



**DISRUPTING  
RACIAL  
AND ETHNIC  
DISPARITIES:  
SOLUTIONS  
FOR NEW YORKERS  
OF AGE 50+**





# CONTENTS



Introduction	<b>05</b>
Partner Remarks	<b>07</b>
Executive Summary	<b>10</b>
Health Brief	<b>16</b>
Economic Security Brief	<b>23</b>
Livable Communities Brief	<b>33</b>
Conclusion	<b>39</b>
Acknowledgements	<b>40</b>
Endnotes	<b>41</b>





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# INTRODUCTION

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## INTRODUCTION

New York State has long been home to some of the most racially and ethnically diverse counties in the country. New York's largest racial and ethnic groups—African American/Black (AA/B), Asian American and Pacific Islander (AAPI) and Hispanic/Latino (H/L) populations—grew in number by 16% from 2000 to 2016. Simultaneously, the population in New York State is aging. The number of people age 50-plus increased by 30% between 2000 and 2015 while the number of people 49 and younger declined by 6%.

Given these changing demographics, AARP is convening thought leaders, elected officials and leading organizations that serve New York's communities of color in a multi-year effort to identify the racial and ethnic disparities that exist with New York State's 50-plus population and develop an action plan to introduce the policy change required to address these disparities. Several studies at the federal, state and local levels have shed light on racial and ethnic disparities, but few, if any, have led to the necessary policy change to address them, nor have they focused on New York's 50-plus population. By closing the serious gaps that exist, people in AA/B, AAPI and H/L communities will enjoy the same stability and equal footing as everyone else, thus offering more choices related to how and where they live as they age.

For these reasons, this work is rather breakthrough and timely considering that the AA/B, AAPI and H/L people age 50-plus now account for the majority (62%) of New York City's 50-plus population and one-third (33%) of New York State's 50-plus population.

The resulting policy recommendations and forthcoming legislative change are intended to improve the lives of 50-plus New Yorkers of color, with positive impact on mainstream communities across New York.

This initial report provides three policy briefs related to health, economic security and livability to begin outlining the key disparities that most impact New York's AA/B, AAPI and H/L communities statewide, with particular focus on New York City, Long Island and Buffalo. These briefs will be used to spark a dialogue and gain stakeholder input that will be used to develop an action plan for addressing these disparities over the next 3-5 years.

AARP and partner organizations serving New York's AA/B, AAPI and H/L communities invite everyone to review these briefings, provide input and join them in this effort.

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## **PARTNER REMARKS**

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## **ASIAN AMERICAN FEDERATION**

The Asian American Federation is proud to stand with AARP in improving the lives of 50-plus people and their families. New York prides itself in its diversity and values on social justice. However, as the AARP reports make clear, there are significant racial and ethnic disparities that need to be addressed in order to ensure that those values become a reality.

Without strong policy interventions to address these disparities, New York's pan-Asian American communities will continue suffering from them, generation to generation. This report is notable in that beyond stating the problems, it aims to provide some concrete solutions. We are honored to be part of this initiative, as our mission is to raise the influence and well-being of the pan-Asian American community through research, policy and advocacy.

## **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-plus Hispanics and their families.

We are proud to collaborate with AARP to disrupt disparities, beginning with this initial report that does more than just identify the disparities; it names potential policy solutions to address them. As with New York's other racial and ethnic groups, 50-plus Hispanics are challenged with significant disparities related to health, economic security and the ability to live and remain in their communities. These disparities are even more pronounced for women and immigrants, and it is crucial that, collectively, we work to overcome them and ensure equality for all New Yorkers.

## **NAACP**

As the nation's oldest, largest and most widely recognized grassroots-based civil rights organization, the NAACP is proud to partner with AARP in this breakthrough initiative to disrupt the racial and ethnic disparities that impact New York's 50-plus communities of color. Many of these men and women came of age during the Civil Rights Era, having marched, boycotted, and demonstrated for equal rights. The fact that so many still find themselves challenged with disparities related to health, economic security and the ability to live and remain in their communities is proof that we still have much progress to make to ensure a society in which all individuals have equal rights, without discrimination based on race or ethnicity.



This report provides data to illustrate the magnitude of these disparities, as well as to propose policy recommendations that serve as a roadmap for a way forward. 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-plus 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 1910, 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-plus, ensuring the well-being and equality of people of color in this age segment is more urgent than ever.

For that reason, the New York Urban League takes great pride in partnering with AARP to disrupt the racial and ethnic disparities that have historically afflicted New York’s communities of color. As the data in this report highlights, 50-plus people of color experience stark disparities in the areas of health, economic security and the ability to live and remain in their communities, particularly in New York’s urban centers. The policy changes recommended in this report serve to establish a starting point for an action plan to help close these gaps and ensure equality for all, regardless of race or ethnicity.



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## **EXECUTIVE SUMMARY**

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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 peoples' choices. However, key disparities that exist in the areas of health, economic security and livability among 50-plus New Yorkers of color create inequalities that can limit or even impede their choices.

Disparities in New York's AA/B, AAPI and H/L communities make it more difficult to acquire a well-paying job with benefits like a retirement savings plan, leading to lower Social Security and retirement income in older age. Moreover, this lack of opportunity means that it is unduly difficult for 50-plus New Yorkers of color to live in inclusive, livable communities with good schools and where they can afford homes and other assets that they can pass on to their children and grandchildren. Thus, the cycle of inequality is perpetuated, with negative health, economic and social implications.

To illustrate the scope of the disparities in the areas of health, economic security and livability, the briefs that follow discuss key initial findings that lead to inequities across New York State, as well as the concrete steps in the form of policy recommendations that our leaders can take—starting now—to remedy the disadvantages faced by 50-plus New Yorkers of color and their families. These include, but are not limited to:

## HEALTH

### Key Findings

- Widespread and well-documented racial and ethnic health disparities persist across New York State, driven by a multitude of interacting factors including access, affordability and other health care system factors, as well as socioeconomic factors that contribute to social disadvantage, such as poverty, residential segregation, unemployment or low educational attainment.
- Health care access is a foundational element for health care quality, as evidenced by studies demonstrating improvement in a number of health care quality measures for racial and ethnic minority groups since the implementation of the Affordable Care Act coverage expansions.
- Addressing disparities, particularly across culturally and economically diverse populations, requires a range of strategies to ensure that individuals and families can utilize needed services when their health conditions, mobility, or transportation issues impede their ability to access services. Using technology to expand access is one promising strategy.
- In New York State, approximately 3 million caregivers provide more than 2.4 billion hours of care to loved ones each year. The economic value of this care is 31 billion dollars. The average caregiver's out of pocket costs for caregiving averages 20% of income. For Hispanic caregivers, the percentage rises to 44% of income.

- Cultural barriers, language and communication problems may also lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care – a linkage that has been demonstrated for limited English proficient individuals, including AAPI and H/L.
- National studies show a persistent trend of highly segregated nursing facilities and nursing facilities that serve a high proportion of minority patients often have more deficiencies, lower levels of direct care staffing, and lower ratios of registered nurse staffing. With fewer Medicare and private pay patients, these facilities are more likely to face financial constraints that lead to quality of care disparities.

### **Policy Recommendations**

- The State of New York should encourage development and use of culturally appropriate electronic applications for smart phones and telehealth, including use of health and wellness applications and electronic consultations, by removing legislative and administrative barriers to the use of these technologies.
- New York should enact a family caregiver state tax credit to support family caregivers and to recognize their significant contributions that reduce the demand for state-funded services.
- New York State should require cultural and linguistic competency training for all state-licensed health care professionals.
- To address racial disparities in the provision of LTSS in the state, New York should establish under Governor Cuomo’s Long Term Care Planning Council a Long-Term Services and Supports Disparities Task Force (“Task Force”) led by New York’s Office of Minority Health and Health Disparities Prevention office to facilitate communication, coordination, and collaboration among the relevant state agencies and communities of color, and the private and public sector.

## **ECONOMIC SECURITY**

### **Key Findings**

- A greater proportion of AA/B, AAPI and H/L employees working in New York are in jobs that do not provide a retirement savings plan option.
- New York has the highest income inequality in the U.S., with the top 1% being paid 45.4 times more income than the bottom 99%. New York ranks the seventh most unequal in wealth inequality based on race and ethnicity.
- Only one out of five homeowners in New York State is a person of color, even though people of color make up one third-of the state population overall.

In addition, homeowners of color typically face higher foreclosure rates than white homeowners.

- Neighborhoods with the highest foreclosure risk are almost exclusively communities of color, including many middle and upper-income black neighborhoods with large 50-plus populations.
- Deed theft scams, in which fraudsters steal people's homes out from under them, are on an alarming rise. One stakeholder referred to deed theft as the most harmful type of scam perpetrated against older New Yorkers of color.
- 50-plus AA/B, AAPI and H/L homeowners are twice as likely as whites to be severely "cost burdened," paying over half their income on housing. The scenario is particularly dire in New York City, Long Island and Buffalo.
- Public benefits can be crucial to economic security, particularly for older adults living on fixed incomes. Although New York State has the fourth highest Supplemental Nutrition Assistance Program (SNAP) enrollment rate (60.3%) for people 60+ in the U.S., more than 330,000 60+ New Yorkers eligible for SNAP are not enrolled in the program.
- 50-plus AA/B, AAPI and H/L people are far less likely than white New Yorkers to have bank accounts. In NYC neighborhoods of color, there is just one bank branch, on average, for every 10,000 residents, compared to 3.24 branches for every 10,000 residents in all other NYC neighborhoods.
- Wealth inequality is also manifested, for example, in student loan debt. Black and Latino New Yorkers of all ages face significant disparities in student loan debt, compared to white New Yorkers. Black and Latino New Yorkers are more likely to have to borrow to finance their or their children's college educations, and many must delay or scale back plans for homeownership, saving for retirement, and other financial priorities, as they pay off student loans.

### **Policy Recommendations**

- Enact legislation that offers workers in New York the opportunity to open individual retirement accounts with low-cost, low-risk options.
- Preserve New York's strong usury law at all costs to defend against predatory lending, small-dollar loans and other exploitative consumer financial products that target communities of color.
- Support community development financial institutions (CDFIs) to provide sound and affordable loans and financial products and services to people and small businesses in AA/B, AAPI and H/L communities.

- New York State should immediately update laws that address deed theft scams, which target 50-plus AA/B, AAPI and H/L New Yorkers. New York should enact legislation to shield homeowners from predatory deed theft schemes and exploitation by fraudulent distressed mortgage consultants as proposed in S.6171 and A.408. The New York State Assembly passed the legislation in 2017.
- New York should increase Supplemental Nutrition Assistance Program (SNAP) enrollment among older adults. New York should offer information about SNAP in multiple languages, beyond those already required by the State’s language access policies, and conduct effective outreach and comprehensive screening to ensure New Yorkers understand eligibility requirements and can readily gain access to needed benefits.
- Support the creation of a “Student Loan Ombudsman” as well as the consumer protections to protect borrowers from misleading and predatory practices of student loan servicers and or debt consultants. In addition, conduct effective outreach about the ombudsman’s office and the rights of borrowers to all New Yorkers, and focus additional outreach resources in those areas where student loan delinquencies are clustered in zip codes that have significant middle-income black and Latino populations.

## LIVABLE COMMUNITIES

### Key Findings

- Livable communities are generally defined as places that are safe and secure, that have affordable and appropriate housing and transportation options, and that have diverse and convenient neighborhood amenities and services.
- Not surprisingly—but inexcusably—50-plus New Yorkers of color have less access to safe, affordable housing and mobility options (transportation) than their white counterparts.
- The “cost burdened” status of 50-plus AA/B, AAPI and H/L New Yorkers makes their communities particularly vulnerable to gentrification and displacement.
- AA/B, AAPI and H/L neighborhoods have inferior accessibility to modes of public transportation—particularly subway and rail trains and stations with elevators.
- AA/B, AAPI and H/L neighborhoods have a greater number of pedestrian accidents due to unsafe street crossings.

- As it seeks to make ethnically mixed neighborhoods more livable, New York must take into account the language and cultural needs of communities of color, particularly immigrant New Yorkers. Soon, over half of New York City residents age 65-plus will be immigrants.

### **Policy Recommendations**

- Make housing affordable and prevent displacement through inclusionary zoning and support of Community Land Trusts and property tax exemptions to help protect minorities from gentrification and its ill effects.
- Create accessible options for aging in place by facilitating local zoning ordinances that facilitate the creation of Accessory Dwelling Units (ADUs), promoting universal design features in new or renovated housing and expanding 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 Transit Authority (MTA) system, and expand resources to support transit investments throughout the state. Similarly, increase funding behind existing state legislation that requires pedestrian safety is taken into consideration in new and redesigned streets, prioritizing money for neighborhoods with high concentrations of AA/B, AAPI and H/L New Yorkers.
- NYS should revisit the original complete streets law to make sure the majority of all road projects adhere to the law and fill in any loopholes that might exist as being proposed in the state legislature- S.180, and A.6772.

### **CONCLUSION**

The time to act is now to disrupt these racial and ethnic disparities. We welcome policymakers, thought leaders, elected officials, community leaders and academia in this 3 to 5-year initiative to craft solutions and implement the policy change necessary to address the disparities identified in these briefs and the ongoing initiative. Visit **[aarp.org/NY-DisruptDisparities](http://aarp.org/NY-DisruptDisparities)**, which will serve as a platform to host the latest research findings, policy updates and information related to this effort, and contribute your ideas and insights by emailing **[NYAARP@aarp.org](mailto:NYAARP@aarp.org)**.



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**Brief #1: Racial and ethnic disparities  
in health for 50-plus New Yorkers**

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Widespread and well-documented racial and ethnic health disparities persist across the United States as in New York State, driven by a multitude of interacting factors. These factors include access, affordability, and other health care system factors, but also socio-economic factors that contribute to social disadvantage such as poverty, residential segregation, unemployment or low educational attainment. For example, studies of racial and ethnic disparities in chronic disease control (e.g., high blood pressure or blood sugar controls) have cited a variety of contributing factors including patient non-adherence related to costs, health literacy, perceived discrimination, beliefs about medication, untreated mental health and substance use disorder issues, and inadequate insurance coverage.<sup>2</sup> While no single policy solution can address all health disparity causes and concerns that these current and future older minority New Yorkers may face, the time to act is now. New York State should act swiftly to take steps to reduce disparities through initiatives that increase access to care and improve the quality and cultural competency of such care, including consideration of the recommendations discussed below.

### **Reducing Disparities by Improving Access**

Health care access is a foundational element for health care quality, as evidenced by studies demonstrating improvement in a number of health care quality measures for racial and ethnic minority groups since the implementation of the Affordable Care Act coverage expansions.<sup>3</sup> The recommendations described below are intended to further mitigate disparities by employing telehealth and electronic applications to enhance health care access and caregiver tax credits to increase the affordability, and therefore availability, of in-home care.

### **Telehealth and Electronic Applications to Improve Access**

**Recommendation #1:** *The State of New York should encourage development and use of culturally appropriate electronic applications for smart phones and telehealth, including use of health and wellness applications and electronic consultations, by removing legislative and administrative barriers to the use of these technologies.*

Addressing disparities, particularly across culturally and economically diverse populations, requires a range of strategies to ensure that individuals and families can utilize needed services when their health conditions, mobility, or transportation issues impede their ability to access services. Using technology to expand access is one promising strategy. According to the U.S. Census Bureau, most New York households (81.7%) have high-speed internet access, and the share of the New York population aged 65+ with no computer in the household is only 21.8%.<sup>4</sup> Further, the Pew Research Center (Pew) recently reported rising smartphone use among persons aged 65 and older. While still lower than the general population, Pew found that 42% of these older adults reported owning smartphones, up significantly from just 18% in 2013.<sup>5</sup> Pew also found a substantial rise in internet use and broadband adoption among adults aged 65+; over two thirds (67%) use the internet, a 55-percentage-point increase in just under two decades, and over half have home broadband access.<sup>6</sup>



Restrictions on the definition of “originating site,” which is the physical location of a patient when telemedicine is used, remain an inappropriate barrier to telehealth utilization by Medicaid consumers in New York. While licensed health facilities, facilities defined under the Mental Hygiene Law, private physician or dentists’ offices, schools and certain adult care facilities as of 2017 are considered originating sites in New York, originating site restrictions still remain with respect to a patient’s residence. Only if a person is receiving health care services by means of remote patient monitoring, is a patient’s place of residence considered to be an originating site.<sup>7 8</sup>

Governor Cuomo, in his 2018 Executive Budget proposal, proposes legislation to ensure that New Yorkers covered under the Medicaid program can receive telehealth services in a wider range of settings—including in their own homes. He went on to say outdated statutory barriers restrict the settings in which patients can access telehealth services and, under this new legislation, a patient may receive telehealth services wherever they are located.<sup>9</sup>

In addition to including the home as an originating site, consideration should also be given to including senior centers and other similar congregate settings as originating sites.

Telemental health is one of the most mature telehealth disciplines due to its comparatively simple implementation and high level of patient acceptance. There is growing evidence that the use of telehealth to respond to the mental health needs of older consumers is beneficial.<sup>10</sup> In addition, there is a high level of patient satisfaction associated with the use of telemental health using live video conferencing as a modality. New York Medicaid, however, has excluded video cell phone interactions as reimbursable telepsychiatry services.<sup>11</sup> This limitation may no longer be appropriate for a number of reasons, including the increased reliance on cell phones by consumers. This restriction may unnecessarily result in limiting access to critical mental health services by many persons of color.<sup>12 13</sup>

Lack of timely access to specialty care is also a significant problem for disadvantaged populations, but can be improved through electronic consults (“e-consults”). One Los Angeles safety net system, for example, has implemented an e-consult system that allows specialists to review all requests from primary care providers. In many cases the specialist can address the PCP’s question via electronic dialogue, eliminating the need for the patient to be seen by the specialist in person. Twenty-five per cent of e-consults were resolved without a specialist visit, and the average for an electronic response from a specialist was one day. Over time, the median time for a specialist visit decreased significantly while the volume of patients stayed stable. The e-consult approach is a promising and sustainable intervention that improves access to specialist care for disadvantaged individuals.<sup>14</sup>

Access to technology solutions that have demonstrated success, particularly if they are modified to be culturally competent, will help improve access to care and over time



help to reduce health disparities for citizens of New York.

### **Family Caregiver Tax Credit**

**Recommendation #2:** *New York should enact a family caregiver state tax credit to support family caregivers and to recognize their significant contributions that reduce the demand for state-funded services.*

In New York State, approximately 3 million caregivers provide more than 2.4 billion hours of care to loved ones each year. The economic value of this care is 31<sup>15</sup> billion dollars.<sup>16</sup> Nationally, more than half (55 percent) of family caregivers report being overwhelmed by the amount of care their family member needs — especially when the person cared for has dementia. Nearly 4 in 10 family caregivers (38 percent) report a moderate (20 percent) to high degree (18 percent) of financial strain as a result of providing care. Caregivers work an average of 18 hours a week providing care, even while the majority (60 percent) of family caregivers have full- or part-time jobs.<sup>17</sup> The average caregiver's out of pocket costs for caregiving averages 20% of income. For Hispanic caregivers, the percentage rises to 44% of income.<sup>18</sup>

While offering a family caregiver state tax credit in New York would benefit all caregivers regardless of race or ethnicity, this benefit could be particularly helpful for minority families providing culturally appropriate care at home for their loved ones.

**Recommendation #3:** *New York State should require cultural and linguistic competency training for all state-licensed health care professionals.*

Among older adults, a higher proportion of AA/B and H/L adults, compared to whites, report that they have at least one of seven chronic conditions -- asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/ depression. These rank among the most costly medical conditions in America.<sup>19</sup> Although chronic illnesses or disabilities may occur at any age, the likelihood that a person will experience any activity limitation due to a chronic condition increases with age. In 2000, 35 million people -- more than 12 percent of the total population -- were 65 years or older. By 2050, it is expected that one in five Americans -- 20 percent -- will be elderly. The population will also become increasingly diverse. By 2050, racial and ethnic minorities will comprise 35 percent of the over 65 population. As the population at risk of chronic conditions becomes increasingly diverse, more attention to linguistic and cultural barriers to care will be necessary. Language and communication problems may also lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care – a linkage that has been demonstrated for limited English proficient individuals, including Hispanics and Asian Americans. One study found that Spanish-speaking Latinos are less satisfied with the care they receive and more likely to report overall problems with health care than are English speakers.<sup>20</sup> Another study indicates that Asian Americans are less likely to receive counseling and less likely to report positive interactions with their doctors than white individuals.<sup>21</sup>

The type of interpretation service provided to patients is also an important factor in



their level of satisfaction. In a study comparing various methods of interpretation, patients who use professional interpreters are equally as satisfied with the overall health care visit as patients who use bilingual providers. Patients who use family interpreters or non-professional interpreters, such as nurses, clerks, and technicians are less satisfied with their visit.<sup>22</sup>

Several organizations have instituted cultural competence guidelines for their memberships. For example, based on ten years of work, the Society of Teachers of Family Medicine has developed guidelines for curriculum material to teach cultural sensitivity and competence to family medicine residents and other health professionals. These guidelines focus on enhancing attitudes in the following areas:

- Awareness of the influences that sociocultural factors have on patients, clinicians, and the clinical relationship.
- Acceptance of the physician's responsibility to understand the cultural aspects of health and illness.
- Willingness to make clinical settings more accessible to patients.
- Recognition of personal biases against people of different cultures.
- Respect and tolerance for cultural differences.
- Acceptance of the responsibility to combat racism, classism, ageism, sexism, homophobia, and other kinds of biases and discrimination that occur in health care settings.<sup>23</sup>

Several states have also passed legislation requiring cultural competency training for physicians and medical students or as a part of licensure and accreditation.<sup>24 25</sup> New York should consider enactment of legislation to require completion of cultural awareness and competency training by all medical professionals licensed to practice in the state. This training would ensure completion of coursework that addresses racial, ethnic, language, religious, sexual orientation and gender identity issues. Proposed legislation to require such training has been introduced over the past several years and is currently pending in the New York State legislature.<sup>26</sup>

**Reducing LTSS Disparities through State Leadership and Community Engagement**  
**Recommendation #4:** *New York should establish under Governor Cuomo's Long Term Care Planning Council a Long Term Services and Supports Disparities Task Force ("Task Force") led by New York's Office of Minority Health and Health Disparities Prevention office to facilitate communication, coordination, and collaboration among the relevant state agencies and communities of color, and the private and public sector.*

Numerous studies demonstrate that, with a commitment to continuous quality improve-



ment, progress in diminishing health disparities is possible. Within health care organizations, that includes routine monitoring, data collection, and the design of appropriate interventions and implementation strategies informed by emerging evidence.<sup>27</sup>

Governor Cuomo, in his 2018 State of the State Policy Book, proposes to establish a Long-Term Care Planning Council to understand the projected and desired needs of older adults in New York. The Long-Term Care Planning Council will be charged with examining New York's long term care system. The Council will analyze, evaluate, and identify the existing service gaps in New York's long-term care system, determine the most cost-effective evidence based interventions, and prepare a strategic plan to meet the emerging needs of New York's aging population over the next decade.

For many complex care issues, however—including health disparities in access to, and utilization of long term services and supports (LTSS)—multilevel interventions are needed that engage the broader health system as well as patients, caregivers, and the community. For example, national studies show a persistent trend of highly segregated nursing facilities and that nursing facilities that serve a high proportion of minority patients often have more deficiencies, lower levels of direct care staffing, and lower ratios of registered nurse staffing.<sup>28</sup> With fewer Medicare and private pay patients, these facilities are more likely to face financial constraints that lead to quality of care disparities.

Another national study also found that the number of elderly Hispanics and Asians living in U.S. nursing homes grew by 54.9 percent and 54.1 percent, respectively, between 1999 and 2008, while the number of elderly black residents grew by 10.8 percent and the number of white residents decreased by 10.2 percent. The higher minority growth rates exceeded overall growth in the minority population suggesting unequal access to home and community-based services (HCBS).<sup>29</sup> State policymakers can play an important role in addressing these LTSS disparities.

In 1992, New York's Office of Minority Health and Health Disparities Prevention (OMH-HDP) was established within the Department of Health as a statewide resource "for effecting the elimination of health disparities across all impacted populations."<sup>30</sup> This Health Disparities Task Force should build on that foundation and more recently Governor Cuomo's call for a Long-Term Care Planning Council. The Task Force could focus its work to:

- Document the numbers and types of LTSS providers in the state and the number of clients served in each setting;
- Document the number and racial profiles of residents using all LTSS including, but not limited to, residential nursing facilities, assisted living facilities, adult day care, home health services and other home and community based long term care services;
- Document the number and profiles of family or informal caregivers who provide care for minority elders;

- Compare data over multiple years to identify trends in delivery of LTSS for each racial or ethnic category including: Alaskan Native or American Indian, Asian or Pacific Islander, black or African American, Hispanic, or white;
- Identify any racial disparities in the provision of care in various LTSS settings and determine factors that might influence the disparities found;
- Identify any disparities uniquely experienced in metropolitan or rural areas and make recommendations to address these areas;
- Assess whether the LTSS industry is equipped to offer culturally sensitive and competent care to meet the needs of a diverse aging population and their informal and formal caregivers;
- Consider whether to recommend that the state require all HCBS as a condition of licensure to report data similar to that gathered under the Minimum Data Set required when a new resident is admitted to a nursing home;
- Identify and prioritize recommendations for actions to be taken by the state to address disparity issues identified in the course of these studies, and
- Monitor the progress of the state in eliminating racial disparities in the delivery of LTSS.

Creating an LTSS Disparities Task Force within Governor Cuomo's Long-Term Care Planning Council will enable New York State to address LTSS disparities in a comprehensive, holistic, and accountable manner, increasing the likelihood of greater improvements in LTSS quality of care for all populations.

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**Briefing #2: Racial and ethnic disparities in economic security for 50-plus New Yorkers**

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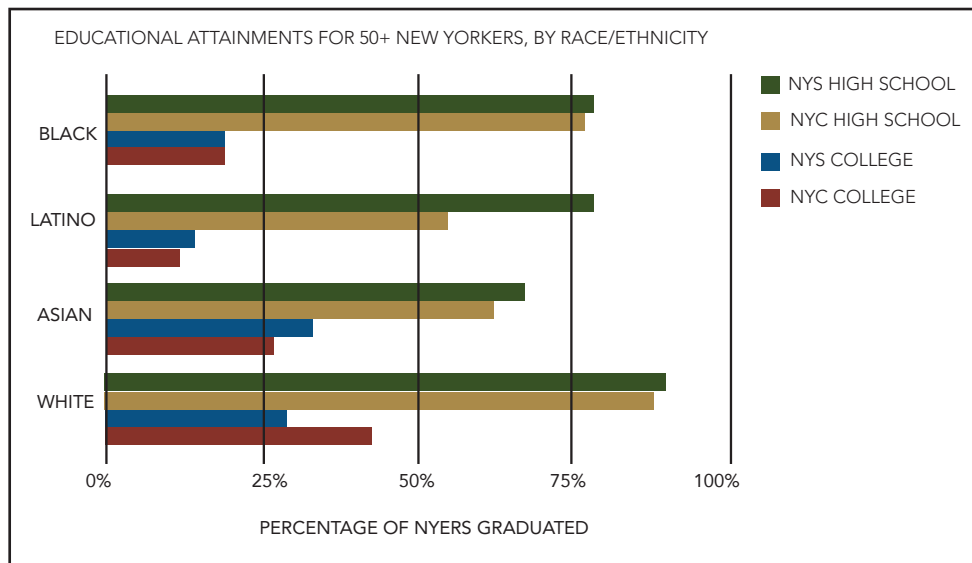
Many 50-plus New Yorkers are facing barriers to economic security, particularly AA/B, AAPI or H/L New Yorkers. Of all states across the nation, New York State tops the list with regard to income inequality. In terms of racial and ethnic inequality in wealth, New York ranks seventh most unequal. These and other racial and ethnic disparities are rooted in historical and structural discrimination, and directly undermine the economic security of 50-plus New Yorkers of color.

The purpose of this brief is to share initial findings related to racial and ethnic disparities in economic security among 50-plus New Yorkers, including income inequality, wealth inequality, housing cost burden and access to banking services. These disparities perpetuate inequality, segregation, and poverty. As such, the goal of this brief is to articulate the scope of these disparities and to identify policy recommendations that will help remove barriers to economic security for 50-plus AA/B, AAPI and H/L New Yorkers.

### Inequality in Educational Opportunity & Attainment

African American/Black, Asian American/Pacific Islander and Hispanic/Latino New Yorkers generally have fewer educational opportunities and, as a result, their job prospects later in life often yield smaller salaries. In turn, they typically have fewer opportunities to save and, as retirees, they receive lower Social Security benefits and have fewer assets with which to enjoy a secure retirement.

Disparities in educational attainment lead to disparities in access to well-paying, secure jobs and contribute to income inequality. Most 50-plus residents of New York State (83%) graduated from high school, and three in ten (29%) completed Bachelor’s degrees. White 50-plus New Yorkers, however, are more likely to have finished high school and college than 50-plus New Yorkers of color. There are similar racial and ethnic disparities in educational attainment in New York City, as noted in the chart below.



SOURCE: U.S. Census 2011-2015 American Community Survey 5-Year Public Use Microdata Sample





## **Student Debt Burden**

Wealth inequality is also manifested, for example, in student loan debt. Black and Latino New Yorkers of all ages face significant disparities in student loan debt, compared to white New Yorkers. Black and Latino New Yorkers are more likely to have to borrow to finance their or their children's college educations, and many must delay or scale back plans for homeownership, saving for retirement, and other financial priorities, as they pay off student loans.

Although data on New Yorkers' student loan debt burden are not available by age and race and ethnicity, data on student loan debt by age reveal that 9.6% of people in the 55-84 age group carry student loan debt, with a median balance of almost \$19,500. Survey research by AARP shows that among New Yorkers in the 51-69 age group, 20% of respondents who do not have student loan debt expect to take out a student loan in the future. These findings indicate that student debt is and will likely continue to be an obstacle to economic security for 50-plus New Yorkers.

Analysis of student loan delinquencies shows that, in New York and Long Island, delinquencies are clustered in zip codes that have significant middle-income black and Latino populations, suggesting that middle income people of color are likely to carry unaffordable student loan burdens.

Governor Cuomo in his 2018 Executive Budget proposal to the Legislature has recommended that a "Student Loan Ombudsman" be created and housed at the Department of Financial Service (DFS). The Ombudsman would be the student borrower's advocate to help resolve student complaints, mediate disputes and educate borrowers about student loans. In addition, the Governor is recommending protections for students that include no student loan servicers or debt consultants can mislead or engage in any predatory practices. These protections will as stated by the Governor include banning upfront fees, requiring fair contracts and clear and conspicuous disclosures to borrowers, as well as require student loan servicing companies be licensed by DFS.

## **Income Inequality**

As stated above, New York State has the unfortunate distinction of having the highest level of income inequality in the nation. Below are several data points to help illustrate the extent of this disparity:

- New Yorkers with incomes in the top 1% make more than 45 times more than the bottom 99%, and take home 31% of all income in the state.<sup>31</sup>
- In New York City, for every dollar that a 50-plus white household earns, the typical Asian American/Pacific Islander 50-plus household earns 81 cents, the typical African American/Black 50-plus household earns 69 cents, and the typical Hispanic/Latino 50-plus household earns 51 cents.<sup>32</sup>



- As with nearly every indicator covered in this summary, the disparities are even more pronounced for women and immigrants.

### **Retirement Income**

According to survey research by AARP, most New Yorkers in the 51-69 age category (55%) worry about not planning enough for retirement and are anxious about running out of money after they retire.<sup>33</sup> Data on retirement income for 50-plus New Yorkers bear out their concerns, as most 50-plus New Yorkers across the board have insufficient retirement incomes to cover their expenses. However, white 50-plus New Yorkers' retirement incomes are almost double that of AA/B, AAPI and H/L New Yorkers, and the majority of 50-plus New Yorkers of color are likely to retire with incomes near the poverty threshold, with limited ability to cover basic needs, not to mention save money or build other assets.

The majority of AA/B, AAPI and H/L retirees in New York rely heavily on Social Security income. Social Security benefit levels are tied to one's earnings, and because New Yorkers of color generally earn less money than white New Yorkers while working, there are striking racial and ethnic disparities in the Social Security income received by African American/Black, Asian American/Pacific Islander and Hispanic/Latino retirees in New York. In fact, African American/Black New York retirees receive 78.4% of the Social Security income of white New Yorkers. This disparity is even greater for H/L and AAPI New Yorkers, who receive 60.8% and 43.4% of what white New Yorkers receive in Social Security income, respectively.<sup>34</sup>

A key driver of this disparity for immigrants is that, to qualify for Social Security benefits, one must have paid Social Security taxes on employment income for at least ten years. This means that immigrants who came to this country near or at retirement age are blocked from receiving Social Security, as are people who work in occupations, such as domestic work, in which employers do not consistently pay social security taxes. In fact, in New York City, 31% of foreign-born 50-plus New Yorkers do not receive Social Security income, compared to 18% of native-born 50-plus New Yorkers.<sup>35</sup>

Statewide, income from retirement savings and pensions among retirees suggests significant disparities in retirement savings levels by race and ethnicity. White retirees in New York receive substantially more income from non-Social Security sources than AA/B, H/L or AAPI retirees, suggesting that white 50-plus New Yorkers generally have greater resources to save for retirement. Data show that white 50-plus New Yorkers typically have better access to jobs with 401(k) plans and pensions than do their African American/Black, Asian American/Pacific Islander and Hispanic/Latino counterparts.<sup>36</sup>

In his 2018 Executive Budget proposal to the Legislature, the Governor recommended, through the NYS Deferred Compensation Board, the creation of New York State Secure Choice Savings Program, a voluntary-enrollment payroll deduction IRA for employees of private employers that do not already offer retirement savings plans. The Governor plan is very similar to legislation that has been introduced in the Legislature Secure Choice



Savings Program Act S.4344, same as A.4982, that has received bipartisan support.

### **Continue To Prohibit Payday Lending**

New York is one of 15 states, plus Washington, D.C., that effectively prohibits payday lending. Thanks to its strong, longstanding usury laws, New York fully bans payday lending and other high-cost loan products that notoriously strip wealth from lower-income people and communities. In fact, it is a felony in New York to charge more than 25% on a loan, which many see as a shockingly high interest rate in this low-interest rate climate. As a result, New Yorkers preserve almost \$450 million<sup>37</sup> – more than any other state across the country – that would otherwise go to payday lending fees.<sup>38</sup>

Where payday lending is legal, lower-income people of color make up a disproportionately large segment of borrowers<sup>39</sup> – and older adults are an especially fast-growing segment of payday loan borrowers in the U.S.<sup>40</sup> Seniors in California, where payday lending is permitted, are now the largest age group of payday loan borrowers.<sup>41</sup>

Study after study has demonstrated how payday lending functions as a debt trap, the business model predicated on making high-cost loans to people struggling to get from paycheck to paycheck – or in the case of many seniors, from government check to government check.<sup>42</sup> Not surprisingly, seniors who receive government benefits make a prime target for payday lenders.

Many seniors rely on Social Security benefits as the lion's share of their total income, providing payday lenders with practically guaranteed collateral, making these loans extremely low-risk for lenders, and a steady stream of funds to extract.<sup>43</sup> Social Security income constitutes a greater share of overall income for 50-plus retired New Yorkers of color than for 50-plus retired white New Yorkers, and should be protected against financial predation.

### **Wealth Inequality**

Measures of income inequality are important, but do not measure wealth. Wealth carries with it opportunities for longer-term economic security, including the ability to pass along one's assets. Wealth, in other words, is understood as a better measure of relative economic well-being, especially in retirement. Racial wealth measures provide a clearer picture of entrenched economic and social inequality than income measures.

Among New Yorkers of all ages, white households have more than 12 times the wealth of AA/B, AAPI and H/L households. H/L households have 3.4%, AA/B households have 6.2%, and AAPI households have 21% of the wealth of the median white household.<sup>44</sup> Similarly, 50-plus New Yorkers of color face tremendous wealth inequality, and although data on racial and ethnic wealth disparities are not specifically available by age, one can extrapolate wealth patterns from information about homeownership and other relevant economic factors.

Disparate rates of homeownership are a major driving factor in racial and ethnic wealth



disparities.<sup>45</sup> In New York State, 50-plus AA/B and H/L New Yorkers are far less likely, and 50-plus AAPI New Yorkers are somewhat less likely, to own homes than 50-plus white New Yorkers. African American/Blacks, Asian Americans/Pacific Islanders and Hispanics/Latinos account for one third of the state's population but only one fifth of homeowners, and homeowners in neighborhoods of color typically face higher foreclosure rates than homeowners in predominantly white neighborhoods. Finally, 50-plus New Yorkers of color are twice as likely as 50-plus white New Yorkers to pay more than half their income for housing.

### **Income Support**

Public benefits can be crucial to economic security, particularly for older adults living on fixed incomes. Although New York State has the fourth highest Supplemental Nutrition Assistance Program (SNAP) enrollment rate (60.3%) for people 60+ in the U.S., more than 330,000 60+ New Yorkers eligible for SNAP are not enrolled in the program, commonly known as food stamps. Closing the enrollment gap for older New Yorkers would increase income among this age group by more than \$500 million annually; most of these additional funds (59.4%) would go to older black, Latino and Asian New Yorkers.

There are multiple explanations for the lack of enrollment in SNAP, from barriers to language access and insufficient information about eligibility requirements to difficulty with the application process. AARP surveyed people ages 50-59 eligible to enroll in SNAP in New York and four other states. Survey respondents cited hostile service and improper benefits screening when attempting to access SNAP benefits at local SNAP offices.

In New York State, households headed by 50-plus people of color are at least twice as likely to use SNAP benefits as households headed by 50-plus whites. 50-plus H/L New Yorkers are most likely to receive SNAP (35%), followed by 50-plus AA/B (25%), 50-plus AAPI (20%) and 50-plus white (9%) New Yorkers.

### **Unequal Access to Safe & Affordable Banking Products**

Access to sound and affordable banking services plays a direct role in older New Yorkers' financial security. Among other factors, New Yorkers without adequate access to mainstream banking services typically pay more for even basic financial transactions, depleting them of needed funds, when many others take free banking services for granted. There are stark disparities between mainstream banking access for 50-plus black, Latino and Asian New Yorkers, and 50-plus white New Yorkers.

For decades, entire neighborhoods of color have been discriminatorily cut off from access to sound and affordable bank loans, services, and investments. Access to safe and affordable accounts is critical to people's ability to save money and to community wealth-building more broadly. In New York City, for example, there is just one bank branch, on average, for every 10,000 residents in neighborhoods of color, compared to 3.24 branches for every 10,000 residents in all other NYC neighborhoods.<sup>46</sup> Check cashers and other "fringe" financial institutions predominate, filling the vacuum created by banks, but are not subject to the same level of regulatory oversight and consumer



protection as banks. This disparity is especially glaring in neighborhoods with high concentrations of 50-plus residents.

On Long Island, the percentage of people of color overall is much lower than in NYC. Nonetheless, the number of bank branches serving predominantly white neighborhoods on Long Island is almost twice that serving predominantly non-white neighborhoods, again controlling for population. There are three times more check cashers in communities of color on Long Island, per capita, than in predominantly white neighborhoods.

50-plus AA/B, AAPI and H/L New Yorkers are less likely to hold bank accounts than their white counterparts. Among New Yorkers between the ages of 55-64, only 1.6% of white New Yorkers do not have a bank account, compared to 15.8% of AA/B, 17.9% of AAPI, and 34.9% of H/L New Yorkers.<sup>47</sup>

Many New Yorkers of color who have bank accounts, however, are also “underbanked,” meaning that they turn to non-bank, often “fringe,” financial services providers for check-cashing, money orders, and remittances, among other typically high-cost products and services. Half of all AA/B New Yorkers (50.5%) in the 55-64 age category who have a bank account are in fact “underbanked.” Similarly, one out of every three H/L New Yorkers and one out of every four AAPI New Yorkers in this age group are “underbanked.” By contrast, 17.5% of white New Yorkers age 55-64 fall into this category.

### **Foreclosure Risk & Deed Theft**

Neighborhoods with the highest foreclosure risk are almost exclusively communities of color, including many middle- and upper-income black neighborhoods with large 50-plus populations. Deed theft scams are perpetrated in a variety of ways, but generally involve fraudsters stealing people’s homes out from under them. They trick vulnerable homeowners into permanently signing over their deeds, by promising to help them avert foreclosure, for example, or they file falsified documents in the county clerk’s office, transferring the deed to a third party. Deed theft is reportedly on an alarming rise in New York, and many stakeholders identified it as the most harmful type of scam perpetrated against older New Yorkers of color.

### **Abusive Debt Collection**

A majority of 50-plus voters (57%) polled by AARP reported they were concerned about fraudulent, abusive, and unfair debt collection practices, with higher percentages of 50-plus black and Latino respondents expressing concern. Similarly, stakeholders identified abusive debt collection as a major, ongoing economic justice issue affecting low income seniors of color in New York, especially in NYC, Long Island, and Buffalo.

For years, abusive debt collection plagued older New Yorkers of color, who lived on fixed incomes but found their funds frozen by debt collectors, leaving them without access to their sorely-needed funds, and unable to pay their rent or buy food or medicine. Debt buyers, in particular, effectively used the New York courts as a collection mill, filing lawsuits en masse, without actual proof of alleged debts owed, and without notifying



people about the lawsuits.<sup>48</sup> Under state and federal law, public benefits are generally legally exempt from debt collection, but that did not stop debt collectors from using false and illegal threats and freezing older New Yorkers' bank accounts to seize exempt funds.

In response to this rampant injustice, New York implemented major legislative and regulatory reforms, and now has among the strongest debt collection laws in the country. The rules have dramatically curbed the due process violations and other illegal practices that had typified collections by the debt buying industry, and harmed hundreds of thousands of older New Yorkers of color and others in New York.

### **Housing Cost Burden**

Housing cost burdens directly undermine economic security for millions of 50-plus African American/Black, Asian American/Pacific Islander and Hispanic/Latino New Yorkers – for renters and homeowners alike. An examination of housing cost burdens for 50-plus people in New York State, New York City, Long Island, and Buffalo revealed problematic trends, where one out of every three 50-plus New Yorkers is severely cost burdened, statewide, paying more than 50% of their incomes to cover housing costs.

The majority of all 50-plus renters in New York City, Long Island and Buffalo are cost burdened, irrespective of race or ethnicity, paying more than 30% of their incomes to cover housing costs. Across all geographies, 50-plus households headed by women and those headed by 50-plus immigrants are more likely to be rent burdened than households headed by 50-plus men and 50-plus U.S.-born residents.

There are glaring racial disparities, however, among 50-plus homeowners. Statewide, 50-plus homeowners of color are twice as likely as 50-plus white homeowners to be severely cost burdened, paying 50% or more of their incomes to cover housing costs. More than 40% of 50-plus black, Latino, and Asian homeowners are cost burdened, compared to 29% of 50-plus white homeowners.

There are glaring racial disparities among 50-plus homeowners across New York State.

- In New York City, 50-plus AA/B (48%), AAPI (44%) and H/L (46%) homeowners are much more likely to be cost burdened than white homeowners (34%), and a quarter of all 50-plus AA/B, AAPI and H/L people in New York City are severely cost burdened, compared to 17% of white New Yorkers.
- On Long Island, where the housing stock is primarily owner-occupied homes (85%), the cost burden for 50-plus homeowners is perhaps more indicative of economic insecurity. There, 40% of 50-plus homeowners are cost burdened and 19% are severely cost burdened. 50-plus AA/B (46%), AAPI (44%) and H/L (49%) homeowners are significantly more likely to be cost burdened than white homeowners (39%).
- In Buffalo, 24% of all 50-plus homeowners are cost burdened, and 12% are se-





verely cost burdened. Despite these comparatively low figures overall, 50-plus AA/B (33%), AAPI (31%) and H/L (31%) homeowners are much more likely to be cost burdened than 50-plus white homeowners (19%). The rates of severe cost burden vary widely between 50-plus AAPI homeowners (31%) and white homeowners (9%).

### **Small Business Challenges**

After homeownership, equity in businesses constituted the second greatest asset among white households in the U.S., and more than doubled over the past two decades. By contrast, and reflecting ever-widening wealth inequality, small business equity among black households decreased over the past two decades and accounted for less than 4% of black households' assets overall<sup>50</sup>. Businesses owned by white New Yorkers are worth four times those owned by New Yorkers of color. Indeed, 50-plus New Yorkers of color, including immigrants, face many barriers to starting and maintaining small businesses. Inadequate access to sound and affordable loans, exorbitant commercial rents, and the changing nature of our economy are challenges that 50-plus small business owners of color face in New York. These disparities and impediments not only affect individual 50-plus New Yorkers of color, but also have major implications for neighborhood and state-wide economic development, more broadly.

### **Policy Recommendations**

Though the challenges outlined above have deep roots in systemic discrimination—discrimination that continues to affect New Yorkers today—there are concrete policies that the state can undertake now to begin remedying them. These include:

- Bolster retirement savings by passing legislation that creates a retirement savings program that is voluntary-enrollment payroll deduction IRA for employees of private employers that do not already offer retirement savings plans as proposed by the Governor and the Legislature.
- Preserve its strong usury law at all costs, as the best defense against predatory, small-dollar loans and other predatory and exploitative consumer financial products that target lower-income 50-plus New Yorkers of color.
- Commit at least \$25 million in the 2018 Final state budget for 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 and affordable loans and other responsible financial products and services to people and communities of color, immigrants, and small businesses. New York should follow through and allocate funding to the state CDFI Fund which the legislature created in 2007, but has yet to fund.
- New York State should immediately update laws that address deed theft scams, which target 50-plus New Yorkers of color. Deed theft is a crime, in which people's homes are stolen out from under them, and it is a resurging problem that

must be addressed. New York should enact legislation to shield New York homeowners from predatory deed theft schemes and exploitation by fraudulent distressed mortgage consultants as proposed in S.6171 and A.1408. The New York State Assembly passed the legislation last year.

- The New York State Department of Financial Services and Attorney General's Office, as well as the NYC Department of Consumer Affairs, need to step up enforcement of debt collection laws, including the 2008 NYS Exempt Income Protection Act, to put an end to abusive debt collection.
- New York State and NYC should take action to ensure affordability of rent for locally-owned commercial enterprises. New York State and NYC should explore the feasibility of using community land trusts (CLTs) and as a promising vehicle for ensuring access to affordable rent. In addition, New York should explore the viability of reintroducing commercial rent control, which would likely receive opposition from real estate interests, but is desperately needed to ensure that 50-plus small business owners of color can open and maintain businesses. In addition, the State should vigorously defend its consumer protection laws, and crack down on illegal online and other predatory lending to small businesses.
- New York should increase Supplemental Nutrition Assistance Program (SNAP) enrollment among older adults. New York should offer information about SNAP in multiple languages, beyond those already required by the State's language access policies; conduct effective outreach and comprehensive screening to ensure New Yorkers understand eligibility requirements and can readily gain access to needed benefits.
- Support the creation of a "Student Loan Ombudsman" as recommended in the Executive Budget as well as the consumer protections the Governor is proposing to protect borrowers from misleading and predatory practices of student loan servicers and or debt consultants. In addition the DFS should conduct effective outreach about the ombudsman's office and the rights of borrowers to all New Yorkers and focus additional outreach resources in those areas where student loan delinquencies are clustered in zip codes that have significant middle-income black and Latino populations





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**Briefing #3: Racial and Eththnic Disparities in Liv-  
able Communities for Ethnic 50-Plus New Yorkers**

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Residential location and neighborhood quality are important determinants of the ability of older adults to successfully age in place. In December 2017, New York became the first state to join the AARP-World Health Organization Age-Friendly Network. Age-friendly communities, often referred to as livable communities,<sup>1</sup> are generally defined as places that are safe and secure, that have affordable, accessible and appropriate housing and transportation options, and that have diverse and convenient neighborhood amenities and services. Committing to building age-friendly, livable communities is a significant milestone for New York and the nation, as it helps establish a model for states and local municipalities as they rethink how communities are structured for the benefit not only of the 50-plus but for people of all ages.

An important consideration as New York strives to build more livable communities is that, historically, African American/Black, Asian American/Pacific Islander and Hispanic/Latino communities have encountered barriers to accessing these neighborhoods. As a result, AA/B, AAPI and H/L older adults are generally less likely to live in these types of communities than are white older adults, and this disparity in access to livable communities can negatively impact health and well-being, as well as limit the ability of people to remain in their communities as they age. To promote inclusivity and to support New York State's diverse population as it ages, it is critically important that older New Yorkers from all racial, ethnic, and cultural backgrounds are able to remain in livable communities in which they can thrive.

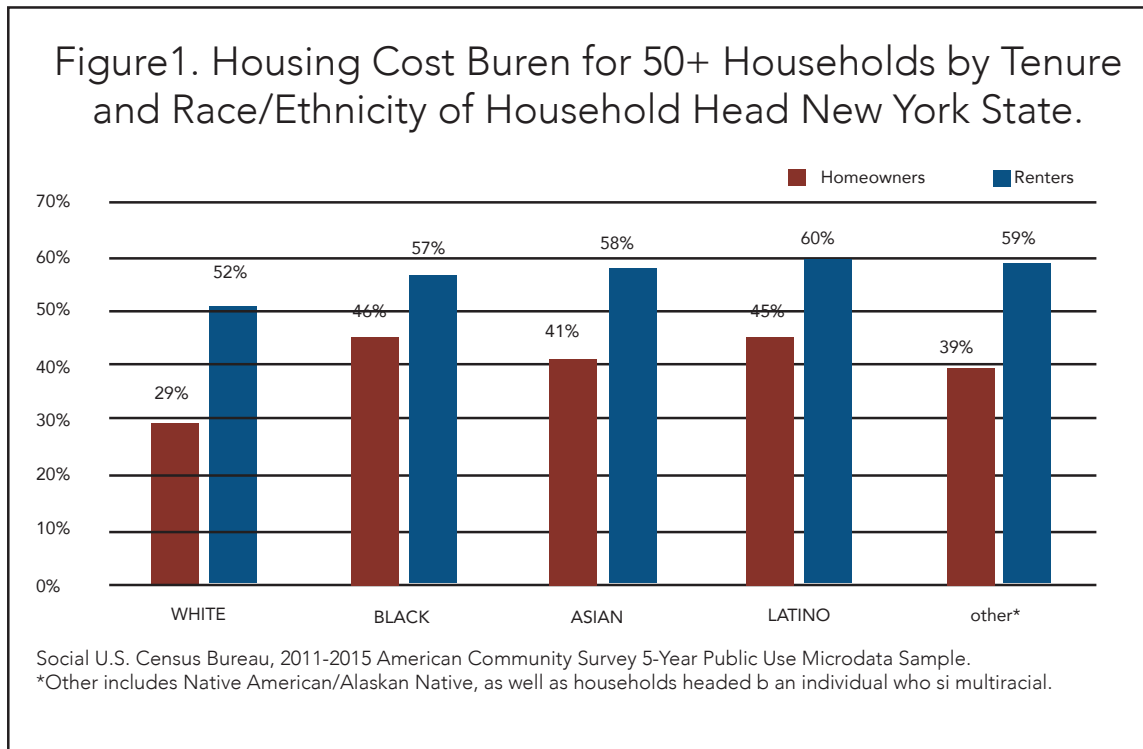
A substantial body of research has documented the benefits of livable communities to individual and family health and well-being, personal economic security, and community vitality. These benefits impact everyone, but can be particularly important to individuals as they age. However, African Americans/Blacks, Asian Americans/Pacific Islanders and Hispanics/Latinos often have fewer housing and neighborhood choices, and these disparities in access to livable communities can create widening gaps in well-being over time.

AARP's Public Policy Institute crafted a composite index of "livable communities" to measure the livability of neighborhoods along a number of indicators, including housing, transportation, environment, opportunity, health, and others. This index can be used to compare the livability of predominantly white neighborhoods to those with high concentrations of AA/B, AAPI and H/L residents. This brief explores the disparities that exist in two critical aspects of livability—housing and transportation—and provides policy recommendations to address inequality and create inclusive communities for 50-plus New Yorkers of color so that they may age in place, with dignity and security.



### Affordable and Accessible Housing

The housing challenges facing 50-plus AA/B, AAPI and H/L New Yorkers fall largely along two axes: affordability and accessibility.



**Affordability:** Affordability is typically measured by comparing a household’s income to its housing costs. When a household spends 30% or more of its income on housing, it is referred to as “cost burdened.” New Yorkers of color that are 50-plus, many of whom live on a fixed income, spend much more of their income on housing than 50-plus white New Yorkers; and, therefore, are far more likely to be cost burdened. This, in turn, makes it more difficult for them to afford food, medicine, and other necessities.

As the above figure shows, in New York State, 29% of white 50-plus homeowners are cost burdened, compared with 46% of African American/Black homeowners, 45% of Hispanic/Latino homeowners and 41% of Asian American/Pacific Islander homeowners. The rates of cost burden among renters across race and ethnic groups are considerably higher, particularly for the African Americans/Blacks, Asian Americans/Pacific Islanders and Hispanics/Latinos.

Rates of cost-burdened homeowners are higher in New York City, Nassau/Suffolk Counties, and Buffalo. To help address this, New York Governor Andrew Cuomo implemented a five-year plan to invest \$20 billion to advance the construction of affordable housing for seniors and to combat homelessness. This initiative will help address this disparity, however, ongoing support will be needed to ensure racial and ethnic communities have access to affordable housing beyond 5 years.



**Accessibility:** Research from the Joint Center for Housing Studies at Harvard University has demonstrated that much of the nation’s housing inventory lacks basic accessibility features, which will prevent older adults with mobility limitations from living safely and comfortably in their homes.<sup>52</sup> Even when they can find affordable, stable housing, 50-plus New Yorkers in AA/B, AAPI and H/L communities are less likely to live in accessible buildings than their white counterparts. The need to retrofit owner-occupied homes is a significant issue, and there is a very limited supply of affordable and accessible rental homes for older adults<sup>53</sup>, which negatively impacts 50-plus AA/B, AAPI and H/L New Yorkers in particular. This dearth of accessible housing options makes it more difficult for 50-plus AA/B, AAPI and H/L New Yorkers to age in place, living independently in their homes as opposed to costly nursing homes.

### **Safe Reliable Mobility Options**

Access to safe, reliable and convenient mobility options is essential to inclusive, livable communities. Especially for older Americans, many of whom cannot or choose not to drive, safe and easy transportation offers mobility and prevents isolation from friends and family.<sup>54</sup> Reliable transportation options are also critical for older adults to be able to access health services. Many subway stations in minority neighborhoods lack elevators, a necessity for many older Americans. Lack of transportation has real impact on 50-plus AA/B, AAPI and H/L New Yorkers, including missed doctor’s appointments<sup>55</sup>, forgoing medical treatment, failing to get recommendations filled and becoming isolated from friends and family.<sup>57</sup>

### **Evidence of Disparities in Access to Livable Communities**

Evidence from the neighborhood-level analysis of AARP Livability Index data for New York State demonstrates racial disparities in access to good housing and transportation options, neighborhood amenities, and economic opportunities in New York City, Long Island, and Buffalo.

**New York City:** There is significant residential segregation by race among the older adult population in New York City. Neighborhoods in New York City with existing concentrations of 50-plus AA/B, AAPI and H/L adults and their children are experiencing increasing pressures of gentrification<sup>58</sup> Compared with neighborhoods that are predominantly 50-plus white adults, neighborhoods with predominantly 50-plus AA/B, AAPI and H/L adult populations have greater income inequality and less access to economic opportunity in Manhattan, less access to parks and good transit options in Brooklyn, fewer civic organizations and cultural institutions in the Bronx, fewer affordable and accessible housing options and access to fewer neighborhood amenities in Queens, and fewer reliable transportation options in Staten Island.

**Long Island:** 50-plus AA/B, AAPI and H/L adults tend to live in neighborhoods



that offer fewer economic opportunities and less age diversity compared to predominantly white older adult neighborhoods.

**Buffalo:** Neighborhoods that have higher concentrations of 50-plus AA/B, AAPI and H/L adults tend to have fewer affordable and accessible housing options, neighborhood amenities and economic opportunities. The biggest disparity in Buffalo is around access to opportunity, where some neighborhoods of color are much less connected to economic opportunities than predominantly white neighborhoods.

Across New York, 50-plus adults that are African Americans/Blacks, Asian Americans/Pacific Islanders or Hispanics/Latinos are significantly more likely than white 50-plus adults to spend a disproportionately high share of their incomes on housing costs, leaving less left over for other necessities including food and health care.

Most neighborhoods in New York City and Long Island are served by subway and/or rail transit stations with entrances that are not fully ADA-accessible, creating challenges for accessing transit options as physical mobility declines. In New York City, many 50-plus AA/B, AAPI and H/L adults are less likely to live in communities with safe streets, as neighborhoods with higher concentrations of African American/Black and Hispanic/Latino residents have higher rates of pedestrian accidents in the city.<sup>59</sup>

### **Policy Recommendations**

New York policymakers at the state and local levels should prioritize strategies that create and preserve livable communities for the 50-plus population, and particularly 50-plus AA/B, AAPI and H/L New Yorkers. Specific recommendations are as follows:

- **Make Housing Affordable and Prevent Displacement**
  1. Inclusionary Zoning: Policymakers should continue supporting set-asides for low- and moderate-income older adult households in gentrifying neighborhoods, specifically those with high concentrations of African American/Black, Asian American/Pacific Islander and Hispanic/Latino families.
  2. Community Land Trusts: Leaders should advocate for more state and local resources to support CLTs (non-profits that develop and oversee affordable housing).
  3. Property Tax Exemptions: There should be a statewide education program to ensure that all communities throughout New York State have adopted a property tax exemption for older adult homeowners, and are actively promoting the program.
- **Create Accessible Options for Aging in Place**
  1. Accessory Dwelling Units (ADUs): Sometimes called “mother-in-law apart-

ments,” ADUs offer a flexible option for retirees to either live near family, or to house relatives or caretakers. Local zoning ordinances should facilitate the creation of such units.

2. **Universal Design:** Features like no-step entries, first-floor bathrooms, and wide doorways should be required in new or renovated housing.
  3. **Home Modification Assistance:** Lawmakers should expand funding for existing programs that serve lower-income older adults who need to make home modifications or other home repairs such as the Access to Home and the Restore programs.
- **Increase Transit and Mobility Options**
    1. **Complete Streets:** New York’s Complete Street Act requires road projects within the state that use state or federal funds to design transportation projects to meet the needs to all users. Complete Streets are usually defined as places that provide safe access for pedestrians, bicyclists, drivers and transit riders of all ages and abilities. As a result, communities with Complete Streets are places where it is easy for all to cross the street, and to walk and bicycle to work, shops, and other amenities.
      - The NYS DOT must assess whether this law has had the intended impact on neighborhoods with higher concentrations of older adults, particularly neighborhoods where there are high concentrations of African American/Black, Asian American/Pacific Islander and Hispanic/Latino older adults and high incidents of pedestrian accidents. In addition, NYS should revisit the original complete streets law to make sure the majority of all road projects adhere to the law and fill in any loopholes that might exist as being proposed by Legislature in S.1801 same as A.6772
    2. **Accessible Transit:** Policymakers should improve accessibility within the Metropolitan Transit Authority (MTA) system, and advocate for expanded resources to support transit investments throughout the state, particularly systems that serve older adults.



## CONCLUSION

Racial and ethnic disparities in the areas of health, economic security and livable communities are widespread, persistent and well-documented. With its large and rapidly growing AA/B, AAPI and H/L populations age 50 and older, New York State faces a significant challenge to address and reduce these disparities in the years ahead. This paper makes several recommendations that state policy makers can adopt and that have the potential to improve the lives of New York's older communities of color.

We welcome policymakers, thought leaders, elected officials, community leaders and academia in this 3 to 5-year initiative to craft solutions and implement the policy change necessary to address the disparities identified in these briefs and the ongoing initiative. Visit [aarp.org/NYDisruptDisparities](https://aarp.org/NYDisruptDisparities) which will serve as a platform to host the latest research findings, policy updates and information related to this effort, and contribute your ideas and insights by emailing [NYAARP@aarp.org](mailto:NYAARP@aarp.org).

The time to act is now to disrupt these racial and ethnic disparities.



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Health Management Associates





## END NOTES

- <sup>1</sup> U. S. Census 2011-2015 American Community Survey 5-Year Public Use Microdata Sample
- <sup>2</sup> Kevin Fiscella and Mechelle R. Sanders, "Racial and Ethnic Disparities in the Quality of Health Care," *Annu. Rev. Public Health* 2016. 37:375-395. Accessed at <http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032315-021439>.
- <sup>3</sup> Kevin Fiscella and Mechelle R. Sanders, "Racial and Ethnic Disparities in the Quality of Health Care," *Annu. Rev. Public Health* 2016. 37:375-395. Accessed at <http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032315-021439>.
- <sup>4</sup> U.S. Census Bureau, American Community Survey, "Computer and Internet Use," March 23, 2016; accessed at <https://www.census.gov/acs/www/about/why-we-ask-each-question/computer/>.
- <sup>5</sup> Monica Anderson and Andrew Perrin, "Tech Adoption Climbs Among Older Adults," Pew Research Center, May 17, 2017; accessed at <http://www.pewinternet.org/2017/05/17/tech-adoption-climbs-among-older-adults/>.
- <sup>6</sup> Ibid.
- <sup>7</sup> "State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and District of Columbia," Center for Connected Health Policy, April 2017; accessed at: <http://www.cchpca.org/sites/default/files/resources/50%20STATE%20PDF%20FILE%20APRIL%202017%20FINAL%20PASSWORD%20PROTECT.pdf>
- <sup>8</sup> New York State Senate, New York Consolidated Laws, Public Health Law - PBH § 2999-cc; accessed at: <https://www.nysenate.gov/legislation/laws/PBH/2999-CC>
- <sup>9</sup> Governor Andrew M. Cuomo, "Excelsior – Ever Upward: 2018 State of the State," January 3, 2018; accessed at <https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/old-files//2018-stateofthestatebook.pdf>.
- <sup>10</sup> Eric Wicklund, "New York Eases Telehealth Rules for Mental Health Providers," *Telehealth News*, November 28, 2016; accessed at: <https://mhealthintelligence.com/news/new-york-eases-telehealth-rules-for-mental-health-providers>
- <sup>11</sup> "2017 State Gaps Analysis: Coverage and Reimbursement," American Telemedicine Association, February 2017; accessed at: <https://thesource.americantelemed.org/view-document/2017-state-gaps-analysis-coverage-1>.
- <sup>12</sup> Choi N., Marti C., Bruce M., Hegel M., Wilson N., Kunik M. (2014). Six-Month Post Intervention Depression and Disability Outcomes of In-Home Telehealth Problem-Solving Therapy for Depressed, Low-Income Homebound Older Adults. *Depression and Anxiety*, 31(8): 653-661.
- <sup>13</sup> Moreno, F., Chong J., Dumbauld J., Humke M., Byreddy S. (2012) Use of Standard Webcam and Internet Equipment for Telepsychiatry Treatment of Depression Among Underserved Hispanics. *Psychiatric Services*, 63(12): 1213-1217.
- <sup>14</sup> Michael L. Barnett, Hal F. Yea Jr., Ateev Mehrotra, Paul Giboney, "Los Angeles Safety Net Program eConsult System Was Rapidly Adopted and Decreased Wait times to See Specialists," *Health Affairs*, March 2017 36:3.
- <sup>15</sup> [http://infonet/sng/advocdept/docs/2016\\_Lobby\\_Day/AARP%20Valuing%20the%20Invaluable%202015%20Update.pdf](http://infonet/sng/advocdept/docs/2016_Lobby_Day/AARP%20Valuing%20the%20Invaluable%202015%20Update.pdf)

- <sup>16</sup> New York State Office for the Aging, accessed at <https://aging.ny.gov/Caregivers/Index.cfm>.
- <sup>17</sup> AARP “Family Caregiving Worth \$470 B a Year”, accessed at <http://blog.aarp.org/2015/07/16/family-caregiving-worth-470-billion-a-year-aarp-finds/?intcmp=AE-POL-ENDART-REL>.
- <sup>18</sup> <https://www.aarp.org/caregiving/financial-legal/info-2017/out-of-pocket-cost-report.html>
- <sup>19</sup> Georgetown University Issue Brief, accessed at <https://hpi.georgetown.edu/aging-society/pubhtml/cultural/cultural.html>.
- <sup>20</sup> Carrasquillo, O., Orav, E. J., Brennan, T. A., Burstin, H. R. 1999. Impact of language barriers on patient satisfaction in an emergency department. *Journal of General Internal Medicine*, 14, 82-87.
- <sup>21</sup> Asian Americans’ reports of their health care experiences. Results of a national survey. Ngo-Metzger Q, Legedza AT, Phillips RS. *J Gen Intern Med*. 2004 Feb;19(2):111-9.
- <sup>22</sup> Carrasquillo, O., Orav, E. J., Brennan, T. A., Burstin, H. R. 1999. Impact of language barriers on patient satisfaction in an emergency department. *Journal of General Internal Medicine*, 14, 85-87.
- <sup>23</sup> American Institutes for Research. 2002, access at Georgetown University Issue Brief, <https://hpi.georgetown.edu/aging-society/pubhtml/cultural/cultural.html>
- <sup>24</sup> Darci L. Graves, Robert C. Like, Nataly Kelly and Alexa Hohensee, “Legislation as Intervention: A Survey of Competence Policy in Health Care,” *Journal of Health Care Law and Policy*, Vol. 10, Issue 2, (2007); accessed at <http://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1142&context=jhclp>.
- <sup>25</sup> <http://culturalmeded.stanford.edu/news/laws.html>
- <sup>26</sup> New York State Assembly Bill 626, 2017; accessed at <https://www.nysenate.gov/legislation/bills/2017/A626>.
- <sup>27</sup> Kevin Fiscella and Mechelle R. Sanders, “Racial and Ethnic Disparities in the Quality of Health Care,” *Annu. Rev. Public Health* 2016. 37:375-395. Accessed at <http://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032315-021439>.
- <sup>28</sup> Lauren J. Campbell, MA, Xueya Cai, PhD, Shan Gao, MS, and Yue Li, PhD, “Racial/Ethnic Disparities in Nursing Home Quality of Life Deficiencies, 2001 to 2011,” *Gerontology & Geriatric Medicine*, Volume 2 1-9, 2016; accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5066711/>.
- <sup>29</sup> Zhanlian Feng, Mary L. Fennell, Denise A. Tyler, Melissa Clark, and Vincent Mor, “Growth of Racial and Ethnic Minorities in US Nursing Homes Driven by Demographics and Possible Disparities in Options,” *Health Affairs*, Vol. 30 No. 7 (2011); accessed at <http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2011.0126>.
- <sup>30</sup> <https://www.health.ny.gov/community/minority/greetings.htm>.
- <sup>31</sup> Economic Policy Institute. (2016). *Income Inequality in the United States*. Retrieved from <http://www.epi.org/multimedia/unequal-states-of-america/>
- <sup>32</sup> Asian American Federation. (2016). *Asian American Seniors in New York City: An Updated Snapshot*. Retrieved from [http://www.aafny.org/doc/Final\\_Senior\\_Report\\_3.pdf](http://www.aafny.org/doc/Final_Senior_Report_3.pdf)
- <sup>33</sup> AARP Research. (2015). *High Anxiety: New York Gen X and Boomers Struggle with Stress, Savings and Security*. Retrieved from [http://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/general/2015/2015-NY-Survey-GenX-Boomer-Voters-res-gen](http://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2015/2015-NY-Survey-GenX-Boomer-Voters-res-gen).

pdf

<sup>34</sup> Asian American Federation. (2016). Asian American Seniors in New York City: An Updated Snapshot. Retrieved from [http://www.aafny.org/doc/Final\\_Senior\\_Report\\_3.pdf](http://www.aafny.org/doc/Final_Senior_Report_3.pdf)

<sup>35</sup> Center for an Urban Future. (2013). The New Face of New York Seniors, 7. Retrieved from <https://nycfuture.org/pdf/The-New-Face-of-New-Yorks-Seniors.pdf>

<sup>36</sup> AARP Public Policy Institute. (2015). Fact Sheet New York: Workplace Retirement Plans Will Help Workers Build Economic Security. Retrieved from <http://www.aarp.org/content/dam/aarp/ppi/2015-08/aarp-new-york-fact-sheet.pdf>

<sup>37</sup> That figure is \$790 million if one also includes car title loans, similarly banned in New York.

<sup>38</sup> Center for Responsible Lending. (2017). States without Payday and Car Title Lending Save Over \$5 Billion in Fees Annually. Retrieved [http://www.responsiblelending.org/sites/default/files/nodes/files/research-publication/crl\\_payday\\_fee\\_savings\\_jun2016.pdf](http://www.responsiblelending.org/sites/default/files/nodes/files/research-publication/crl_payday_fee_savings_jun2016.pdf)

<sup>39</sup> The Pew Charitable Trusts. (2012). Payday Lending in America: Who Borrows, Where They Borrow, and Why. Retrieved from [http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes\\_assets/2012/pewpaydaylendingreportpdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2012/pewpaydaylendingreportpdf.pdf)

<sup>40</sup> California Department of Business Oversight. (2017). California Deferred Deposit Transaction Law - Annual Report and industry Survey. Retrieved [http://www.dbo.ca.gov/Licensees/Payday\\_Lenders/pdfs/2016%20CDDTL%20\(payday\)%20Annual%20Report%20FINAL%207-5-17.2.pdf](http://www.dbo.ca.gov/Licensees/Payday_Lenders/pdfs/2016%20CDDTL%20(payday)%20Annual%20Report%20FINAL%207-5-17.2.pdf)

California Department of Business Oversight. (2017). California Deferred Deposit Transaction Law - Annual Report and industry Survey. Retrieved [http://www.dbo.ca.gov/Licensees/Payday\\_Lenders/pdfs/2016%20CDDTL%20\(payday\)%20Annual%20Report%20FINAL%207-5-17.2.pdf](http://www.dbo.ca.gov/Licensees/Payday_Lenders/pdfs/2016%20CDDTL%20(payday)%20Annual%20Report%20FINAL%207-5-17.2.pdf)

<sup>41</sup> Dresslar, Tom. (2017, July 12). No one should have to rely on payday loans in retirement. American Banker. Retrieved from <https://www.americanbanker.com/opinion/no-one-should-have-to-rely-on-payday-loans-in-retirement>

<sup>42</sup> Weisbaum, H. (2014, March 26). Payday loans trap consumers in "spider webs of debt". CNBC. Retrieved from <https://www.cnbc.com/2014/03/26/payday-loans-trap-consumers-in-spider-webs-of-debt.html>

Weisbaum, H. (2014, March 26). Payday loans trap consumers in "spider webs of debt". CNBC. Retrieved from <https://www.cnbc.com/2014/03/26/payday-loans-trap-consumers-in-spider-webs-of-debt.html>

<sup>43</sup> National Consumer Law Center. (2010, July 10). Runaway Bandwagon: How the Government's Push for Direct Deposit of Social Security Exposes Seniors to Predatory Bank Loans. Retrieved <http://www.nclc.org/images/pdf/pr-reports/runaway-bandwagon.pdf>

<sup>44</sup> Prosperity Now. (2017). Prosperity Now Scorecard. Retrieved from <http://scorecard.prosperitynow.org/>

<sup>45</sup> Shapiro, T., Meschede, T. and Sam Osoro. (2013). The Roots of the Widening Racial Wealth Gap: Explaining the Black-White Economic Divide. Institute on Assets and Social Policy. Retrieved from <https://iasp.brandeis.edu/pdfs/Author/shapiro-thomas-m/racial-wealthgapbrief.pdf>

<sup>46</sup> Federal Deposit Insurance Corporation (2016). Branch Office Deposits - Summary of Deposits Download. [Data set]. Retrieved from <https://www5.fdic.gov/sod/dynaDownload.asp?barItem=6>

<sup>47</sup> Federal Deposit Insurance Corporation. (2015). 2015 FDIC Study of Unbanked and Underbanked Households. [Data sets]. Retrieved from <https://economicinclusion.gov/surveys/2015household/>

<sup>48</sup> New Economy Project. (2013). The Debt Collection Racket in New York. Retrieved <http://www.neweconomyinc.org/resource/one-resource/>

<sup>49</sup> U. S. Census 2011-2015 American Community Survey 5-Year Public Use Microdata Sample

<sup>50</sup> Prosperity Now. (2016). New York: Outcome Ranks - Businesses & Jobs [Chart]. Prosperity Now Scorecard. Retrieved from <http://scorecard.prosperitynow.org/data-by-location#state/ny>

Businesses owned by white men in New York are worth more than three times those owned by women.

<sup>51</sup> Ibid.

<sup>52</sup> Housing America's Older Adults: Meeting the Needs of an Aging Population. 2014. Cambridge, MA: Joint Center for Housing Studies of Harvard University.

<sup>53</sup> Ibid.

<sup>54</sup> Rosenbloom, Sandra. 2009. Meeting Transportation Needs in an Aging-Friendly Community. *Journal of the American Society on Aging* 33(2): 33-43.

<sup>55</sup> Guidry, JJ, LA Aday, D Zhang, and RJ Winn. 1997. Transportation as a barrier to cancer treatment. *Cancer Practice* 5(6): 361-365.

<sup>56</sup> Silver, D, J. Blustein, B.C. Weitzman. 2012. Transportation to clinic: findings from a pilot clinic-based survey of low-income suburbanites. *Journal of Immigrant and Minority Health* 14(2): 350-355.

<sup>57</sup> Rosenbloom, Sandra. 2009. Meeting Transportation Needs in an Aging-Friendly Community. *Journal of the American Society on Aging* 33(2): 33-43.

<sup>58</sup> Data are from the 2011-2015 American Community Survey, accessed from the U.S. Census Bureau's American FactFinder.

<sup>59</sup> The New York City Pedestrian Safety Study & Action Plan. 2010. New York City Department of Transportation.