



age-friendly **NEW YORK CITY**

Major Themes

All Expert Roundtables

-Summary of Findings-

Expert Roundtable on Business

-Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which are being carried out between January and March of 2008, focus on the following topic areas:

- 1) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 2) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 3) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 4) *Transportation and Outdoor Space*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 5) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 6) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 7) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Business Roundtable discussion, which was held in the Red Room of City Hall on Wednesday, January 23, 2008.

PARTICIPANTS

- Speaker Christine Quinn, Speaker of the New York City Council
- Council Member Maria del Carmen Arroyo, Chair of the Committee on Aging

- Council Member James Vacca, Chair of the Sub Committee on Senior Centers
- Council Member Gale Brewer, Chair of the Committee on Technology in Government
- Jo Ivey Boufford, President of the New York Academy of Medicine
- Kathryn Wylde, Executive Director, Partnership for NYC (*Chair of Roundtable*)
- Suzanne Towns, Executive Director of Community and Strategic Partnerships for the Department of Small Business Services
- William Arnone, Human Capital Practice, Ernst & Young LLP
- Connie Ciliberti, Vice President of Human Resources, Time Warner Cable
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Janaera Gaston, Director of Programs, New York Business Health Group
- John Hyland, former Treasurer of PSC/CUNY (Representing the Central Labor Council)
- Patty Lee, Senior Vice President, Macy's East
- Ray Masucci, President, RPM Warehouse
- Vikki Pryor, President and CEO, SBLI USA Mutual Life Insurance
- Carrie Robinson, Harlem Chamber of Commerce/Grandparents Empowerment Movement
- Humphrey Taylor, Chairman, Harris Interactive
- Mark Wagar, President, Empire Blue Cross Blue Shield

DISCUSSION QUESTIONS

- How do you foresee your business being affected by population aging in the next 10 to 15 years?
- What can be done to help keep people in the workforce longer?
- What can be done to help caregivers?
- How are the needs of older people being addressed in ongoing initiatives?
- What would be ways to include or expand the voice of older people in your decisionmaking?
- What supports do businesses need to help them accommodate the needs of older people?
- What steps might businesses be willing to commit to in the short term? Long term?

MAJOR THEMES TO EMERGE

In general, participants discussed the need to address issues of aging at several critical stages -- while older people are still in the workforce, during the transition to retirement, when older people return to full or part-time employment in new jobs or as volunteers, and as consumers of services. Businesses who consider the needs of older people from these multiple perspectives can both support and benefit from their most experienced workers and customers.

I. Keeping older workers in the workforce

The Roundtable participants recognized that both industry and older workers lose when experienced workers leave the workforce before they need or want to. They had several suggestions for how business leaders and policy makers could support workers who want to stay in the workforce.

A. The business community is largely aware of the challenges of the aging baby boomer generation. However, relatively few companies have comprehensive, proactive strategies to address the needs of an aging workforce.

Recommendations:

- Develop a voluntary code and/or set of model practices for business on strategies to address the needs of older workers.
- Consider piloting such a code among NYC businesses.

- Create strategies to support older workers' needs for accessible transit and security getting to and from the work place.

B. Older workers often have desirable skills, expertise, institutional history, and business wisdom that needs to be protected, retained, and transmitted to other workers. These assets are at risk of being lost with the mass retirement of older workers.

Recommendations:

- Conduct inventories and assessments of talent to determine where expertise and needed skills reside and work to retain those workers.
- Establish mentoring and training programs that allow older workers to share their resources and expertise with younger workers.
- Arrange more flexible scheduling, less physically demanding tasks, and other systems that respect the limitations and needs of older workers and keep them in the workforce longer.

C. Existing policies, laws, and practices – particularly around health care – create difficulties for businesses that want to support older workers. For example, health care costs for older workers are not trivial. Employers (in the large group market) pay increasing costs for every year that an employee ages.

Recommendations

- Promote policy changes in both public and private insurance policies.
- Consider abandoning the 'one size fits all' approach to health insurance and recognize that what older adults need from health insurance is different than what younger people need.
- Develop strategies for companies to "wrap around" Medicare in ways that are seamless for the worker.
- Develop strategies that support health and wellness programs and prevention activities to reduce health care costs, increase longevity, and enhance quality of life.
- Develop and invest in models to improve coordination of care.
- Create systems to better integrate behavioral and mental health care into the health care and health care coverage of older adults (to improve quality of life and delay the need for institutional care).
- Simplify and clarify health insurance and retirement policies and procedures.
- Promote phased retirement programs as way of keeping employees eligible for health care coverage.
- Expand notion of "family" to allow grandparent caregivers to cover their grandchildren on insurance policies.

D. There is large unmet need for caregiver support. In addition, many feel that their career paths may be hindered if they seek support/flexibility from employer to care for aging parents.

Recommendations:

- Promote company-sponsored programs to provide elder care or assistance in locating elder care.
- Develop new "branding" strategies to improve the uptake of elder care programs.
- Consider new definitions of 'family' that might better facilitate the ability of workers to provide support, benefits, and care for older adults in their lives.

II. Preparing for retirement

Roundtable participants noted that our conceptions and policies surrounding retirement have not kept pace with the reality that many people are working longer and more slowly transitioning to retirement than in the past. Many businesses and individual workers are not prepared for these new realities.

- A. *The notion of retirement has changed as people have been living longer and healthier lives. It should no longer be seen as an event but a process. Workers need employer supports to match these realities.***

Recommendations:

- Develop phased retirement plans where older workers can decrease their number of hours, while beginning to draw on their pensions to make up the difference in reduced pay.
- Change the ways that pensions in some industries are calculated so that workers are not penalized for phased retirements.
- Look to other countries, like Japan, for model programs and policies on how to keep older workers engaged and to facilitate the transition to retirement.

- B. *Many seniors are ill-prepared for retirement and do not have adequate savings/401K plans.***

Recommendations:

- Provide employees with education and training about what they need for retirement and how to plan for it.
- Develop succession plans to more proactively prepare for transitions, like retirement.

III. Working in new or voluntary jobs

Several participants noted that many older people want or need to work after they retire, though many take on new jobs and functions. Some older people prefer to volunteer as way to stay active and continue contributing to their communities. Roundtable members shared a number of ideas about how to help older people transition to new or voluntary jobs.

- A. *Companies, industries, and government need to engage in creative workforce planning to accommodate changing workforce needs as well as the changing abilities of older workers. Moreover, companies must find ways to keep older workers employed to avoid a major workforce shortage.***

Recommendations

- Provide older workers with training to make them competitive and to help migrate into new careers that are less physically and/or more flexible.
- Create and use projections of worker shortages to begin working with local schools to create targeted trainings programs for older adults.
- Explore ways to match the needs of the City with the skills of retirees.
- Develop programs by which to migrate the skills of older people to new professionals and jobs.

- B. *It is important to keep older adults active and engaged.***

Recommendations

- Support programs for retired workers, like SCORE, that meet the needs of all workers (not just highly skilled professionals).
- Develop company and/or union alumni networks.

- Find innovative ways to match retired workers with people in the workforce that could benefit from their skill and experience (e.g., program matching new school principals with retired ones).

IV. Respecting older people as consumers

A. *Companies should also consider the needs of their older consumers and customers.*

Recommendations

- Review and strengthen existing consumer protection practices.
- Train employees on how to work older customers.
- Tailor products to meet the needs of older customers.
- Increase access to information for older consumers by considering a diversity of formats and media through which to convey information.

V. Other Issues

A. *The aging of the baby boomer generation does not affect all people equally. As people age, the gap between the “haves” and “have nots” grows. Those with engaging, well-paying jobs are more likely to continue working in later years than those with dull, low-paying jobs. Compared to professional workers, working class people are more likely to have lower savings and pension incomes and are at greater risk of falling into poverty as they age.*

Draft prepared March 12, 2008

Expert Roundtable on Housing Development

-Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 8) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 9) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 10) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 11) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 12) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 13) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 14) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Housing Development Roundtable discussion, which was held in the Red Room of City Hall on Thursday, January 31, 2008.

PARTICIPANTS

- City Council Speaker Christine Quinn
- City Council Member Maria del Carmen Arroyo, Chair of the Committee on Aging
- City Council Member James Vacca, Chair of the Subcommittee on Senior Center
- City Council Member Erik Martin Dilan, Chair of the Committee on Housing
- City Council Member Rosie Mendez, Chair of the Subcommittee on Public Housing
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Jerilyn Perine, Executive Director, Citizens Housing and Planning Council of New York
- Brad Lander, Director, Pratt Institute Center for Community and Environmental Development
- Claudia Siegman, Program Manager of the New York Child Care Seed Fund, Low Income Investment Fund
- Dan Martin, President and CEO, Housing Partnership Development Corporation
- Edward Poteat, President, Horsford & Poteat Realty Corporation
- Eloise Paul, Assistant Director of Special Projects, Real Estate Department at Columbia University
- Frank Ricci, Director of Government Affairs, Rent Stabilization Association
- Greg Watson, Assistant Commissioner, New York State Division of Housing and Community Renewal
- Heather Lawler, Community Development Officer, Local Initiatives Support Corporation (LISC)
- John Tynan, Director of Housing, Catholic Charities - Diocese of Brooklyn & Queens
- Marc Jahr, President, NYC Housing Development Corporation
- Matthew Sapolin, Executive Director, Mayor's Office for People with Disabilities
- Rosanne Haggerty, Founder and President, Common Ground
- Vicki Been, Co-Director, The Furman Center For Real Estate & Urban Policy at New York University

DISCUSSION QUESTIONS

- What are the unmet housing needs of the existing senior population in New York City?
- Will these needs change over the next 15 to 20 years? If so, how will this impact the city's overall housing situation?
- Are there existing housing programs/initiatives that ought to be increased or adapted to better meet the needs of older adults?
- Are new programs/initiatives needed? If so, what might these new models/improvements look like?
- What would be ways to include or expand the voice of older people in housing development decision-making?
- What supports do developers need to help them accommodate the needs of older people?
- What steps might developers be willing to commit to in the short term? Long term?

MAJOR THEMES TO EMERGE

The discussion focused both on identifying and spurring innovative housing development for older people *and* on improving the conditions of existing housing in order to support aging in place. In general, participants suggested various possible ways to support new projects, promote flexibility and incentives, and limit unintended consequences.

I. Keeping Older People in their Homes

A. *Participants expressed a growing need for increased home- and community-based social services that help people remain living at home, even as functional capacity and health needs change over time.*

Recommendations

- Strengthen case management in order to meet the unique, and sometimes shifting, needs of older residents
- Especially target social services to people living longer with chronic diseases such as HIV, as well as returning veterans and undocumented elders who lack access to income supports
- Expansion of New York State's existing Home and Community-based Medicaid Waiver should be explored in an attempt to fund additional programs needed to support community-dwelling older adults

B. Participants recognized the enormous role that New York City's lack of affordable housing can have on the ability of seniors' to remain living at home.

Recommendations

- Increase the promotion and ultimate utilization of current supports available to help seniors stay in their homes (often such programs are underutilized). Exploration of the costs to the City associated with full utilization should be examined. Examples of such programs include:
 - Senior Citizen Rent Increase Exemption (SCRIE): low-income older tenants that qualify for this program are exempt from future rent guidelines increases; landlords receive tax abatements instead.
 - RESTORE (Emergency Home Repair Program for the Elderly): funds may be used to pay for the cost of emergency repairs to eliminate hazardous conditions in homes owned by the elderly when the homeowners cannot afford to make the repairs in a timely fashion.
 - Access to Home program: provides financial assistance to property owners to make dwelling units accessible for low- and moderate income persons with disabilities. Providing assistance with the cost of adapting homes to meet the needs of those with disabilities will enable individuals to safely and comfortably continue to live in their residences and avoid institutional care. (adapt housing for handicapped)
 - Program of All-inclusive Care for the Elderly (PACE): provides comprehensive health services for individuals over age 55 who are sufficiently frail to be categorized as "nursing home eligible" by their state's Medicaid program. In New York City, the not-for-profit corporation Comprehensive Care Management (CCM) combines an adult day center with medical care and home care and a fixed per member per month payment.
- Strengthen the SCRIE program by implement a retroactive clause that allows seniors to roll their rent back to when they were first eligible for the SCRIE program, instead of when they first applied. Another possibility would be to cap the amount a senior can pay on their rent at 30% of their annual income.
- Fair financing options must be promoted among older homeowners

- Rent regulated housing units must be preserved as much as possible, as seniors may have the most to lose from vacancy decontrol

C. *Participants emphasized that we cannot rely solely on the creation of new housing to support older people. Instead, supporting the continuum of needs among older adults requires that existing housing units be retrofitted to ensure seniors can remain in their homes, even if changes in functional capacity occur.*

Recommendations

- To get closer to the ideal of universal design (or making all spaces accessible for all users), which can be quite expensive, the regulatory process must be eased and the incentives to developers increased
- The New York State Energy Research and Development Authority should increase/expand the resources it offers for retrofitting housing via its programs and incentives to assist residents in making homes more energy efficient, more comfortable and healthy, and better for the environment

II. Developing New Housing Options

A. Participants expressed a need for new, innovative, and diverse housing models to meet the emerging needs of seniors and the growing demand for different housing options.

Recommendations

- Expand Project-based Section 8 vouchers in the City: Traditional tenant-based vouchers are attached to a particular tenant regardless of where they choose to live. A project-based voucher, however, is attached to a particular property. If a person with a project-based voucher moves, the Section 8 stays with the property and the next tenant uses the voucher.
- Explore the preferences of older adults in terms of living in age-segregated or age-integrated housing. The current trend is to want to build integrated housing, which seems to be the preference of many older people, but funding streams often emphasize segregated housing (such as the Section 202 program).
- Expand affordable housing options that do not disadvantage or exclude seniors raising grandchildren

B. Many barriers to housing development surfaced in the discussion, including regulatory obstacles and a lack of resources.

Recommendations

- The City need to identify and make available to developers new land for building additional housing
- The City's zoning rule R-6B makes it difficult to build senior housing. There are ten standard residence districts in New York City -- R1 through R10. The numbers refer to the permitted density (R1 having the lowest density; R10 the highest) and certain other controls such as required parking. The regulations of R6B encourage low-rise buildings with greater parking lot coverage, which makes it difficult for developers to increase the number of total units in building and thereby fewer affordable set-asides
- Significant funding from the federal level is needed for adequate development

C. Participants stressed the need to provide additional incentives in order to drive ‘age-friendly’ housing development and promote affordability among existing housing.

Recommendations

- The City should offer density/zoning bonuses to builders in exchange for low-income units (like inclusionary zoning models)
- Provide incentives for the development of affordable mixed housing with senior set-asides
- Create designated geographic zones where builders can get incentives to build affordable units for older people – perhaps in areas where seniors are most concentrated
- Cut property tax rates for property owners
- Offer tax relief for owners who keep units affordable
- Offer incentives to developers to integrate universal design into their projects

Draft prepared March 19, 2008

Expert Roundtable on Tenant Rights

-Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 15) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 16) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 17) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 18) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 19) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 20) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 21) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Tenant Rights Roundtable discussion, which was held in the Red Room of City Hall on Friday, February 22, 2008.

DISCUSSION QUESTIONS

- How are housing and tenant issues different for older people than from the general population?
- How do you foresee the City's housing situation being affected by population aging in the next 10 to 15 years?
- How are the needs of older people being addressed in ongoing initiatives? Where are there gaps?
- What could be ways to include or expand the voices of older people in decision-making?
- What supports/changes are required to better accommodate the needs of older people?

PARTICIPANTS

- City Council Member Rosie Mendez, Chair of the Subcommittee on Public Housing
- City Council Member Gale Brewer
- *Chair:* Louise Seeley, Executive Director, City-wide Task Force on Housing Court
- Anderson Fils-Aime, Rent Regulation Campaign Manager, Tenants and Neighbors
- Anne Emerman, Activist for the Disability Community
- Audrey Berman Tannen, Executive Director, Eviction Intervention Services
- Carolyn Silver, Director, Legal Advocacy & Organizing, Lenox Hill Neighborhood
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- David Pedulla, NYU Brennan Center for Justice
- Erika Stallings, Housing Advocacy Associate, New York Immigration Coalition
- Jessica Walker, Policy Associate, The New York Academy of Medicine
- Larry Wood, Community Organizer and Director of the Family Council at Goddard Riverside Community Center
- Marc Greenberg, Executive Director, Interfaith Assembly on Homelessness and Housing
- Marlon Williams, Policy Advisor to the Deputy Mayor for Health and Human Services
- Mary Mayer, Board Member, New York Citizens' Committee on Aging
- Paul Feuerstein, President and CEO, Barrier Free Living
- Roseanne Zitzouris, The Legal Aid Society, Brooklyn Office of the Aging
- Sandra Duque, Community Coordinator, New York City Comptroller

MAJOR THEMES TO EMERGE

The discussion focused on ways of keeping older adults in their long-time homes and communities. Participants identified three prime categories of older adults who need additional attention or support, including people in affordable housing who are being pushed out, people in housing that is inappropriate for them (or has become so as they have aged and their needs have changed), and people who need assisted living/additional social services to remain in the community.

I. Supporting Older People in Jeopardy of Losing Affordable Housing

- a. Participants expressed concern that older people are increasingly targeted for harassment and unlawful eviction because their apartments often have the greatest potential for increased rents (e.g., when long-time residents leave their rent-controlled apartment, landlords can often increase rents substantially). Some of this was attributed to urban renewal which has made some communities more desirable locations in which to live. A lack of knowledge of tenant rights and the available supports to keep people in their homes has resulted in the relocation of many older people.***

Recommendations:

- More public education so seniors know their rights
- Pass City Council legislation: 627 (anti-harrassment) and 648 (additional legal services)
- City Human Rights department is excellent (esp. Tim Finkelstein)
- 311 is offering some help in this
- Orientation Programs for Seniors: Abyssinian “Chat and Chew”
- Senior Centers and Community Boards should do more to inform their communities
- Update building codes
- Educational sessions for seniors at NORCS are packed with caregivers looking for advice. This helps them care for elders but also to prepare for selves.
- NYCHA rules are in tiny print and there is little or no orientation. Older people are subject to eviction because of actions of relatives and NYCHA social workers are not helping sort these situations out
- Credit history issues should be addresses. Tenants can end up on a black list that affects them in any state if they end up in court with their landlords. There is no law requiring this information be on credit reports. Medical expenses can also lead to credit history issues that affect housing.

- b. Participants identified a lack of legal representation in housing court and issues related to guardianship (and the City’s Adult Protective Services unit within the Human Resources Administration, which intervenes when an older person is deemed to lack capacity) as key areas that need to be addressed if we are to help older people contest unlawful eviction and harassment.***

Recommendations:

- Right to counsel in housing court. Mendez is supporting a bill
- DFTA counsel program is very successful in keeping people at home or into supportive housing. Has legal and social work components. Just needs more money.
- Develop cost-effectiveness calculation to be made regarding offering right to counsel vs. mental health and physical impact of forced relocation
- Expand Guardian Ad Litem programs (seniors who cannot get to court physically should be assigned on)
- Improvements to the City’s Adult Protective Services unit:
 - Ought to be working to get people services to allow people to stay at home, but often seem to conclude people are better off in a nursing home
 - Public Advocate’s recent report showed they are underfunded
 - APS workers concerned about entering homes with hoarders & bedbugs
 - Need to work closer with APS to understand what their role is and the challenges
 - APS workers do not understand the issues of older people (eg why a senior might not answer the door)
 - APS won’t help if a person has a claim in court because they think the person has sufficient capacity; fail to understand that a legal aid agency may have done the filing

- c. ***Participants expressed a need to increase awareness, understanding and availability of existing affordable housing programs and subsidies, particularly among immigrant populations in the city who often face an added layer of fear and lack of information. Their social networks are often frayed and people do not know how to interpret documents; many informational websites are hard to navigate.***

Recommendations:

- NY Foundation for Senior Citizens has a good shared housing program but not well known
 - NYCHA has prioritized young families. Need to put seniors on the priority list
 - DHCR is great
 - Expand Section 8
 - 202 Housing doesn't receive enough HUD funds. There is a shortage now and will be a future loss of housing
 - Unreimbursed medical expenses should be taken into account in SCRIE and DRIE. Also needs more publicity.
 - Immigrants could be ambassadors that help explain their needs to larger community

II. Supporting Older People as their Housing Needs Change

- a. ***Participants explained that as people age their housing needs often change. Limitations in mobility and functioning often mean that the physical space older people need increased accessibility in getting to and around in their homes and apartments. Participants told of how some older people are choosing nursing homes when they leave rehab because their apartment is inaccessible.***

Recommendations:

- Mayor's Office of People with disabilities offers community block grants to make renovations but also small equipment purchases like wheelchairs and microwaves. Need to raise awareness of this.
- Seniors are not part of the defined populations for "accessible households." New developments need to have units set aside for older people and the disabled
- Older people are trapped in oversized apartments. Need to help people move to smaller apartments. This is a "reasonable" accommodation but if there are no apartments are available at the moment landlords don't have many options
- Walk-ups are a looming crisis; hand railings needed on stoops, walkers can't make it through doorways

- b. ***Access to in-home social supports often become increasingly important as people age. However, participants expressed concern that some landlords do not fulfill their ethical obligation to let service providers know when there is a senior resident in distress. In addition, the availability of in-home social supports is limited.***

Recommendations:

- Long term care insurance programs like the Partnership Plan which doesn't require people to liquidate assets before becoming Medicaid eligible
- Meals on Wheels, NORCS, hoarding and clutter programs were all cited as supportive services that are effective in helping people to age in place
- Supportive housing for grandparents raising children is needed
- EISEP program is a great idea but needs to be expanded

III. Miscellaneous

a. While the majority of older New Yorkers are renters, many older people are homeowners and less is known about this population. Participants acknowledged that their concerns are not being fully addressed, particularly in the midst of this mortgage crisis.

b. Participants identified data sources and voids that might be useful for future planning and research, including the "Priced Out" report and the recent New York Times report that landlords are not accepting Section 8 vouchers./ A salient void expressed by the group was around older homeless individuals. Participants indicated that older people are not adequately reflected in homelessness statistics because they do not access the shelter system (instead they often double-up or go into nursing homes).

Expert Roundtable on Social Services

-Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 22) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 23) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 24) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 25) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 26) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 27) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 28) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Social Services Roundtable discussion, which was held in the United Way of New York City offices on Wednesday, February 27, 2008.

PARTICIPANTS

- Council Member Maria del Carmen Arroyo, Chair of the Committee on Aging
- *Chair:* Gordon Campbell, President and CEO, United Way of New York City
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Beth Finkel, Associate State Director, New York State Office, AARP
- Bill Dionne, Executive Director, Burden Center on Aging
- Bobbie Sackman, Director of Public Policy, Council of Senior Centers and Services
- Carolyn McLaughlin, Executive Director, Citizens' Advice Bureau
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- Catherine Thurston, Director of Clinical & Social Services, Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders
- Elana Broitman, Director, City Policy and Public Affairs, UJA Federation
- Igal Jellinek, Executive Director, Council of Senior Centers and Services
- Kathleen Fitzgibbons, Senior Policy Analyst, Federation of Protestant Welfare Agencies
- Marcia Stein, Executive Director, Citymeals-on-Wheels
- Marlon Williams, Policy Advisor to Deputy Mayor Linda Gibbs
- Mary Harper, Executive Deputy Commissioner of HRA/Medical Insurance & Community Services Administration
- Nancy Miller, Executive Director, VISIONS/Services for the Blind and Visually Impaired
- Nancy Wackstein, Executive Director of United Neighborhood Houses & Chair of the Human Services Council
- Nora Leissig-Lazzaro, Director of Social Services, New York City Housing Authority (NYCHA)
- Nora O'Brien, Director of Aging Programs & New Initiatives, The Brookdale Foundation
- Roberta Leiner, Managing Director for the Caring Commission, UJA Federation
- Ronald E. Richter, NYC Family Services Coordinator, Deputy Mayor's Office
- Rosa Gil, Executive Director, Communitlife
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Ruth-Ellen Simmonds, Executive Director, One Stop Senior Services
- Wendy Perlmutter, Deputy NYC Family Services Coordinator, Deputy Mayor's Office

DISCUSSION QUESTIONS

- Going forward, what should be the main objectives of social services for seniors in New York City? What should be the priorities?
 - Knowing that limited resources are available, which seniors should be the primary "target audience" (i.e. the "intended users") for social services along the continuum of aging (moving between the healthy-active phase to the slowing down phase to the service-needy phase, as defined by James Knickman)? Where should we focus our attention and resources going forward?
 - Who should pay for what (e.g. government, foundations, corporations, caregivers, seniors themselves, etc.)? And what criteria should be used to determine resource allocation among these various entities?
- How can we ensure service quality?
- What supports are needed by social service providers? What supports are needed by informal caregivers?
 - What are ways to include or expand the voices of older people in decision-making (including both individual-level choices about one's own service needs as well as larger policy choices related to resource allocation and programmatic priorities and structure)?

MAJOR THEMES TO EMERGE

Participants expressed widespread agreement about the overarching goal of social service delivery to older adults: to help older people remain living in their homes and communities as they age with dignity and a good quality of life (thereby reducing premature hospitalization or nursing home placement). Due to the immense changes occurring both within the human services sector and among the older population relying upon it, providers acknowledged that they are struggling to determine how future services should be structured, funded, and expanded. Also discussed was the need to maximize organic community relationships to assure that formal social services are a last resort for community-dwelling elders and that when older people do use such services, they have good access to programs with a quality workforce augmented by technology and the use of seniors as resources.

I. Ushering in a New Paradigm in Service Delivery

Roundtable participants acknowledged the significant shifts now occurring within the human services sector, particularly among services targeted to older adults. A new continuum is emerging because the older population is rapidly increasing and it is thought that their needs and preferences may be changing. In addition, there has been a move within the sector toward home and community based care and a turning away from nursing home placement. Social service providers recognize the need to re-examine current approaches to serving older adults and begin planning for future needs.

A. While participants reached general agreement about the overarching goals of social services for older people, there was tremendous variation in identifying the intended “consumers,” which plays a key role in determining the needed structure and focus for such services going forward. The two major dichotomies that emerged were (1) targeting services to the needs and preferences of present versus future cohorts (e.g. Baby Boomers) of seniors and (2) targeting services to the needs of the most vulnerable -- particularly those living in poverty and/or those with significant need who lack informal social support – versus a much more ambitious target that aims to increase the well-being of all older people.

Recommendations:

- Service eligibility and provision should be guided less by age than by the functional capacity of an older person
- Examine service needs and preferences of coming cohort of seniors (those age 45 to 55) for planning purposes (e.g. are their needs and preferences significantly different from the current cohort of elders?)
- Engage in a more formal dialogue among various stakeholders about the intended target population(s) for social services and try to come to a resolution about the role that services should play in their lives
- Align marketing of services with needs and preferences of target population (e.g. many of the younger-old will not go to a “senior” center)

B. Participants acknowledged the need to assess and update their service delivery approaches in order to better meet the needs of today’s and tomorrow’s older populations.

Recommendations:

- Services should start from and emphasize the capabilities and assets of each older persons, as opposed to arranging services simply around their disabilities or needs
- Services providers should increase the expectations of those living with disabilities, as many people are homebound who don't have to be (additional supports like transportation are needed for this)
- Service providers must go to where seniors are and not wait for them to come to them
- Seniors should be further incorporated into the programmatic and policy decision-making that directly affects them (we need to ask seniors what they want)
- Examine the current notion that services should target geographic catchment areas rather than other types of communities, such as the visually impaired community, the LGBT community, ethnic communities, etc.
- Examine age segregated (e.g. senior centers) vs. age integrated services (e.g. intergenerational programs), as the preferences of seniors need to be taken into account

C. There is a growing need to better integrate services and sectors to ensure seniors experience seamless transitions as they move through the new home and community based continuum of care.

Recommendations:

- Work to better integrate aging and health systems
- Examine ways to integrate different services for seniors into a one-stop shopping model Integrated services - Move toward community center model; (stand alone senior centers are now seen as a thing of the past)
- In this new continuum of services, long term care/nursing homes will still be needed and must be supported and monitored to assure quality
- Examine whether or not service structure has unintended negative consequence of breaking existing relationships - Need to keep people connected to resources they've been using all their lives if it works for them, not mandate that they enter a whole new social service system that people must use simply because they turn age 65

D. Emerging Social Issues/unmet needs among City seniors

- Affordable housing
- Sense of security/public safety
- Mental health (MH clinics don't have capacity to serve seniors)
- Poverty
- Transportation
- Diabetes/lifestyle issues: lack of understanding of preventive health
- **Hospital discharge planning to social services needs improvement**

II. Maximizing Human & Social Capital

A. Informal Caregivers

Recommendations:

- Create and distribute a comprehensive resource guide for caregivers to help them navigate the service system and have a working knowledge of what services are available

- Find ways to leverage what the Sandwich generation is now going through to care for their aging parents – it could be a very educational time to help them begin planning for their own aging and become engaged with social services now

B. Neighborhood support

Recommendations

- Need to provide guidance to communities on to be a good neighbor for senior residents including if/when to offer their seats to older people without feeling awkward, etc.
- A pilot should be created to test protocols that provide clear protocols that encourage neighbors helping neighbors / looking out for one another, especially (e.g. provide a number to call if they feel concerned about an elderly neighbor)
- Examine ways to maximize the key role of faith communities/spiritual care in the lives of elders

C. Service Delivery Workforce

Shortage of people trained in serving seniors exists; have trouble finding and retaining geriatricians and geriatric SW, etc.

Recommendations

- Need more incentives to increase the sector's appeal among potential workforce to serve older people
- Need to combat ageism so this sector is more attractive to potential workforce
- Need additional training/educational opportunities subsidized for social workers, students, etc.

D. Seniors as Resources

- The Mayor's Volunteer Action Center should be expanded and extensive outreach about it should be done for the older population so that they are aware of the volunteer opportunities available to them
- Continuums support each other: well seniors can give back to communities thereby serving/helping seniors in need (volunteerism)
- Employment: people don't retire at 65 anymore: they're a workforce to tap into (programs like ReServe model; Experience Corps should be supported and expanded)
- Seniors helping to raise grandchildren should be recognized and supported through tax rebates and/or other incentives

F. Technology to help stay connected

Recommendations

- Expand services like telephone reassurance and Internet training and access programs for seniors
- Make telephone service more affordable for seniors, perhaps by asking telephone companies to offer senior discounts

III. Increasing Access to Quality Assistance

Barrier to care: People don't know where to go for help and have trouble navigating the service system

Recommendations

- More outreach about available services is needed
- The various interagency councils around the city should be centralized in some way to maximize efforts and understanding of what's out there

B. Focus on populations that are notoriously underserved

- New retirees and those transitioning into system; union retirees might be an ally in this;
- Elders who are socially isolated
- Immigrant elders, elders of color and elders not proficient in English

C. Ensuring service quality

Recommendations

Ensuring a high quality workforce through training and compensation is the best way to ensure service quality so the recruitment and retention of quality staff must be made a top priority

IV. Securing additional funding for service delivery

Recommendations

- Need to leverage existing dollars to bring in outside money/matching grant ops (NORC model is a great example)
- Need for more public/private ventures and pilots to test new models
- Need to engage the for-profit community more and in new and creative ways; find cost-effective ideas for businesses and then package these ideas and sell them to businesses; need to seek resources in places we haven't looked before
- Create a senior trust fund in the city; Philadelphia uses lottery proceeds to fund senior services
- Limited resources require us to prioritize what government should fund; how to allocate its resources and when and how we should rely on foundations, etc. – this is a discussion that still needs to happen
- Move toward home and community based care: Medicaid in New York State should change the paradigm of what it funds to cover the less invasive/more preventive types of service; Federal funds /Medicaid waiver would be nice
- Age-based segregation is driven by siloed funding streams. Flexibility is needed to allow providers to provide services in the way their clients prefer (either age segregated or integrated)

Draft prepared March 26, 2008

Expert Roundtable on Health **-Summary of Findings-**

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 29) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 30) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 31) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 32) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 33) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 34) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 35) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Health Roundtable discussion, which was held in the Committee Room at City Hall on Friday, February 29, 2008.

PARTICIPANTS

- *Chair:* Jo Ivey Boufford, President, NYAM
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Beth Finkel, Manager of Programs and Services, New York State Office, AARP
- Betti Weimersheimer, Executive Director, Friends and Relatives of Institutionalized Aged
- Carol Raphael, President and CEO, Visiting Nurse Service of New York
- Carolyn Auerhahn, Coordinator, Geriatric Nurse Practitioner Program, NYU School of Nursing
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- Deborah Halper, Vice President for Education and Program Initiatives, United Hospital Fund
- Dona Green, Assistant Vice President, Corporate Planning, Community Health and Intergovernmental Relations, NYC Health and Hospitals Corporation
- Elizabeth Clark, Associate Director, Clinical GRECC, James J. Peters VA Medical Center
- John Beard, Senior Epidemiologist, Center for Urban Epidemiologic Studies at the New York Academy of Medicine
- Laray Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations, NYC Health and Hospitals Corporation
- Lorna Thorpe, Deputy Commissioner of the Division of Epidemiology, NYC Department of Health and Mental Hygiene
- Lou-Ellen Barkan, President and CEO, Alzheimer's Association, New York City Chapter
- Marianne Fahs, Executive Director, Brookdale Center for Healthy Aging and Longevity of Hunter College
- Mark Kator, President and CEO, Isabella Geriatric Center
- Marlon Williams, Policy Advisor to the Deputy Mayor for Health and Human Services
- Mary Mayer, Board Member, New York Citizens' Committee on Aging
- Michael Friedman, Chairman, Geriatric Mental Health Alliance, The Center for Policy and Advocacy of The Mental Health Associations of New York City and of Westchester
- Paloma Hernandez, President and CEO, Urban Health Plan
- Patricia Volland, Senior Vice President for Strategy and Business Development, The New York Academy of Medicine
- Regina Lee, Chief Development Officer, Charles B. Wang Community Health Center
- Ronald E. Richter, NYC Family Services Coordinator, Mayor's Office
- Rosa Gil, President and CEO, Comunilife
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Van Dunn, Chief Medical Officer, MetroPlus
- Wendy Perlmutter, Deputy NYC Family Services Coordinator, Mayor's Office

DISCUSSION QUESTIONS

- What are the barriers to health services for seniors in the City?
- How do health systems for older New Yorkers need to improve?
- What do you do (or what could you do) to include/expand the voices of older adults in your service planning and decision-making?
- What can be done to support caregivers?

MAJOR THEMES TO EMERGE

Participants identified the various barriers to adequate care and the possible solutions that will be required to meet future need and maximize human and social capital.

I. OVERCOMING BARRIERS TO CARE

A. Participants acknowledged that the current health system is difficult to navigate. Many older people, their caregivers, and even service providers do not have a keen understanding of what services are available to them.

Recommendations

- Increase cultural competence and incorporate various linguistic considerations into work
- Explore ways of helping immigrants who are ineligible to benefit from many social programs
- Increase access to case management and care coordination to help older people navigate service systems
- Knowing that not all older people want formal care coordination, ensure that many different vehicles for meeting these needs are in place, including transparent and easy to access information
- Increase outreach for available programs and services, knowing that older people won't come to providers, they have to go to where older people are
- Create a guide to help empower people to care for themselves, which could questions people should ask their doctors, information on health care proxies, etc. (Age-friendly primary care report may have worthwhile recommendations for this)
- Send this resource guide to older people that they receive automatically based on retirement status/age based on Social Security rolls
- Create a website that offers a comprehensive menu of programs and services available to older New Yorkers, not just those services/resources funded by the city

B. Participants discussed the fragmented systems of care preventing a true continuum of services from emerging. There is a growing need to better integrate services and sectors to ensure seniors experience seamless transitions.

Recommendations

- Change current healthcare funding silos that hinder interdisciplinary interventions
- Provide incentives to primary care physicians and their staff to take the lead in coordinating holistic care

C. Many clients have trouble financing their needed care, even those eligible for Medicaid and Medicare.

Recommendations

- Educate doctors about and incentivise the acceptance of Medicare so fewer doctors refuse it
- Move toward parity in health and mental health reimbursement rates in Medicare and Medicaid
- Move toward Medicare reimbursement for long-term care

II. MEETING FUTURE NEEDS

A. Planning for the emerging and future needs of older New Yorkers.

Recommendations

- Identify the needed components of a comprehensive well-functioning health system for older people so that it can be replicated
- Explore ways of increasing the quality of care delivered to older people
- The following needs were identified as emerging:
 - Depression and other mental health concerns among older adults often get little attention but are critical
 - Need to look at older people and HIV
 - High rate of suicide among Asian Americans; money is starting to flow but there are no culturally and linguistically appropriate services to which to refer them
 - Technology is underdeveloped; significant investment in IT is needed
 - Need to map available health systems to identify at-risk/underutilized areas to target

B. Need to increase consumer voices into decision-making processes.

Recommendations

- Explore the fine line between respecting elder choices and being an expert pushing answers on people
- Increase patient advisory boards and ensure older adults are well represented
- Seniors may often feel out of place in meetings with experts and advocates so liaisons to senior groups should also be pursued
- The voices of those with dementia are especially at-risk of being minimized or lost so attempts to capture their preferences and opinions is critical

C. Increasing the focus on prevention and health promotion. Participants explained that the current service structure is designed to treat health problems not promote overall health.

Recommendations

- Closely examine the forthcoming results of the Healthy Indicators project for future planning efforts on ways to increase health promotion in social services
- Improve hospital discharge planning efforts so that older people released back to the community are not without the supports they may need such as home delivered meals and care coordination

D. Identifying promising practices to meet future need.

Recommendations

- Need to increase the use of electronic health systems in order to better manage and share health records
- Need to increase awareness of advance care planning with older people
- The following models were recommended as promising practices that should be supported, expanded, and/or emulated:
 - Montifiore Hospital's model is very welcoming to the LGBT community
 - 1-800-lifenet, which focuses on mental health, should be replicated with a focus on health
 - Veteran's Affairs hospitals are good model of integrated care and the incorporation of technology to allow entire system to learn about seniors' charts
 - Geriatric programs at Elmhurst/Bellevue Hospitals

- Time bank programs where people sign-up to give an hour to meet the social and domestic needs of older people
- Supportive service programs within Naturally Occurring Retirement Communities that combine health and social interventions for older people
- Long-term care managed care health plan where a nurse accompanies their older client to important appointments such as doctor visits

E. Need to find ways to funding new models and ways of working.

Recommendations

- Change regulatory barriers that do not allow significant components of service models to be reimbursed by Medicare/Medicaid
- Educate service providers about the ways that they can optimize their billing of Medicaid and Medicare under the existing regulations
- Increase incentives for preventive care and encourage payers to pay for preventive/support services

III. MAXIMIZING SUPPORT NETWORKS

A. Need to strengthen and expand the formal service delivery workforce.

Recommendations

- Increase the pool of geriatric social workers through training and incentives
- Increase the pool of available paraprofessionals that can help to offset the responsibilities of doctors and free them up to do what they're trained to do; this could include incentives, additional training, building expertise and career tracks so it's not a dead-end job
- Since there are not enough geriatricians to go around there is a need to "geriatize" the existing workforce through ongoing education and training opportunities
- Incorporate a training component on geriatric practice into the City's Department of Health and Mental Hygiene's existing Physician Education program

B. Need to support informal caregivers.

Recommendations

- Increase the flexibility of caregivers in the workplace
- Work to strengthen the caregiving roles of faith communities and neighbors
- Provide incentives such as tax credits for informal caregiving
- Find ways to leverage what the Sandwich generation is now going through to care for their aging parents – it could be a very educational time to help them begin planning for their own aging and become engaged with social services now

Expert Roundtable on Civic Engagement -Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 36) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 37) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 38) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 39) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 40) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 41) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 42) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Civic Engagement Roundtable discussion, which was held at the United Hospital Fund offices on Wednesday, February 6, 2008.

PARTICIPANTS

- City Council Member Maria del Carmen Arroyo
- City Council Member David Weprin
- Jo Ivey Boufford, President, The New York Academy of Medicine
- *Chair:* Walter Stafford, Professor of Public Policy and Planning at New York University
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Guillermo Linares, Commissioner, Mayor's Office of Immigrant Affairs
- Jamie Bennett, Chief of Staff, NYC Department of Cultural Affairs
- Carin Resnick, Deputy Commissioner, NYC Department for the Aging
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Marlon Williams, Policy Advisor, Office of NYC Deputy Mayor for Health and Human Services
- Rosa Perla Resnick, United Nations Representative
- Fredda Vladeck, Director of the Aging in Place Initiative, United Hospital Fund
- Anne Shkuda, Deputy Executive Director, United Neighborhood Houses of New York
- Genevieve Cervera, Member of Community Board 6
- Len McNally, Program Director, Health and People with Special Needs, The New York Community Trust
- Molly Krakowski, Director, The Joint Public Affairs Committee for Older Adults (JPAC)
- Claire Haaga Altman, Executive Director, ReServe Elder Services
- Roger Sanjek, Professor of Anthropology at Queens College and Member of Gray Panthers NYC
- Robert McBrien, Associate Director, Collections and Services, New York Public Library
- Gary Bagley, Senior Director, Programs, New York Cares
- Paulette Geanacopoulos, Women's City Club
- Alex Kalache, New York Academy of Medicine
- Joan Jeffri, Director, Research Center for Arts and Culture, Columbia University

DISCUSSION QUESTIONS

For purposes of this discussion, the working definition of "civic engagement" developed by the American Society on Aging was used and encompasses actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community. A community can be a neighborhood, city, county, nation or the world. Late life civic engagement can take many forms, from individual volunteerism to paid part or full time work to organizational/faith community involvement to electoral participation. Discussion questions included:

- How do you foresee civic engagement among seniors (i.e. actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community) being affected by population aging in the next 10 to 15 years?
- What can be done to help keep people engaged longer and in the ways they need/want?
- How are the civic engagement needs/wants of older people being addressed in ongoing initiatives?
- What would be ways to include or expand the voice of older people in decision-making?
- What supports/resources/initiatives are needed to help accommodate the civic engagement needs/wants of older people?
- What steps/changes are needed in the short term? Long term?

MAJOR THEMES TO EMERGE

Participants outlined the many civic engagement opportunities now available to older New Yorkers and identified areas that need to be expanded in order to maximize the use of seniors as resources. Also discussed were the many barriers to social inclusion and participation in civil society among older adults.

I. Expanding civic engagement opportunities

- A. Meaningful work opportunities (both paid and unpaid):** Participants outlined the possibilities for older adults who either have to or want to continue engaging in meaningful work as they age. Many older people continue working beyond the traditional retirement age of 65, some because they find meaning and fulfillment in the work (be they paid, unpaid, full-time, or part-time), others because it is what financial considerations dictate.

Recommendations

- Need for more flexibility in employment opportunities to allow older people to phase into retirement or obtain health insurance through their employer even if they work part-time
- Discrimination in the workplace must be combated to assure that older people are not forced out of their paid jobs and encouraged to accept volunteer opportunities
- Older people should be given added information and support during the critical transition from work to retirement
- Programs like ReServe which allow older people to continue working, often in new and interesting career fields, should be expanded
- Nonprofit organizations should have access to volunteer coordinators to manage the recruitment of older people and make sure older people are happy and fulfilled with the work they are carrying out
- While various volunteer opportunities currently exist for older people in the city, information about these opportunities should be centralized and accessible

B. Life-long learning opportunities

Recommendations

- Many continuing education programs are cost prohibitive and should have a sliding scale fee structure for older adults

- C. Opportunities for advocacy and activism:** Participants explained that there are few easy paths for older adults to connect with the political process in New York City. They outlined the need for more leadership opportunities and involvement in decision-making processes as well as training for the younger-old who will need to replace today's older advocates in the coming years.

Recommendations:

- Leadership training should be provided at the local community level to identify and mobilize older people around the issues they care about most
- All elected officials should have senior advisory councils to guide them in their decision-making

- All Community Boards should have committees focused on aging issues and be given the tools, resources, and knowledge needed to advocate for older people in their districts
- The various Interagency Councils on Aging throughout the city should be supported and more integrally linked to maximize effectiveness and idea exchange

D. Other meaningful engagement: Civil society starts at the community level so participants emphasized the need to broaden the definition of civic engagement to include the informal work and roles of older people in their families and communities.

Recommendations

- The informal civic engagement activities of older people should be recognized and supported, such as grandparents raising grandchildren or involvement with faith communities
- The oral histories of older people in New York should be documented to ensure they are not lost

E. Participants highlighted the need for additional resources to sustain and expand civic engagement opportunities in the City.

Recommendations

- Funding to support the work of nonprofit social service providers should be expanded to increase the civic engagement opportunities they offer older people
- Private donors and foundations should have a more sustained focus on increasing civic engagement opportunities for older people
- Examine possible ways of leveraging existing funds that support civic engagement opportunities to allow more elders to benefit
- Pilot programs and best practices should be identified and widely disseminated among service providers, employers, etc. (e.g. the arts community is thought to have several models to offer)

II. Combating seniors’ barriers to social inclusion

A. Lack of information or access to information that is available

Recommendations

1. Improve access to information about upcoming events, meetings, and issues of concern to older people, perhaps by centralize this information in one place such as a website
2. Information and activities must become more accessible to a wider group of older people: available in various languages; usage of translators and hearing devices at meetings, etc.
3. Training in informational technology should be readily available to older people where they need it (e.g. in public places, in the home, etc.) and a helpline/helpdesk should be created to offer technical assistance to older people
4. The City’s 311 and enhanced 311 telephone information services should be expanded to provide additional information to older people

B. Age segregation

Recommendations

1. Civic engagement should be promoted throughout the life span so that such engagement in old age is a continuation of the relationships and meaningful activities people have enjoyed all of their lives
2. Intergenerational programming should be expanded
3. Senior-only service approaches should be re-examined, as many older people will not utilize such services because they do not self-identify with that cohort
4. Programming that targets older people through their prime identifications -- such as artist, LGBT, and ethnic communities -- should be examined and possibly expanded

C. Appropriateness: to engage the greatest number of older people, civic engagement outreach, services and opportunities must be culturally competent, accessible and inclusive.

Recommendations

- Nonprofit service providers should have access to low-cost or subsidized translation services to help them conduct outreach to and serve a variety of populations
- Physical accessibility in buildings must be improved to allow for maximum participation in civic engagement
- Lesbian, gay, bisexual and transgender older people must be made to feel welcome and fully included in all civic engagement opportunities

D. Health and functional capacity: many older people have health problems that hinder their ability to leave home each day and/or fully participate in civil society.

Recommendations

1. Service providers must go to where older people are, especially those who are homebound
2. Technology that allows homebound individuals to remain safe and connected to a social network should be expanded

E. Monetary constraints: many older people cannot participate fully in civil engagement that benefits the wider community because their own situation dictates that they must focus on their needs.

Recommendations

1. Monetary constraints is one obstacle in getting people involved (they often have to advocate for themselves no luxury of helping others)

***Expert Roundtable on Transportation
and Outdoor Spaces***
-Summary of Findings-

BACKGROUND

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 43) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 44) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 45) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 46) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 47) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 48) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,

49) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Transportation and Outdoor Spaces Roundtable discussion, which was held at the New York Academy of Medicine on Wednesday, February 20, 2008.

PARTICIPANTS

- City Council Member Maria del Carmen Arroyo, Chair of the Committee on Aging
- City Council Member James Vacca, Chair of the Subcommittee on Senior Center
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- *Chair:* Gene Russianoff, Senior Attorney, Straphangers' Campaign at NYPIRG
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- Cathy Unsino, Advocate in Aging
- Christian DiPalermo, Executive Director, New Yorkers for Parks
- Ethel Sheffer, President, American Planning Association - Metro NYC Chapter
- Igal Jellinek, Executive Director, Council of Senior Centers and Services of NYC (invited)
- John Beard, Senior Epidemiologist at the Center for Urban Epidemiological Studies, The New York Academy of Medicine
- Jon Orcutt, Senior Policy Advisor, NYC Department of Transportation (invited)
- Karen Phillips, Consultant & Member of the NYC Planning Commission
- Karla Quintero, Director of Research, Transportation Alternatives
- Lauren George, Program Manager, Citizens Committee for New York City (invited)
- Lawrence Carter, Director of Advocacy, Disability Network of NYC
- Merrillie Camhe, President, Epigraph Studios
- Michael Gusmano, Senior Research Analyst at the International Longevity Center & Assistant Professor of Health Policy and Management at Columbia University
- Tom Angotti, Professor of Urban Affairs and Planning at Hunter College
- Victor Calise, Citywide Accessibility Coordinator, NYC Parks Department

DISCUSSION QUESTIONS

- How do you foresee use of outdoor spaces and transportation being affected by population aging in the next 10 to 15 years?
- How are the needs of older people being addressed in ongoing initiatives? What are the gaps?
- What might be ways to include or expand the voice of older people in your decision-making?
- What supports/changes are required to accommodate the needs of older people?
- What steps might your agency/organization be willing to commit to in the short term? Long term?

MAJOR THEMES TO EMERGE

The discussion focused primarily on the barriers many older people face when trying to get out and about in their communities, as well as the need for comprehensive and creative planning in order to meet the needs of all. Participants emphasized that what hampers older people hampers everyone so improvements for older people are often beneficial for all.

I. Planning

a. Improvements Already Planned

- Settlements take a long time to get settled

- HOV lanes for bridges from Brooklyn
- Better bus routes planned
- PlaNYC improvements for parks can be done without going to the state
- Mayor's Plaza Initiative is good

b. Need for comprehensive planning

- Tensions acknowledged regarding use of parks—active versus quiet activity
- Suggested Improvements should be tied to budget priorities and timelines
- Need master plan that addresses a healthier environment and the needs of older people and families rather than just schedule of improvements
- Plans should acknowledge when things gets most use
- Neighborhood projects are needed with citizens committees that can look at access, crossings, air quality, transport, all at once
- Red areas reflect lack of choice for elders. Multi-modal neighborhoods should be built. Can we pilot this?

c. Data Issues

- PlaNYC notes population growth but doesn't account for needs of different age groups
- Walkability maps are good. Parks commission has maps that further show access to leisure walking opportunities (as opposed to errands)
- Should do user surveys of the parks to see what is needed

II. Reducing Obstacles to Getting Out and About

a. Outdoor Spaces

- Well-used parks are the best parks so need to work on features that make them accessible and usable
- There is no master plan
- Open spaces make intergenerational activities possible
- Rules requiring adults accompany children means benches get filled quickly and not enough for seniors
- More park bathrooms need to be made accessible
- By design a lot of park land is not accessible
- Parks comfort stations have been unlocked. Parks provide most of the bathrooms in the city (640)
- Parks has an ADA committee and is offering equipment and
- Balance active and quiet zones in parks through design features
- Riverside park is well-designed for allowing everyone to be able to access the water
- 10-minute goal is too long. Need more green space at base of buildings and in streets.
- Vacant lots are an opportunity to claim green space. Should act on these before the housing market changes.
- Benches needed and benches with tables make for a people-friendly city
- Harlem elderly would like to use the park but cannot access it
- Cars in the parks are a danger but how else can people in areas with poor public transport get to the parks?

b. Cars

- Need parking policies
- Outer boroughs are car-dependent

- Free transportation for everyone would influence car traffic

c. Taxis

- Universal design need that would help passengers and drivers
- SUV, hybrid taxis are very hard to get into
- Only 3% of fleet is accessible. Accessible taxis are expensive. Should coordinate with other cities to bring the costs down
- There is a pilot program via 311 to allow access to wheel-chair accessible taxis. This needs to become better known so it is used more and will be expanded.

d. Pedicabs

- Older people reported they might like pedicabs
- Need them to be accessible
- Is a green form of transportation

e. Biking

- Biking infrastructure is scary
- There are older bicycling enthusiasts and as Baby Boomers age there will be more. The plans to calm or create quiet zones in parks should be balanced with the need to provide cardiovascular exercise opportunities.

f. Sidewalks/Pedestrian Issues

- More benches
- Leveling
- Crosswalk timers
- Traffic calming would improve the walking environment
- Curb cuts help everyone

g. Buses

- Blinking bus sign is hard to read
- Are very slow and yet are key to accessing open space
- Shelters need seats
- Hybrids and articulated buses do not accommodate motorized scooters. These scooters are the only transport Medicaid reimburses. Creates segregation
- Large areas of the city are not well-served
- Long travel times on buses require bathroom access for seniors.

h. Access-A-Ride

- A separate but unequal mode of transport that is being pushed for sake of increasing the speed of the bus routes but is not fair
- Segregates people from their friends
- The rides are inefficient, wasting gas and time with poorly planned routes and drivers who get lost. GPS would help.
- This program needs accountability.

i. Subways

- Elevators are not the total sum of creating accessible subways.
- Hard to cross the gap from the pavement to the subway car. Need retractable ramps.
- Ridiculous for the conductor to recommend with only one stop's notice that you need to change cars to access a certain station
- Need railings on the steps down the middle
- Outer borough elevated stations are not accessible

j. Signage and Visibility

- Crowding in the cars obscures view of stop signage
- There is chaos in the signage with ads and other information in the stations. Information should be provided in a simple, unchaotic way
- Need consistent signage at every stop so people know what to expect and have a route they can follow
- Maps needed at every subway door
- More visible maps
- Need audible and visual cues
- Lighting should be improved, especially at stairs and crossings
- Low-light areas should have additional cues such as painted lines, textures sloped pavement to guide