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TOWARD AN
AGE-FRIENDLY

NEW YORK CITY: A Findings Report



Fall 2008



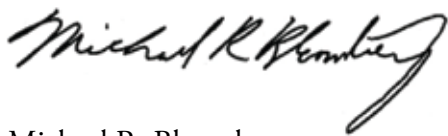
Foreword

Communities around the world are in the midst of major demographic transformation, and New York City is no exception. New Yorkers are living longer and healthier lives. By 2030, one-fifth of our City's population will be over the age of 60; older adults will soon outnumber school-aged children. The time is now to plan for our aging population.

New York City has always been, and continues to be, a forward-looking city. We have focused on our future in areas such as the environment, education, infrastructure, economic stability for households, and energy. Yet, more planning is needed for our growing population of older adults. Older people are the backbone of our society. They bring both stability and vitality to our neighborhoods. The challenge before us is an opportunity to make New York City a caring model for modern urban aging.

The New York City Mayor's Office and the New York City Council have joined together with The New York Academy of Medicine and other stakeholders to evaluate the City's age-friendliness and to develop a new vision of what it means to grow older here. We are pleased to have helped create a process for older adults to voice their hopes and dreams for a friendlier city. The Age-friendly New York City Initiative has helped us focus on the needs of older adults, as defined by older adults themselves.

The findings presented in this special and timely report offer the opportunity to create building blocks for the City to improve and to sustain the lives of older New Yorkers. It will help guarantee that the people who made our city great will have a New York where they can age happily in the city they love. While our efforts are focused on the needs of older people, they improve quality of life for all. Modifications that make a city more "age-friendly" are good for children, parents, and all communities. Helping older New Yorkers to thrive ensures that New York City's best days are now, as well as ahead.



Michael R. Bloomberg
Mayor of the City of New York



Christine C. Quinn
Speaker of the New York City Council

Acknowledgments

The personal experience and the professional expertise of many people informed the development of this report. We appreciate each of your efforts and apologize in advance for any oversight in these acknowledgments.

We could not have accomplished this assessment without the contributions of the more than 1,500 older New Yorkers from all five boroughs who gave so generously of their time. Thank you.

We enjoyed great support from the Mayor's Office and City Council Speaker. Thank you to Mayor Michael R. Bloomberg, Deputy Mayor Linda Gibbs, and dedicated staff members, including Ronald Richter, Wendy Perlmutter, and Marlon Williams. Thank you also to staff members of the various City agencies who assisted with this effort, especially Linda Black, LaRay Brown, Kevin Jeffrey, Katherine McVeigh, Sally Renfro, Caryn Resnick, Edwin Mendez-Santiago, Joseph Salvo, and Aviva Sufian.

The New York City Council Speaker Christine C. Quinn was the first to be ignited by the vision of an Age-friendly New York City and shared the vision with Chair of the City Council's Aging Committee Maria del Carmen Arroyo and Chair of the City Council's Subcommittee on Senior Centers James Vacca. We also thank the many other Council Members who actively participated in and supported this effort. Thank you also to City Council staff members David Pristin and Yolanda McBride, as well as others in the City Council's Policy and Investigations, Member Services, Communications, and Finance Divisions.

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Table of Contents

2 Introduction

4 About the Initiative

6 Methodology

10 Key Findings

The City's Older Population

Cross-cutting Themes

The Eight Domains of an Age-friendly City

50 Where do we go from here?

52 References

54 Maps

1. Percentage of Residents Age 65+ per Census Tract (i.e. distribution of the City's older population)
2. Percentage of Residents Age 65+ with a Disability (by Census Tract)
3. Poverty Rate of Residents Age 65+ by Community District using the Official U.S. Census Bureau's Definition of Poverty
4. Poverty Rate of Residents Age 65+ by Community District using the City's New Definition of Poverty, as developed by the Center for Economic Opportunity
 - i. Comparative Chart of Maps 3 and 4
5. Percentage of Residents Age 65+ with "Unaffordable" Housing Cost Burden (i.e. gross rent is equal to or greater than 35 percent of income)
6. Number of "Walk-up" Residential Buildings per Census Tract (i.e. apartment and other residential buildings that lack elevators)
7. Distance a Person Must Travel to Reach the Nearest Bus Stop by Census Tract
8. Cleanliness Rating of Sidewalks by Census Tract
9. "Walkability" Rating by Census Tract



I. Introduction ○

A century ago, life expectancy at birth for New Yorkers was a mere 40.6 years for boys and 44.9 years for girls.¹ Today, life expectancy at birth is 75.7 for boys and 78.7 for girls.² Most New Yorkers can expect to live well beyond retirement into their 70s, 80s, and 90s. In fact, more and more New Yorkers *are* in their 70s, 80s, and 90s. Almost 12 percent of the population is over age 65, and in some neighborhoods that proportion reaches 20 percent.³ These additional decades of life represent a triumph of science and civilization, but they also pose a challenge: how can we adapt our City and neighborhoods to make sure older adults can lead happy, healthy, and productive lives? How can we become an age-friendly city?

Age-friendly New York City is part of an international effort to ensure the great cities of the world not only support their residents as they age, but

also tap the tremendous resources older people can offer. Led by the World Health Organization, the Global Age-Friendly Cities project involves more than 35 cities, including Istanbul, London, Melbourne, Mexico City, Moscow, Nairobi, New Delhi, Rio de Janeiro, Shanghai, and Tokyo. The New York Academy of Medicine (NYAM) is proud to have brought this exciting effort to New York in 2007 with support from the New York City Council and the Office of the Mayor.

Over the last year, our work has centered on a series of processes to speak with and hear directly from older adults and their caregivers. In community forums, focus groups, and interviews throughout the City, we asked older New Yorkers to tell us what it's like to walk down their street and shop in their neighborhood, what they enjoy and don't enjoy about growing older, what changes



they would like, and what they hope never changes about New York. We also spoke with caregivers, service providers, and leaders in various public and private sectors in the City about the opportunities and challenges for serving older populations.

This *Findings Report* presents the major themes heard during the last year. A *Technical Report* with more detailed information about the City and its older population, the detailed data collected in the assessment process, and reviews of the literature will be released separately. A third report with concrete recommendations for action will be issued in late 2008, following the first annual Age-Friendly New York City summit.

New York has a strong tradition of responding to its older residents. In 1943, the New York City Department of Welfare established the first

senior center in the United States, the William Hodson Community Center in the Bronx. The New York State Office for the Aging, one of the first in the country, was created in 1961; and the City's Department for the Aging followed in 1968. More recently, New York has been the testing ground for naturally-occurring retirement communities (NORCs), a revolutionary concept for delivering community-based support and services for older people. And year after year, New York City Mayor Michael R. Bloomberg and the New York City Council Speaker Christine C. Quinn have stood together on the steps of City Hall to announce a City Budget that supports this pioneering work. The findings in this report are offered to inspire that spirit of innovation with additional ideas that will benefit not only older adults, but also their families, caregivers, and all New Yorkers for years to come.

II. About the Initiative

Age-friendly New York City is part of an international effort begun by the World Health Organization (WHO) to respond to two significant demographic trends: urbanization and population aging. As of 2007, over half the world's population lives in cities, and by 2030, that proportion will rise to about three out of every five people in the world. At the same time, improvements in public health have led to more and more people living longer lives. As a result, the proportion of people aged 60 and over will likely double from 11 percent of the world's population in 2006 to 22 percent by 2050.⁴ To help cities prepare for the convergence of these

two trends, the *WHO Global Age-friendly Cities* project was developed.

Global Age-friendly Cities has involved 35 cities around the world in analyzing their communities and neighborhoods through the lens of the WHO Active Aging Framework. This framework shifts city planning away from a “needs-based” approach toward a “rights-based” approach that recognizes people should have equal opportunity and treatment as they grow older. “Active aging” is about more than just “healthy aging”; the concept entails enhancing quality of life by optimizing opportunities for health, participation, and security as people



Figure 1. Determinants of Active Aging

Source: World Health Organization *Global Age-Friendly Cities: A Guide*, 2007.

age.⁵ As indicated in Figure 1, the determinants of active aging include material conditions as well as social factors. Understanding from older adults how these determinants affect them personally and function in their cities is a core activity of the *Global Age-friendly Cities* project.

A second key concept for the age-friendly cities movement is that cities should seek to extend the years an individual can live independently and above the “disability threshold” (Figure 2). Human functional capacity inevitably declines with age, but the rate of that decline and the age at which people begin to experience disability and

dependence can be mediated through a healthy environment that provides access to things like nutritious foods, safe transportation, and good work conditions. Furthermore, certain supports such as comprehensive social services and environmental adaptations like well-maintained sidewalks, legible street signage, and doors that are easy to open can assist adults who might otherwise be homebound to regain or maintain independence and remain above the disability threshold. This approach helps maximize older adults’ participation in society, but also helps young children and disabled individuals of all ages participate in the daily life of the city.

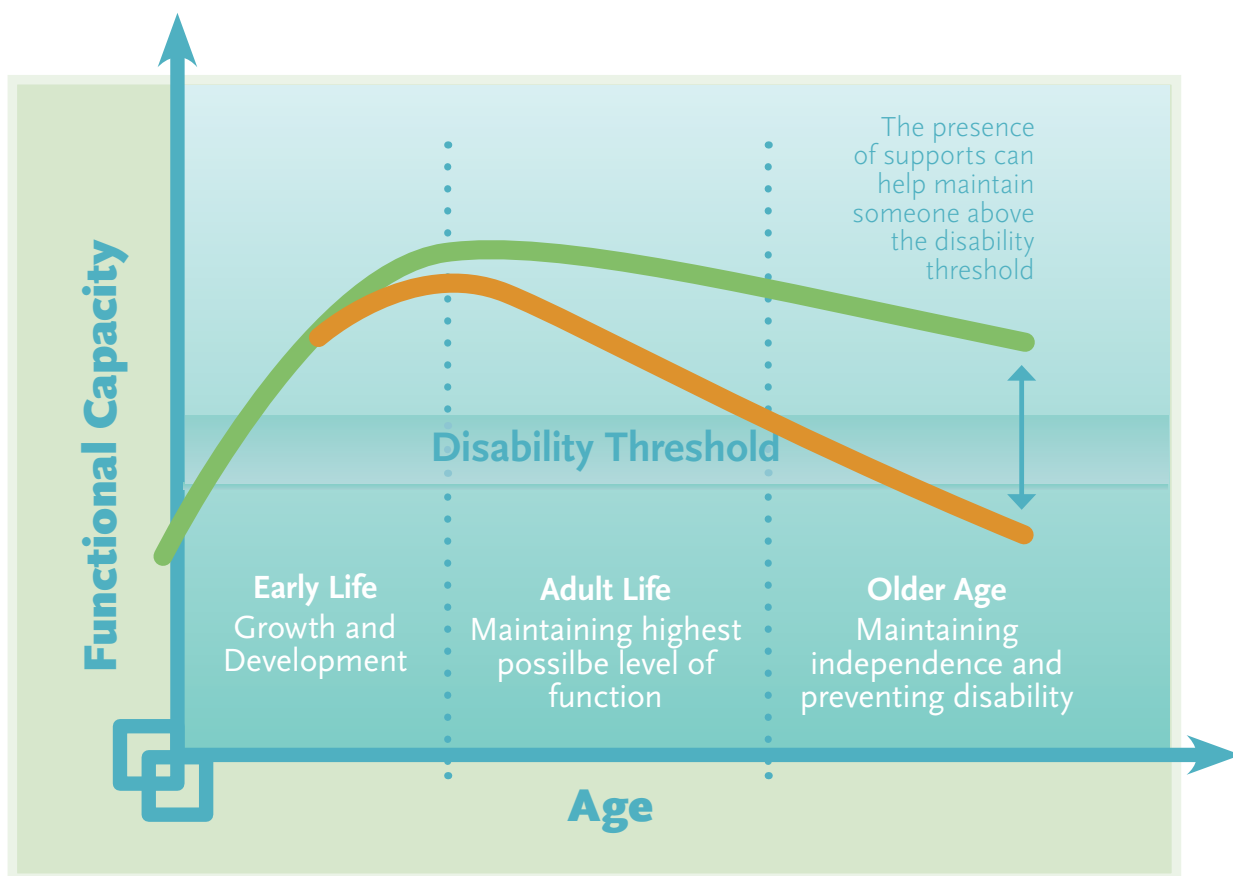


Figure 2. Disability Threshold

Source: World Health Organization *Global Age-friendly Cities: A Guide*, 2007

III. Methodology

In July 2007, in partnership with the New York City Mayor’s “A City for All Ages” Initiative and the New York City Council, NYAM launched *Age-friendly New York City*, which adapted the *Global Age-friendly Cities* project for New York. The objective was to assess the city from the perspective of older residents in order to identify potential areas for improvement. Our overarching question was: *To what extent are the city’s services, settings, and structures inclusive of and accessible to older people with varying needs and capabilities?* To begin this process, a committee of local policymakers, service providers, community leaders, researchers, and older residents was convened to advise NYAM on the design and implementation of the assessment, the analysis, and the dissemination of results and to connect to other efforts addressing aging in New York.

The information-gathering process included the participatory mechanisms outlined below. We sought to engage with as many sectors of city life as was practicable using a mixed-methods

approach. Our aim with each method was to determine the existing age-friendliness of the city and identify ways in which it can become more age-friendly.

Community forums: NYAM and the New York City Council co-sponsored 14 town-hall meetings with older adults in Council districts throughout the five boroughs. Nearly 1,500 people, the vast majority of whom were older people and their caregivers, participated. The events were open to the public and lasted between 90 minutes and three hours. NYAM staff members facilitated the meetings, often initiating discussion with informal, open-ended questions such as “What do you like about living in this community?” and then allowing participants to drive the discussion as much as possible. Two forums included translation into Spanish, one included translation into both Cantonese and Mandarin, and numerous others had informal translation into various languages. The forums were held at the locations listed below:

- **Adam Clayton Powell Government Building**
Harlem (Manhattan)
- **American Bible Society**
Upper West Side (Manhattan)
Co-sponsored with One Stop Senior Services
- **Amico Senior Center**
Borough Park (Brooklyn)
- **Carter Burden Luncheon Center**
Upper East Side (Manhattan)
- **City Hall Senior Center**
Chinatown (Manhattan)
- **Corsi Senior Center**
East Harlem (Manhattan)
- **CYO Senior Center**
Port Richmond (Staten Island)
- **Grace Agard Harewood Senior Center**
Fort Greene/Bedford-Stuyvesant (Brooklyn)
- **The Lesbian, Gay, Bisexual & Transgender (LGBT) Community Center**
Greenwich Village (Manhattan)
Co-sponsored with Services & Advocacy for GLBT Elders (SAGE)
- **Lincoln Hospital** Mott Haven (Bronx)
Two forums held at this location
- **RAIN East Tremont Senior Center**
East Tremont (Bronx)
- **Rochdale Community Center**
Jamaica (Queens)
- **VISIONS/Services for the Blind and Visually Impaired at Selis Manor**
Chelsea (Manhattan)

Focus groups: NYAM conducted six focus groups to capture the views of older adults often under-represented in other research, such as immigrants, isolated older adults, and those living in poverty. Working with community partners (Charles B. Wang Community Health Center, Jacob A. Riis Settlement House, the Grandparents Empowerment Movement, and Comunilife), NYAM convened one group with grandparents who have primary parenting responsibility for their grandchildren; one group with formerly homeless or HIV-infected older adults; one group conducted in Mandarin with Chinese residents of Flushing, Queens; and three additional groups with primarily low-income elders recruited through fliers posted in different neighborhoods. In total, we spoke with 46 older people (19 men and 27 women) through the focus groups. Each session lasted approximately 90 minutes. Of those who provided such information, about half indicated earning under \$10,000 per year, with one man indicating he is currently homeless.

Interviews: NYAM conducted one-on-one interviews with 24 older immigrants living in Jackson Heights, Queens (17 women and seven men). Conducted primarily in Spanish, these interviews captured the perspectives of older immigrants from 12 countries (mostly in Latin America), who were between the ages of 64 and 87. Most of the interviewees had annual incomes of less than \$10,000. Three people had been in the United States less than ten years, six people for between ten and 20 years, and 15 people for longer than 20 years.

Constituent feedback forms: At the community forums, City Council members asked attendees to use a NYAM-developed questionnaire to rate several aspects of their local community and the





City Council Speaker Christine Quinn (right) and Council Member Gale Brewer at the community forum on the Upper West Side of Manhattan.

impact these features have on the well-being of older residents. The feedback forms were also made available on the initiative's website and distributed to several community organizations to share with older clients. Over 600 completed forms were collected. Approximately 83 percent of respondents who gave their age indicated being 65 years or older.

Expert roundtables: The New York City Council and NYAM convened seven roundtable discussions in January and February of 2008 with local experts and key leaders. The roundtables each had a distinguished chairperson from the community who led a focused discussion on one of the following topics: business, housing development, civic engagement, transportation and outdoor spaces, tenant rights, social services, and health. The purpose was to allow experts from various sectors to identify ideas, concerns, and needs relating to the anticipated growth of the City's older population and the contributions that these respective sectors can make (and, in some instances, have already made) toward bettering the lives of New York's older residents. At the conclusion of this series of meetings, the seven

roundtable chairs reviewed minutes summarizing their session and were reconvened by NYAM to identify cross-cutting themes that emerged from their discussions.

Data mapping: NYAM's Center for Urban Epidemiologic Studies, in partnership with the Columbia University Built Environment and Health Project, created maps describing New York City's older residents and the environments in which they live. This mapping provides a visual understanding of what is occurring in local communities and reveals unexpected areas of need and opportunity.

Request for information: NYAM issued a "Request for Information" to hear from stakeholders about the policy and regulatory changes needed to make the city more age-friendly. NYAM received 18 responses, with the majority coming from reputable not-for-profit organizations such as the International Longevity Center, the United Neighborhood Houses of New York, the Federation of Protestant Welfare Agencies, and the New York Citizens' Committee on Aging.



At the expert roundtable on civic engagement (left to right): City Council Member David Weprin of Queens; Fredda Vladeck of the United Hospital Fund; and Alex Kalache of NYAM.

Self-assessment of City agencies: As part of its “A City for All Ages” project, the Mayor’s Office charged the commissioners of 22 City agencies with engaging in an assessment of the “age-friendliness” of their agencies using an adaptation of the WHO protocol. The results of that assessment are not included in this report, but the process was an important step toward aligning City agencies with the age-friendly framework.

Secondary research: NYAM conducted a review of existing literature and studies to gain information about the needs, experiences, and characteristics of the older population in New York City and local, national, and international aging trends.

Website: A project website was launched at www.AgeFriendlyNYC.org to allow people to learn more about the initiative and to e-mail suggestions for making the city more age-friendly. Launched in November 2007, more than 1,000 people have visited the site as of August 2008.

Limitations: This year-long assessment was both comprehensive and ground-breaking, but limitations remain. While every effort was made to include the perspectives of linguistic minorities, we did not have the resources to reach out to all of the vast array of groups who live in New York. NYAM’s work in this area is ongoing with plans for additional work among aging immigrants. In addition, we did not collect the perspectives of homebound or institutionalized older people directly; rather we relied on advocates, caregivers, friends, and service providers to communicate their needs. Many of the methods we employed are qualitative and are not designed to answer questions about frequency and prevalence. However, we have incorporated quantitative information wherever possible to add context and give added weight to many of the qualitative findings. The *Technical Report*, which will be available online at www.AgeFriendlyNYC.org, provides a more in-depth exploration into the context of these findings as well as a more detailed rendering of all of the information collected through this consultative assessment process.

IV. Key Findings

The bulk of our findings are organized into the eight domains of city life identified by the *Global Age-friendly Cities* project (Figure 3).⁶ Through our assessment, however, we also gained a clearer view of the population of adults who make up our older population and identified two important themes that impact all eight of the domains. These latter findings are outlined below and are followed by the domain-specific findings. Examples of suggestions for improvement collected through this process—most of which are from older New Yorkers themselves—are included throughout.



Figure 3. Age-friendly domains. Source: World Health Organization *Age-Friendly Cities: A Guide*, 2007.



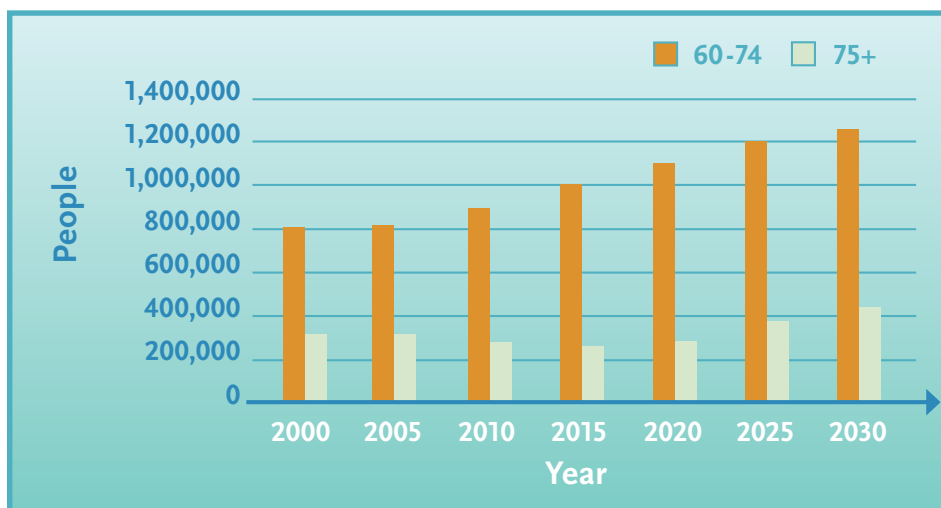


The City's Older Population

New York's older population is both growing and growing older. In 2005, approximately 1.3 million New York residents were age 60 or older.⁷ By 2030, this age group will increase by nearly a half million people to 1.8 million.⁸ While the subgroup of individuals age 60 to 74 will continue to comprise the bulk of the city's older population throughout this period, rapid growth is anticipated among those age 75 or older between 2020 and 2030 (Figure 4). This is significant, as individuals over age 75 are at increased risk of developing chronic health conditions, disability, and social isolation.⁹

The majority of New Yorkers age 65 and above reside in the boroughs of Queens (30.2 percent) and Brooklyn (29.9 percent), followed by Manhattan (20.7 percent), the Bronx (14.6 percent) and Staten Island (5.5 percent).¹⁰ Several neighborhoods within the city have high concentrations of residents age 65 or older. While this age group comprised less than 12 percent of the city's overall population in 2000, Map 1 indicates that in many neighborhoods older adults comprise 17 percent or more of local residents.¹¹

Older New Yorkers have high rates of disability; disability need not mean dependence. Old age is often associated with multiple chronic conditions and disability. Indeed, in 2005, 43 percent of non-institutionalized New Yorkers age 65 and older reported experiencing some form of disability.¹² Map 2 shows several neighborhoods within the city in which over half of older residents have a disability. The percentage of older New Yorkers who are both poor and disabled is more than twice the national rate: 12.1 percent versus 5.5 percent.¹³ Disability is not an inevitable correlate of age, however. In many cases independence can be maintained despite disability through accessible design, social supports, and/or assistive devices such as wheelchairs or canes. When considering and planning for New York's older population, three categories of functionality should be considered: 1) independent older adults who are able to meet their basic needs and participate fully in society, 2) adults who remain independent only with the help of formal and informal supports, and 3) adults who are dependent insofar as they must rely heavily on the help and support of others in order to maintain a good quality of life. An age-friendly city should respect and accommodate all three groups.

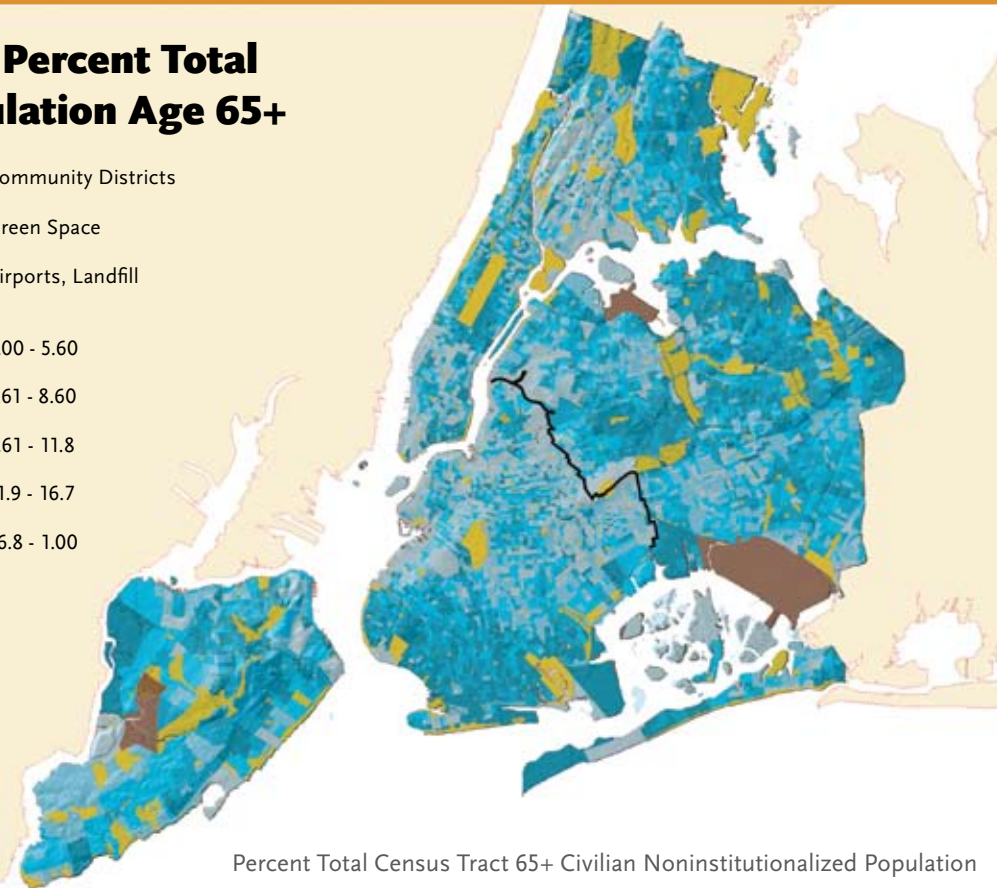
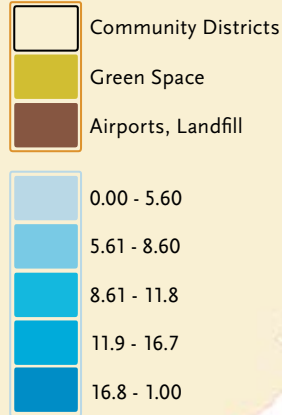


NYC Population Projection by Age Group, 2000-2030

Figure 4. New York City Population by Age Group. Source: New York City Department of City Planning: NYC Projections by Age/Sex & Borough, 2000-2030. December 2006.

MAP 1

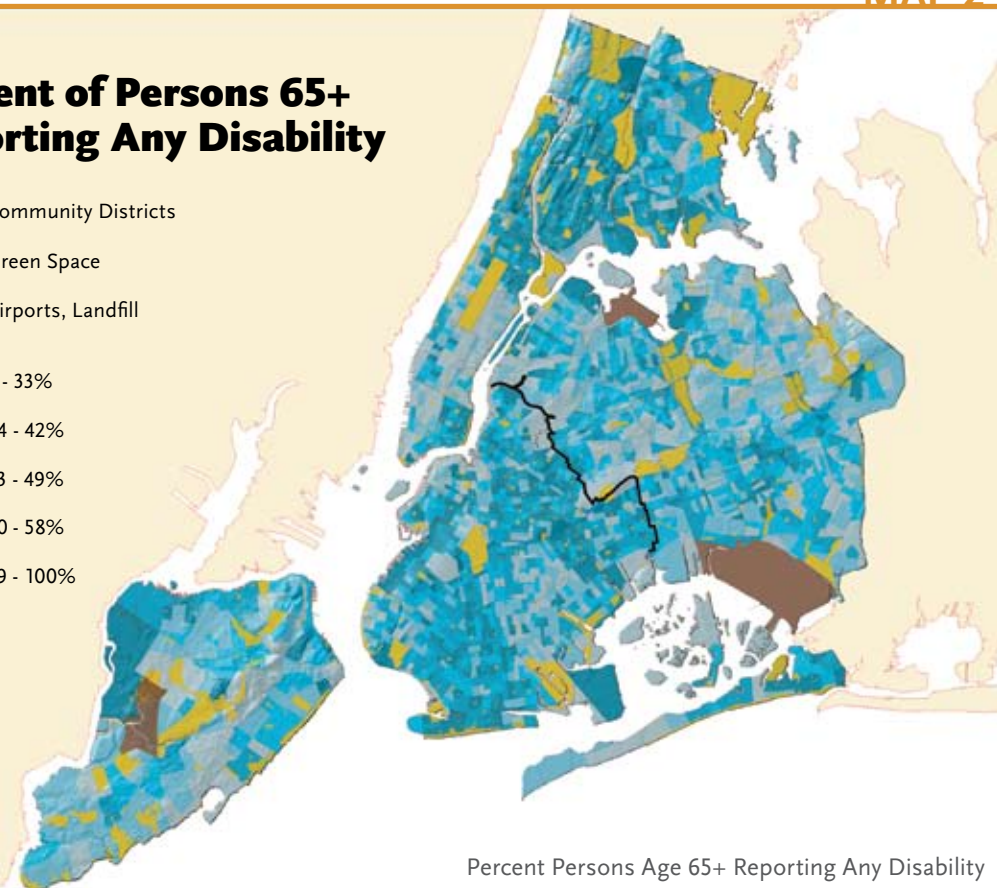
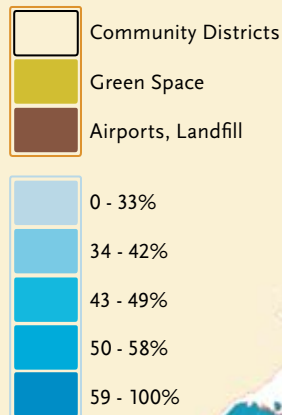
NYC Percent Total Population Age 65+



Percent Total Census Tract 65+ Civilian Noninstitutionalized Population

MAP 2

Percent of Persons 65+ Reporting Any Disability



Percent Persons Age 65+ Reporting Any Disability

Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning. Maps are reprinted full-size in the appendix of this report.

Estimated Changes to Ethnic Composition of New York City Population Age 65 and Older: 2007 to 2020

RACIAL/ ETHNIC GROUP	2007 POPULATION	2020 POPULATION	PERCENT CHANGE
White	485,517	448,355	-7.7 percent
Black	213,775	279,186	+30.6 percent
Native American	2,550	3,792	+48.7 percent
Asian/Pacific Islander	92,874	194,478	+109.4 percent
Hispanic	182,856	275,369	+50.6 percent

Figure 5. Estimated Changes to Ethnic Composition of NYC's Older Population.
Source: Woods & Poole Economics, Inc. New York City profile, 2006.

Poverty can be found in surprising places.

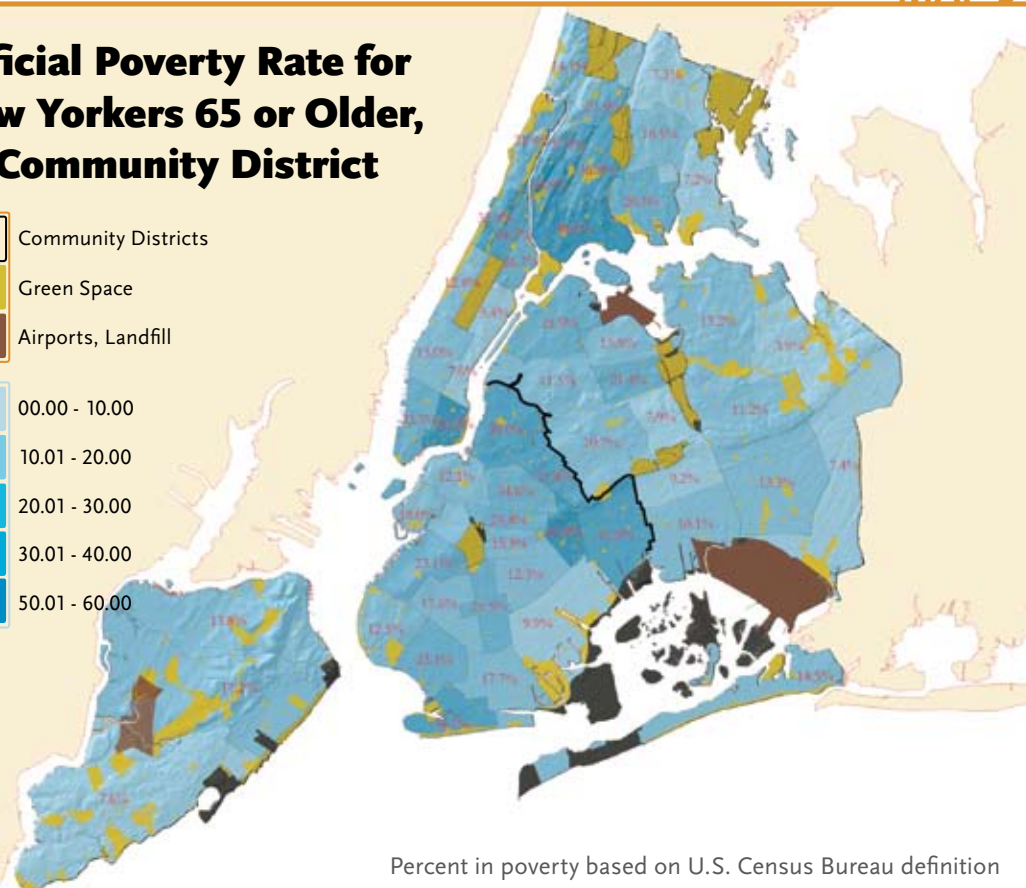
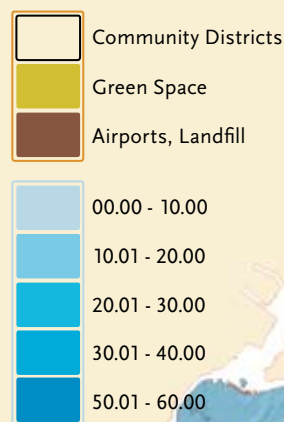
In 2006, the poverty rate among older New Yorkers (age 65+) was nearly twice the national average: 18.1 percent vs. 9.9 percent.¹⁴ However, when the official U.S. Census Bureau definition of poverty is tailored to acknowledge the high cost of living in New York City, that figure grows to 32 percent of older New Yorkers.¹⁵ This new and more precise measure of poverty was developed by the Mayor's Center for Economic Opportunity (CEO) and is based on a set of recommendations made by the National Academy of Sciences. Maps 3 and 4 illustrate the comparison between these different poverty thresholds. Map 3 uses the old measure while Map 4 shows the new one. In many sections of the city, the new CEO poverty measure shows that elder poverty is much more pervasive than previously thought. In five community districts in Brooklyn, for example, more than half of all older residents live in poverty.

Still, poverty among the city's older population does not seem to be as geographically concentrated as that found among other age groups. Instead, older adults with incomes below the poverty line can be found in most neighborhoods across the five boroughs. This may be a result of rent regulations that have permitted many low-income older people to remain in their communities of residence even as others are priced out by increasing rents.

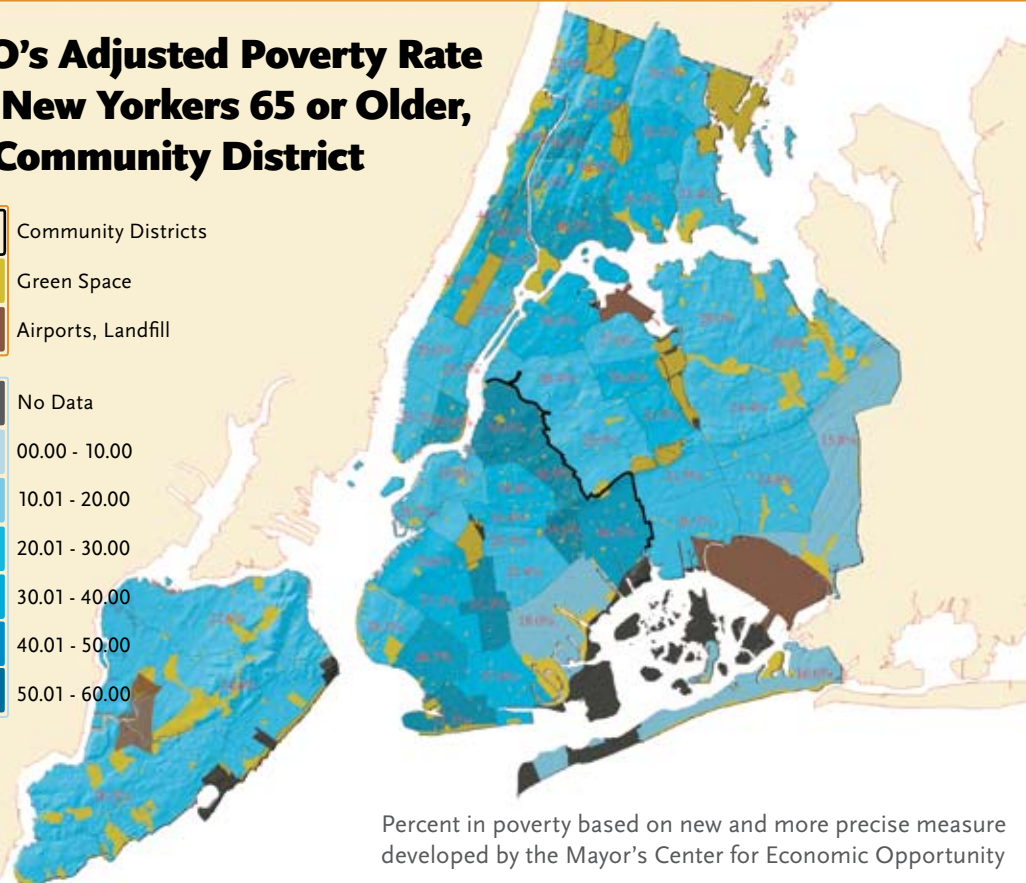
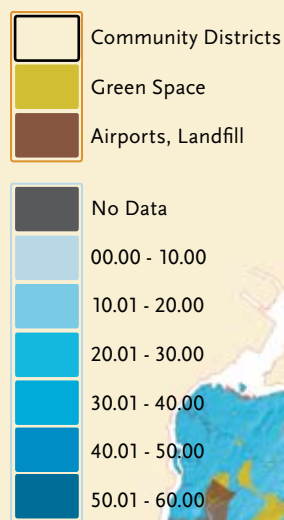
There is a growing number and proportion of minority elders. Nearly half of today's older New Yorkers are members of racial and ethnic minority groups. As indicated in Figure 5, this proportion will continue to grow in the decade to come. All of the non-white categories will have double-digit growth, and the Asian/Pacific Islander senior population is expected to double between now and 2020. This diversity has significant implications for the importance of culturally and linguistically appropriate materials and services for older adults.

The maps on the right compare the presence of poverty based on two different measures: the official poverty threshold as determined by the U.S. Census Bureau (Map 3) and a new measure developed by the Mayor's Center for Economic Opportunity (Map 4).

Official Poverty Rate for New Yorkers 65 or Older, by Community District



CEO's Adjusted Poverty Rate for New Yorkers 65 or Older, by Community District



Cross-cutting Themes

New York is often said to be a city of neighborhoods, and, indeed, each of our community forums, focus groups, and interviews opened a window onto a different world of advantages and disadvantages for the residents in that area. Two salient themes emerged, however, about the City as a whole.

For many, New York City is a great place to grow old. Some people we spoke with expressed a desire to move away, but “I think New York is the greatest place in the world to be old,” was the far more common observation. Many people reported having lived happily in their neighborhoods and even their apartments for 30, 40, 50 years, and longer. As one focus group participant explained about her neighborhood, “I was born here. To me, it’s the center of the earth and to go anywhere else is a step down. Anywhere else I’d be a fish out of water.”

We also met many people who moved away upon retirement, only to move back to the City within a short time. “I kissed the ground when I moved back to Brooklyn,” said one forum participant. Older New Yorkers told us they recognize the City offers particular advantages as they age. Many cited the easy access to public transit; the convenience of having stores and other amenities in close proximity; the many events, activities, and institutions to enjoy in retirement; and proximity to high-quality health care facilities.

We also observed that, while older New Yorkers have diverse tastes and interests, a remarkable majority seem to have found a community or neighborhood that suits them perfectly. Love of the City was widespread, but in many ways this rich diversity of neighborhoods means it is a very different City that each loves. Residents on the

Upper West Side spoke enthusiastically about their proximity to cultural institutions. Older immigrants in Jackson Heights said they liked living among the hustle and bustle of younger immigrant families. Staten Island residents appreciated owning their own homes. Residents of Jamaica, Queens, said they appreciate the calmness of their area and rarely travel into the noise and traffic of Manhattan.

Health and social disparities among older New Yorkers linked to issues beyond race and poverty. A number of studies have described the effects of race and income on health outcomes,¹⁶ and more recent work has shown the effects of neighborhood residence on symptoms of depression, even after controlling for income.¹⁷ Our assessment adds yet another layer of understanding to the causes of disparate health outcomes among older adults. Throughout our year-long process, we met older adults facing unique circumstances in the city that influence their well-being. While differences based on race and poverty were evident in many discussions, we also observed the salience of other factors. Various challenges are discussed in further detail throughout this report but include linguistic and cultural isolation, unconventional family structure, and lack of social connectedness.

We met an older woman in the Bronx who has difficulty speaking English: “We came to this country late and it is difficult to commu-



Support offered through the City’s excellent health and human services system as well as the protective benefits provided by the strong social cohesion of some neighborhoods appear to mitigate the effects of low income for many older adults.

nicate,” she said. We met older adults in East Harlem who have lost familial ties because their children have moved away in search of better opportunities. We met a widower who told us “it hurts to be alone” and it is “hard when the phone doesn’t ring all day.” We met older people who are seemingly “falling through the cracks” because their family needs have not been anticipated by government regulations: grandparents who are ineligible for senior housing because they are the primary caregivers for their grandchildren and older adults who are newer to the country facing tremendous frustration and psychological stress because they cannot navigate systems and pathways to help.

While there is a significant body of research indicating that poverty is correlated with unmet need and unhappiness in old age,¹⁸ our findings caution against overstating this association within New York City. Through-

out our assessment, we met low-income older people with few significant unmet needs and who were certainly not miserable. Support offered through the City’s excellent health and human services system as well as the protective benefits provided by the strong social cohesion of some neighborhoods appear to mitigate the effects of low income for many older adults. For example, while the relatively affluent Upper East Side residents we met advocated developing additional social programs to visit isolated older adults, several long-time residents of public housing described feeling safe, contented, and connected to their environment, because, as one woman told us, “I know most faces. If not, they know my kids.” Despite having low incomes and living in low-income neighborhoods, these elder residents reap rewards from having lived in comfortable proximity with their neighbors for many years.

The Eight Domains of an Age-friendly City

1. RESPECT AND SOCIAL INCLUSION

To what extent are public services, media, commercial services, faith communities and civil society respectful of the diversity of needs among older adults and willing to accommodate older adults in all aspects of society?¹⁹

Sample suggestions:

1. “Require schools to discuss respect and teach respectful behavior towards the elderly.”
– Community forum on Staten Island
2. Combat ageism by developing a citywide public education and anti-discrimination campaign.
– LGBT community forum
3. The oral histories of older people in New York City should be documented.
– Expert roundtable on civic engagement

The findings below are organized into the eight domains of city life defined by the World Health Organization in its framework for the Global Age-friendly Cities project based on previous research on the characteristics of elder-friendly communities.²⁰

Many older New Yorkers feel left out. Ageism, or disrespect of older people, is traditionally discussed in terms of employment discrimination, negative images in the media, and even elder abuse.²¹ In our discussions, however, concerns about exclusion and the unfair treatment of older people were most often paired with discussions about the many changes in the city during recent decades. Many of the older adults we spoke with told us they had been raised to respect and to care for their elders, and now that they are older, they are dismayed to find the family networks, social supports, and community networks they remember from their youth are not available to them. These high expectations have led some lifelong New Yorkers to feel they are being treated unfairly in their old age.

“I was raised in New York City, in Manhattan, and they took care of you back then,” said one woman. “You got school, and health and dental. They should take care of us now.”

“Everything is about youth,” was often cited as the reason older people are sometimes treated poorly. In more than one community center, focus group participants told us they resented being pushed out of meeting spaces and having their programs cancelled to provide more programs for children. A forum participant distressed by the number of new chain stores targeting young people on the Upper West Side told us, “We need affordable retail and services for *older* people.” In East Harlem, we heard that urban renewal has

"I don't feel secure. I feel vulnerable. If someone runs into me I will go flying and no one will pick me up."

passed them by and left “nothing for older people here—no jobs or anything.” Another person dryly told us, “After 5 p.m. I don't go out. They only want the good-looking younger people. They won't let senior citizens into those restaurants in the trendy areas.”

The experience of exclusion combined with increasing frailty may lead to fear. Along with concern and resentment about exclusion and poor treatment, a significant number of people also expressed fear. “I was scared of growing older,” one woman told us. “So much has changed. And there are cutbacks. I was worried what would happen, if there would be services. I have so many medications to take. I get worried I won't get to 70. I want to make it to 100, but let's say 70.” Another woman told us, “My arthritis and my osteoporosis slow me down. I don't feel secure. I feel vulnerable. If someone

runs into me I will go flying and no one will pick me up.” Heightened anxieties about being neglected or mistreated were linked with concerns about diminished physical or mental capacities. Many people told us, for example, that they were worried about being cheated or robbed in financial schemes or getting evicted by unscrupulous landlords both because there is not enough respect for older people, but also because of their own reduced ability to recognize a swindle or to defend themselves.

Despite New York City's well-documented decrease in crime since the 1990s, older people told us they fear crime and would like a more visible police presence on the streets because as older people they are often frail and therefore “easy targets.” Again, this anxiety appears to be linked to feelings of enhanced vulnerability as an older person and less about concrete experiences



of danger or crime. At the community forum in Manhattan's Chinatown area, nearly all 150 seniors who had traveled there from all five boroughs raised their hands to indicate feeling unsafe in their local communities. When pressed, however, only a handful had been victims of crime—or knew someone who had been such a victim—within the last few years.

To increase respect for and inclusion of older people, elders and experts we spoke with recommended mass education through public service announcements, school programs, and employee training about the needs, expectations, and concerns of older adults. Older adults also widely agreed that they should be invited to participate in designing plans for the continued development of New York City. Older New Yorkers reminded us they retain the memories about the struggles, successes and failures in the City and can offer

guidance on plans and projects, especially those which affect them and their neighborhoods—not just on “senior issues.”

Lastly, while many advocates discourage use of the terms “elderly” or “aged” as disrespectful,²² this view was not shared by the older people with whom we spoke. Instead, they overwhelmingly told us they don't care what they are labeled so long as they are treated with respect. “Call me what you want, just do things for me,” said one person. A woman from Queens laughed as she told us her first experience being referred to as an older person. As she was walking down the street a group of young men were playing and one wanted to stop their play in order to let the woman pass. He yelled, “Stop that. Don't you see that old lady?” “That's the first time I thought of myself that way,” she said. “I just smiled and said ‘thank you for looking out for me.’”



2. INFORMATION AND COMMUNICATION

To what extent are older adults aware of the diverse range of programs and services available within their community? And is information readily available, appropriately designed and delivered to meet the needs of older people?

A lack of good information sources is impeding access to opportunities and services. Decision-making responsibilities increasingly reside with older people and their caregivers as opposed to health or social service providers.²³ National figures indicate, however, that 20 percent of adults age 65 or older do not know whom to call for information about services. This was borne out in our local discussions, where older New Yorkers repeatedly mentioned difficulty learning about resources that could enhance their quality of life. “I know there must be something out there to help me,” said one person at the Upper West Side forum, but she was not sure how to begin to find an agency to help her with her problem. A dramatic example of how inadequate information may be affecting access to benefits is that between 60,000 and 80,000

eligible older people have not taken advantage of the Senior Citizen Rent Increase Exemption (SCRIE), a program that protects low-income older adults from rent increases.²⁴

At several community forums people expressed frustration over the “red tape” that requires them to exert so much energy to get needed help or information. Numerous people complained about automated telephone systems: “Give me a person to talk to!” Other problems mentioned include: excessive jargon and confusing wording in correspondence from insurance, housing, and other agencies; agency phone menus and written instructions that require too many steps or include too much technical information; and important documents such as lease agreements that are illegible due to small font size and low

Numerous people complained about automated telephone systems: “Give me a person to talk to!”

Sample suggestions:

1. “Agencies that are supposed to address the problems of the elderly should have some sort of central agency that can better coordinate programs for the elderly. We don’t know where to go sometimes. If there was a central clearinghouse for help and information it would be helpful to the elderly.”
– Community forum in Harlem
2. “Expand instruction and learning opportunities for seniors around technology.”
– Focus group participant
3. Not-for-profit service providers should have access to low-cost or subsidized translation services to help them conduct outreach to and serve a variety of populations.
– Expert roundtable on civic engagement

contrast. Older New Yorkers told us they need more, better, and clearer information delivered through multiple modalities. This message was unequivocal.

Some older adults requested the creation of a centralized system for triaging community problems and engaging with City systems. While several current central resources (including DFTA's website) were mentioned, each was deemed too narrow to meet the need for a "one-stop-shop." The City's 311 telephone service system drew praise from those who had used it (with the exception of a Spanish-speaking individual who said she found it confusing). However, skepticism about 311 was apparent among those who had not tried it, which may suggest the need for targeted marketing of its features. At our expert roundtables, making integrated health and social services information available in online, phone, and print formats was repeatedly suggested.

The most popular information sources are local and free. Across the City, people told us they most often get information about community events and services from free sources such as local community papers; bulletin boards and newsletters in churches, senior centers, apartment buildings, and neighborhoods; and word-of-mouth. Our interviewees in Jackson Heights also told us they rely on the free community newspapers (*Hoy New York, El Especialito*) for news as often as the larger citywide newspapers (*The New York Times, Daily News*). It was recommended that local and free sources be more actively used by agencies that want to get information to older adults.

Information is needed in multiple languages. Approximately 27 percent of older New Yorkers speak English less than "very well."²⁵ In some neighborhoods, however, linguistic isolation is particularly concentrated. For example, one census tract in Manhattan's Chinatown has

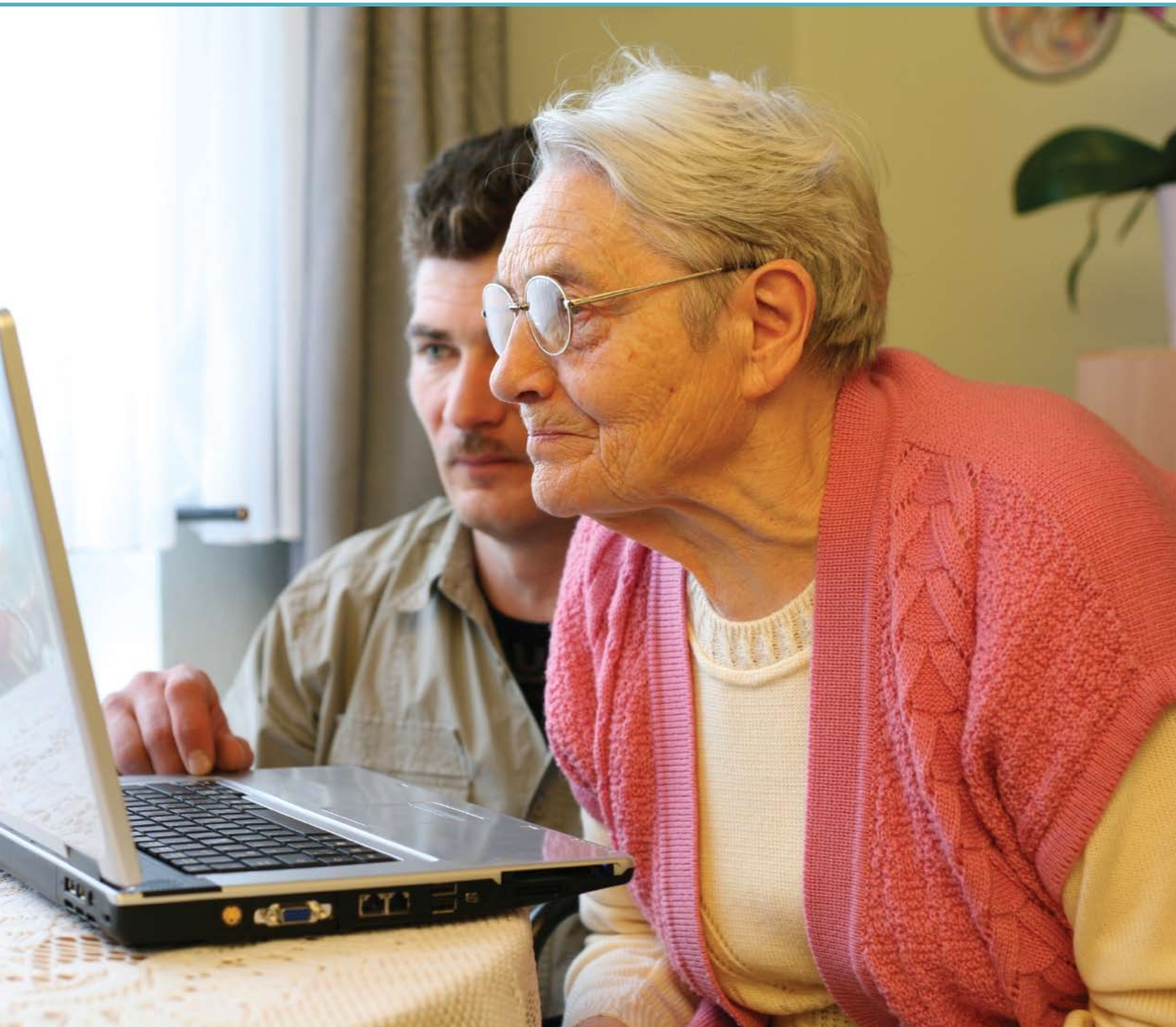
two-thirds of persons age 65 and older who are linguistically isolated.²⁶ At the forum we held in that neighborhood, an older woman who speaks only Chinese said: "I'm blind because I cannot read documents written in English. I'm deaf because people speak to me in English and I don't understand. And I'm mute because I cannot communicate with anyone who does not know my language." Broadcasts and newspapers in languages other than English are particularly important for similarly isolated groups. The City has made substantial improvements in this area: ACCESS NYC, its new benefit eligibility screening tool, is offered in seven languages; 311 is available in 170 languages;²⁷ and Mayor Bloomberg recently signed an Executive Order mandating all City agencies that have direct interaction with the public to provide language assistance in the top six languages spoken in our city.²⁸ A challenge, however, is getting information to those who need it in both their preferred language *and* communication medium.

Technology use: opportunity and challenge. Opinions were split among older New Yorkers on the advantages of information technology. Some people are even opposed to cell phones. "I find cell phones difficult. I don't use cell phones. I'm not good with modernized things. I prefer a windup watch." The majority favored cell phones, though there were concerns about cost, keypad size and font, and complexity of use. Reactions to computers were similarly mixed. More than half of the respondents to the constituent feedback form said access to computers and the Internet are "very important" to the well-being of older New Yorkers, but only about a quarter of all forum participants reported having used a computer to get information or expressed interest in doing so.

Among those who said they have used computers, most access computers at their local library or community center. Experts stressed that com-

puters can help older adults (particularly those with mobility impairments) to maintain social networks. Some elders expressed anger, however, at the suggestion that they use computers. “You know what burns me up? When people say that they will e-mail me. I don’t have e-mail. I can’t afford a computer.” Barriers to computer access include affordability (purchasing a computer, paying fees associated with computer training,

and costs of ongoing Internet service) and insufficient understanding of how to use computers effectively. Suggestions for increasing computer literacy and access included providing on-call technical assistance, expanding computer training specifically for older adults, offering low-cost or free personal computers, and offering expanded computer access (with helpdesk support) in public spaces like libraries and public buildings.



3. CIVIC PARTICIPATION AND EMPLOYMENT

To what extent do older people have opportunities to participate in community decision-making? And do older people have ample opportunities to contribute their experience and skills to the community in paid or unpaid work?

Civic participation refers to the activities of personal and public concern that are both individually enriching and socially beneficial to communities. It can take many forms, including paid and unpaid work, involvement in electoral politics, and community activism. These activities not only benefit the community, they keep older adults engaged and prevent social isolation.

Older adults who are care-givers need acknowledgement and support. We found that one of the most significant ways older adults contribute to the community is as caregivers. The role of grandparents has long been appreciated in this country, but the increasing role of grandparents as parents (i.e. as the primary caretakers for their grandchildren) is a phenomenon that has gained visibility in recent years. We spoke with many older women who, despite health conditions and extreme financial hardship, have taken on primary caretaking responsibilities when their children could no longer act as parents for their grandchildren. One woman put it simply: “Older people are the ones who bear the burden. They take care of kids left behind.” New programs and services, such as respite care and group counseling, have been emerging to support these older caregivers. Unfortunately, we heard that their role is not well-acknowledged in some social service systems, and despite legal services designed to assist grandparent caregivers, some grandparents have difficulty accessing benefits and securing guardianship. We heard stories that the presence of children in the home limited an older person’s

access to senior housing as well as other services. Similarly, the role of older adults as caregivers (for spouses and their own aged parents) is not adequately acknowledged. Several of the older adults at our Upper West Side forum mentioned they are caring for parents in their own homes or coordinating care for parents out-of-state.

Older New Yorkers provide critical resources to the City. Many people we spoke with had a rich history of giving to the City through their time and efforts, and many were still playing critical roles leading campaigns and serving on advisory councils, tenant associations, and non-profit boards. “If it wasn’t for the older people, the younger people wouldn’t have a place to stay,” they told us in Queens. “Older people carry the community around here. We go to the tenant meetings, the PTA, all the meetings.” “We all should volunteer,” said one older woman who visits with homebound individuals. Older adults told us they recognize that staying involved enriches their communities and their own lives. As one older person explained: “I’d like to do something that I can be proud of. I don’t mind

Older adults told us they recognize that staying involved enriches their communities and their own lives.

Sample suggestions:

1. Expand existing programs and services that support retirees as they re-enter the workforce and create employment agencies for older people who have a wide variety of skill sets, work histories, and professional backgrounds.
 - Expert roundtable on business
2. Enhance flexibility in employment opportunities to allow older people to phase into retirement by working part-time.
 - Expert roundtable on civic engagement
3. Develop public service announcements for broadcast locally outlining the advantages of hiring older workers (e.g., knowledge, experience, reliability)
 - Community forum in East Tremont section of the Bronx
4. All 59 of the City’s Community Boards should have subcommittees focused on aging issues and be given the tools, resources, and knowledge needed to review all Community Board business and to advocate for older residents in their districts.
 - Expert roundtable on civic engagement

getting old. I just want to be doing something.” Our findings are consistent with those of a recent report by the New York Community Trust and the United Neighborhood Houses of New York, which found that New York offers a range of opportunities for the civic engagement of older people, particularly for volunteering. This report also found, however, that a number of barriers prevent many from meaningful engagement in community institutions and activities.²⁹ One community forum participant spoke about her desire to bring activities to a nearby nursing home but said, “I don’t know how to go about it.” As was noted in the Communication and Information section, information about how to connect to meaningful involvement is needed.

Many older adults remain in the workforce. While many adults are pleased to retire from paid work at age 65, more than three-quarters of the respondents to the feedback form indicated that employment opportunities for older people are “very important” or “important” for their well-being. For some, the desire to work is tied to a financial need. A recent survey of New Yorkers found that 35 percent of respondents age 65 and older have “little confidence” they will have the resources needed to live comfortably when they retire.³⁰ The tight financial circumstances of many of our contacts bore this out. One focus group participant in Queens told us, “I waited five years longer than I wanted to retire because I needed the income.” Some older people told us,

however, that their desire to work stemmed from a desire to continue to feel useful. “I’d like to [work] because it keeps your mind together. Not full-time—just something to do.”

Experts have noted that employers often view older workers as extremely desirable because of their experience and reliability. However, the older people we spoke with felt their age is more of an obstacle than an asset in retaining and seeking employment. One person told us, “I’m at the top of my skills, but I can’t get a job.” Some people complained of being pushed into accepting volunteer positions even though they were seeking paid employment. Another common frustration, however, was not knowing how to enter the job-seeking process now that so much recruitment occurs online. Programs like ReServe and Experience Corps were cited as examples of effective initiatives that

help place older people in appropriate positions. It was suggested they be expanded, replicated, and more widely advertised.

Experts and employers at our business roundtable voiced support for developing a voluntary code or model practices to help businesses address the needs of older workers. They agreed that both the public and private sectors lose when experienced workers are unable to remain in the workforce. They noted that industries need assistance in recruiting, placing, and training older workers to meet the demands of today’s business environment. Some of the effective strategies discussed for retaining older workers included job sharing, mentoring programs, and training programs. Employers also agreed that policies should be implemented to support workers serving as caregivers to older parents, spouses, or grandchildren.



Retirement is a changing concept. Experts in the business roundtable noted that the notion of retirement is changing as people are living longer and healthier lives. Instead of a life-altering event, retirement has increasingly become a process that unfolds over time. Older people and employers acknowledged the growing preference for “phased retirement,” where workers move gradually out of the workplace through reduced hours and alternative, more flexible positions. Pension, Social Security, and health insurance regulations were all identified as barriers to phased retirement and part-time work. It was agreed that companies and others should help workers prepare for retirement, transition from the workplace, and support retirees once they have left the workplace. It was noted that several unions in the City effectively support their retirees and that this could be replicated. Employment-related networks might be especially beneficial for many of the people we spoke with who felt they had lost a significant social network once they retired.

Continued involvement in political and civic activism. The overwhelming attendance and response to our community forums provided a clear indication that older New Yorkers want a say in the future of their City. As has often been noted, older adults vote in larger numbers than any other group,³¹ and those we spoke with were eager to be involved in the political lives of their communities, city, and world. They asked for opportunities to be included in all levels of deci-

sion-making about their own futures, including continued involvement in the *Age-friendly New York City* initiative.

For some, political activism is an activity they have discovered later in life. At the forum in the East Tremont section of the Bronx, an older woman in a wheelchair said, “two to three years ago I took a class at JPAC [the Joint Public Affairs Committee] and it opened up my life. I’m never home now. I’m more active than I’ve been in 50 years. I’m an activist.” For others, activism has been a life-long commitment. A focus group participant in Harlem said, “Every time we think we can relax it never lasts. It’s here we go again!”

Older adults said they would like more information about how to become politically active. Immigrants asked for information in more languages and for clarification about what activities they can engage in if they are non-citizens. Additional suggestions included offering leadership training, enhancing physical accessibility at community events, and creating opportunities for people to engage with issues around their prime identifications, interests, and affiliations (such as religious or cultural communities). Several people suggested that promoting volunteerism and civic engagement throughout the life span would also strengthen participation. They further recommended that older people be sought out for advisory boards, community boards, and inter-agency councils on aging.

Pension, Social Security, and health insurance regulations were all identified as barriers to phased retirement and part-time work.

4. SOCIAL PARTICIPATION

To what extent do older adults have opportunities for developing and maintaining meaningful social networks in their neighborhoods? And do older people have ample opportunities to participate fully in their preferred events and activities?

Belonging to a supportive social network makes people feel cared for, loved, esteemed, and valued—all of which have a powerful protective effect on health.³² When neighbors know, respect, and help one another, this provides protective benefits to all residents. As such, the networks older adults reside within and their ability to sustain those relationships are central to their continued integration into the life of the City and to their ability to live independently.

New York offers many opportunities, but participating in them can be a challenge. In general, older New Yorkers conveyed to us that they want to pursue their interests and interact socially while staying active and busy. These interests are as varied as any other cross-section of New Yorkers and include: working, caring for family, education and classes, cultural events, travel, and exercise. We heard from opera goers, mahjong players, bingo enthusiasts, historians, and activists. New York City’s social and recreational opportunities can seem limitless but accessing them can sometimes be a challenge for older New Yorkers. A forum participant with limited mobility said, “It’s complicated to do things, to go to the theater. When I was younger, I would just go a half hour early. Now, to get tickets, first you have to arrange transportation and to meet up with people, they have to get transportation. It’s hard to know how you are going to do anything.” The cost of transportation and tickets is also a challenge. An AARP study recently showed that individuals who earn less than \$20,000 (i.e. 45 percent of older New Yorkers) are the least likely to leave their homes more than five times a week.^{33,34}

People noted that a few small changes could greatly improve older people’s access to social and cultural events. Suggestions included opening up school yards in the evenings and on weekends, holding evening hours and events at senior centers, and starting elder-only walking programs in the parks to create free, local opportunities for socializing. Other suggestions included offering discounted tickets to cultural institutions and providing centralized information about exercise programs and other activities for older people.

Older New Yorkers have multiple social networks and affiliations. Many older people we met were proud to be affiliated with services and organizations specifically geared toward older adults. At our community forum in Jamaica, Queens, participants wore bright t-shirts emblazoned with the names of their respective senior centers. However, we repeatedly heard that having connections to networks, communities, and groups organized around people’s key interests and identities (and including people of all ages) is extremely important. Several members of the United Hindu Cultural Council Senior Center

Whether living in public housing, privately owned co-ops, or condominium high-rise buildings, people told us they appreciate and benefit from living in close-knit micro-communities.

Sample suggestions:

1. “Create a free dating and matchmaking service for the elderly.”
– Focus group participant
2. “Publish a senior citizens’ booklet with discounts, offers, and restaurants.”
– Focus group participant
3. A pilot project should provide guidance on helping neighbors to support and check-on their older neighbors.
– Expert roundtable on social services
4. To increase opportunities for learning across the life span, implement sliding fee scales for university and college continuing education programs.
– Expert roundtable on civic engagement

in Queens, for example, explained that one of the main benefits of the center is that it is a place where their culture and beliefs (and not just their age) are supported and recognized. Participants in the LGBT forum noted that their primary identification was not as an older adult and that they wanted their social interaction to center on their existing communities of affiliation. Similarly, a recent report by Columbia University outlines how integral the identity of being an artist is for many older people. It found that older artists communicate more frequently with other artists than they do with their partners, family, and children.³⁵

Neighborhood networks can be especially supportive. Whether living in public housing, privately owned co-ops, or condominium high-

rise buildings, people told us they appreciate and benefit from living in close-knit micro-communities (such as those fostered through NORC programs). In Rochdale Village and Long Island City, residents described how much they like living in communities where people check on one another when someone was sick or missing for a few days. One focus group participant from the Bronx told us, “[W]hen I got cancer, my neighbor always checked on me. I loved that. That’s beautiful.” Similarly, while Chelsea forum participants expressed concerns about crime, focus group participants in a supportive housing program in the South Bronx told us they feel secure and happy to have the support of their service providers and fellow program members. As one gentleman told us, “I feel safe. In my heart, it’s like I am still in Puerto Rico.”

Social networks are changing and shrinking for many older adults.

Several focus group and forum participants described with sadness that, as they have aged, they have watched their social networks disappear. Some networks dissolve once children move away while other connections are broken through retirement, the loss of a spouse, and the death of friends and loved ones. One focus group member told us, “That’s the bad part of longevity: everybody goes away. It has been very hard watching everyone die.” Many, like a woman from our Chinese-language focus group in Queens also expressed feelings of vulnerability:

“My biggest fear in life is that I would come down with some incurable disease or some crippling disease and I would have to fend for myself with no family and just a handful of friends.”

While it is often assumed that older people, especially those in immigrant communities, have family around to support them, many people we spoke with indicated they had no or few relatives nearby. A woman from East Harlem told us: “Once children get married, they leave the community because they want a better life. There’s nothing for them here.” Less than half of the older immigrants we interviewed in Jackson Heights had family in the City.

Older New Yorkers recognize social isolation as a risk. Social isolation is a serious problem for older New Yorkers.³⁶ It is associated with depression,

poverty, re-hospitalization, delayed care-seeking, poor nutrition, and premature mortality.³⁷ According to the City’s Department of Health and Mental Hygiene, approximately 132,800 New Yorkers age 65 and older were at risk for social isolation in 2002-2003. Living alone, neither working nor belonging to a community group or religious organization, and poor health were the three most common risk factors.³⁸ The older adults we spoke with were keenly aware of this problem. For example, one gentleman told us, “You can’t isolate yourself. Some people don’t socialize when they get old. You need to create a social network with activities for yourself.” Our participants also told numerous stories of isolated friends and neighbors. Just one story was of “a blind woman whose aide leaves at noon, and she’s alone all day and all night.”

Many people suggested developing buddy systems or equipping older people with medical alert systems to protect those aging alone. Some recommended creating programs to guide doormen, service people, or neighbors in recognizing signs of distress and assisting people without being intrusive. The City recently instituted the Carrier Alert Program, which enhances letter carriers’ ability to respond when an older adult or a person with disability may be in distress. A handful of elders trumpeted pet ownership as one way of both lessening loneliness and increasing physical activity.³⁹ One focus group member told us her conversations with other dog owners on the street provides her with her daily social interaction.



Opposite: Members of the Harlem Honeys & Bears Swim Team



5. HOUSING

To what extent do older people have housing that is safe and affordable and that allows them to stay independent as their needs change?

National surveys show that 80 percent of older people want to “age in place” in their homes and communities, rather than in retirement communities or nursing homes.⁴⁰ With improved health status and longevity, this goal is increasingly possible for more older adults. A central challenge for older New Yorkers, however, is reconciling this objective with the realities of a very expensive housing market.

Affordability is a major concern. A 2008 poll conducted by *Crain’s New York Business* revealed that 18 percent of City residents find it “very difficult” to pay their rent or mortgage—up from 8 percent in 2003.⁴¹ This is a citywide concern that affects New Yorkers of all ages but has significant implications for older adults. Many older people rely on fixed incomes that are well below the citywide average, so housing costs as a percentage of income are particularly high among this cohort. Housing costs above 30 percent of a

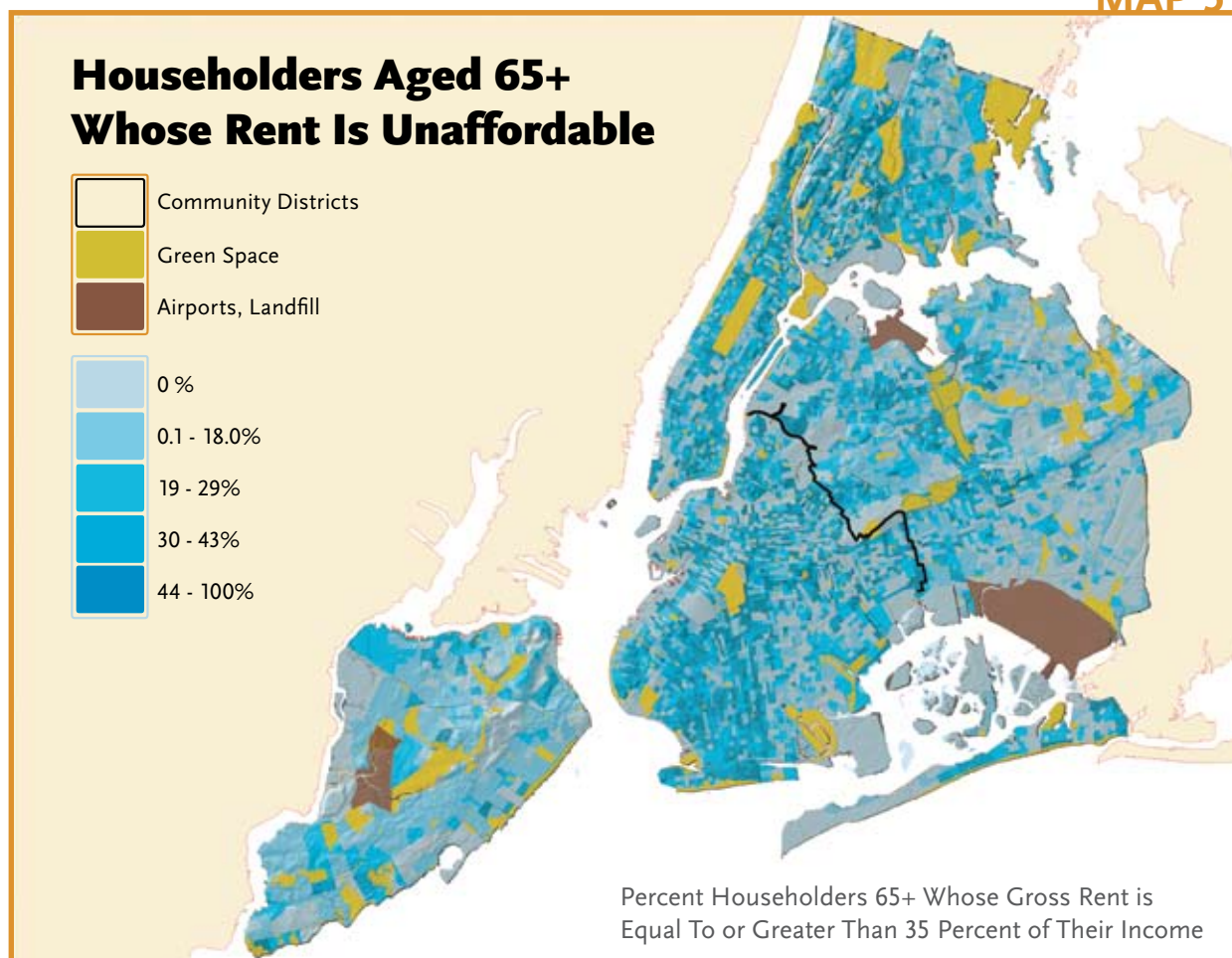
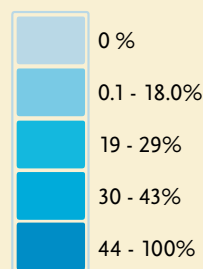
household’s pre-tax income are generally viewed as unaffordable.⁴² Nearly half of all renters age 65 and older in New York City spent at least 35 percent of their income on rent in 2005.⁴³ Map 5 shows that these renters are distributed throughout the City. The high cost of utilities was also frequently mentioned as a concern among many older people.

Many experts in the roundtable on housing development emphasized that the City must

Sample suggestions:

1. “Create dorm-style housing for seniors who live alone.”
– Focus group participant
2. “Start a discussion about the community service requirement for those in public housing.”
– Participant in the community forum on the Upper West Side of Manhattan
3. Expand the City Department for the Aging’s successful “Assigned Counsel” pilot project, which provides legal representation to older New Yorkers facing eviction or experiencing other disputes with their landlords.
– Expert roundtable on tenant rights
4. Re-examine zoning, planning, and community board rules to be sure they do not create unintended barriers to developing senior housing.
– Expert roundtable on housing development

Householders Aged 65+ Whose Rent Is Unaffordable



build new affordable housing if it is to adequately support the growing population of older people. However, several barriers to doing so were identified, including a shortage of federal funding and land on which to build, strict zoning rules and regulations, and a lack of incentives that favor the development of housing that is affordable to low- and middle-income individuals.

Public housing, subsidies, and rent regulation provide significant support. Rent regulations, public housing, and housing programs and subsidies are a lifeline for more than 80 percent of older renters in New York City.⁴⁴ More than one-third of all households subsidized through the New York City Housing Authority are now headed by an

individual age 62 or older.⁴⁵ Upper East Side and Upper West Side forum participants specifically cited the importance of the Senior Citizens Rent Increase Exemption (SCRIE) program, which protects renters from being priced out of their apartments. While vital, the programs were often criticized for having eligibility limitations that are too low. In 2008, the SCRIE eligibility limit was increased to an annual income of \$28,000. “SCRIE’s upper limit is unrealistic,” said one Upper West Side participant. Conversely, participants in our Chinatown forum commented they are unable to meet the minimum income requirements for low-income housing, which often requires an income of at least \$18,000.

Older adults throughout the city told us they have seen family, friends, and neighbors move away because they cannot afford the climbing rent prices.

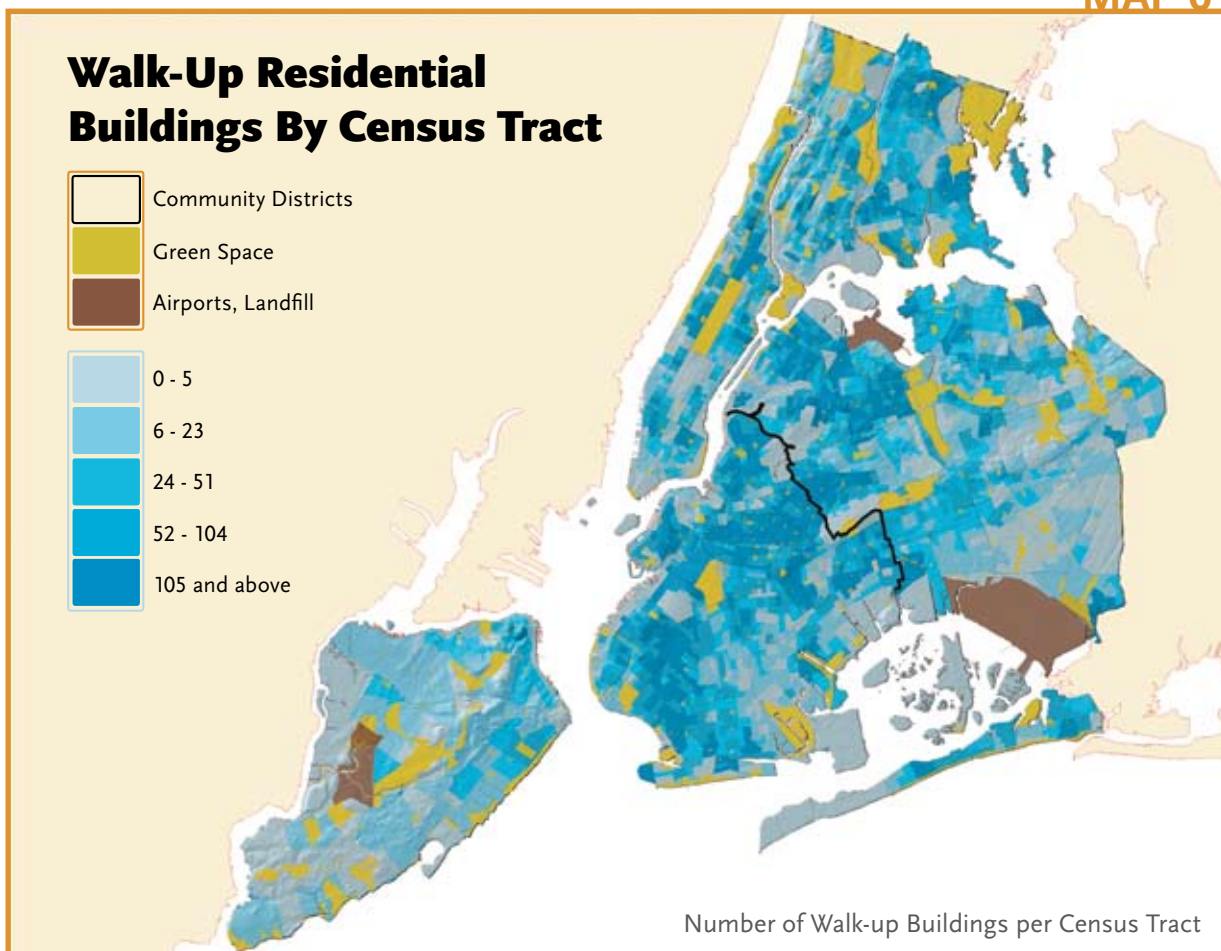
Experts noted the rapid pace at which rent regulated units are going to market rate and expressed concern about what might happen to the next generation of elders if affordable housing is not preserved. Between 2002 and 2005, New York City lost an estimated 16,000 rent-controlled units but showed a slight net gain of rent-stabilized units.⁴⁶ One respondent to the constituent feedback form wrote that she “will really get disoriented and depressed if I am forced to move because of changes in the rent stabilization laws.” The long waiting lists for programs and public housing are also a concern. Citywide, more than 217,000 people are on waiting lists for Section 202 housing, a federal program for adults over age 62.⁴⁷ As an older Harlem resident wrote on her constituent feedback form, “They tell me that I have to wait six years just to get a [Section 202] apartment. I do not have all that time.”

Neighborhood changes are diminishing social cohesion. Older New Yorkers told us that the City’s booming housing market has reshaped many of their communities. While some saw benefits to the changes, many also worried that the rising rents are causing critical social ties to be broken. Older adults throughout the City told us they have seen family, friends, and neighbors move away because they cannot afford the climbing rent prices. A participant at the South Bronx forum noted that when she sees strangers in the hall she “just hopes they live here” because she’s no longer certain who her neighbors are. Experts and elders also told us that older people are targets for harassment by landlords because many of their apartments

have the greatest potential for increased rents. At the tenant rights roundtable, participants told us that in order to force older tenants from their apartments, landlords will sometimes be slow in making repairs and then take legal action against the tenant for having let the apartment become rundown. Isolated, fearful of litigation costs, and unsure of where else they could live, tenants will often tolerate the abuse. The City Council recently passed legislation to combat landlord harassment of tenants. The bill was signed into law by the mayor in March 2008.⁴⁸

Inappropriate housing is a challenge. We heard several stories of elders feeling trapped in inappropriate or uncomfortable housing. Housing can become inappropriate when, for example, a person is no longer able to climb stairs. Map 6 highlights the areas throughout the city with high concentrations of “walk-up” residential buildings (those without an elevator). The central and southern areas of Brooklyn are notable for having many “walk-ups” and a high concentration of older adults. Inappropriate housing also includes units that are excessively large and difficult to maintain. In New York City the average number of residents per room is .64, but for its older residents it’s only .45.⁴⁹ A focus group participant told us, “I know a man with six rooms who is living alone.” Many older adults feel stuck in larger apartments because their rent is subsidized and an equally affordable apartment is unavailable. A third category of inappropriate housing is insufficient space. The forums in Chinatown and on the Upper East Side and the interviews in Jackson Heights

Walk-Up Residential Buildings By Census Tract

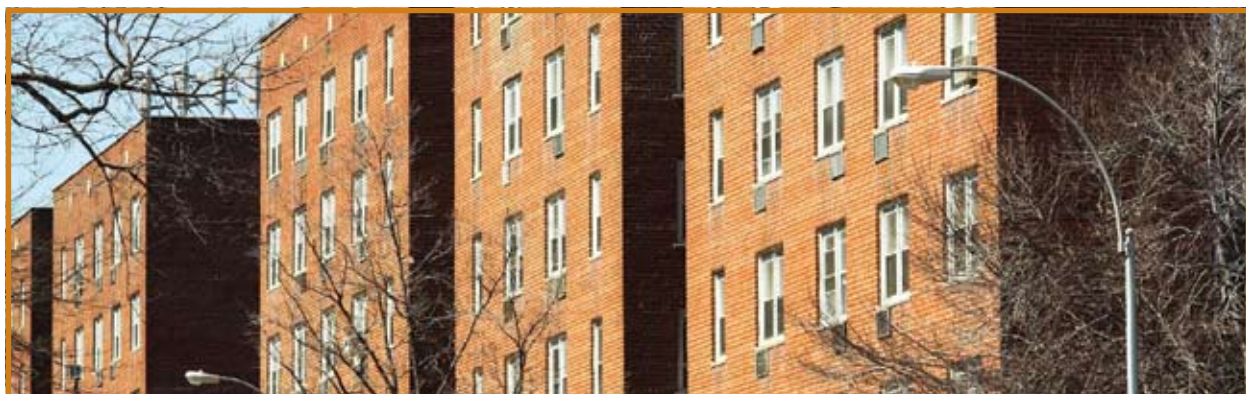


Number of Walk-up Buildings per Census Tract

Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning. Maps are reprinted full-size in the appendix of this report.

revealed many older adults are sharing small quarters with roommates in order to split the rent. Immigrants in particular reported informal living arrangements such as sharing a room in a larger house or trading services for a place to sleep. These arrangements can put older people in vulnerable situations. We heard one account

where an older person was abused by a tenant she had taken in. We also met a low-income and frail 87-year-old woman forced to double-up with three people in a one-bedroom apartment; she was denied access to a home health aide because the crowded living conditions were deemed unworkable.



6. TRANSPORTATION

Do older people have ample opportunity to travel (conveniently and safely) wherever they want to go in the community?

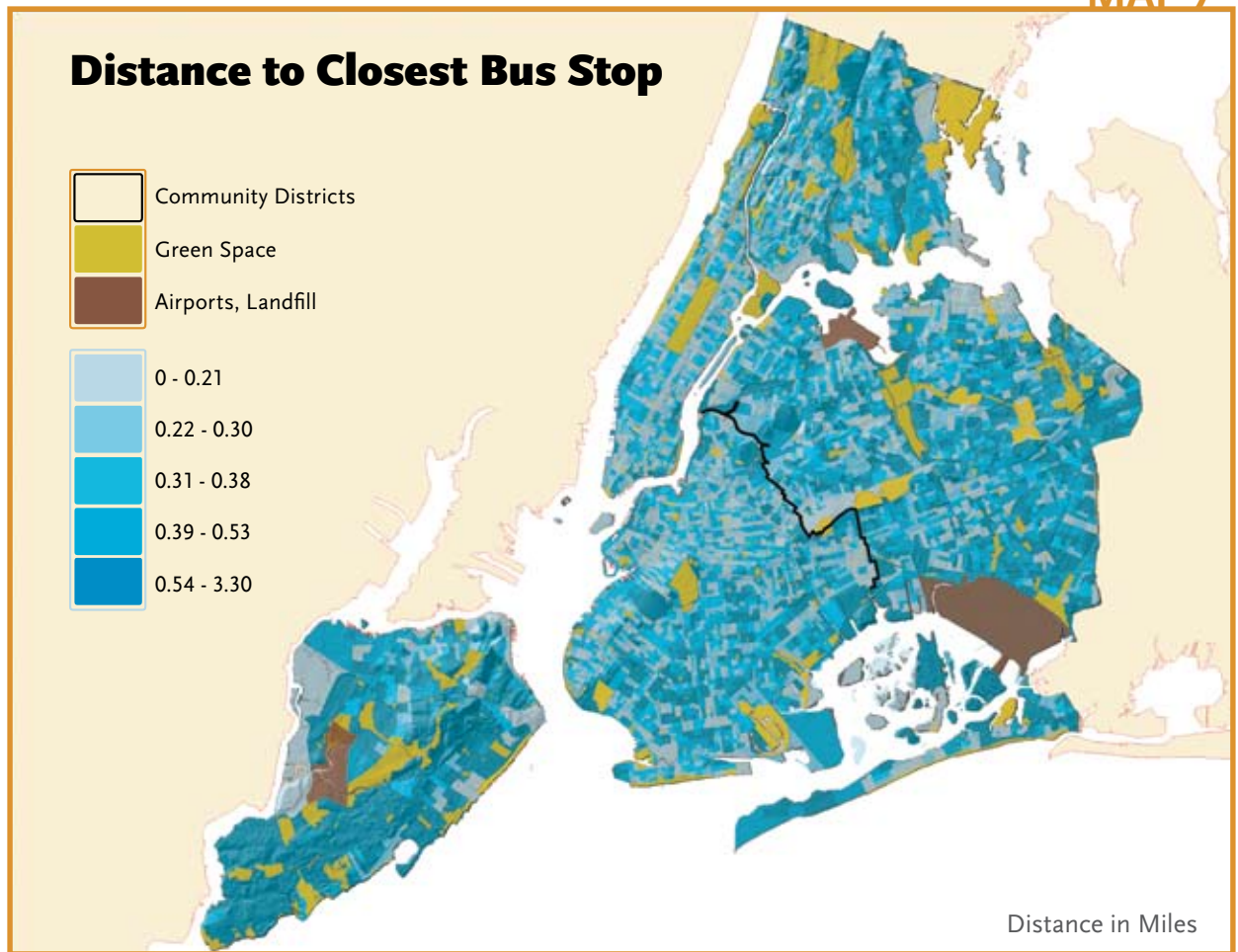
Walking and the use of public transit are the most common modes of transportation for older people in New York City. A recent survey of older AARP members in the metropolitan area found that 52 percent of city-dwelling respondents often walk to get where they want to go; 52 percent regularly use public transportation; 39 percent drive; 26 percent use taxis; 26 percent get rides with family or friends; 10 percent use private drivers; and 10 percent take community vans designated for older adults and/or people with disabilities.⁵⁰

The City's mass transit is widely appreciated. At our community forum on the Upper East Side, audience members applauded when a participant declared, "This City has the best transportation system in the country!" Some people told us they moved back to New York from the suburbs and other parts of the country specifically for the public transportation. For the most part, people also

told us the mass transit system is affordable and that the half-price discount for people over age 65 is appreciated. A handful, however, mentioned walking long distances to save on the cost of bus fare. It was also pointed out on several occasions that other cities offer free transportation to older residents. "Why not New York?" they asked.

Sample suggestions:

1. Explore ways of making pedicabs and bicycle paths more accessible and age-friendly.
– Expert roundtable on transportation and outdoor spaces
2. "We need express buses to Brooklyn so we can get to the Botanical Garden, Brooklyn Museum, Brighton Beach!"
– Community forum on the Upper East Side of Manhattan
3. Neighborhood studies need to be conducted in partnership with local civic committees to examine and improve accessibility issues, air quality, and transportation all at once.
– Expert roundtable on transportation and outdoor spaces
4. Access-a-Ride could be improved by alerting clients of any last-minute changes to their arranged pick-up by calling their cell phones, as the client may already be waiting outside.
– Community forum on the Upper East Side of Manhattan



Along with appreciation for the transit system, potential areas for improvement emerged. These include a need for additional routes and increased reliability. Experts and forum participants agreed there are large areas of the City that are not well-served by bus or subway routes. While some Manhattan residents can step outside their apartment building to catch a local or express bus, there are areas in Queens and Staten Island with significant service gaps. As shown in Map 7, there are several areas within the City where an older person would have to walk over half a mile to catch a bus. Older adults indicated there are many key locations such as the Veteran's Administration and some senior centers that are difficult to reach via public transportation. They also described that the limited services means their use of a facility is often curtailed by the

need to catch a bus at a specific time. Experts emphasized that the best approach to these improvements would be to develop a comprehensive plan that addresses a healthy, safe environment and the needs of older people and families, rather than just a schedule of capital improvements.

Accessibility limited for people with impaired mobility. The lack of wheelchair accessibility and the difficulty of getting around the City have been well documented by others; still, they were frequently raised in our assessment. Older adults and experts generally agreed that subway stations are not age-friendly. Installing more elevators was sometimes suggested as a solution. One woman who uses a wheelchair noted that simply installing the elevators is not sufficient. Elevators also need to be maintained, and riders need a way of

confirming ahead of time that the station where they intend to arrive has an elevator in working order. This woman also described having her chair wedged between the platform and the railcar as she attempted to board a train. Retractable ramps might address this problem. Older adults also told us that hybrid and articulated buses cannot accommodate motorized scooters and that most taxis are neither wheelchair accessible nor easy to get in and out of.

Experts stressed the need to incorporate the needs of older people and disabled individuals into all planning efforts—especially areas not often seen as being related to older adults. This approach is often referred to as “age-mainstreaming” and is a central plank of the United Nations’ (UN) Madrid Plan of Action on Ageing. As explained in a recent UN report:

“It is a strategy for making older persons’ concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and [programs] in all political, economic, and societal spheres. It is basically a shift in thinking away from targeting older persons as a separate marginalized group and towards integrating policy approaches to ageing across all sectors.”⁵¹

To prepare the City for unprecedented growth in its older population—and the number of people reliant on wheelchairs—New York City could, for example, assure that all future taxis purchased for use in the City are wheelchair accessible.

Reliability and efficiency: improvements needed. Nearly 80 percent of respondents to the constituent feedback form rated reliable and frequent public transportation as being “very important.” City buses and Access-a-Ride were singled out as needing improvements. A forum participant on the Upper East Side said, “It’s easy to get around [but] it would be bet-

ter if the buses came on time.” People requested more express buses and a more efficient system for loading and unloading wheelchairs.

There was agreement at nearly every forum and among experts that while Access-a-Ride is a critical service for many people (up to 9,000 passengers per day),⁵² it is in urgent need of reform. One forum participant described it as a “separate but unequal” mode of transportation. A Bronx forum participant called it “Stress-a-Ride,” and a focus group member recounted that one trip to the doctor through the service left him so unsettled his doctor sent him to the hospital to have his heart checked. People we spoke with described long delays in the cold; waiting for vans that never arrive; inefficient, circuitous routes; unhelpful dispatchers who send drivers to the wrong location or leave messages at home when the person is on the street waiting; and limited routes that do not pick people up close to home (particularly in public housing developments) or allow people to get where they need to go. Delays and inefficiencies for Access-a-Ride users are particularly harmful because so many of the arranged trips are for medically necessary visits like dialysis treatment and chemotherapy. The requirement to apply for Access-a-Ride services in-person was noted as particularly burdensome for a population who, by definition, needs special assistance getting around.

Courtesy and comfort: improvements needed. We heard that older people would appreciate more respect and assistance from City bus drivers. While acknowledging that “more of them are considerate than not,” we heard several reports about bus drivers being reluctant or unwilling to lower buses to the curb, making it difficult for some older people to enter or exit the bus. When discussing both buses and Access-a-Ride, participants commented that drivers need to

understand they are often transporting frail and chronically ill people. They should not stop and start suddenly; they should ensure people have found their seats before proceeding.

Fellow passengers were also criticized for their lack of courtesy. Several older adults reported that, even when asked, people sometimes refuse to relinquish priority seating for older passengers. More than two-thirds of the respondents to the constituent feedback form indicated that respecting these priority areas by offering seats to older people is “very important.” People we spoke with said they would like bus drivers to enforce the seating regulations: “Seats in the front of buses are supposed to be for older or disabled people. When kids are on the bus sitting in the seats, bus drivers should say something.”

Seating along routes was often discussed, as several older adults said that many bus stops lack seats or shelter. Combined with delays and poor weather, this lack of seating can be especially uncomfortable and tiring. The City’s Department of Transportation (DOT) is now implementing a plan to replace every bus shelter and install an additional 200 shelters by 2011. For the first time ever, all 3,330 of these bus shelters will offer seating.⁵³

Lastly, the importance of restroom access was raised for both subway and bus riders. Several people mentioned that unexpected delays and traffic congestion lead to very long rides without access to a restroom. One participant requested that subway bathrooms be reopened throughout the system and monitored to assure safety.



7. PUBLIC SPACES

To what extent does the natural and built environment help older people get around easily and safely in the community and encourage active community participation?

Many older New Yorkers spoke with enthusiasm about the variety of parks, shops, and services in their neighborhoods. “I love the accessibility of everything in our area,” was a typical comment. But people also said that their participation in the life of the City could be made easier with fewer architectural and other physical barriers. As one focus group participant said, “It’s tougher to get around now than it used to be. I’m wondering, has it always been that way or just now that I’m disabled?”

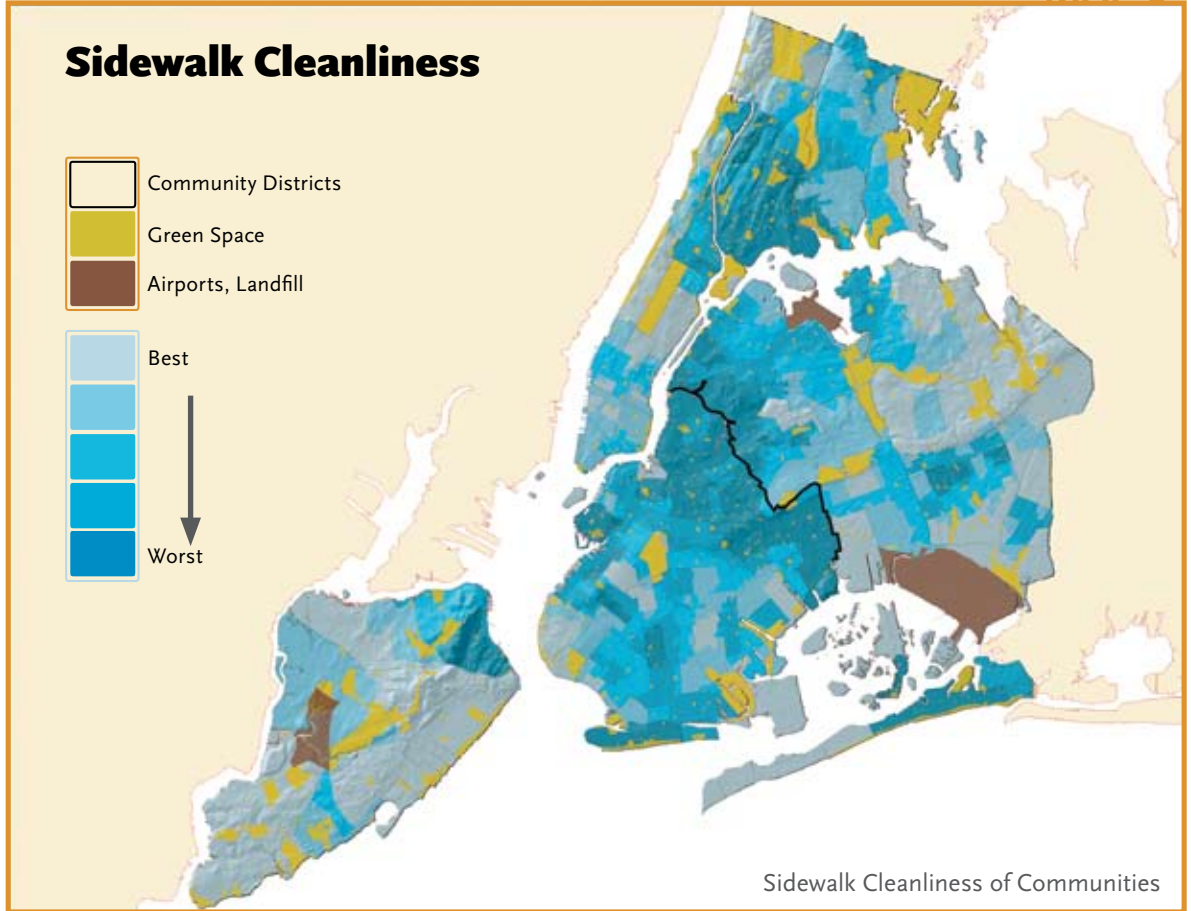
Challenges to getting out and about. Going outdoors daily has been shown to provide long-term functional and health benefits as people age,⁵⁴ but in 2006 nearly 27 percent of New Yorkers age 65 and older said they did not engage in such activity regularly.⁵⁵ Many older New Yorkers have concerns about falls and injuries. People from many neighborhoods discussed poorly lit and poorly maintained sidewalks; sidewalks that are crowded with people, dogs, litter, bicycles and construction; and streets and sidewalks that are slippery or full of puddles after a heavy snow or rain. In Brooklyn forums, particular mention was made of cars parked on the sidewalks, and one Bronx resident said, “There are zero sidewalks in the Bronx.” These obstacles make it difficult for older people with low vision, poor balance, or who use wheelchairs or walkers to get around comfortably. Three-quarters of respondents to the constituent feedback form indicated that well-maintained sidewalks that are safe and clean are “very important” for older New Yorkers. Map 8 examines the level of sidewalk cleanliness

found among various neighborhoods throughout the city.

The lack of benches along public walkways was also mentioned frequently. One focus group participant said, “There used to be a place where we could just rest and sit together.” Another reported, “We need more benches people can grab onto as they walk down the street. You can see people gripping the storefronts for stability.” Nearly two-thirds of respondents to the constituent feedback form indicated that benches for resting are “very important” to the well-being of older New Yorkers. Lack of public bathrooms throughout the City was also frequently mentioned; experts suggest providing incentives to local businesses that open their facilities to the public.

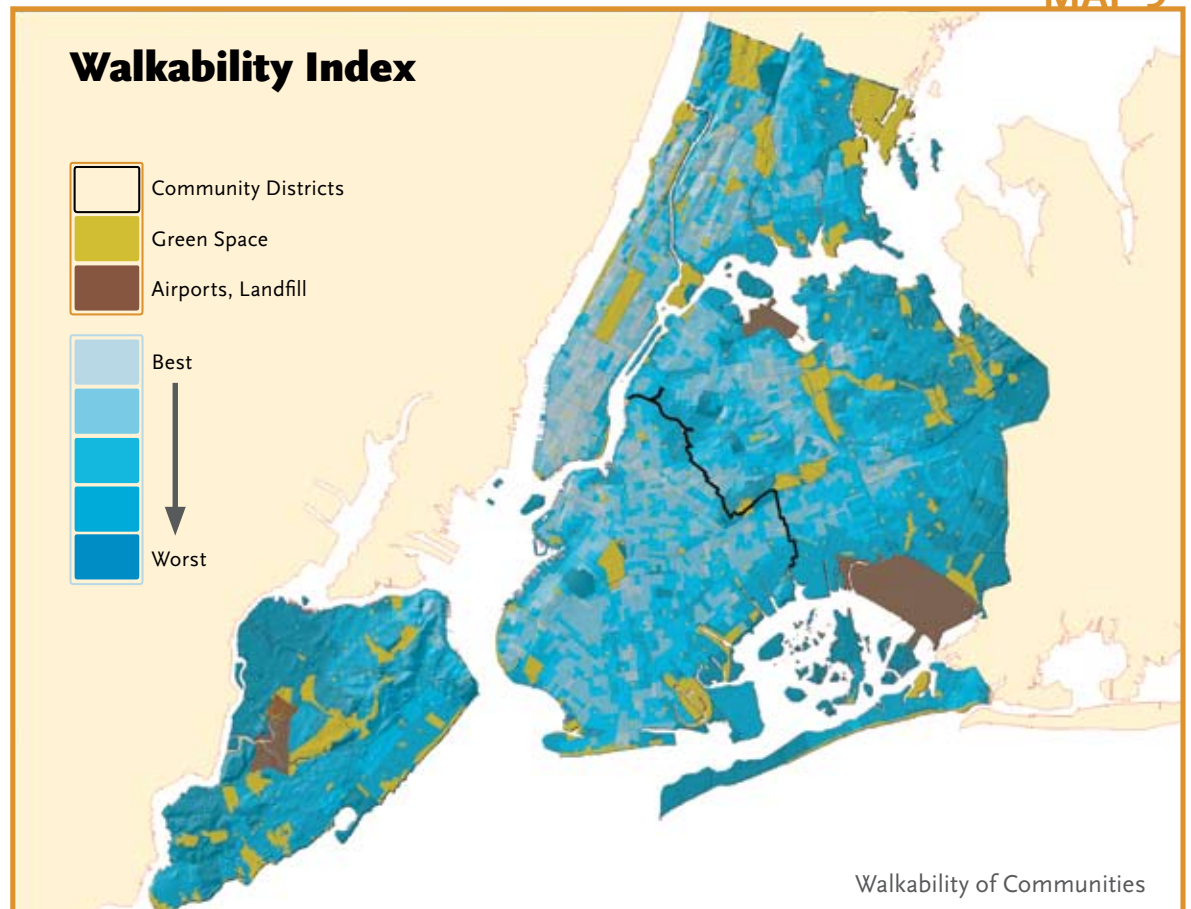
Map 9 shows the overall “walkability” of neighborhoods in the City, which takes several factors into consideration, including the quantity and quality of destinations nearby as well

Sidewalk Cleanliness



Sidewalk Cleanliness of Communities

Walkability Index



Walkability of Communities

Sample suggestions:

1. Create special walking programs for older adults in Central Park.
 - Community forum on the Upper West Side of Manhattan
2. “Map of accessible, clean bathrooms in the City for use when out walking.”
 - Constituent feedback form
3. Improve enforcement of existing laws requiring homeowners and businesses to maintain and clear snow on their sidewalks.
 - Community forum in the South Bronx

as the level of difficulty in getting to them. It should be noted that several areas of the City with high numbers of elders have low walkability, including eastern Queens, northern Bronx, and Staten Island.

Pedestrian safety is a major concern. Safety while crossing the street was an especially grave concern. Older New Yorkers comprise only 13 percent of the city’s population, but they represent 33 percent of the City’s pedestrian fatalities. In 2001 alone, over 1,600 older people were injured or killed in traffic crashes.⁵⁶ “I age every time I have to cross the street,” one person told us. Numerous tragedies were relayed to us, including a heart-rending letter read to us at the East Tremont forum from a woman seriously injured while crossing the street. She now resides in an assisted living facility.

Transportation Alternatives recently studied the speed at which older pedestrians cross the street. They found average walking speeds of three feet per second, a full foot per second slower than the walking speed assumed by the City’s Department of Transportation (DOT) for most traffic lights.⁵⁷ Along with lengthening crossing

times, older people suggested having “talking signals” or those that visibly countdown the amount of time left before the light changes and improving the designs of crosswalks and corners. DOT recently announced a new initiative, Safe Streets for Seniors, which will evaluate pedestrian conditions in the City from the perspective of older residents and make engineering changes such as extending pedestrian crossing times at crosswalks, shortening crossing distances, altering curbs and sidewalks, restricting vehicle turns, and narrowing roadways. The City also plans to install pedestrian ramps at all intersections in the City by 2010.⁵⁸

Changing neighborhoods are losing elder-friendly businesses. We often heard that neighborhood changes are leaving people with fewer places to visit within their communities. Long-time businesses and restaurants where people may have once congregated with friends have closed, and the newer businesses seem meant for a younger crowd. Numerous people also cited the closing of affordable supermarkets as a significant loss to their neighborhoods and to their well-being. A recent report shows that three million New Yorkers live in neighborhoods without grocery

stores and that there is enough need in the City to support another 100 groceries or supermarkets.⁵⁹ The City Council and the Mayor recently created a Supermarket Commission to explore ways to retain existing supermarkets and create new ones.⁶⁰ Obviously, the need to travel farther to obtain healthy food is particularly burdensome to those with mobility impairments such as older people with disabilities.

Parks are assets to be enhanced. Two-thirds of respondents to the constituent feedback form indicated that clean, attractive public areas and parks are important for the well-being of older New Yorkers. At our events, the quantity and beauty of City parks was a frequently lauded asset. However, people commented that the parks seem to be increasingly geared toward active recreation and the needs of young children. Walking paths are often crowded with roller-bladers and bikers, which makes it difficult for slower walkers to enjoy a peaceful walk. When they do exist, benches in parks are often situated near playgrounds and filled with parents, leaving older people with no place to sit.

On Staten Island, we learned there is a public park designated for older adults, which has neither parking nor bathroom facilities. Designated quiet zones, easy and safe access via walking paths and public transportation, and open and universally accessible bathrooms were cited by our experts as important components for making parks most welcoming to older people.

Safety while crossing the street was an especially grave concern.



8. HEALTH AND SOCIAL SERVICES

To what extent do older people have access to the social and health services they need to stay healthy and independent?

By far the greatest source of personal care for older people in the City is the informal network of adult children, spouses, siblings, and friends who give freely of their time to the people they love. The second source of support is the sizeable but complicated network of health and human service community providers. Effectively bridging these two worlds and maximizing the human, social and financial capital invested in the care of older people were central themes of our discussions concerning community support and health services.

Informal caregivers need more support.

Experts in both the health and social services roundtables discussed the need to maximize the informal community relationships held by community-dwelling elders. Shorter hospital stays and increased use of outpatient procedures—changes designed to reduce the cost of hospital care—have shifted responsibility toward unpaid caregivers and away from higher-cost service providers.⁶¹ A 2002 survey in New York City found that informal caregivers provide an average of 20 hours of care per week. Almost half the

informal caregivers have been providing such care for more than five years.⁶² In focus groups and at forums, many people spoke about their experiences caring for parents and spouses. One 81-year-old focus group participant detailed the financial and emotional strain serving as the primary caregiver for her 99-year-old mother. Our experts recommended providing more support to caregivers through respite care, resource guides, tax credits, trained and credentialed care coordinators, and increased flexibility in the workplace.



Sample suggestions:

1. Create a telephone helpline focused specifically on the mental health needs of older adults.
– Community forum in Harlem
2. Develop and widely disseminate a comprehensive resource guide to help caregivers navigate systems and gain a working knowledge of what services are available.
– Expert roundtable on social services
3. Identify the needed components of a comprehensive, well-functioning health system for older people. Figure out what we have and what is missing, replicate best practices and fill in gaps.
– Expert roundtable on health
4. Create a trust fund in the City to finance programs and services for older adults; the State of Pennsylvania currently uses its lottery proceeds for such purposes.
– Expert roundtable on social services

An unparalleled, but fragmented, health and human services infrastructure. More than three-quarters of respondents to the constituent feedback form said that having a range of health and community support services available to maintain and restore health is “very important.” The City boasts an impressive array of health services and social programs for New Yorkers of all ages and was highly praised by the older people with whom we spoke. One focus group participant said, “Healthcare is good here. I wouldn’t live anywhere else.” We also heard that these systems of care are fragmented and can inhibit a true continuum of services from emerging between institutional care, primary care, and the community. Older people mentioned that some of the health services often overlooked include mental health and dental care, but transportation to appointments, translation, and assistance with filling and taking medications are also lacking. These issues mirror those identified by experts in the social services roundtable, which include the need to increase capacity for delivering geri-

atric mental health services, transportation, preventive health, and discharge planning.

Increasing access to case management and care coordination services was also recommended, but it was acknowledged that not all older people desire formal case management (preferring instead to identify resources on their own). It was therefore suggested to increase information about available programs and services, to create print and online guides that would increase people’s ability to care for themselves, and to create “one-stop-shops” where older people and caregivers can learn about the array of existing services. Expansion of social service programs within the City’s naturally occurring retirement communities (NORCs) was also widely suggested by experts and older people alike.

Preferences were mixed on if and when services or activities should be either multi-generational or specifically targeted to older people. Experts indicated that both approaches have their advantages. Multi-generational services and activities



may discourage agism and be more efficient. Arguments for “elder only” programs include: the older adult may prefer and benefit from interaction with peers, services can be specialized, and the needs of older people may be neglected unless specifically targeted.⁶³

Challenges to health care affordability and insurance coverage. Many older people we heard from are frustrated with the amount of out-of-pocket costs for prescription medicines and other aspects of their health care. An older gentleman told us:

“I have insurance, retiree insurance from my former employer, which is getting worse and worse ... every year they raise the premiums, co-pays, deductibles and everything else. It’s becoming difficult ... I’m supposed to have advantages being a retiree, but they’ve taken away a lot of those advantages. And I’m becoming just like one more person who is enrolled, and it doesn’t matter that I worked there for thirty-five years.”

On Staten Island, participants recommended health care providers and community service providers play a larger role in explaining health care costs, such as the differences between name-brand and generic medicines. Help was also requested understanding the advantages and disadvantages of various health plans. “Many of us have HMOs, and they’re not all equal,” said a forum participant in Brooklyn. “We need more information about which option is best for whom.”

In Jackson Heights, we spoke with several immigrants who told us they had no medical coverage to assist with health care costs. A recent study estimates that between 16 to 20 percent of New York City residents age 65 and older lack Medicare coverage (though many have non-federal Medicaid coverage).⁶⁴ While most eligible older Americans have Medicare, many older New Yorkers lack coverage because of immigration status, failure to meet the lifetime contributions

requirement, or non-recognition of common law marriages and domestic partners by the federal government. One woman had not seen a doctor since 2000, when she was last in her native country. She relies on blood pressure checks from her pharmacist but is not able to follow up on the advice she receives:

“... I go to the pharmacy to have my blood pressure taken, and that man at the pharmacy told me, ‘Ma’am, go to see a doctor, because your blood pressure is very high.’”

Supporting and expanding the service delivery workforce. Several older adults expressed concern about home health attendants. Aides who lack monitoring, sufficient training, cultural competence, and fluency in English (or the client’s preferred language) were often identified as serious challenges our participants had either experienced personally or noticed for their peers. Experts discussed the need to support, strengthen and expand the entire service delivery workforce. Suggestions included increasing the pool of geriatric specialists through training and incentives, increasing the number of other professionals to extend doctors’ time and free them up to do what they are trained to do, and “geriatizing” the existing workforce through ongoing education and training opportunities.

A number of suggestions also arose around enhancing informal community support. One East Harlem forum participant put it simply: “We need a better system for when people are discharged from the hospital so that people are alerted and can keep tabs on them.” Our experts echoed this notion, suggesting that guidance be provided to communities on how to be a good neighbor for older residents and calling for the examination of how to maximize the critical role

faith communities play in the lives of elders. It was also suggested that more be done to capitalize on the time and assets retirees may be able to devote to helping their peers.

Paradigm shifts in service delivery. Experts in the roundtable on social services agreed that the new overarching goal of social service delivery to older adults should be to help them remain in their homes and communities with dignity and a good quality of life (thereby reducing premature hospitalization or nursing home placement). However, experts acknowledged that they are struggling to determine how future services should be structured, funded, and expanded to meet this goal. Lack of adequate financial investment from the federal government was highlighted as a barrier to implementing such change.

Experts recommended government and private insurers make an explicit shift toward supporting home and community-based care. In addition, Medicaid in New York State should expand its coverage for preventive services. Other suggestions included reconfiguring some current service delivery policies, such as framing program eligibility in terms of functional capacities rather than age, eliminating funding silos that hinder interdisciplinary interventions, increasing consumer participation in the design of programs and systems, providing incentives to primary care providers to lead the community in coordinating holistic care, and sponsoring public-private ventures to test new models.

Our forums and focus groups were held while plans were being developed by the Office of the Deputy Mayor for Health and Human Services and the Department for the Aging to re-examine, modernize, and streamline City services for older people. While several people we heard from were

excited about the process, we more often heard concerns that services might be eliminated. One older adult said, “I’m thankful for the senior centers we have. Don’t shut them down.” Other forum participants were not personally involved with these issues since they did not use the services. As one Harlem resident said, “I don’t care too much about the centers; I fix my own lunch.”

Overall, we heard that senior centers could be improved by offering staff training, hiring older employees, making centers more physically accessible, and extending hours of operation. Participants at our LGBT forum expressed disappointment that centers are not more gay-friendly. In the South Bronx, we heard several stories of centers that appear to need more resources. “Our senior center has been trying to get a lunch program for 10 years,” said one woman. One focus group participant expressed satisfaction with his local senior centers but commented that on “the weekends, there are no activities, and we feel lonely.”







V. Where do we go from here? ○

New York City has many age-friendly characteristics. Its transportation system, high density of stores and services, abundant cultural events, beautiful public parks, and exceptional health and human services system stand out as reasons why older adults love living in New York. But the City also has a number of features that create significant hindrances for older adults, especially those who are poor, linguistically isolated, or in declining health.

In the coming months, representatives from non-governmental sectors, including service pro-

viders, business, academia, and civil society will convene to develop recommendations and commitments that can be made by organizations in these sectors based upon the findings presented in this report. Both the Age-friendly New York City Steering Committee and older adults who have been active in this assessment will participate in this process. At the same time, members of City government will also consider these findings and develop agendas for action.

NYAM will host a summit in late 2008 that will include all the participants from the assess-



ment phase. The findings from the assessment will be presented, as will the recommendations and commitments from the various sectors. With support from the Office of the Mayor and the City Council, a Commission for an Age-friendly City will be seated. Staffed by NYAM, the Commission will guide and oversee the development of implementation plans that synthesize commitments from the different sectors. The Commission and its workgroups will oversee progress on the implementation plans, promote public policies to institutionalize effective practices, guide a process for evaluating the

impact of actions taken, and assure continued activity for future years towards an age-friendly New York City.

It has been a privilege for NYAM to conduct the first phase of this project over the past year. We extend our sincere thanks to all who have contributed and participated and invite your continued involvement. Information about how to become part of Age-friendly New York City is available at www.AgeFriendlyNYC.org.

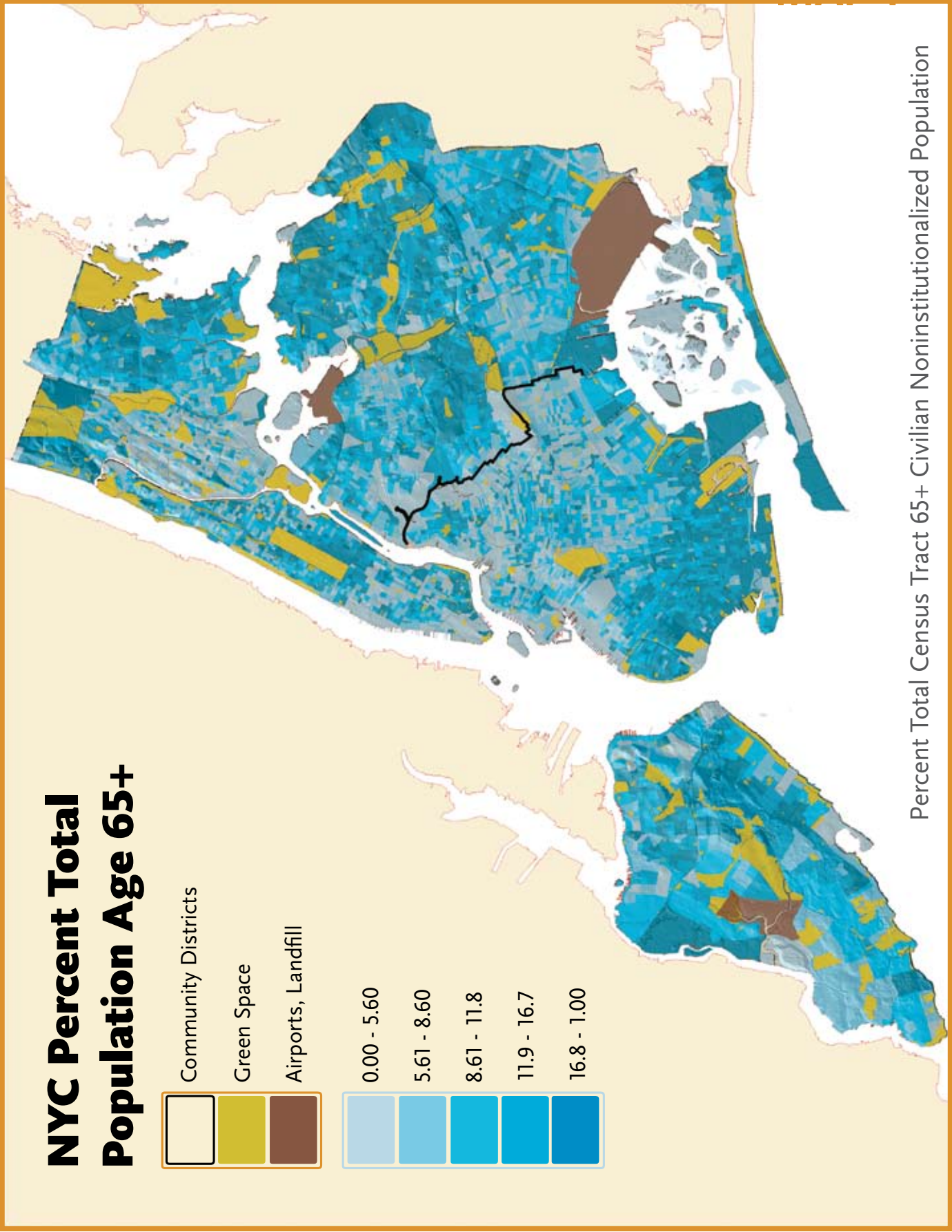
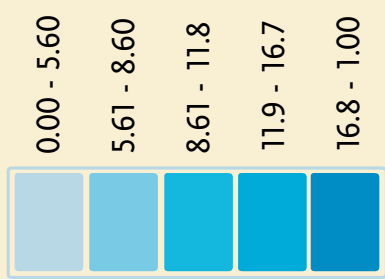
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NYC Percent Total Population Age 65+

- Community Districts
- Green Space
- Airports, Landfill



Percent Total Census Tract 65+ Civilian Noninstitutionalized Population

Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning.

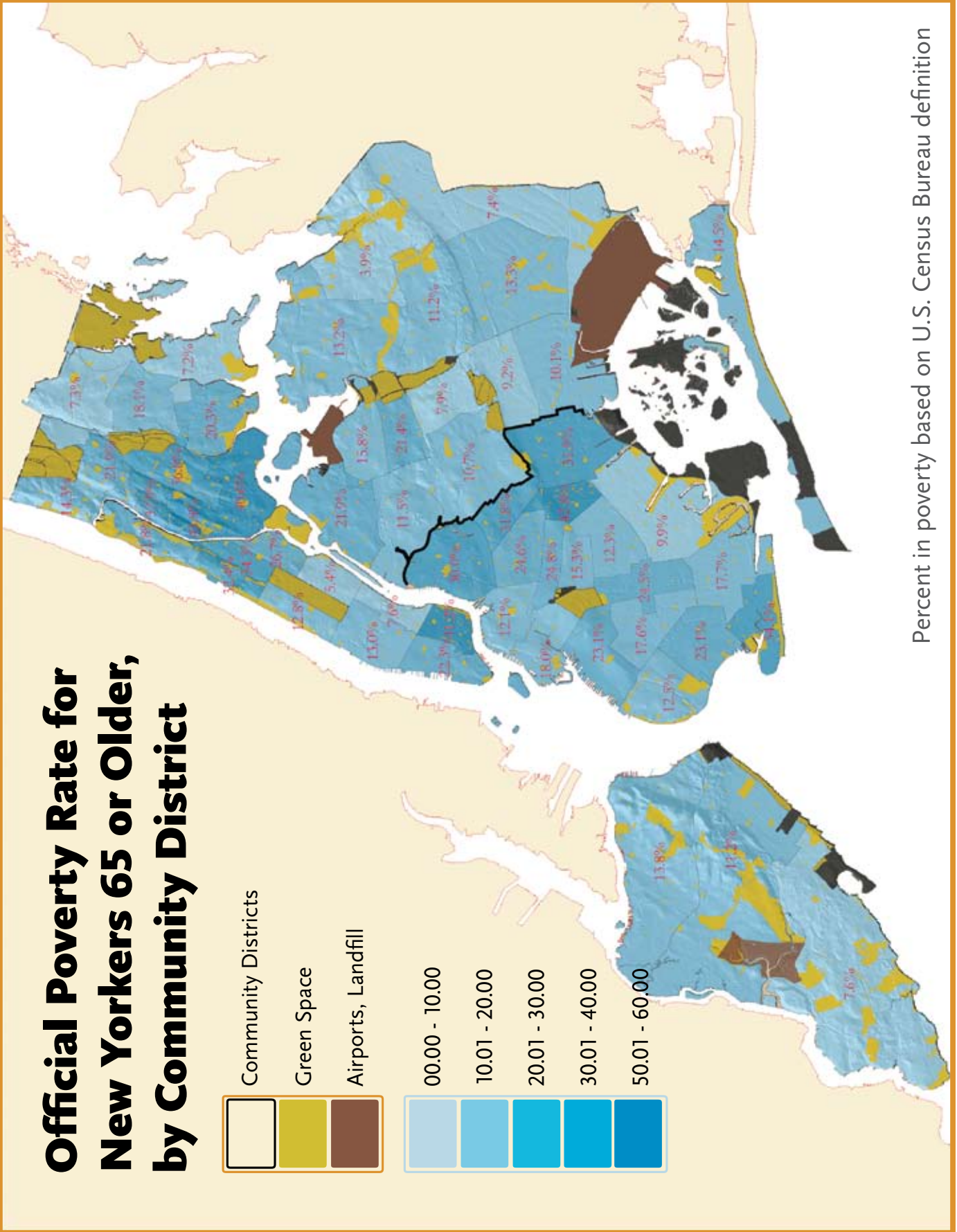
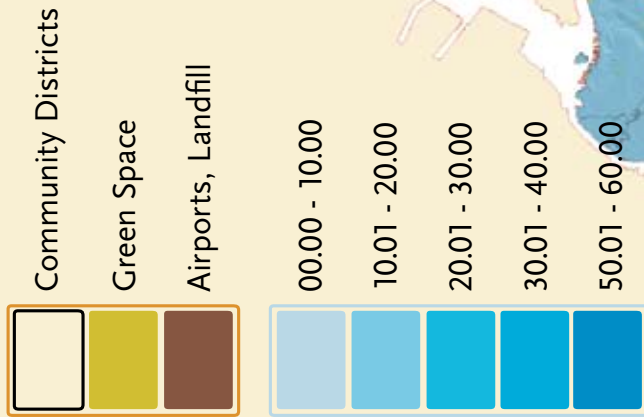
Percent of Persons 65+ Reporting Any Disability



Percent Persons 65+ Reporting Any Disability

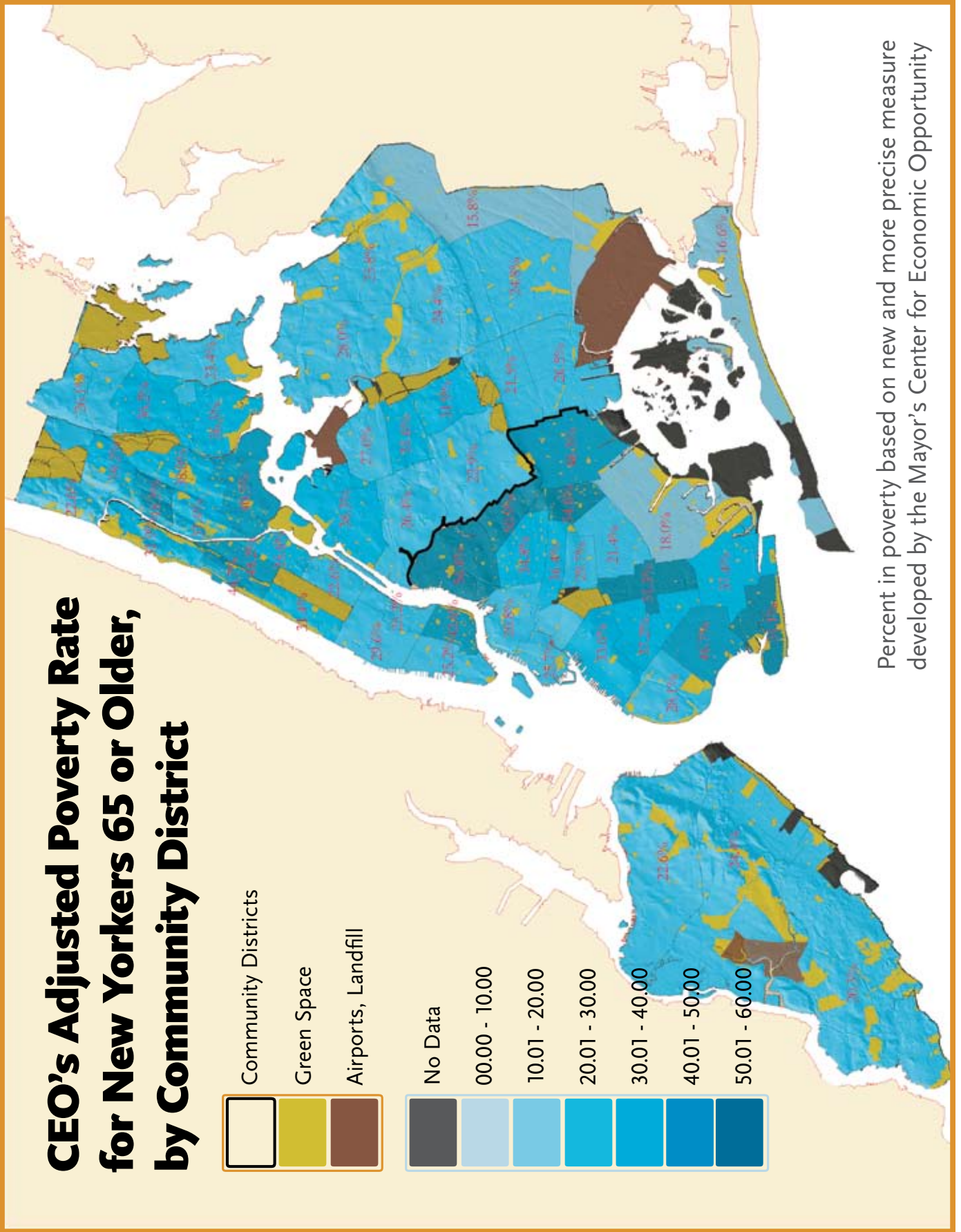
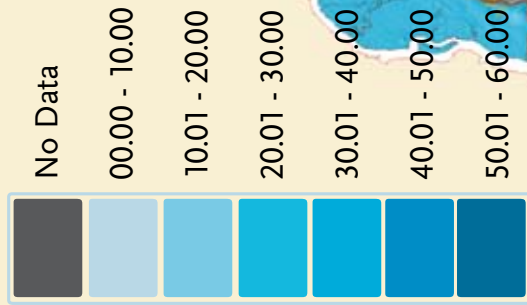
MAP 3

Official Poverty Rate for New Yorkers 65 or Older, by Community District



Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning.

CEO's Adjusted Poverty Rate for New Yorkers 65 or Older, by Community District



Percent in poverty based on new and more precise measure developed by the Mayor's Center for Economic Opportunity

A Comparison: The Official Poverty Rate Versus

Borough	Community District	PUMA	Communities	CEO Poverty Rate for Residents Age 65 or Older by Community District	Official Poverty Rate for Residents Age 65 or Older by Community District	Percentage Difference
Brooklyn	1	4001	Greenpoint, Williamsburg	56.6	30.0	+ 26.6
Brooklyn	16	4007	Ocean Hill, Brownsville	54.6	42.9	+ 11.7
Brooklyn	14	4015	Flatbush, Ocean Parkway, Midwood	51.4	24.6	+ 26.8
Brooklyn	13	4018	Coney Island, Brighton Beach, Gravesend, Homecrest, Seagate	51.2	34.2	+ 17.0
Brooklyn	4	4002	Bushwick	50.9	31.8	+ 19.1
Manhattan	10	3803	Central Harlem	48.2	34.3	+ 13.9
Brooklyn	11	4017	Bensonhurst, Mapleton, Bath Beach, Gravesend	46.7	23.2	+ 23.5
Brooklyn	5	4008	East New York, New Lots, City Line, Starrett City	46.3	32.0	+ 14.3
Bronx	5	3707	Morris Heights, University Heights, Fordham, Mt. Hope	45.3	37.9	+ 7.4
Manhattan	9	3802	Soundview, Castle Hill, Union Port, Parkchester	44.8	32.4	+ 12.3
Manhattan	3	3809	Lower East Side, Chinatown, Two Bridges	42.7	41.2	+ 1.4
Bronx	1 & 2	3710	Mott Haven, Melrose, Port Morris, Hunts Point, Longwood	40.5	40.7	- 0.2
Bronx	7	3706	Kingsbridge Heights, Bedford Park, Fordham, University Heights	39.2	22.0	+ 17.3
Bronx	3 & 6	3705	Melrose, Morrisania, Claremont, Crotona Park East, East Tremont, Bathgate, Belmont, West Farms	38.8	36.9	+ 2.0
Queens	1	4101	Astoria, Long Island City	38.3	21.9	+ 16.4
Bronx	4	3708	Highbridge, Concourse	37.5	43.9	- 6.4
Brooklyn	15	4016	Sheepshead Bay, Manhattan Beach, Kings Highway, Gravesend	37.4	17.7	+ 19.7
Brooklyn	12	4014	Borough Park, Ocean Parkway, Kensington	37.3	17.7	+ 19.6
Brooklyn	8	4006	Crown Heights, Prospect Heights, Weeksville	36.4	24.9	+ 11.6
Bronx	9	3709	Soundview, Castle Hill, Union Port, Parkchester	36.4	20.3	+ 16.0
Bronx	11	3704	Morris Park, Pelham Parkway, Bronxdale, Van Nest, Laconia	36.2	18.1	+ 18.1
Queens	4	4107	Elmhurst, Corona	35.7	21.5	+ 14.2
Manhattan	11	3804	East Harlem	35.7	26.7	+ 9.0
Brooklyn	3	4003	Bedford Stuyvesant, Tompkins Park North, Stuyvesant Heights	34.9	24.7	+ 10.2
Brooklyn	7	4012	Sunset Park, Windsor Terrace	33.7	23.1	+ 10.6
Queens	6	4108	Rego Park, Forest Hills	32.0	8.0	+ 24.0
Manhattan	12	3801	Washington Heights, Inwood	31.9	21.9	+ 10.1
Manhattan	7	3806	Lincoln Square, Upper West Side	31.5	12.9	+ 18.6
Brooklyn	9	4011	Crown Heights South, Prospect Lefferts Gardens, Wingate	29.8	15.4	+ 14.4
Manhattan	4 & 5	3807	Chelsea, Clinton, Midtown, Times Square, Herald Square	29.6	13.1	+ 16.6
Brooklyn	10	4013	Bay Ridge, Dyker Heights, Fort Hamilton	28.1	12.5	+ 15.6
Queens	7	4103	Flushing, Whitestone, College Point	28.0	13.2	+ 14.8

the City's Newly Adjusted Poverty Rate

Borough	Community District	PUMA	Communities	CEO Poverty Rate for Residents Age 65 or Older by Community District	Official Poverty Rate for Residents Age 65 or Older by Community District	Percentage Difference
Queens	3	4102	Jackson Heights, East Elmhurst, North Corona	27.0	15.9	+ 11.2
Queens	10	4113	Howard Beach, Ozone Park, South Ozone Park	26.6	10.1	+ 16.5
Queens	2	4109	Sunnyside, Woodside	26.4	11.5	+ 14.9
Bronx	12	3702	Williamsbridge, Baychester, Woodlan, Wakefield, Eastchester	26.2	7.4	+ 18.8
Queens	11	4104	Bayside, Douglaston, Little Neck, Auburndale	25.8	3.9	+ 21.9
Brooklyn	6	4005	Red Hook, Park Slope, Gowanus, Carroll Gardens, Cobble Hill	25.7	18.0	+ 7.7
Manhattan	6	3808	Murray Hill, East Midtown, Stuyvesant Town	25.3	7.7	+ 17.6
Manhattan	1 & 2	3810	Civic Center, Wall Street, Tribeca, Greenwich Village, Noho, Soho, Little Italy	25.3	22.3	+ 2.9
Queens	12	4112	Jamaica, South Jamaica, St. Albans	24.9	13.3	+ 11.6
Queens	8	4106	Fresh Meadows, Kew Gardens Hills, Jamaica Hills	24.5	11.2	+ 13.3
Staten Island	2	3902	Mid-Island	24.5	11.3	+ 13.2
Bronx	10	3703	Throgs Neck, Pelham Bay, Co-op City, Westchester Square, City Island	23.4	7.2	+ 16.2
Queens	5	4110	Maspeth, Middle Village, Ridgewood, Glendale	23.0	10.7	+ 12.3
Staten Island	1	3903	North Island	22.7	13.8	+ 8.9
Bronx	8	3701	Kingsbridge, Riverdale, Marbel Hill, Fieldston	22.6	14.4	+ 8.3
Manhattan	8	3805	Upper East Side, Lenox Hill, Yorkville, Roosevelt Island	22.6	5.5	+ 17.2
Queens	9	4111	Woodhaven, Richmond Hill, Kew Gardens	21.5	9.3	+ 12.2
Brooklyn	17	4010	Flatbush, Rugby, Farragut, Northeast Flatbush	21.5	12.4	+ 9.1
Brooklyn	2	4004	Downtown Brooklyn, Fort Greene, Brooklyn Heights, Boerum Hill	20.8	12.1	+ 8.7
Staten Island	3	3901	South Island	20.3	7.7	+ 12.6
Brooklyn	18	4009	Canarsie, Flatlands, Marine Park, Mill Basin, Bergen Beach	18.0	9.9	+ 8.1
Queens	14	4114	The Rockaways, Broad Channel	16.6	14.5	+ 2.1
Queens	13	4105	Laurelton, Cambria Heights, Queens Village, Glen Oaks	15.8	7.4	+ 8.4
New York City				32.0	18.1	+ 13.9

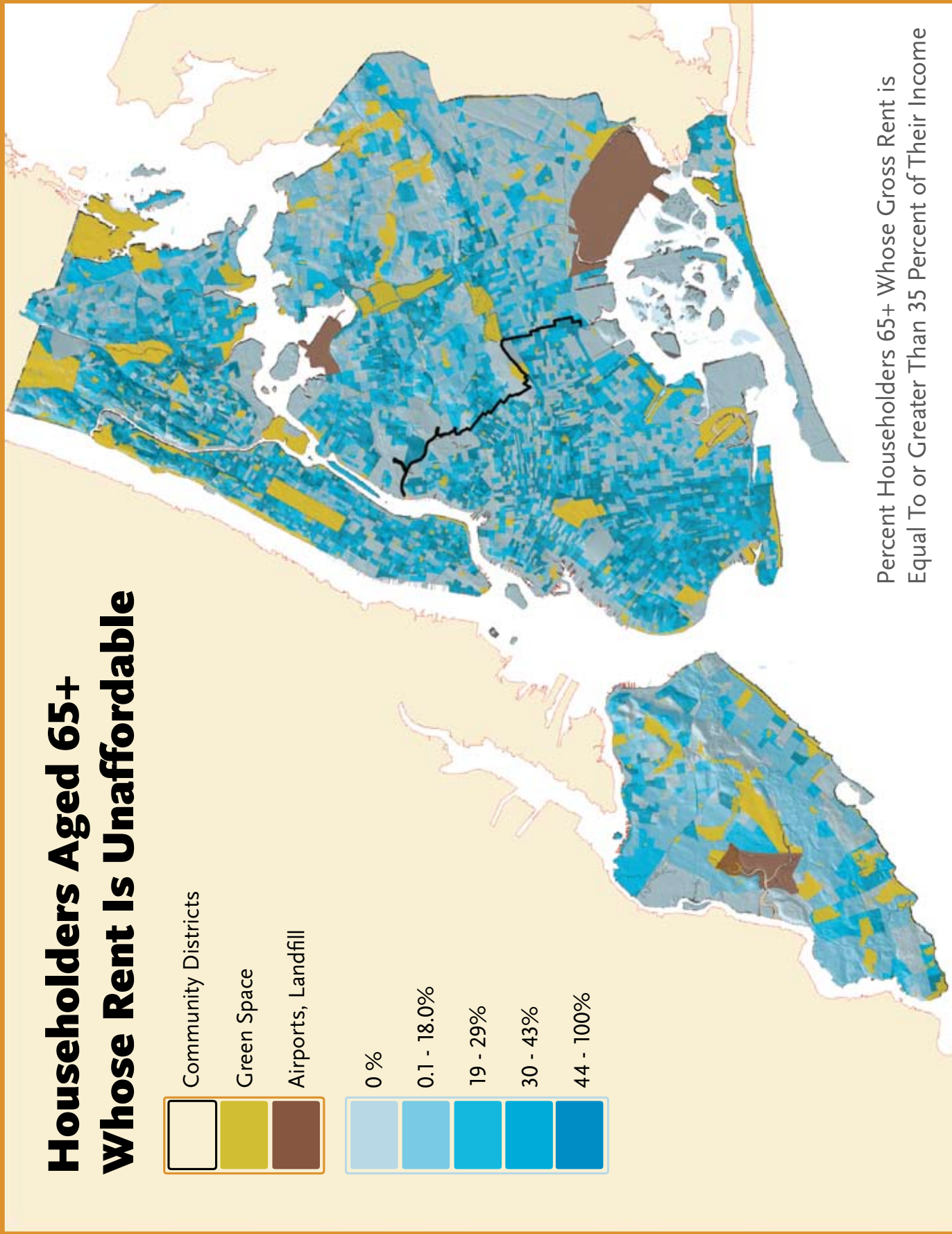
Source: New York City Center for Economic Opportunity tabulations using the U.S. Census Bureau's 2006 American Community Survey.

Note: Analysis was completed using US Census Bureau's Public Use Microdata Areas (PUMA) which are approximately equivalent to New York City Community Districts.

The CEO poverty measure is based on a set of recommendations made by the National Academy of Sciences. It is distinguished from the official U.S. Census Bureau measure by how the poverty thresholds are defined, and how resources are measured. In contrast to the official measure, the CEO measure establishes thresholds on the basis of a broader set of needs, which include food, clothing, shelter, utilities, and a little bit more for other necessities. The thresholds are also adjusted to account for regional differences in the cost of living. Under the CEO measure, the definition of resources (the amount available to meet these needs) is also more inclusive; it includes cash income after taxes, tax liabilities and credits, and in-kind benefits. Deducted from these resources are work-related expenses, such as transportation and childcare, as well as the cost of out-of-pocket medical expenses. For more information see, The New York Center for Economic Opportunity (CEO). 2008. The CEO Poverty Measure. New York City: Office of the Mayor.

MAP 5

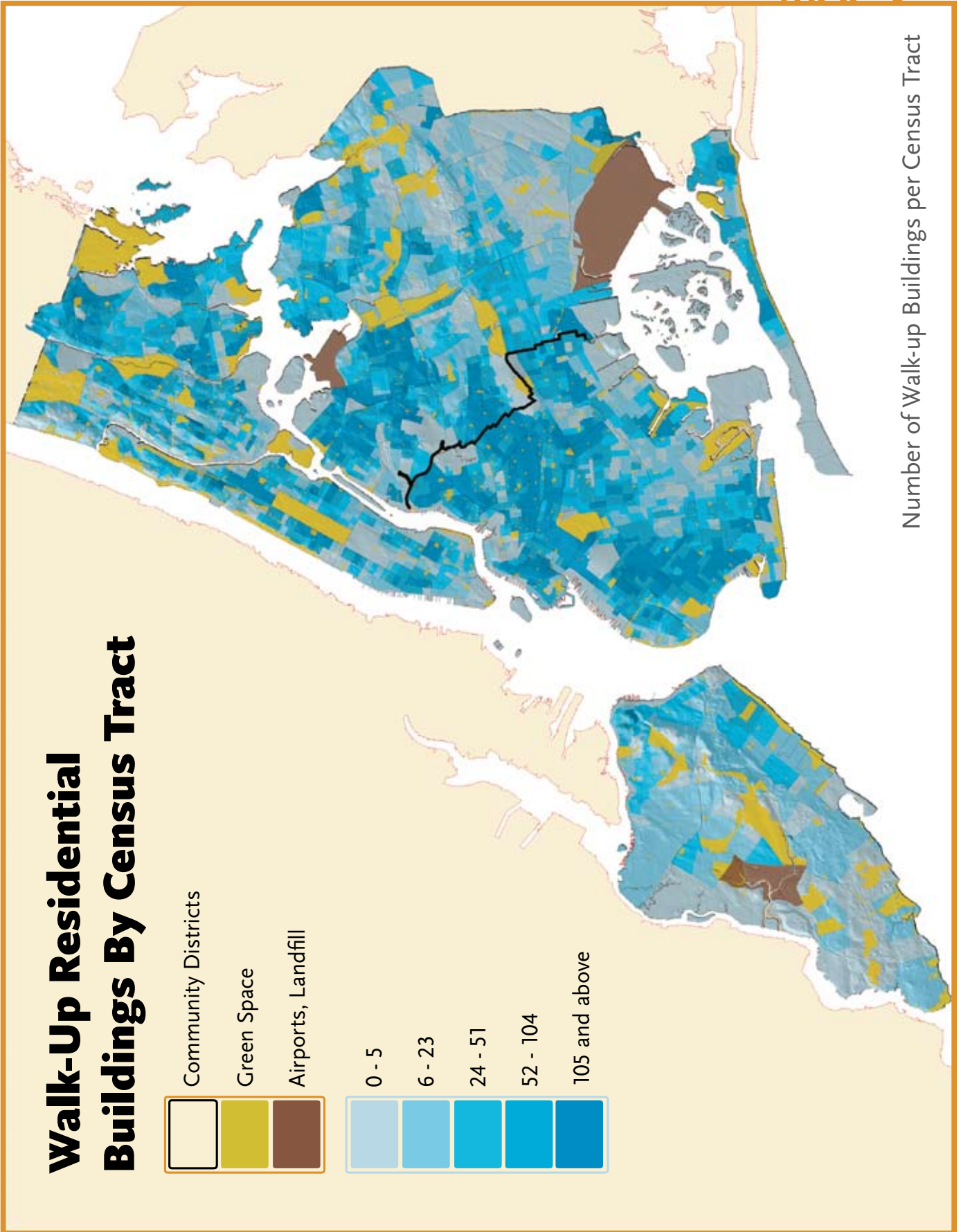
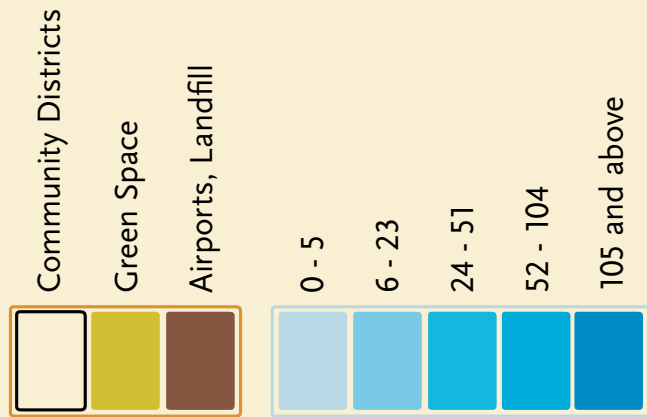
Householders Aged 65+ Whose Rent Is Unaffordable



Percent Householders 65+ Whose Gross Rent is Equal To or Greater Than 35 Percent of Their Income

Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning.

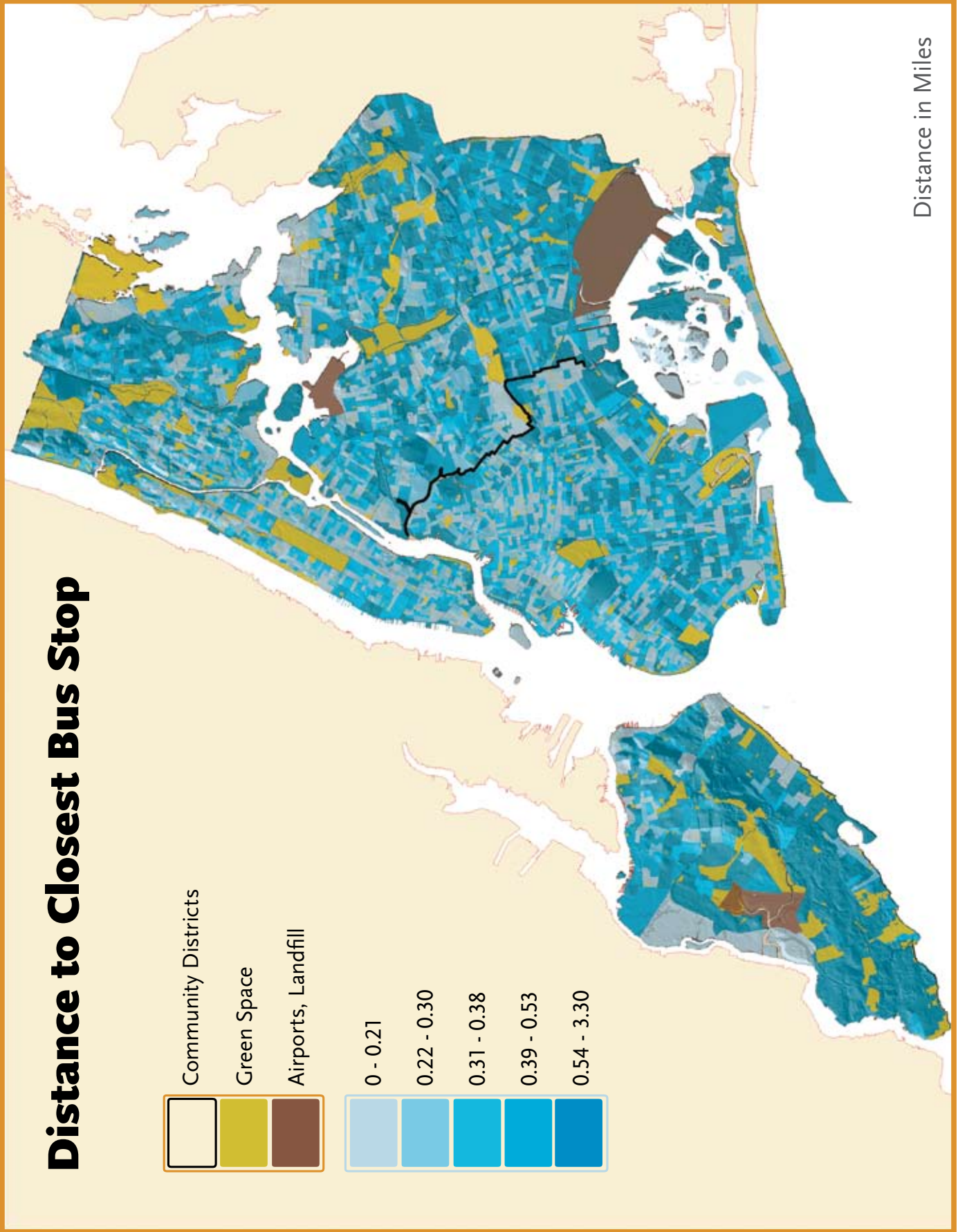
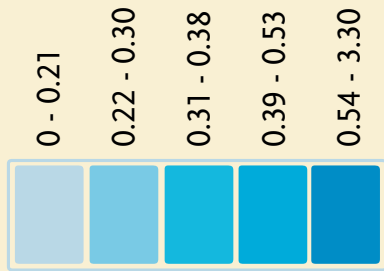
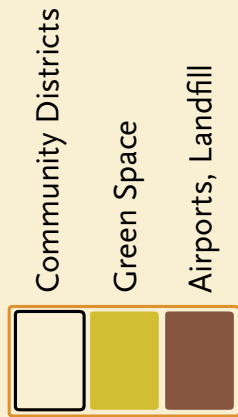
Walk-Up Residential Buildings By Census Tract



Number of Walk-up Buildings per Census Tract

MAP 7

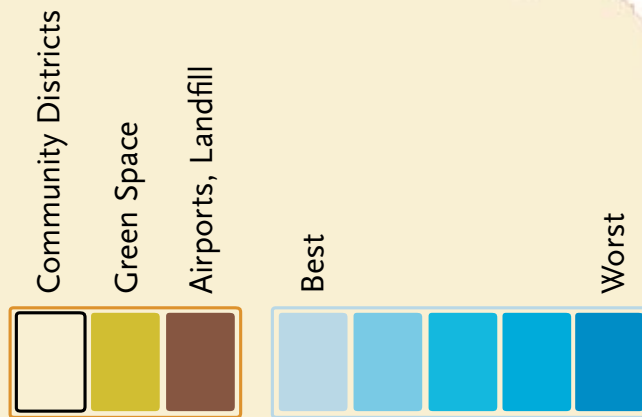
Distance to Closest Bus Stop



Distance in Miles

Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org).
Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning.

Sidewalk Cleanliness

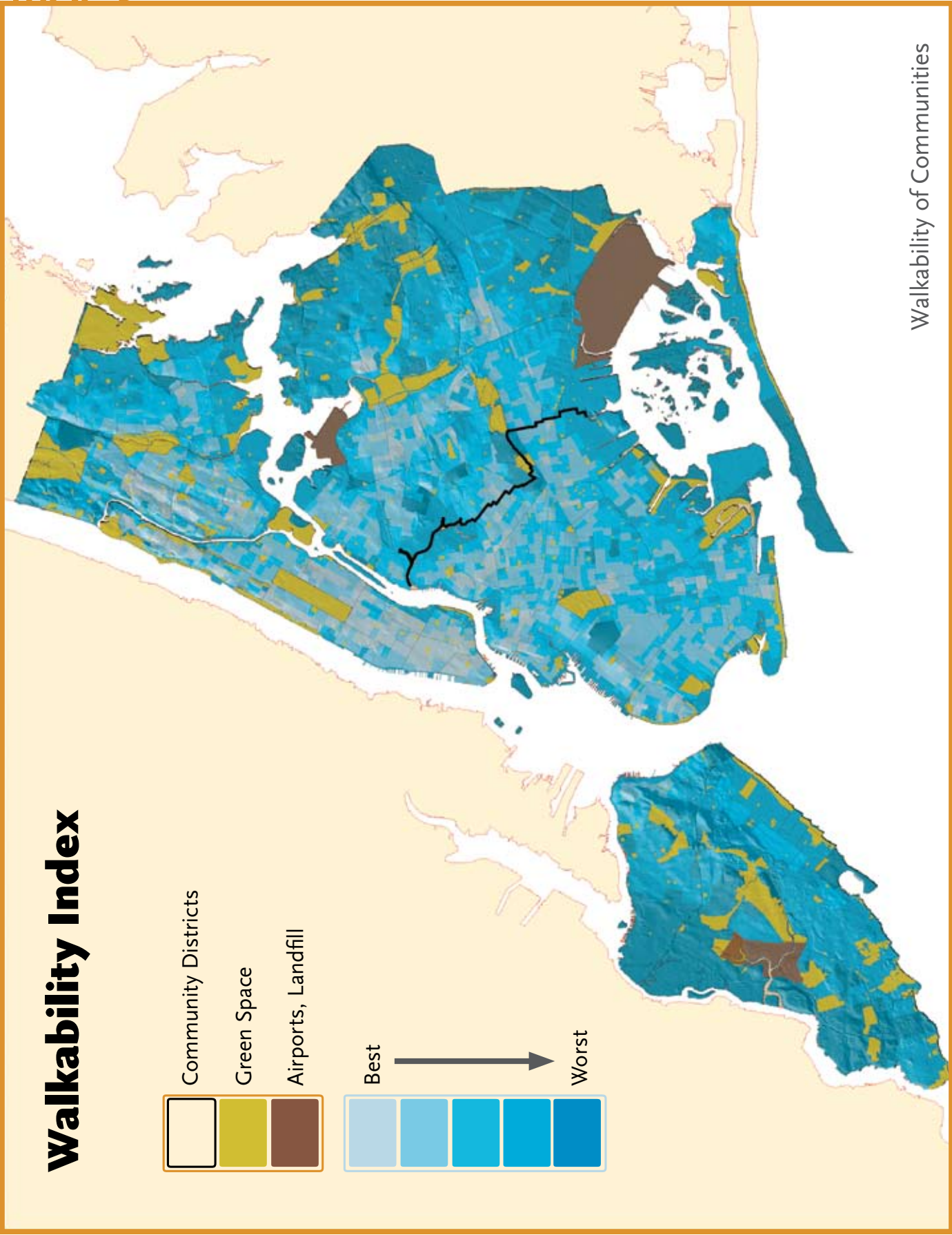
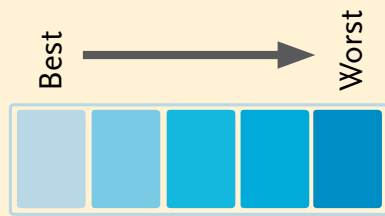


Sidewalk Cleanliness of Communities

MAP 9

Walkability Index

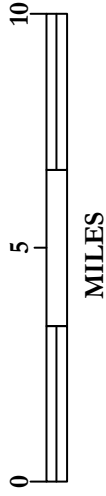
- Community Districts
- Green Space
- Airports, Landfill






Walkability of Communities

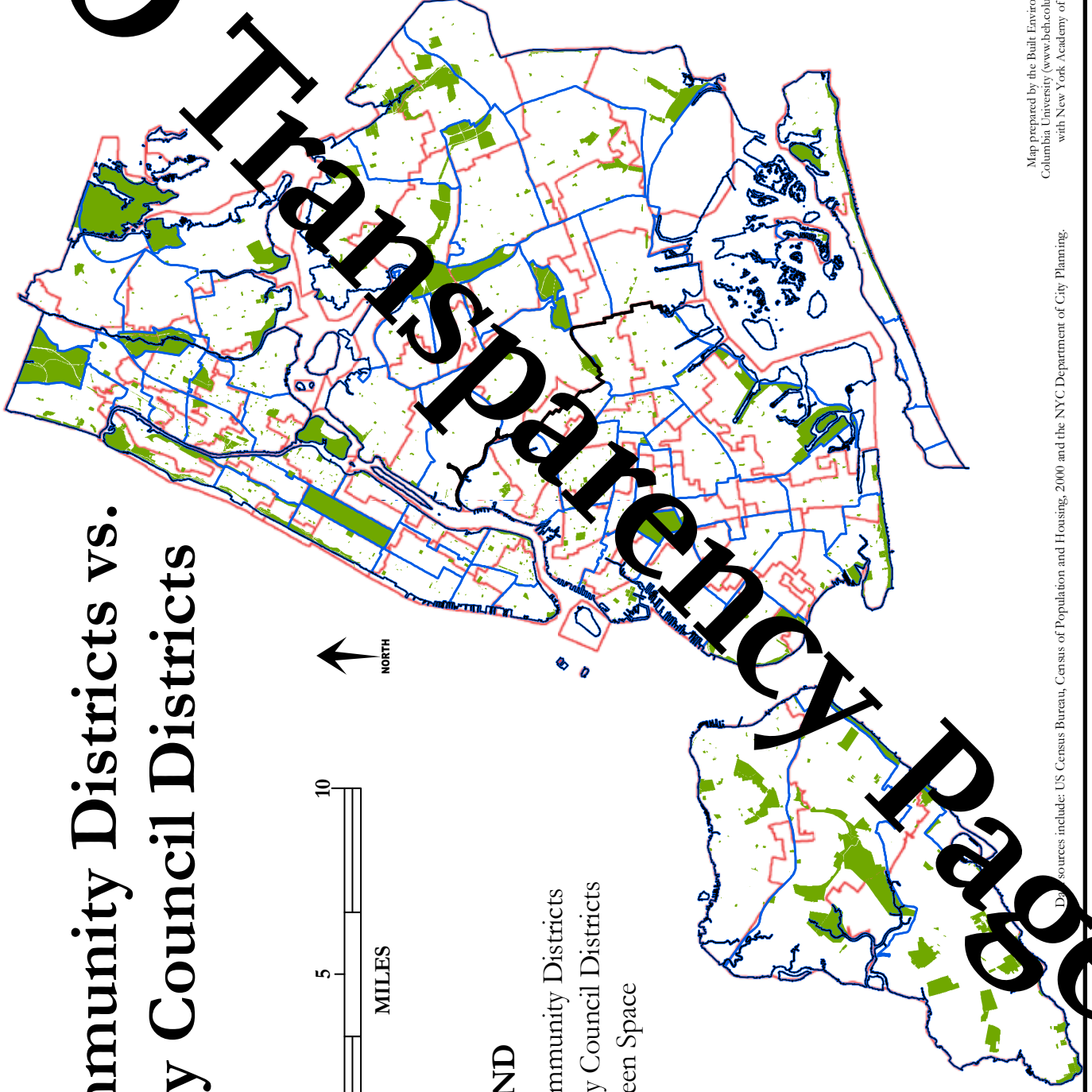
Maps prepared by the Built Environment and Health Project, Columbia University (www.beh.columbia.edu) in collaboration with The New York Academy of Medicine (www.nyam.org). Data sources include: US Census Bureau, Census of Population and Housing, 2000 and the NYC Department of City Planning.

Community Districts vs. City Council Districts



LEGEND

-  Community Districts
-  City Council Districts
-  Green Space





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The New York Academy of Medicine (NYAM)

has been advancing the health of people in cities since 1847. An independent organization, NYAM addresses the health challenges facing the world's urban populations through interdisciplinary approaches to policy leadership, education, community engagement and innovative research. Drawing on the expertise of diverse partners worldwide and more than 2,000 elected Fellows from across the professions, our current priorities are to create environments in cities that support healthy aging; to strengthen systems that prevent disease and promote the public's health; and to implement interventions that eliminate health disparities.



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