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Age-friendly New York City Community Forum Notes
ADAM CLAYTON POWELL, JR. – STATE OFFICE BLDG.
April 23, 2008
Council Member Inez E. Dickens

Approximate number of attendees: 140

Representation from local health/social services/volunteer organizations were present and were vocal (and knowledgeable) about the needs of their community, their clients, and their agencies. (North General/Mount Sinai gerontology/ palliative care units)

CONCERNS

- Rezoning and gentrification, 125 Street plans, & the Columbia University expansion plans are current, public activities which have met with mixed response and some resistance – and hostility.
- One early remark from the audience was a plea for community participation in the planning. Several stated they did not wish to, once again, provide their observations and suggestions - and never have their recommendations realized.

HOUSING

- Affordable housing is of great concern and many are convinced NYC gentrification is contributing to great anxiety within families who have lived in Harlem for generations and the process is contributing to homelessness. Also, guidelines for supportive housing discriminate in the application of regulations by not acknowledging grandchildren in the headcount.
- Delays and bureaucratic processes within NYC Housing and housing-related agencies are cumbersome. Greater coordination within and among city agencies is needed. It was

- suggested that a problem center (an advocacy agency) for all aged and aging issues be established . Harassment from landlords and managers needs attention.

TRANSPORTATION

- ACCESS-A-RIDE: not attentive to the time-needs of customers particularly those who are trying to arrive on time for necessary medical appointments; e.g., dialysis and physical therapy. Some clients wait a long while and then are abandoned without a cell phone to call for help. Drivers need more education about how to get around the city; they sometimes don't know the city. They are "insensitive and unreliable". There is a need for continuous education of these personnel that their profession is to be of service to the elderly, the frail, the needy.

SAFETY

- "The predatory nature of our youth" needs attention; suggesting that intergenerational activities be increased and promoted. "Anxiety, depression, and panic result from the feeling that they have been abandoned by their community" – a hotline just for the depressed and lonely aged was suggested. The desire to talk with a human being - not a 311-type communication. "We are forgotten here in Harlem – EMS services are not timely and 5 hours of waiting in an emergency room is common."
- "Elder abuse is alive and active." Police protection would be enhanced by returning to visible patrolmen who extend courtesy, kindness and justice to the elderly who feel both threatened and ignored.

HEALTH & HUMAN SERVICES

- Mental health as well as services to the disabled aged were expressed needs.
- Promotion, prevention and education for the elderly was advanced as a need; e.g.,
- nutrition and healthy foods, adequate diet, fresh vegetables and fruits (difficult to find and to afford), outdated and overpriced items need to be eliminated. Income restrictions within Meals-on-Wheels need to be re-examined.
- Home health care and particularly home health care aids need training in attitude and behavior. There should be mobile services for the aged.

CIVIC PARTICIPATION

- These seniors expressed great disenchantment with their earlier experiences with outsiders who sought their input on the status and future planning of Harlem; they are reluctant to have their participation only be a forum but demanded they should be an active partner with those who will be developing the blueprint.