

7th Annual Conference on Aging

The State of Aging

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NYSOFA'S Mission

The core mission of the New York State Office for the Aging is to help older New Yorkers to be as independent as possible for as long as possible through advocacy, the development and delivery of person-centered, consumer-oriented, and cost-effective policies, programs and services which support and empower older New Yorkers and their families, in partnership with the network of public and private organizations which serve them:

- 59 County-based AAA's
- thousands of Local network of providers;
- Medicaid spend-down and nursing home diversion programs;
- Cost effective community-based services.
- Aging in Community = Economic Benefit to the

Aging Network

Legal Services

Make connections-
develop
partnerships

Non-Medical LTC
Services and
Supports

Leverage
resources

Health Promotion/
Disease Prevention/
Wellness

Volunteerism/Civic
Engagement

Innovator

Economic Security

workforce

Transportation

Advocacy

STATE PLAN ON AGING

Due July 1, 2011

In New York State, under the Older American's Act of 1965 (codified as 42 U.S.C. § 3001–3057(n)) and New York State Elder Law (Chapter 35–A of the Consolidated Laws), the New York State Office for the Aging (NYSOFA) is the designated State Unit on Aging. NYSOFA is responsible for the development and administration of a State Plan that addresses federally prescribed goals and priorities as required by the Older American's Act.

The New York State Plan is organized to be consistent with the Administration on Aging's (AoA) three focus areas:

- **Older Americans Act (OAA) Core Programs,**
- **AoA Discretionary Grants, and**
- **Consumer Control and Choice**

AGING IN NEW YORK STATE

- New York's total population is over 19 million individuals, and the State **ranks third** in the nation in the number of adults and 60 and over – 3.7 million.
- **Demographic** characteristics changing over time have important implications for the state plan on aging as we prepare to effectively work with and serve older adults.

AGING IN NEW YORK STATE

- ▶ NY's general population expected to grow 3 percent between 2000 and 2015.

Compare this to.....

- ▶ 85+ population expected to grow **56 percent.**
- ▶ People of color – population of elders expected to grow **51 percent.**
- ▶ Older adults with impairments expected to grow

County Data

New York State






62 Counties

Change in Population Aged 60
and Over

2010 to 2020

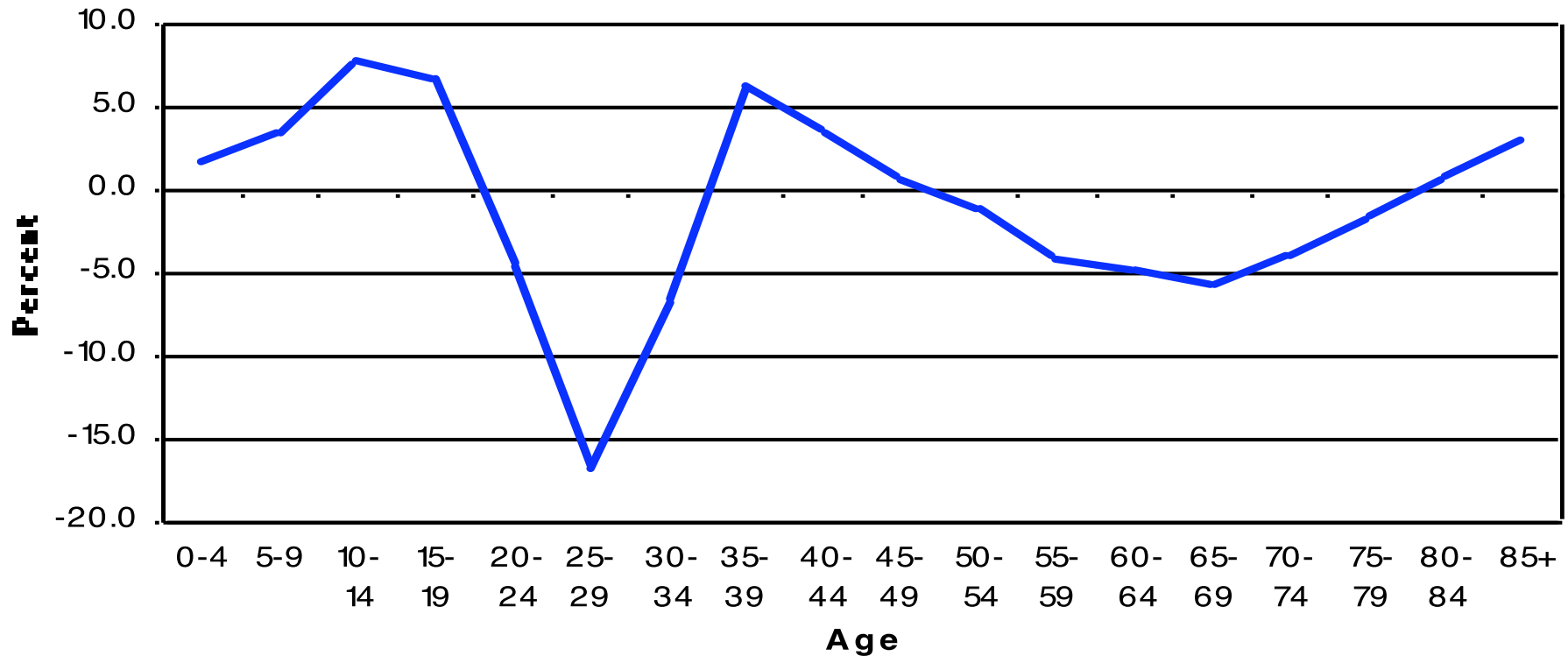
Proportion of County Population Aged 60 and Over	Number of Counties with Specified percent of Older	
	2010	2020
Less than 20%	33	4
20% to 24%	26	32
25% to 29%	1	22
30% and over	2	4

Family Structure . . .

<i>United States</i>	
Married couple families	
Married couple families with children	
Single parent households	
Single person households	
Non-traditional households	

People on the Move - MIGRATION

**Age-Specific Net Migration
New York State, 1990-2000**



Why Should We Care?

Over the next 25 years, as the American Baby Boomer Generation ages, communities across the country will face growing burdens of care and need unless they begin planning for changes that will make their communities enabling environments for lifelong growth. The vast majority of communities have failed to confront this challenge

Older Adults are growing in numbers and as a proportion of their communities.

Older Adults are an economic driver in their communities

Older Adults are contributing thousands of hours of time in a variety of capacities in their communities

Older Adults overwhelmingly state they want to stay and grow old in their communities

Why we should be ready to – Retain retirees and older adults in our

- \$3.6 billion per month /\$43.2 billion a year is paid to New Yorkers through Social Security, 65% of this is received by our older residents and they receive billions in retirement pension benefits, a majority of which are used to purchase goods and services.
- In New York according to the U.S. Census Bureau, 2005–07 American Community Survey 72 percent of persons over 60 own their own homes – pay real property taxes and do not create additional demands on a community's local school system.
- In New York, over 143,014 grandparents are caring for their grandchildren (300,000) – who would otherwise need placement in the state's foster care system at an average annual cost of \$47,000.
- 80% of long-term care is provided by over 2.2 million informal caregivers in New York, saving tax payers an estimated \$40 billion annually – average age of a caregiver, 64.
- Helping Communities become Livable Communities through a process of thoughtful planning and engagement that by design supports seniors so that they can safely live independently.

Why we should be ready to – Retain retirees and older adults in our

Economic Development:

- Gray Gold
States court retirees as a "clean" growth industry– 3.7 jobs associated with supporting an older couple.
- The "graying" of the U.S. population creates substantial opportunities for businesses that target their products and services at older consumers. Increasingly, economic development experts – regard affluent, mobile retirees as a key customer base with a stable stream of income to be spent on local purchases and investments.
- Just as states have competed in "smokestack chasing" for years, many have begun to focus on attracting and retaining retirees. <http://www.window.state.tx.us/>

Who is Responsible?

- We're all responsible, as individuals, members of local government, city planners, or simply as voters to think about these issues in the days to come so that we can not only safeguard ourselves but also to increase our chances to age well in the future by making the right decisions now.
- **Livability is not just an older adult issue.** Striving and insisting on nothing short of livable communities is not an impossible goal and in fact in many ways is the right thing to do to continue to empower people as they age and to prolong their quality of life. Such communities make life more

Economic Driver

New York State

SS Income

\$43 billion

65+ Income

\$84 billion

45-64 Income

\$242 billion

25-44

\$215 billion

Economic Driver

Cattaraugus

Allegany

Chautauqua

SS Income
\$396m

\$223 million

\$129 million

65+ Income
\$512 m

\$281 million

\$173m

45-64
\$1.3b

\$786 m

\$454 m

Income

State Plan on Aging – OLDER AMERICANS ACT CORE

- **Access Services**
 - Transportation
 - Information and Assistance
 - Case Management
 - Legal Assistance Program
- **In-Home Contact and Support Services**
 - Expanded In-Home Services for the Elderly Program (EISEP)
 - Community Services for the Elderly Program (CSE)

OLDER AMERICANS ACT CORE PROGRAMS

- **Supporting Aging in Place**
 - Livable New York Initiative
 - Naturally Occurring Retirement Community Supportive Service Program
 - The Low-Income Home Energy Assistance Program
 - Weatherization Referral and Packaging Program
- **Nutrition Services**
 - Nutrition Program for the Elderly
 - Nutrition counseling
 - Nutrition education

OLDER AMERICANS ACT CORE PROGRAMS

- **Disease Prevention and Health Promotion Services**
 - Preventative Health Services
 - Medication Management
- **Supporting Caregivers**
 - National Family Caregiver Support Program
 - New York State Family Caregiver Council
 - Respite Services
 - Social Adult Day Services

OLDER AMERICANS ACT CORE PROGRAMS

- **Activities for Health, Independence and Longevity**
 - Civic Engagement and Volunteerism
 - Retired and Senior Volunteer Program
 - Foster Grandparent Program
 - Older American Community Service Employment Program

- **Vulnerable Elder Rights Protection Activities**
 - New York State Long-Term Care Ombudsman Program
 - SMP (formerly, Senior Medicare Patrol Program)
 - Elder Abuse Education and Outreach Program

ADMINISTRATION ON AGING

Enhancing Older Americans Act Core Services

- **Community Living Program**
- **Lifespan Respite Grant Program**
- **Evidence Based Disease and Disability Prevention Grant Program**
- **Community Supports Navigator Grant Program**
- **Cost Share for Title III B In-Home Services**

ADMINISTRATION ON AGING

Consumer Directed In-Home Services

- **Community Living Program**
- **Veterans Directed Home and Community Based Services Program**

EFFECTIVE AND RESPONSIVE MANAGEMENT

- **Information Driven Programs/Initiatives/Services**
- **Equal Opportunity, Diversity Management**
- **Community Affairs and Public Participation**
- **Intergovernmental Collaboration**
- **Emergency Preparedness**



Livable

A livable community is one that has affordable and appropriate housing, supportive community features and services and adequate mobility options. Together these facilitate personal independence and engagement of residents in civic and social life.

Livable Communities

AARP definition of

Principles of Smart Growth

1. Create Range of Housing Opportunities and Choices
Providing quality housing for people of all income levels is an integral component in any smart growth strategy.
2. Create Walkable Neighborhoods
Walkable communities are desirable places to live, work, learn, worship and play, and therefore a key component of smart growth.
3. Encourage Community and Stakeholder Collaboration
Growth can create great places to live, work and play -- if it responds to a community's own sense of how and where it wants to grow.
4. Foster Distinctive, Attractive Communities with a Strong Sense of Place
Smart growth encourages communities to craft a vision and set standards for development and construction which respond to community values of architectural beauty and distinctiveness, as well as expanded choices in housing and transportation.
5. Make Development Decisions Predictable, Fair and Cost Effective
For a community to be successful in implementing smart growth, it must be embraced by the private sector.

Principles of Livable Communities

1. Choice in living environments
2. Universally designed and accessible: housing, communities, and communication methods/venues
3. Walkable communities and complete streets
4. Accessible, affordable transportation options
5. Sustainable homes and communities— using green, energy-efficient, and smart growth strategies
6. Flexible land-use policies
7. Inclusive, collaborative planning process used for defining issues and designing solutions—includes all residents and all community sectors
8. "Community-driven" planning and development
9. Social connections among residents
10. Active social and civic engagement in community life by residents of all ages, all cultures, and all abilities
11. Meaningful volunteer and paid work opportunities
12. Access to appropriate and affordable basic necessities:
 - a. Healthy food
 - b. Social interactions
 - c. Amenities and social services
 - d. Preventative health services
 - e. Medical care

Principles of Smart Growth

6. Mix Land Uses

Smart growth supports the integration of mixed land uses into communities as a critical component of achieving better places to live.

7. Preserve Open Space, Farmland, Natural Beauty and Critical Environmental Areas

Open space preservation supports smart growth goals by bolstering local economies, preserving critical environmental areas, improving our communities quality of life, and guiding new growth into existing communities.

8. Provide a Variety of Transportation Choices

Providing people with more choices in housing, shopping, communities, and transportation is a key aim of smart growth.

9. Strengthen and Direct Development Towards Existing Communities

Smart growth directs development towards existing communities already served by infrastructure, seeking to utilize the resources that existing neighborhoods offer, and conserve open space and irreplaceable natural resources on the urban fringe.

10. Take Advantage of Compact Building Design

Smart growth provides a means for communities to incorporate more compact building design as an alternative to conventional, land consumptive development.

Principles of Livable Communities

13. Healthy home environment
14. Safe neighborhood environment
15. Support for family caregivers
16. Ability to exercise preferences: Age-in place
 - a. Privacy
 - b. Personal autonomy
 - c. Maximized independence
17. Residents, businesses, and community organizations feel:
 - a. A "sense of community"
 - b. Community identity
 - c. Shared feeling of belonging
18. Community leaders build upon their "social capital":
 - a. Value and use skills, creativity, and ideas of all community members—all ages, all cultural/ethnic groups, and all functional abilities—for planning and decision-making
19. Community decisions reflect the changing characteristics of the overall community profiles

Community Empowerment What Does Mean?

- Goal - to stimulate local action to plan for livable communities to assist older adults to age in place, support families
- A locally controlled process that enables people to collaborate and act on issues that they define as important, which affect their lives and communities.
- Community leaders, civic and business organizations, faith based groups, interested citizens play an active role in identifying challenges and opportunities.
 - Focus on older New Yorkers - tapping their social capital, meeting the challenges that population growth presents, designing/redesigning communities to meet these changing realities - good for all ages
- It serves as a means of changing the culture and nature of how communities actively engage its citizens.

Livable

New York

**Sustainable Communities
for all ages**

Intent of Livable New York

Help communities advance their efforts to improve their level of livability.

The Academy summary

Education, training, facilitated technical assistance:

- Meet with key local official.
Educate/train community members & leaders.
 - Facilitate/train for community evaluation process.
3. Facilitate project-selection process.
Train on alternative models/strategies.
Facilitate technical assistance in implementation.

Livable NY Advisory Workgroup Report

In response to New York's dramatically changing resident profile, the goal of this initiative is to help communities across the State better plan for the housing and community development needs of the State's older adults, younger-aged people with disabilities, families, and caregivers. The intent of the recommendations is to advance the goals of this initiative.

Livable New York is being implemented by the State Office for the Aging together with assistance from professionals from both inside and outside of government, community leaders, and consumers from across the State and the initiative's affiliate partners: New York State Energy Research and Development Authority, New York State Department of State, USDA Rural Development—State Office, Dormitory Authority of the State of New York, New York State Office for Persons with Developmental Disabilities, New York State Division of Housing and Community Renewal, and the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities.

The Advisory Workgroup is composed of 86 individuals from across the State with **expertise in one or more of the initiative's focus areas: housing options, housing development, universal design, planning,**

Livable NY Technical Assistance Resource Manual

- **Section I Demographic and Social Trends**
- **Section II Planning and Zoning**
- **Section III Housing**
- **Section IV Design**
- **Section V Mobility and Transportation**
- **Section VI Community Tools and Resources**

Building Your Personal Independence Plan to Age in Place

- Financial Planning – LTC and other needs
- Work Opportunities
- Managing Chronic Diseases
- Home Design/Improvements
- Eating Healthy
- Daily Exercise
- Medication Reconciliation
- Health Care Proxy
- Personal Health Diary
- Where to Access Community Services

Building Your Personal Independence Plan to Age in Place

- Stay engaged however you can – volunteering, in person, over the phone
 - With children
 - Helping your peers
 - Provide transportation, other unmet needs
 - Expand friendships and contacts
 - Internet activity – friendship, cognitive challenges, facebook, etc.

Personal Independence Plan – Safe House!!!!!!

Home is the most common place of fall-related injuries for older adults, with 60% of the falls in older adults that lead to hospitalizations occurring in the home.

Common injuries as a result of a fall include **brain injuries, and fractures of the hip, vertebrae, and pelvis.**

Fall-related injuries in older adults often lead to hospitalizations beginning the downward spiral that can result in long-term disability or death.

In fact, falls are the leading cause of injury deaths and hospitalizations in older adults.

Injuries are not Accidents

- Injuries are not random, uncontrollable acts of fate but rather occur:
 - In highly predictable patterns
 - With recognizable risk factors
 - Among identifiable populations

An injury is a predictable and preventable event

In 2005, 48,947 NYS residents age 65+ were injured severely enough from a fall that they required hospitalization.

An additional 77,178 were treated and released from an emergency department. This is a total of **126,125 older New Yorkers**, averaging over **345 people per day**. In 2005, charges for fall injuries in NYS residents age 65+ were almost **\$1.5 billion** for hospitalizations and over **\$100 million** for

Initial Emergency Department Visits, Treated and Released Leading Causes of Injury by Age Group New York State Residents, 2005

n = Annual Frequency

Rank	<1	1-4	5-9	10-14	15-19	20-24	25-44	45-64	65+
1	Fall n=5,760	Fall n=41,344	Fall n=30,475	Fall n=32,652	Struck By, Against n=30,366	Fall n=19,632	Fall n=76,648	Fall n=75,266	Fall n=77,178
2	Struck By, Against n=1,214	Struck By, Against n=16,187	Struck By, Against n=19,098	Struck By, Against n=31,814	Fall n=23,484	MVT [^] , Occupant n=17,880	Cut / Pierce n=51,725	Cut / Pierce n=28,496	Unspecified n=8,934
3	Unspecified n=760	Natural / Environmental n=6,371	Cut / Pierce n=6,885	Overexertion n=12,625	Overexertion n=16,014	Struck By, Against n=17,253	Overexertion n=51,000	Overexertion n=25,656	Struck By, Against n=7,883
4	MVT [^] , Occupant n=551	Cut / Pierce n=5,167	Natural / Environmental n=6,014	Cut / Pierce n=8,974	MVT [^] , Occupant n=15,667	Cut / Pierce n=16,091	Struck By, Against n=49,529	Struck By, Against n=25,131	MVT [^] , Occupant n=7,791
5	Hot Object / Scald n=450	Unspecified n=4,786	Overexertion n=3,846	Assault n=6,620	Assault n=15,558	Assault n=14,652	MVT [^] , Occupant n=45,611	MVT [^] , Occupant n=24,478	Cut / Pierce n=7,739
6	Natural / Environmental n=436	Overexertion n=3,890	Unspecified n=3,691	Unspecified n=5,719	Cut / Pierce n=13,278	Overexertion n=13,797	Assault n=32,021	Unspecified n=18,283	Overexertion n=6,256
7	Cut / Pierce n=362	Poisoning n=2,770	MVT [^] , Occupant n=3,286	Pedal Cyclist, Non-Traffic n=4,662	Unspecified n=7,027	Unspecified n=7,721	Unspecified n=29,460	Natural / Environmental n=11,822	Natural / Environmental n=4,868
8	Poisoning n=344	MVT [^] , Occupant n=2,325	Pedal Cyclist, Non-Traffic n=3,191	Natural / Environmental n=4,573	Natural / Environmental n=4,169	Natural / Environmental n=4,338	Natural / Environmental n=15,034	Assault n=10,405	Assault n=1,130
9	Overexertion n=283	Hot Object / Scald n=2,043	Assault n=1,404	MVT [^] , Occupant n=4,094	Self Inflicted n=2,324	Transport, Non- Traffic n=1,539	Hot Object / Scald n=4,266	Machinery n=2,689	Poisoning n=1,073
10	Suffocation n=233	Pedal Cyclist, Non-Traffic n=788	Hot Object / Scald n=784	Transport, Non- Traffic n=1,619	Pedal Cyclist, Non-Traffic n=2,110	Self Inflicted n=1,536	Transport, Non- Traffic n=4,065	Hot Object / Scald n=2,622	MVT [^] , Pedestrian n=1,061

Unintentional
 Intentional

MVT[^] = Motor Vehicle Traffic

Hospitalizations Due to Injury Leading Causes by Age Group New York State Residents, 2003-2005

μ = Mean Annual Frequency

Rank	<1	1-4	5-9	10-14	15-19	20-24	25-44	45-64	65+
1	Fall μ=393	Fall μ=1,056	Fall μ=1,108	Fall μ=1,044	Assault μ=1,550	Assault μ=1,739	Fall μ=6,018	Fall μ=12,116	Fall μ=48,112
2	Hot Object / Scald μ=158	Hot Object / Scald μ=548	MVT [^] , Pedestrian μ=248	MVT [^] , Pedestrian μ=326	Self Inflicted μ=1,294	Self Inflicted μ=1,235	Self Inflicted μ=4,068	Poisoning μ=2,376	Unspecified μ=4,249
3	Assault μ=102	Poisoning μ=472	Struck By, Against μ=179	Struck By, Against μ=320	MVT [^] , Occupant μ=1,107	MVT [^] , Occupant μ=1,135	Assault μ=3,873	Unspecified μ=2,158	MVT [^] , Occupant μ=1,854
4	Unspecified μ=82	Natural / Environmental μ=223	Natural / Environmental μ=174	Self Inflicted μ=302	Fall μ=950	Fall μ=936	MVT [^] , Occupant μ=2,743	Self Inflicted μ=2,104	Poisoning μ=1,384
5	Suffocation μ=73	Struck By, Against μ=149	Pedal Cyclist, Non-Traffic μ=136	Assault μ=265	Struck By, Against μ=391	Poisoning μ=388	Poisoning μ=2,606	MVT [^] , Occupant μ=2,004	Natural / Environmental μ=801
6	Poisoning μ=49	Unspecified μ=92	MVT [^] , Occupant μ=125	Pedal Cyclist, Non-Traffic μ=233	Poisoning μ=371	MVT [^] , Motorcyclist μ=261	Unspecified μ=1,430	Assault μ=1,380	MVT [^] , Pedestrian μ=718
7	Struck By, Against μ=31	MVT [^] , Pedestrian μ=89	Hot Object / Scald μ=94	MVT [^] , Occupant μ=186	MVT [^] , Pedestrian μ=253	Cut / Pierce μ=234	Cut / Pierce μ=867	Natural / Environmental μ=927	Struck By, Against μ=697
8	Natural / Environmental μ=30	MVT [^] , Occupant μ=70	Poisoning μ=91	Natural / Environmental μ=142	Transport, Non- Traffic μ=218	MVT [^] , Pedestrian μ=216	Struck By, Against μ=856	MVT [^] , Pedestrian μ=829	Overexertion μ=666
9	MVT [^] , Occupant μ=15	Assault μ=68	Cut / Pierce μ=85	Transport, Non- Traffic μ=135	Unspecified μ=172	Unspecified μ=208	MVT [^] , Pedestrian μ=803	Struck By, Against μ=666	Suffocation μ=503
10	Drowning / Submersion μ=6	Suffocation μ=68	Unspecified μ=80	Poisoning μ=121	Cut / Pierce μ=170	Struck By, Against μ=204	MVT [^] , Motorcyclist μ=764	Cut / Pierce μ=596	Self Inflicted μ=491

■ Unintentional ■ Intentional

MVT[^] = Motor Vehicle Traffic

Risk Factors for Falling⁵

Personal Risk Factors	Environmental Risk Factors Home/Outdoors
<p>Age (risk is greatest for 65+)</p> <p>Gender (females more likely to be injured/males more likely to die)</p> <p>Race (death rates highest among older white males)</p> <p>History of falling</p> <p>Lower body weakness</p> <p>Poor gait or balance</p> <p>Vision impairment</p> <p>Chronic Conditions (Parkinson's disease, stroke, arthritis, osteoporosis, incontinence)</p> <p>Sleep disturbances</p> <p>Fear of falling</p> <p>Taking four or more medications</p> <p>Taking psychoactive medication</p>	<p>Clutter in walkways or on stairs</p> <p>Electrical cords that cross pathways</p> <p>Throw rugs; loose carpets</p> <p>Slippery surfaces; changes in floor/ steps</p> <p>Unstable furniture</p> <p>Poor or inadequate lighting</p> <p>Inappropriate chair or cabinet heights</p> <p>Pets and pet-related objects</p> <p>Lack of stair railings or grab bars</p> <p>Uneven/cracked pavement or surfaces</p> <p>Tree roots</p> <p>Building mats</p> <p>Door sills</p>

****The risk of falling increases dramatically as the number of risk factors increases

Building Your Personal Independence Plan to Age in Place

- **Home Safety Evaluation**

Environmental factors that can lead to falls include tripping hazards, furniture placement and limitations in physical spaces (bathroom, doorway width, etc.). A home safety evaluation, prescribed by your doctor and performed by a Certified Occupational Therapist, can lead to recommendations of equipment and technology to improve access and safety in the home. These recommendations need not be expensive, and may include eliminating throw rugs and installing nightlights and bathtub grab-bars.

- **Home Modification**

A modification to your home may allow you to remain independent. Stair glides help those who no longer climb stairs reach the upper and lower levels of their home, ramps allow for ease of entry, especially for those in wheelchairs, and other structural modifications, such as widened doorways and lowered kitchen cabinets, sinks and counters, can increase accessibility and quality of life.

- **Assistive Technology**

Assistive technologies range from low-tech devices to more complex electronics. Simple solutions include grabbers to reach objects on high

Building Your Personal Independence Plan to Age in Place

- **Personal Emergency Response Systems**

At the touch of a button worn on the wrist or around the neck, a personal emergency response system puts you in direct contact with an operator at a central station who can summon medical assistance. The devices are waterproof and can be worn in the tub or shower, two areas where falls often occur.

- **Motion Sensor Systems**

These motion sensor monitors learn and document your routine and alert family members or caregivers if something seems amiss in your home. The devices are not cameras, they simply measure how often you take your medication or open the refrigerator door, and monitor if you get out of bed or fail to exit the bathroom after entering. Temperature extremes, hot or cold, also trigger an alert. It's like you're never alone, even when you're by yourself.

- **Non-Skilled and Contracted Services**

Sometimes, a little help around the house can keep you independent. Non-skilled services range from light housekeeping, laundry, cleaning, or transportation to the grocery store or doctor appointments, to 24-hour companionship. These services are

President Obama Proposed 2012 Budget

- \$375 million reduction for Title V
- \$2.52 billion reduction in LIHEAP

- \$48 million increase - Title IIIB
- \$38 million increase- Title IIIE Caregiving
- \$23 million - ADRC
- \$10 million - Chronic Disease Self Management Program (CDSMP)
- \$120 million - CLASS Act
- \$7 million increase for Lifespan Respite Act
- \$110 million increase for Corporation for National and Community Service
- \$35 million for Healthy Food Financing Initiative
- \$5 billion increase for SNAP (formerly known as food stamps)
- Elder Justice Act
 - \$16.5 million - elder abuse mitigation strategies
 - \$17 million for Adult Protective Services
 - \$5 million increase to Long Term Care Ombudsman Program - (LTCOP)

How to Contact

NYSOFA – <http://www.aging.ny.gov/>

NYSOFA Helpline – 1-800-342-9871

NY Connects – <http://www.nyconnects.org/>

County Offices for the Aging – <http://www.aging.ny.gov/NYSOFA/LocalOffices.cfm>