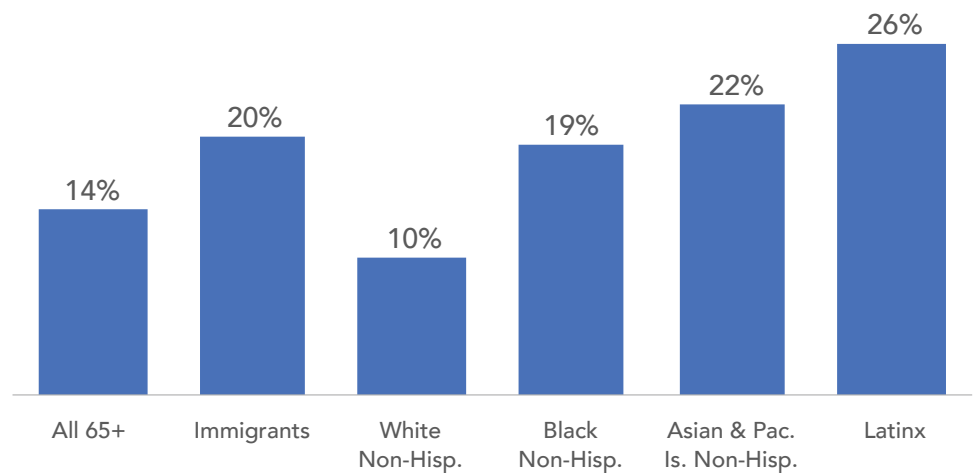


Share of older New Yorkers who are Black

County or Borough	Share
New York State	12%
Brooklyn	33%
Bronx	29%
Queens	17%
Manhattan	12%
Westchester	12%
Rockland	10%
Erie	9%
Monroe	9%
Nassau	8%
Albany	8%
Orange	7%
Dutchess	7%
Staten Island	6%
Onondaga and Cayuga	5%
Schenectady	5%
Suffolk	5%
Niagara	4%
Ulster and Sullivan	4%

Major City	Share
Buffalo	34%
Rochester	33%
New York City	22%
Syracuse	21%
Albany	19%
Yonkers	9%

Older New Yorkers in poverty



DISRUPT DISPARITIES 2.0



Poverty among Black older New Yorkers

	Older Black Poverty Rate	Total 65+ Poverty Rate
New York State	19%	14%
County or Borough		
	28%	11%
	26%	12%
	25%	19%
	22%	28%
	20%	8%
	20%	12%
	19%	9%
Westchester	19%	11%
	18%	9%
	18%	23%
Staten Island	18%	15%
	17%	10%
	15%	16%
Ulster and Sullivan	13%	9%
Onondaga and Cayuga	9%	10%
	8%	8%
	2%	9%
	31%	31%
	20%	11%
	19%	10%
	19%	20%
	18%	20%
	10%	18%

... and poverty rates are high among older Black New Yorkers.

- 19% of older Black New Yorkers are living in poverty, compared to 14% of all older New Yorkers.
- There are now nearly 60,000 Black older adults in New York living in poverty (59,865), an increase of 20% over the past decade.
- Over the past decade, the number of Black older adults in poverty increased 20% statewide, while the overall number of poor older New Yorkers increased 11%.

All data from Center for an Urban Future Analysis of U.S. Census American Community Survey Public Use Microdata Samples from 2007 and 2017. Tabulated using IPUMS. Prepared by Christian González-Rivera of the Center for an Urban Future. Commissioned by AARP.

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LATINX OLDER ADULTS IN NEW YORK STATE

Where older Latinx New Yorkers live

	2017 Pop.	Change in Latinx 65+ Pop. 2007–2017		Change in Total 65+ Pop. 2007-2017
New York State	357,881	61%	136,032	26%
County or Borough				
Bronx	82,004	63%	31,567	26%
Queens	66,284	54%	23,375	22%
Manhattan	63,912	40%	18,185	33%
Brooklyn	52,062	40%	14,838	18%
Nassau	19,277	112%	10,203	22%
Suffolk	18,174	94%	8,794	34%
Westchester	18,148	112%	9,599	15%
Staten Island	6,219	91%	2,969	27%
Orange	5,334	157%	3,262	40%
Rockland	4,229	168%	2,651	32%
Monroe	4,197	51%	1,412	13%
Erie	2,941	82%	1,324	19%
Dutchess	2,550	62%	972	36%
Ulster and Sullivan	2,355	97%	1,161	35%
Major City				
New York City	270,481	51%	90,934	24%
Yonkers	6,767	117%	3,653	23%
Rochester	3,297	54%	1,156	36%
Buffalo	1,816	192%	1,194	2%

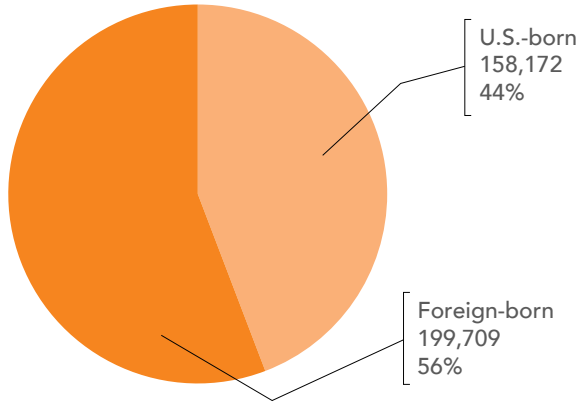
New York's older adult population is growing and increasingly diverse . . .

- Nearly one-third (31%) of older adults in the state are people of color, up from 26% ten years ago.
- The number of Latinx older adults in the state increased 61% over the past decade, far exceeding the 26% increase in all older New Yorkers. 56% of older Latinx New Yorkers are immigrants.
- Over the past decade, the number of Latinx residents ages 65 and above more than doubled in several major counties outside New York City, including Rockland (168% increase), Orange (157% increase), Nassau (112% increase), and Westchester Counties (112% increase), as well as the city of Yonkers (117% increase).
- Buffalo registered the fastest-growing older Latinx population of any city or county in the state since 2007 (192% increase).
- Over the past decade, the growth in the number of Latinx older adults has outpaced that of the overall older adult population in four of the state's major cities and in nine counties or county groups outside New York City: Nassau, Suffolk, Westchester, Orange, Rockland, Monroe, Erie, Dutchess, and Ulster and Sullivan.

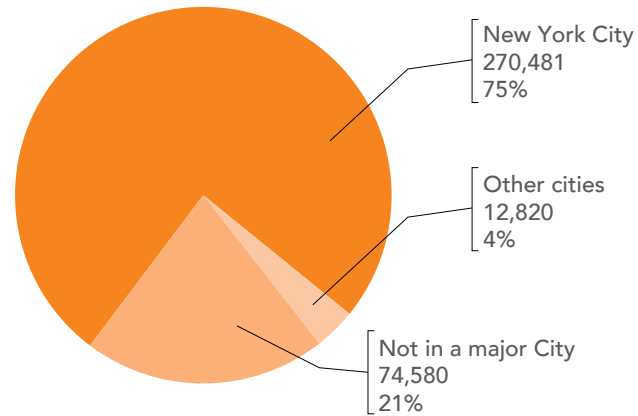
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Most Older Latinx New Yorkers Are Foreign-Born



Most older Latinx New Yorkers live in New York City



Share of older New Yorkers who are Latinx

New York State	11%
County or Borough	
Bronx	45%
Manhattan	24%
Queens	19%
Brooklyn	15%
Westchester	11%
Orange	10%
Staten Island	8%
Rockland	8%
Nassau	8%
Suffolk	7%
Dutchess	5%
Ulster and Sullivan	5%
Monroe	3%
Erie	2%
Major City	
New York City	22%
Yonkers	19%
Rochester	13%
Buffalo	6%

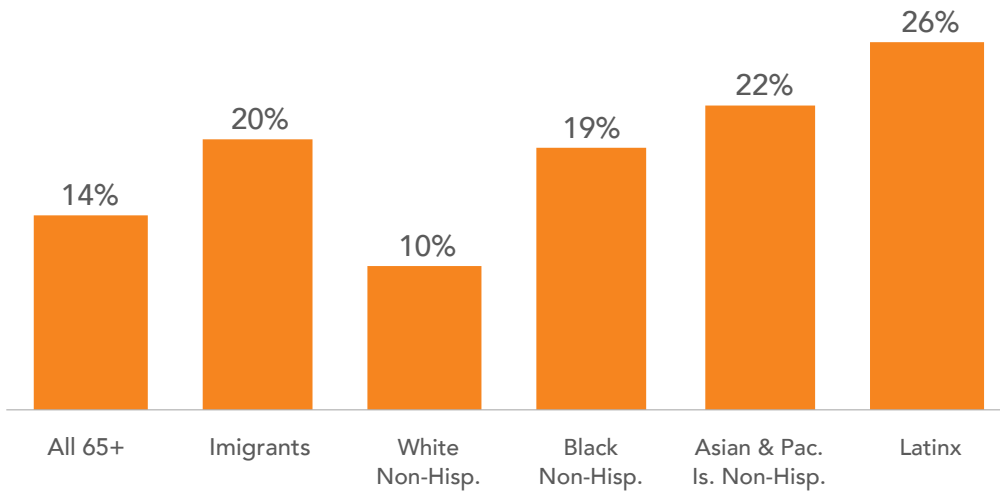
Poverty among Latinx older New Yorkers

	Older Latinx poverty rate	Total 65+ poverty rate	Number of poor Latinx older adults	Change in poor Latinx older adults (2007-2017)	
New York State	26%	14%	94,567	48%	30,696
County or Borough					
Bronx	37%	28%	30,722	70%	12,701
Erie	35%	12%	1,034	225%	716
Monroe	35%	12%	1,448	132%	825
Manhattan	31%	19%	20,101	14%	2,436
Brooklyn	31%	23%	16,023	25%	3,244
Staten Island	24%	15%	1,468	183%	950
Queens	19%	16%	12,827	60%	4,828
Westchester	15%	11%	2,715	48%	878
Suffolk	13%	9%	2,319	123%	1,281
Nassau	9%	8%	1,796	116%	998
Major City					
Nassau	36%	11%	1,188	154%	720
New York City	30%	20%	81,141	42%	24,159
Nassau	17%	11%	1,130	51%	384

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Older New Yorkers in poverty



... and poverty rates are high among older Latinx New Yorkers.

- Latinx New Yorkers ages 65 and older are experiencing the highest poverty rates of any racial or ethnic group, at 26%. In contrast, 14% of all older New Yorkers are in poverty.
- There are now nearly 100,000 Latinx older adults in the state living in poverty (94,567), an increase of 48% over the past decade.
- Over the past decade, the number of Latinx older adults in poverty increased 48% statewide, while the overall number of older New Yorkers in poverty increased 11%.

All data from Center for an Urban Future Analysis of U.S. Census American Community Survey Public Use Microdata Samples from 2007 and 2017. Tabulated using IPUMS. Prepared by Christian González-Rivera of the Center for an Urban Future. Commissioned by AARP.

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ASIAN OLDER ADULTS IN NEW YORK STATE

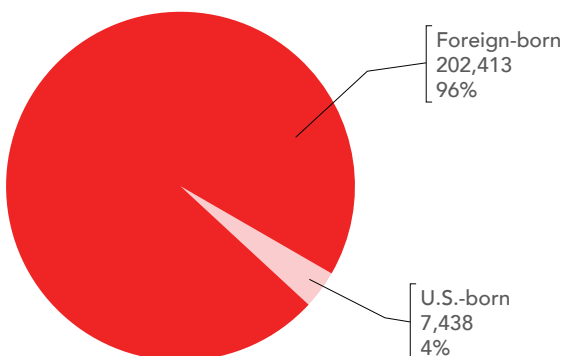
Where older Asian New Yorkers live

	2017 Pop.	Change in Asian 65+ Pop. 2007-2017		Change in Total 65+ Pop. 2007-2017
New York State	209,851	85%	96,618	26%
County or Borough				
Queens	80,455	106%	41,377	26%
Brooklyn	36,513	86%	16,877	18%
Manhattan	28,785	49%	9,421	33%
Nassau	16,944	167%	10,606	22%
Bronx	8,005	67%	3,222	26%
Westchester	7,686	88%	3,601	15%
Staten Island	6,331	64%	2,474	27%
Suffolk	5,829	40%	1,676	34%
Rockland	3,917	83%	1,779	32%
Monroe	2,571	69%	1,048	13%
Dutchess	1,392	35%	358	36%
Albany	1,056	0%	2	23%
Major City				
New York City	160,089	85%	73,371	24%

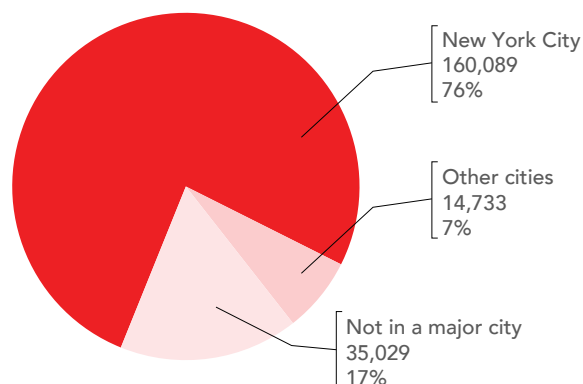
New York's older adult population is growing and increasingly diverse . . .

- Nearly one-third (31%) of older adults in the state are people of color, up from 26% ten years ago.
- 96% of older Asian New Yorkers are immigrants.
- The number of Asian older adults in the state increased 85% over the past decade, far exceeding the 26% increase in all older New Yorkers.
- Over the past decade, the number of Asian residents ages 65 and above more than doubled in Nassau County (167% increase), and in Queens (106% increase).
- The population of older Asians increased 85% in New York City, the only major city for which there is reliable data.
- Over the past decade, growth in the number of Asian older adults has outpaced that of the overall older adult population in New York City and in most of the counties for which there is reliable data.

Most older Asian New Yorkers are foreign-born



Most older Asian New Yorkers live in New York City



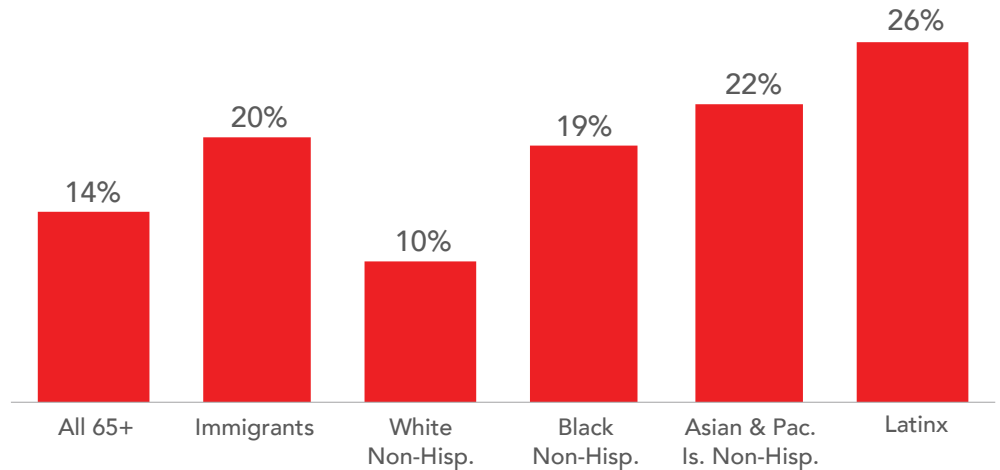
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Share of older New Yorkers who are Asian, 2017

New York State	7%
County or Borough	
Queens	23%
Brooklyn	11%
Manhattan	10%
Nassau	8%
Bronx	8%
Westchester	7%
Staten Island	5%
Suffolk	4%
Rockland	3%
Monroe	2%
Dutchess	2%
Albany	2%
Major City	
New York City	13%

Older New Yorkers in poverty



Poverty among Asian older New Yorkers, 2017

	Older Asian Poverty Rate	Total 65+ Poverty Rate	Number of Poor Asian Older Adults	Change in # of Asian Older Adults in Poverty (2007–2017)	
				%	Count
New York State	22%	14%	45,847	75%	19,584
County or Borough					
Manhattan	35%	19%	10,117	59%	3,765
Brooklyn	30%	23%	11,115	100%	5,555
Staten Island	23%	15%	1,441	70%	591
Queens	22%	16%	17,462	78%	7,660
Suffolk	13%	9%	763	196%	505
Bronx	12%	28%	989	17%	204
Rockland	11%	9%	427	4%	17%
Westchester	7%	11%	511	3%	18%
Major City					
New York City	26%	20%	41,124	73%	17,367

Poverty rates are high among older Asian New Yorkers.

- Asian New Yorkers ages 65 and older are experiencing the second-highest poverty rates of any racial or ethnic group, at 22%. In contrast, 14% of all older New Yorkers are living in poverty.
- There are now nearly 50,000 Asian older adults in New York living in poverty (45,847), an increase of 75% over the past decade.
- Over the past decade, the number of Asian older adults in poverty increased 75% statewide, while the overall number of older New Yorkers in poverty increased 11%.

All data from Center for an Urban Future Analysis of U.S. Census American Community Survey Public Use Microdata Samples from 2007 and 2017. Tabulated using IPUMS. Prepared by Christian González-Rivera of the Center for an Urban Future. Commissioned by AARP.

