



**Department for  
the Aging**

**TESTIMONY**

Presented by

**Karen Taylor  
Assistant Commissioner, Community Services**

on

**Oversight: How Can Naturally Occurring Retirement Communities  
Improve and Expand Services?**

before the

**New York City Council  
Committee on Aging**

on

**Tuesday, June 13, 2017  
1:00 P.M.**

at

**Council Chambers, City Hall  
New York, NY 10007**

Good afternoon, Chairperson Chin and members of the Aging Committee. I am Karen Taylor, Assistant Commissioner for the Bureau of Community Services at the New York City Department for the Aging (DFTA). I am joined today by Caryn Resnick, Deputy Commissioner for External Affairs. On behalf of Commissioner Donna Corrado, I would like to thank you for this opportunity to discuss Naturally Occurring Retirement Community or NORC programs.

## **OVERVIEW**

The term Naturally Occurring Retirement Community describes a demographic phenomenon. It was coined in the 1980s by a professor of architecture at the University of Wisconsin when he observed that certain housing communities had evolved into communities with a large concentration of older people. Definitions vary somewhat throughout the country, but Naturally Occurring Retirement Communities are defined in New York City principally through their geographic boundaries and their populations of seniors. The City has defined NORCs as residential locations – single buildings, housing developments or clusters of buildings within a neighborhood – that are neither age restricted nor built specifically for seniors. Over time, as residents have aged in place, these housing locations have become home to significant concentrations of older adults.

Throughout the last two decades, a number of NORC communities have organized efforts to seek funding from City and State programs and private foundations to provide supportive services to senior residents. These programs are called NORC Supportive Service Programs (SSPs) or NORC programs. DFTA funded NORC programs are structured to promote shared financial and oversight responsibility, as well as collaborative participation in program design and operation through a partnership among senior NORC residents, the NORC housing entity, a social services provider, and a healthcare provider.

## **NORCS IN NEW YORK CITY**

Housing is a primary concern for seniors in New York City. Most older New Yorkers prefer to continue living in their present homes and communities as they grow older. As the population of older New Yorkers continues to increase, homes and communities become more and more important in the aging process as well. Ready access to a range of coordinated support services

and opportunities is essential for successful aging in place. NORC SSPs are among the full range of DFTA funded services that address the preference of seniors to age safely in their own homes and communities and respond to their consequent support needs.

The NORC SSP movement began right here in New York City. Throughout the 1980s and 1990s, the need for services in NORCs became more and more apparent as residents and housing management in a number of New York City housing developments began to realize that the older resident population in their community was growing, and that some senior neighbors needed assistance with daily activities. Some of the early efforts to address this growing concern included on-site volunteer programs that gained a strong foothold in the housing community before public funding was available. Collaborations between forward-thinking housing managers and service providers also emerged, which often received needed support from philanthropic funders, and in 1986, a consortium of UJA-Federation agencies established the first such NORC SSP in the nation – the Penn South Program for Seniors. In all cases, however, housing providers as invested partners have been and continue to be fundamental to the success of on-site supportive service programs. These early efforts thrived and grew rapidly, and in FY 2000, the City appropriated funding for a New York City NORC Initiative.

One of the essential hallmarks of the NORC program model is a match requirement, so public dollars leverage private funding and contributions from a number of committed stakeholders, including the housing entity, healthcare providers and the philanthropic community. This support has been critical in allowing NORC SSPs to flourish, enhance services and complement City funding.

#### **DFTA SPONSORED NORCS**

There are five primary objectives for DFTA funded NORC programs. All NORC programs should: 1) provide supportive environments that allow seniors independence as they age in place; 2) engage residents and facilitate linkages within the community; 3) assess the needs of senior residents; 4) offer supportive services based on assessments; and 5) build strong and meaningful communities that cultivate new roles for community members.

To strengthen the NORC network in providing supportive services and facilitating community engagement, DFTA issued a request for proposals (RFP) in June 2013 to serve buildings or housing developments with 1) a senior population of 350 or more in which 40 percent or more of the households include a senior, or 2) a housing development with 1,500 or more seniors, regardless of the percentage of households they occupy.

In January 2014, DFTA awarded 28 NORC contracts in the Bronx, Brooklyn, Manhattan, and Queens for a term that began in July 2014; the FY '18 DFTA budget for these NORC programs is \$6.7 million. DFTA continues to fund the current NORC program model, described earlier in my testimony, which is referred to as a Classic NORC. These communities are located in public housing, low to moderate-income co-ops and low to moderate-income private rentals. The NORC contract awards included funding to enhance services such as case management for homebound and non-homebound seniors, assistance with accessing public benefits and an increased emphasis on wellness, chronic disease risk assessments and healthcare management.

#### **COUNCIL INITIATIVES**

As a growing number of older adults age in place and in response to broad based community efforts to meet the needs of this population, NORC models continue to develop and evolve. We are pleased that the Council allocated a total of \$3.85 million in the adopted budget for FY '18 to fund NORC services. DFTA looks forward to the continued partnership with the Council to support the overall NORC network and its capacity to enhance the lives of seniors.

#### **CONCLUSION**

Thank you again for this opportunity to testify on NORC services. I am pleased to answer any questions you may have.



Making New York a better place to age

FOR THE RECORD

New York City Council  
Committee on Aging, Council Member Margaret Chin, Chair  
June 13, 2017  
Testimony by LiveOn NY

LiveOn NY and its members across the city are dedicated to making New York a better place to age. Founded in 1979, with a membership base of more than 100 organizations ranging from individual community-based centers to large multi-service organizations, LiveOn NY is recognized as a leader in aging. LiveOn NY's membership serves over 300,000 older New Yorkers annually and is comprised of organizations providing an array of community based services including elder abuse prevention and victims' services, case management for homebound seniors, multi-service senior centers, congregate and home-delivered meals, affordable senior housing with services, caregiver support services, mental health, transportation, NORCs and other services intended to support older New Yorkers. LiveOn NY connects resources, advocates for positive change, and builds, supports and fosters innovation. Our goal is to help all New Yorkers age with confidence, grace and vitality. LiveOn NY also advocates for meaningful policy that promotes livable communities and allows older adults to safely age in place.

LiveOn NY, formerly Council of Senior Centers and Services (CSCS), thanks Council Member Margaret Chin, Chair, Committee on Aging, and committee members for the opportunity to discuss the NORC program.

The strength of the NORC program is that it serves older adults with a range of incomes and housing situations – from NYCHA tenants to those living in co-ops, private homes and private rental buildings. The success of the model is seen by the fact that everyone wants a NORC in their neighborhood.

LiveOn NY's Senior Housing Coalition, representing nonprofit providers operating 20,000 units of affordable housing citywide, including several members who run NORC programs, recognizes the value of NORCs in preserving affordable housing. Given City Council and Mayor Bill de Blasio's priority of preserving affordable housing, NORCs can play a critical role in assisting seniors to age in place. An ongoing, funding stream for the variety of NORC models is central to achieving this goal. It would also allow for NORC programs to better serve the growing immigrant populations across the city. The community-based aging services network is on the frontlines of serving thousands of elderly immigrants across the city.

To strengthen the NORC program, LiveOn NY respectfully offers the following recommendations.

**The City Must Provide Additional Funding for Current NORC Contracts**

Due to increasing costs to meet the mandates of health related services within the NORC



Making New York a better place to age

program, agencies are struggling to afford both the health related side and social services side of the NORC model. In prior years, a nurse could come at no cost to the NORC through outside agencies, but that has ended for the most part leaving the health related requirements an unfunded mandate. This, in turn, decreases the amount of funds available for social services. Community-based organization want to provide a balance of both health related and social services support as they are required to do.

A coalition of organizations including LiveOn NY, Federation of Protestant Welfare Agencies (FPWA), United Neighborhood Houses (UNH), CityMeals on Wheels, UJA Federation New York, AARP and CaringKind and other organizations came together to advocate for \$60,608,000 for Department for the Aging (DFTA) funded services in FY18, the Year of the Senior. Included in that request was a request for \$3,850,000 for funding for on-site services for NORCs plus an additional \$1,120,000 to support the currently unfunded mandate for nursing hours.

The Coalition is very thankful for the support of City Council and the Administration for baselining \$23 million in funds for the Department for the Aging, plus additional funding from the City Council for vital senior programs including NORCS in FY18. This included a total of \$3,850,000 in City Council funding for NORCs.

As the aging population grows and seniors live longer, their needs are intensifying. There are more social service needs that must be met as well as mental health or health supports. While LiveOn NY is extremely grateful for City Council's funding support of NORCs, both in FY18 and in the past, the City must allocate more funding to expand the current NORC programs as well additional funding for new NORC programs.

#### **The City Must Review NORC Demographic Requirements**

There were some existing NORCs that were unable to apply for the last RFP because the number of seniors in the housing development fell slightly under the required amount, yet the community would significantly benefit from a funded program. LiveOn NY advocates the development of a more flexible NORC program and further, that existing requirements should be reviewed and open to public comment and input going forward.

LiveOn NY looks forward to working with City Council and the de Blasio Administration to ensure that older New Yorkers can remain in their homes and communities through a network of support services, including NORCs, designed to meet the needs of a diverse and rapidly growing older adult population. Please contact Bobbie Sackman, Director of Public Policy, 212-398-6565 x226, [bsackman@liveon-ny.org](mailto:bsackman@liveon-ny.org) or Andrea Cianfrani, Deputy Director of Public Policy, x233, [acianfrani@liveon-ny.org](mailto:acianfrani@liveon-ny.org) for further information.

New York City Council Hearing Testimony – Wednesday June 13<sup>th</sup> 2017

Nicole Tambini – Program Director  
PEP for Seniors NORC Program  
1525 Unionport Rd. Apt #ME  
Bronx NY 10462

**How can Naturally Occurring Retirement Communities improve and expand services?**

NORC programs are unique because they vary depending on location and population, but our mission is the same: to provide older adults with the supportive services that they need in order to safely remain in their homes for as long as possible, to enhance and coordinate services available to seniors so that they can successfully age in place, to empower older adults and to collaborate with the community, local organizations and our sponsoring partners to fund and coordinate quality programs and services. In short, NORCs make their communities a good place to grow old.

The PEP for Seniors NORC in the Parkchester Section of the Bronx serves a large and growing population of seniors over 60. According to census data, the percentage of adults over 60 in Parkchester went from 13% in 2000 to 20% in 2010. PEP is the second largest NORC in the Bronx, with approximately 5,500 seniors (according to the 2010 census).

We provide a variety of health related and social services, as well as workshops, lectures, activities, trips, and volunteer opportunities. PEP offers health screenings, blood pressure monitoring, medication management, home visits, health education, case management and assistance, health management and assistance, advocacy, benefits and entitlements, information and referrals, friendly visiting, intergenerational activities and much more.

We coordinate with our local DFTA funded senior center, but our services are distinct. NORCs have a reputation for being innovative, community based grassroots programs that offer a set of services that a senior center is not equipped to provide. We have a Community Health Nurse that analyzes our survey data to determine what health issues are impacting the community, and then develops and implements programs to address those issues. One challenge we face with service delivery is a lack of resources. This type of evidence based programming requires additional consultants, incentives to encourage participation, additional staff time, etc. DFTA provides us with as much funding as they can, along with our partnering agencies. However, our budget remains the same for many years, despite an increase in the expenses of running our program.

Another challenge that most NORCs face is accessibility. NORCs were not designed to be senior housing, but our older residents need handicap accessible buildings and ramps. Parkchester is made up of 171 buildings. Only a small number are accessible. Some of our clients end up being prisoners in their own homes. Parkchester apartments are available to rent or purchase as

condominiums. Selling an apartment and finding a new home when you are essentially homebound and frail is not a simple task.

Transportation is another challenge that affects service delivery. Geographically, our NORC is very large. Certain parts of it are not easily accessible by public transportation and our clients cannot walk long distances. Having a van for our program would help significantly, but this is a major expense, along with insurance, maintenance, a driver, and parking. Access-A-Ride could solve some of these problems, but it presents a challenge with eligibility criteria and very long wait times.

As our seniors age, their resources dwindle. They receive very meager cost of living increases from Social Security, if at all. Rent continues to rise, and many of our clients are realizing that they cannot afford to stay in Parkchester. A rent freeze program (SCRIE) exists, but most are ineligible because they live in fair market apartments. These unfortunate seniors may decide to move, but senior housing wait lists are at least 5-7 years long.

In order to improve service delivery, large scale changes need to take place within multiple city agencies. Despite having limited resources, our NORC has managed to improve quality of life for many of our older adults. The vast majority of our clients live alone with no assistance. They are not getting homecare services because they are not Medicaid eligible. Our Social Workers are well versed in how to use legal resources in order to make our clients eligible, thus providing them with homecare that they didn't think they would ever receive. This alone produces positive results, preventing hospital admissions, avoiding nursing home placement, and literally saving lives. Our interdisciplinary team of our Nurse and Social Workers work diligently to ensure that all the needs of our clients are met. Our NORC is indeed a safety net. With additional resources, I know our net could stretch even wider, catching all of the seniors who fall through the cracks.

---



**Testimony of United Neighborhood Houses  
Before the New York City Council  
Committee on Aging**

**Presented by Nora Moran, LMSW, Senior Policy Analyst  
June 13, 2017**

**Oversight: How Can Naturally Occurring Retirement  
Communities Improve and Expand Services?**

Thank you for convening today’s hearing. My name is Nora Moran, and I am a Senior Policy Analyst at United Neighborhood Houses of New York (UNH). UNH is the federation of New York City’s settlement houses that collectively benefit over 750,000 New Yorkers annually—from infancy through old age—with services at over 600 sites throughout the city. UNH members provide a wide variety of services to over 80,000 older adults each year through senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, and social adult day programs.

We thank the City Council for its support of NORC-SSPs in the City Fiscal Year 2018 Budget via its NORC Initiative, and especially for your commitment to helping expand NORCs throughout the city. This testimony will highlight some of the current issues facing NORCs, and will offer recommendations for strengthening and expanding the program in the future.

**Background**

Naturally Occurring Retirement Communities (NORCs) are geographic areas, such as housing developments or neighborhoods, originally designed for mixed-age use but are now home to a significant number of older adults. NORCs cannot be built, but rather evolve over time as individuals retire and prefer to “age in place” in their own homes. A Supportive Service Program (SSP) within a NORC is a partnership that unites housing entities, residents, healthcare providers, social service providers, government, and philanthropy to offer a flexible range of healthcare and social services and activities on-site in the community. NORC-SSPs are also a public-private partnership, relying on contributions from all involved partners to ensure service delivery.<sup>1</sup> There are 28 DFTA-contracted NORC-SSPs in New York City.

NORC-SSPs helped to reshape and revitalize a service delivery system that was previously based on functional deficits, to one that focuses on the strengths and preferences of older adults. This approach to service delivery is similar to the settlement house model, which prioritizes neighborhood-based services that focus on the strengths and abilities of community members and takes direction from their needs and preferences. Settlement houses currently coordinate 14 NORC-SSPs in New York City.

---

<sup>1</sup> Definition from *A Good Place to Grow Old: New York’s Model for NORC Supportive Service Programs*, a special report from the United Hospital Fund, 2004.

Given New York City's demographics, it is crucial that the City continue to take steps to ensure that programs like NORC-SSPs can expand to meet the needs of older adults in New York. Right now, 1.52 million people, or 18 percent of New York City's population, are age 60 or older, a 20 percent increase from 2000. By 2040, New York City will be home to 1.86 million people who are 60 and older, a 48.6 percent increase from 2000. This means that one in every five New Yorkers will be an older adult. A NORC-SSP is a valuable model of service provision that can meet the needs of a diverse population of older adults.

### **Recommendations:**

UNH recommends the following actions to strengthen and expand the NORC program in New York City:

- **Invest an additional \$1.12 million for NORC-SSPs, to support required nursing hours.** DFTA contracts require that NORCs provide certain healthcare services to its residents, provided by a nurse or physician's assistant, but have difficulties funding adequate nursing hours in order to keep residents healthy. Such services had previously been donated in-kind, but healthcare partners are no longer able to donate nursing hours to NORCs due to changes in healthcare reimbursements as a result of a shift to managed care. Additional funding is needed to support nursing services in NORCs, as NORCs struggle to offer the required 21 hours per week of nursing services with their current levels of funding.
- **Expand the NORC-SSP program to include Neighborhood NORCs.** New York State currently oversees a Neighborhood NORC-SSP program (NNORC-SSP), which embeds supportive services within larger, less-dense geographic areas in order to serve older adults living in single or multi-family homes or low-rise buildings. There is no DFTA-funded equivalent of a Neighborhood NORC program. The City should create a Neighborhood NORC program to bring the model to the rest of the city, especially in areas with a higher number of older adults but no NORC-SSP. A recent report from New York City Comptroller Scott Stringer found that there are community districts that lack a NORC despite having a significant number or concentration of seniors including, Queens Community District 6 (Forest Hills & Rego Park), Queens Community District 13 (Queens Village, Cambria Heights & Rosedale), and Staten Island Community District 3 (Tottenville, Great Kills & Annadale). These Neighborhood NORCs should be funded at least at the same level as the current DFTA classic NORCs (up to \$275,000), and be allowed to utilize more funds to cover a broader geographic area if able.
- **Ensure that DFTA and the New York State Office for the Aging coordinate through NORC expansion.** UNH recommends continued coordination between DFTA and NYSOFA, especially as NYSOFA announces awards for its recent NORC-SSP RFP. It will be crucial that both agencies coordinate in terms of reporting and programmatic requirements, especially around the implementation of the Health Indicators Programming within NYSOFA contracts, when possible to reduce administrative burden on providers.

Thank you for your time. For questions, I can be contacted at 917-484-9322 or [nmoran@unhny.org](mailto:nmoran@unhny.org).



Selfhelp Community Services, Inc.  
520 Eighth Avenue  
New York, New York 10018  
212.971.7600  
[www.selfhelp.net](http://www.selfhelp.net)

**Testimony from Selfhelp Community Services, Inc.  
New York City Council Aging Committee  
N/NORC Oversight Hearing  
June 6<sup>th</sup>, 2017**

My name is Sasha Kesler and I am the Government and External Relations Associate at Selfhelp Community Services. Thank you to Aging Committee Chair Margaret Chin and the members of the Aging Committee for the opportunity to testify at the N/NORC Oversight Hearing.

Selfhelp was founded in 1936 to help those fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. Today, Selfhelp has grown into one of the largest and most respected not-for-profit human service agencies in the New York metropolitan area, with 27 sites throughout Manhattan, Brooklyn, Queens, the Bronx, and Nassau County. We provide a broad set of services to more than 20,000 older New Yorkers each year, while remaining the largest provider of comprehensive services to Holocaust survivors in North America. Selfhelp offers a complete network of community-based home care, social service, and senior housing programs with the overarching goal of helping clients to live with dignity and independence and avoid institutional care.

Our services are extensive and include: specialized programs for Holocaust Survivors; ten affordable senior housing complexes; four Naturally Occurring Retirement Community (NORC) programs; three intensive case management programs; five senior centers including one of New York City's first Innovative Senior Centers; home health care; client centered technology programs including the Selfhelp's nationally recognized Virtual Senior Center; court-appointed guardianship; the Selfhelp Alzheimer's Resource Program (SHARP); Care Transitions, and New York Connects, which provides seniors and people with disabilities with the information and support they need to remain living independently in their own homes.

**Budget Recommendation:**

The City Council has always been a strong champion for N/NORCs and aging services overall. However, the lack of baselined funding for the NORC programs has led to instability within these programs. Further, the flat funding, which doesn't account for the increasing costs of providing services has left many of these programs underfunded.

Along with senior affordable housing with services, the NORC model is an innovative way to enable older adults to access simple interventions to keep them living independently in their own homes. In this testimony, we will highlight how NORCs can expand access to services. In the

FY18 budget, which was just finalized, Selfhelp was seeking a baselined investment of \$4.97 million for N/NORCs to ensure stability in the program. While we are grateful for the \$22.89 million that was baselined for DFTA, none of that included funding for NORCs.

#### Programmatic Recommendations:

N/NORC programs help older adults stay in their homes and communities, and bring critical social and health services on site. Through a partnership between residents, management companies, health care and social service providers, N/NORCs support older residents and enable them to age in their homes and communities. Further, the services provided within the NORC are often considered by residents and the surrounding communities to be a benefit for the neighborhood, making it a desirable place to age.

Since the N/NORC program was created, DFTA and SOFA have shifted the programmatic expectations towards evidence-based health and wellness programming. In order to facilitate these programs, N/NORC staff need additional training in the new evidence-based programming. Currently, the budget does not provide sufficient funding to both train staff and maintain the other vital N/NORC services such as case management and transportation. We urge DFTA and SOFA to invest in training to ensure that experienced N/NORC staff can provide innovative and evidence-based programs.

We also encourage the City Council and DFTA to explore opportunities for increased partnerships and shared best practices for the NORCs. This could be accomplished through a forum of NORC providers to discuss effective programming and strategies for engaging external stakeholders.

Furthermore, in order to create ease and effectiveness in reporting services units, we recommend that DFTA provide additional training on unit definitions, recording and reporting. Since some of our NORCs have contracts with both DFTA and SOFA, we also recommend a single database that would ease reporting and facilitate collaboration.

#### Conclusion

Thank you for the opportunity to testify today. On behalf of the 20,000 clients we serve, I am grateful for the Council's support on so many important programs.



**New York City Council**

Committee on Aging: June 12, 2017

**Oversight - How Can Naturally Occurring Retirement Communities  
Improve & Expand Services**

My name is Molly Krakowski. I am the Director of JPAC and Legislative Affairs for JASA, Jewish Association Serving the Aging. I'd like to start my testimony by thanking the members of the Aging Committee for your support of human services contracts and increases to Department for the Aging during the FY18 budget negotiations. This budget will have a significant impact on the agencies, staff, and programs serving older New Yorkers.

JASA is a not-for-profit agency addressing the needs and preferences of older adults in the greater New York area. JASA's programs and services promote independence, safety, wellness, community participation, and an enhanced quality of life for New York City's older adults. JASA offers a broad continuum of services to help and support seniors as they age in their homes and communities. We reach more than 40,000 individuals by providing home care, case management services, senior centers, NORC supportive services, home delivered meals, caregiver support, continuing education, licensed mental health, senior housing, advocacy, legal services, adult protective services, and guardianship services. JASA welcomes today's hearing as an opportunity to provide testimony on NORC Supportive Services Programs to the Aging Committee of the NYC Council.

JASA has more than 20 years of experience with the classic NORC services model, and now sponsors the program, or operates as the sub-contracted social services provider in 14 NORCs throughout NYC and Long Island. JASA directly sponsors five (5) publicly funded NORC programs; one (1) in the Bronx and four (4) in Brooklyn. Four (4) programs (Trumps United, Warbasse Cares, Coney Island Active Aging and Co-op City Senior Services) are primarily funded by DFTA and NYSOFA and one (1) program (Bushwick-Hylan Family Friendly NORC-SSP) is solely funded by DFTA.

These classic NORC programs are integrally connected to the community in which they are located, functioning as a central hub for identifying and deploying community assets to address resident needs and interests. JASA's NORC programs contribute resources and vitality to make the community a better place for individuals to grow old. In doing so, these programs support the overall strength of the community. JASA assists approximately 5,300 older adults annually through all its NORC programs, supporting aging-in-place for well and frail older adults, including those with disabilities and those living alone.

JASA's NORC programs:

- Identify and use all community resources and stakeholders' efforts to support aging in place, sustaining an effective partnership model of locally specific service delivery;
- Improve the opportunities of all older adults for community/civic engagement;
- Position the NORC program as a key focal point in the community, to reduce a traditional, service silo approach and contribute to community stability and growth; and
- Continue to assess community assets and needs and provide opportunities for the program to anticipate and respond to changing community concerns and interests.

JASA is committed to this community specific service model as it is a uniquely comprehensive and flexible program type, offering multidisciplinary services, multiple portals for service entry and genuine opportunities for partnership-driven community building. Perhaps most significantly, service delivery is based on need and preference. That is, seniors are eligible to and do move in and out of the system, sometimes receiving services as 'traditional' clients and at other times functioning as program leaders and members. The partnerships - with funders, housing entities, health services providers, not for profit services providers, vendors, community residents of all ages, religious leaders, etc., provide additional resources and promote the creation of an aging friendly community. We are very grateful to all the representatives who support JASA NORC programs, including Speaker Mark-Viverito, Council Members Chin, Deutsch, King, Reynoso, Richards, Rosenthal and Treyger.

JASA has implemented several initiatives that underscore the unique opportunities that NORC programs offer:

- **Community Building:** As part of a JASA Bronx initiative, Co-op City NORC SSP staff created a 'Gatekeeper' training module to educate the Co-op City community at-large about the needs/preferences of older adults and promote an informed community response to the specific needs of frail elders. Trainings continue to be held for Co-op City public safety officers, lobby attendants, housing staff, program volunteers, tenant associations and staff of the local branch of the Amalgamated Bank.
- **Partnership Development:** Resident seniors are core partners and powerful assets in NORC programs and they operate as a conduit between the program

and the community. In 2010, JASA established the Senior Leadership Council for the presidents and other participant leaders of JASA's NORC programs.

- **Emergency Response:** After Hurricane Sandy, the 2585 apartments in Warbasse Houses were without power for more than two weeks. Flooded out of the office, Warbasse Cares, Amalgamated Warbasse Management and VNSNY, immediately mobilized to operate out of a command center where FEMA and volunteers were based. Warbasse Cares staff and senior volunteers identified apartments which were home to frail elderly tenants and arranged for those apartments to be the first ones checked, went door to door (with assistance from the security and maintenance staff), often climbing many dark flights of stairs, checking on residents, urging evacuation as possible, bringing meals and water and assisting in the resolution of on-going emergencies and facilitated responses from other agencies.
- **Integrated and Comprehensive Client Support:** The NORC model is uniquely positioned to connect clients to a wide array of services. For example, a client in Bushwick-Hylan NORC-SSP was screened for eligibility for government benefits. During the meeting, the NORC social worker was concerned about possible financial exploitation by a friend of the client and referred the situation to JASA's Brooklyn elder abuse program, LEAP. LEAP staff subsequently worked with the client to remove the 'friend' from his accounts, and arranged for NYCHA to change his door locks. The NORC program nurse is working to help him maintain a healthy blood pressure and self-monitor his diabetes. The program's social worker also provides counseling to reduce his vulnerability to repeat exploitation.
- **Community Health Navigation** - NORCs also offer an opportunity to pilot creative initiatives around senior health and active aging. JASA's Community Health Navigation Program aims to address the disproportionately high rates of diabetes, hypertension and preventable hospitalizations in Brooklyn communities, using the Bushwick/Hylan NORC program as one of its operational sites. JASA's trained Community Health Navigators, aged 65+, who have learned to manage their diabetes, hypertension and related conditions and are committed to helping others in their community do the same; to overcome any barriers they may face in the healthcare system and facilitate access to all types of medical care, emotional and social support, and other needs as well. We hope to replicate this program in other NORCs.

JASA also has experience with the Neighborhood NORC (NNORC) service model, just completing the second year of providing NNORC services in Far Rockaway with funding

secured by Councilman Richards. This is an important program touching several Far Rockaway neighborhoods. The NNORC model allows for broad participation from the community residents, but unlike the traditional classic NORC model, does not have a specific housing partner. As a result, these NNORCs require a significant financial commitment to support outreach, engagement and service delivery.

Certainly, an important function of NORC and NNORC programs is to address the health needs and interests of older community residents, operating as a vehicle to promote wellness. JASA partners with community nursing services providers for health services in its NORC programs. Because of limited program funding, these services are often provided generously by our partners, donated as 'in-kind.' That is, JASA, like other NORC program sponsors, does not directly pay for nursing services. In FY16, the New York City Council included \$900,000 for the enhancement of nursing services and to expand NORC's city-wide, which was helpful and appreciated, but unfortunately more was and continues to be needed.

Sometimes nursing vacancies in NORC programs remain unfilled for significant periods of time or the weekly commitment is reduced because our nursing services partners have internal fiscal priorities. Without additional funding to enable NORC program sponsors to pay for nursing services, we may have to choose between providing competing vital services. For example, the recent DFTA NORC RFP identified group services and activities as optional, but they are essential for supporting social and community engagement and reducing isolation. Some programs may be forced to forgo group services or activities in order to pay for a part time nurse.

Another challenge is changing demographics. There is a trend toward longevity and one of the fastest growing cohorts throughout NY State is individuals aged 85 and older. For example, at Co-op City, one of the largest NORCs in NYC, of the approximate 12,000 individuals aged 60 and older, 3,000 are aged 85 and older. Another obviously emerging population is adults entering their senior years. The old-old and younger-old often represent different services interests and needs; these are not easily accommodated by current levels of NORC program funding.

JASA seeks strategies to enhance service opportunities and achieve fiscal efficiencies and we were pleased that DFTA offered a new hybrid NORC service delivery model that promotes partnerships between NORC programs and senior centers. We also see opportunities to expand other service areas (e.g., case management) with an interdisciplinary approach similar to that which is employed by NORC programs. For example, those individuals who don't live in designated NORCs would benefit from community nursing services. Again, the lack of funding is an impediment.

Finally, there are many buildings and neighborhoods that would benefit from the NORC and NNORC models, and allow older adults to age in place. Unfortunately, to build programs and expand existing models requires seed money. Designated funds to allow for implementation of needs assessments and neighborhood scans in communities that have a high density of older adults would support the development of new programs. Funding would also allow for enhanced delivery of other services, such as case management, and connect people to resources and services.

We believe that NORC programs are a strong investment; the programs contribute to community stability and growth and help keep aging individuals safe and healthier. As such, they are fiscally prudent, preventing unnecessary hospitalizations and premature institutionalization. Perhaps most importantly, these programs affirm that older adults should not be viewed through a needs lens only, but are experienced and capable individuals who continue to contribute to community life. Peer program leaders frequently operate as community ambassadors, looking out for their neighbors and advocating for local enhancements.

We appreciate this opportunity to present information to the NY City Council and especially thank Councilwoman Chin and the members of the Committee on Aging for vigorously supporting JASA programs and improving the lives of NY City's older adults.

Molly Krakowski  
Director, Legislative Affairs  
JASA  
[mkrakowski@jasa.org](mailto:mkrakowski@jasa.org)  
212 273-5260

## **Testimony to NYC Council Committee on Aging: June 13, 2017**

### **Oversight: How Can NORCs Improve and Expand Services?**

My name is Jan Orzeck and I am the Director of the Union Settlement NORC at Franklin Plaza in East Harlem. Prior to starting this brand-new NORC in 2014, I was the Director of the Elliott-Chelsea NORC under the auspices of Hudson Guild. I am also a licensed clinical social worker.

As you may be aware, NORCs are highly effective programs. Their mission is to help seniors age in place by providing services and activities right on site. I believe NORCs are – or should be – the future of aging because everybody benefits. Research has shown that seniors overwhelmingly prefer to remain in their homes and in their communities, and society benefits by the contributions they continue to make to these communities, and also because NORCs are relatively inexpensive to run and hugely cheaper than placing seniors in institutions.

The main strategy utilized by NORCs to help seniors remain in their homes is the provision of social services. This can be viewed narrowly as providing help with applications for benefits and entitlements such as SNAP, SCRIE, Meals on Wheels, and the like, or broadly such as helping them overcome social isolation, elder abuse, family problems, substance abuse, and the depression, anxiety, and trauma that may interfere with their compliance with medical regimens and otherwise taking care of themselves. Assisting with these higher-level services requires the specialized skill and training provided by Masters-level social workers trained not only in the diagnosis and treatment of mental health issues, but also in working with the families and other systems that must be tapped to provide a network of services to older adults who are frail or have dementia and especially to those who are not eligible for Medicaid and thus cannot receive many benefits and entitlements, most importantly, home health care. And because most of our seniors resist referrals to mental health services, the NORC staff serves as their only and best shot at mental health treatment.

When I began my job at the Elliott-Chelsea NORC in 2009, the NORC's permanent social work staff consisted of one MSW-level social worker and one non-MSW, bilingual case manager. The case manager dealt with all of the seniors who were monolingual Spanish-speakers. That meant that non-Hispanic clients who saw the MSW got a higher level of service than the Spanish speakers. So over time and with staff changes we were able to not only provide MSW social workers for both populations, but also added a third MSW who spoke Chinese and was funded by a grant.

In my current NORC, which has 1,000 seniors, we started the program in 2014 with one MSW and two non-MSWs because that is what the budget allowed. Their salaries are at the low end of the scale for case managers. The one MSW social worker left after two years to take a job with an insurance company that paid her \$20,000 more than we could offer. In her place we had to hire a non-MSW case manager because no MSWs – even recent graduates – would take a salary that is so low. That also means that the NORC Director, whose salary is also below market rates, has to be an experienced clinician in order to supervise a nonprofessional staff, and has to spend a great deal of time supervising them. The low salary of the Director also makes it hard to attract and keep qualified applicants.

As you may know, the NORC model is based on a collaboration between a social service provider and a health care provider. In a similar vein, because there is insufficient money in the NORC budget to pay nurses at market rates, it is difficult to get and to keep qualified nurses to assist clients with managing

their health care. Because of this there has been high turnover, leading to clients' reluctance to access this service. In this era of kicking people out of hospitals before they are ready, community-based nursing services are more important than ever. We are the boots on the ground that can provide prevention, insure follow up and compliance with a discharge plan, and help seniors manage their health on an ongoing basis.

In sum, NORC budgets need to be increased so that staff can be hired who can provide the highest level of service to this vulnerable and underserved population that comprises an ever-increasing segment of our city. This relatively small investment will in turn save our city money by helping older adults avoid hospitalizations and keeping them out of institutions such as nursing homes. Finally, older adults have spent their whole lives serving society and now deserve to live out their final years with dignity.



(Ms.) Jan Orzeck, LCSW  
NORC Director  
Union Settlement NORC at Franklin Plaza  
2078 Second Avenue  
New York, NY 10029  
646-676-1801  
[jorzeck@unionsettlement.org](mailto:jorzeck@unionsettlement.org)

# Bay Ridge Center 55+ Neighborhood Needs Survey Report



Center for Home Care Policy & Research



## Table of Contents

### Page

1	Executive Summary
8	Background: The AdvantAge Initiative & AdvantAge Initiative Framework
9	Survey Overview
10	Selected Demographic Characteristics
11	Survey Findings
12	Domain I: Addresses Basic Needs
14	Domain 2: Optimizes Physical and Mental Health and Well-Being
16	Domain 3: Maximizes Independence for the Frail and Disabled
19	Domain 4: Promotes Social and Civic Engagement
21	Responses to the Open-Ended Question
21	Opportunities for Action

### Appendices

Appendix A	Demographic Table
Appendix B	Full Survey Results
Appendix C	Analysis of Responses to Open-Ended Question
Appendix D	Area 1 Demographic Table
Appendix E	Area 1 Survey Results

## Executive Summary

### Introduction

In 2016, a New York City Council initiative allocated funding for a planning grant to the Bay Ridge Center through City Councilman Vincent J. Gentile (District 43). The planning grant enabled the Bay Ridge Center to conduct a needs assessment of adults 55 years of age and older to help inform the Center's plans to establish a Neighborhood Naturally Occurring Retirement Community (NNORC) supportive services program in the Bay Ridge community.

Naturally Occurring Retirement Communities (NORCs) are circumscribed areas of a community where a high concentration of older adults live. Typically, these are places where people moved to as younger adults, raised families, and stayed as they grew older. NORCs usually refer to hi-rise apartment houses or complexes where a high percentage of older adults live. NNORCs, on the other hand, include whole neighborhoods where older adults live in various types of housing, including private homes, two or more family houses, apartment buildings, and other types of housing. Supportive services programs exist in many established New York City NORCs and NNORCs. These programs provide health care support and social support services, as well as other activities to help older adults in these communities "age in place."

As part of their planning process, the Bay Ridge Center contracted with the AdvantAge Initiative team at the Center for Home Care Policy and Research of the Visiting Nurse Service of New York to conduct a survey of adults aged 55+ in Bay Ridge.<sup>1</sup> The AdvantAge Initiative is a project that began in 1999 to help organizations measure the "aging-friendliness," or "elder-friendliness," of their communities and develop plans and implement action steps to make their communities better places to live for older adults and their families.

The AdvantAge Initiative framework defines an elder-friendly community as one that 1) helps older residents meet their basic needs; 2) optimizes their physical health and well-being; 3) supports the independence of the frail and disabled; and 4) provides older adults with opportunities for social and civic engagement. Indicators within each of these four domains help measure how well communities are doing in each of these areas.

A centerpiece of the AdvantAge Initiative is a consumer survey designed to gather basic information about older adults in the community as well as their perceptions of and experiences in their communities. The AdvantAge Initiative team worked with the Bay Ridge Center to customize the survey and launched it in May, 2016; the survey stayed in the field through September. Five hundred and fifty-five (555) questionnaires were completed by residents and responses were keyed into a database and analyzed by the AdvantAge Initiative team. Following are some key findings from the survey.

---

<sup>1</sup> Please see page 9 of the report for a map of the areas in Bay Ridge that were surveyed.

## **Demographic Characteristics of the Survey Sample**

The New York City Department for the Aging estimates that 20% of Bay Ridge residents are aged 60+. Ninety-one percent (91%) of survey residents were 60 years of age or older. Seventy-six percent (76%) of survey respondents were female and 24% were male. Eighty-five percent (85+) of respondents said they were White; 8% were Chinese, South Asian, Other Asian, or native Hawaiian or other Pacific Islander; 1% were Black/African American; and 9% of the survey respondents identified themselves as Hispanic or Latino. Twenty-nine percent (29%) of respondents finished high school or have a GED; 21% completed some college; and 42% have an associate degree, bachelor's degree, or higher degree. Thirty-six percent (36%) reported annual incomes of less than \$20,000. Forty-eight percent (48%) of respondents live alone.

Please see Appendix A for the demographic characteristics of the full sample.

## **Key Survey Findings**

### **Domain 1: Basic Needs**

*This domain includes indicators that measure: housing affordability and accessibility, safety, food security, access to information, and financial security*

- While nearly half (49%) of respondents said that they feel “very confident” that they will be able to afford to live in their current residence for as long as they would like, others (34%) said that they were only “somewhat confident,” and 17% said that they were “not too confident” or “not confident at all.” Some respondents (9%) said that there was a time in the past 12 months when they could not pay their rent or mortgage, and 7% could not pay their utility bills.
- A fourth of respondents (26%) said that their homes need repairs or modifications to improve their ability to live there for as long as they would like. The top three modifications include minor repairs such as painting; bathroom modifications such as installation of grab bars; and help with uncluttering their home.
- Only 15% of respondents said “crime” is a problem in the neighborhood. The top three neighborhood problems identified by respondents include heavy traffic (44%), lack of senior housing (32%), and lack of affordable housing (31%).
- Some respondents (13%) said that in the past 12 months there have been times when they skipped meals or cut the size of their meals because they did not have enough money for food. Only 15% of respondents now use SNAP benefits (formerly known as food stamps), but many more (50%) said that they would very likely use SNAP benefits if they qualified for them.
- Only 14% of respondents said that they eat 5 servings of fruits and vegetables per day, the amount recommended by federal dietary guidelines.

- A large percentage of respondents (68%) said that they use computers, tablets, or smart phones to access the internet, and that they have internet or wireless access at home. This is an advantage when trying to locate information about community services and activities, as this type of information is increasingly found online rather than in traditional print media.
- Some survey respondents said that there were times in the past year when they did not have money to obtain certain necessities, such as dental care (9%); food (8%), prescription medications (6%), and eyeglasses (5%).

## **Domain 2: Physical and Mental Health and Well-Being**

*This domain includes indicators that measure: respondents' physical and mental health status, health conditions, falls, preventive health measures, and physical activity*

- Most respondents (68%) rated their health as “good” or “very good,” while 7% rated it as “excellent,” and 25% rated it as “fair” or “poor.”
- Nearly a quarter (21%) of respondents said that there was a time in the past year when they thought they needed the help of a health care professional because they felt depressed or anxious. Most of them (59%) got the help they needed, while others (41%) did not.
- The top 5 health conditions reported by respondents include: 1) arthritis (48%); 2) hypertension (42%); 3) high cholesterol (35%); 4) overweight or obese (24%); and 5) problems with walking or mobility (22%).
- A third of respondents said that they fell in the past year; two of five (41%) of them said they fell more than one time. Most (49%) of the falls happened indoors; 31% outdoors; and 20% both indoors and outdoors.
- The Centers for Disease Control and Prevention recommends that all older adults get an annual flu vaccination. Only 68% of survey respondents had a flu vaccination in the past 12 months. Fifty-five percent (55%) have had a pneumococcal vaccine; and 34% have had a shingles vaccine.
- Twenty-two percent (22%) said that they never had a colonoscopy; 26% never had a bone density screening; and 72% said that have never been tested for HIV.
- Nearly a third (31%) of respondents said that they do aerobic exercise less than once a week or never.

### **Domain 3: Independence for the Frail and Disabled**

*This domain includes indicators that measure: community service systems, access to information about available services, accessible and affordable transportation, and informal caregiving*

- As is the case with most of the surveys conducted by the AdvantAge Initiative team, relatively few Bay Ridge respondents report that they have problems with “activities of daily living” (ADLs). For example, 9% of respondents (47 individuals) said they need help with taking a bath or shower; 5% need help with dressing; 5% need help with getting in and out of a bed or chair; and 4% need help getting around inside their homes. Of those who need help with ADLs, 65% said they are getting the help that they need, but 36% said they are not getting the help.
- Slightly more people need help with “instrumental activities of daily living” (IADLs). For example, 11% said they need help with going outside the home to shop or visit the doctor’s office; 7% need help with preparing meals; 6% need help with keeping track of money and bills; and 5% need help with driving a car or using public transportation. Of those who need help with IADLs, 55% said they are getting the help they need, but 45% said they are not getting the help.
- In addition to the ADLs and IADLs, respondents said that they need help with shoveling or removing snow (18%); climbing stairs (18%); and light home repairs (14%), such as changing light bulbs or opening and closing windows.
- Respondents were asked what they believe is the best resource to get information about available services in the community. Thirty-five percent (35%) said the best resource is the Bay Ridge Center. They also mentioned family members or friends (22%); doctors and other health professionals (7%); and the NYC Department for the Aging (4%). But a full 13% said they did not know what the best resource is.
- Most respondents use three means of transportation most frequently to get around the neighborhood: public transportation (30%); car (27%); and walking (24%). While most respondents (68%) say that they are always able to get transportation to the places they need to go, others (32%) said they are able to get transportation only “sometimes” or “never.”
- About a fifth of respondents (21%) said they are caregivers to family members or friends. A majority of these caregivers (59%) have been caring for the family member or friend for more than 3 years. Of these, a little more than a quarter (27%) do not get relief or time off from caregiving responsibilities.

## **Domain 4: Social and Civic Engagement**

*This domain includes indicators that measure: older people's participation in cultural, religious, and recreational activities; their relationships with other community residents; their trust of community leaders; and benefits that older adults bring to the community through their civic engagement*

- A little more than half (53%) of respondents said that they attended religious services in the past week and a similar percentage (52%) went to a movie, play, restaurant sporting event or other activity in the community.
- When asked whether they thought that they were currently involved in enough social activities, two in five respondents (40%) said that they would like to be doing more.
- Respondents expressed high levels of trust in their fellow neighborhood residents: The vast majority (87%) think people in their neighborhood are honest and can be trusted, and 79% said there is always someone in the neighborhood to help if someone has a problem.
- Most (77%) also believe that city government officials take Bay Ridge residents' interests and concerns into account when making decisions.
- Two of five (42%) respondents serve as volunteers, spending their time helping religious groups, schools, hospitals and other organizations without being paid for it.
- In the past three years, most (78%) of respondents voted in local elections; 32% contacted local officials, and 64% made a donation of money or goods to a charity.

## **Respondents' Comments**

The Bay Ridge Center also received more than 300 comments in response to the open ended question: "If you were the leader of this community, what changes would you want to make to improve conditions for older persons living here?"

- Transportation and housing emerged as two areas of particular concern to Bay Ridge residents who took the survey. Twenty-three percent (23%) of those who provided an answer to this question mentioned the need to expand and/or improve public or senior transportation services. Suggested changes included more frequent and reliable subway or bus service; expanded bus routes; more accessible busses and subways; and expanded senior transportation services. Expanding or preserving affordable housing and providing more senior housing were mentioned by 21% of respondents.

Other suggestions included:

- Providing more amenities for seniors (such as more benches, bus shelters, and senior or community centers) and/or making existing amenities more accessible.
- Making changes to improve safety and security outdoors, including longer or additional traffic lights and better enforcement of rules for drivers and bicyclists. The need to repair crosswalks, sidewalks, and streets was frequently mentioned as well.
- Expanding volunteer-provided services, government benefits, and activities for older Bay Ridge residents.
- Making information about existing services and benefits more readily available.

### **Opportunities for Action**

The survey findings show that Bay Ridge has many positive attributes, and nearly all the respondents (96%) say that they are satisfied with Bay Ridge as a place to live. In addition, the survey findings identified some issues or problems in the community that could be called “opportunities for action,” suggesting that community leaders, the Bay Ridge Center, other community based organizations, and residents themselves could be mobilized to take action to address these issues or problems.

Following are some opportunities for action gleaned from the survey findings, along with some suggestions for addressing the identified issues or problems.

1. There were many comments in response to the open-ended question about how treacherous it is for seniors to navigate the neighborhood due to cracked sidewalks, bicyclists who don't obey traffic laws, crossing lights that change too fast, and other related issues. At the very least, these issues should be reported to the Community Board or other appropriate agencies. An environmental scan of the neighborhood would help identify the worst trouble spots. This would be a good project for high school students who need to fulfill community service requirements and would be a real contribution to the community.
2. Relatively few respondents use SNAP benefits, and yet there may well be others whose incomes are low enough to be eligible for these benefits. Similarly, some residents may be eligible for SCRIE, Medicare Savings Accounts, and other benefits that they may not know about. According to LiveOn NY, thousands of older New Yorkers are eligible for these benefits but do not take advantage of them because they are unaware of them or do not know how to apply for them. Periodic “benefits check-ups,” such as those provided by LiveOn, at the Bay Ridge Center and elsewhere could help some seniors who would benefit from receiving these entitlements.
3. As mentioned earlier, 40% of respondents said that they would like to be involved in more social activities. Only about half (49%) of respondents attend the Bay

Ridge Center or another senior center in the community. At the same time, 60% of respondents said that they would like to receive information about programs and events from the Bay Ridge Center. This suggests that some people who do not now participate in Bay Ridge Center offerings might be enticed to attend if the Center provided activities that interest them. In addition, helping seniors access information about community events and activities could provide them with new opportunities for socializing that they do not know about now.

4. Because the vaccination rates were below what they could be, it is important to communicate to seniors that they should avail themselves of these vaccinations to minimize the risks of getting diseases that could have been prevented. Encouraging seniors to take these disease prevention measures when they visit their doctors or partnering with a health care provider and actually providing them on site would be a useful health promotion, disease prevention activity for the Bay Ridge Center to implement.
5. A third of survey respondents said that they fell in the last year, and many of them fell more than once. Given that many respondents also complained about the condition of streets and sidewalks and traffic issues that make it hard to get around the neighborhood, it might be advisable for the Bay Ridge Center to implement an evidence-based falls prevention program that might mitigate the conditions that lead to falls by, for example, improving an individual's balance and/or removing hazards that can lead to falls in the home.

These are just some of the “opportunities for action” that are suggested by the AdvantAge Initiative survey results. They were chosen because they can be addressed by the Bay Ridge Center and the Center's partners with relatively little outlay of funds. They would be good places to start to make Bay Ridge more aging-friendly.

## Background: The AdvantAge Initiative

The AdvantAge Initiative (AI) is a project of the Center for Home Care Policy and Research (CHCPR) of the Visiting Nurse Service of New York (VNSNY) that began in 1999 with support from the Archstone Foundation, Atlantic Philanthropies, the Hartford Foundation, the Robert Wood Johnson Foundation, the Retirement Research Foundation, and the Fan Fox and Leslie R. Samuels Foundation.

The purpose of the Initiative is to help organizations measure the “elder friendliness” or “aging friendliness” of their communities and develop plans and implement action steps to make their communities better places to live for older adults and their families. The components of the AdvantAge Initiative include: A framework with four domains of an aging-friendly community, pictured below; a set of indicators that help measure community aging-friendliness within each of those domains; a consumer survey questionnaire relating to the indicators; a stakeholder engagement process; and technical assistance to help organizations conduct the Initiative in their communities and interpret findings. The centerpiece of the AdvantAge Initiative is a consumer survey designed not only to gather basic information about older adults, but also to elicit their perceptions of and experiences in their communities. This input from community residents helps stakeholders identify opportunities for action, set priorities, and develop responses to identified aging-related issues. To date, the AdvantAge Initiative survey has been conducted in 60 communities nationwide.

### The AdvantAge Initiative Framework: Four Domains of an Aging-Friendly Community



## Survey Overview

In 2016, a New York City Council initiative allocated funding for a planning grant to the Bay Ridge Center through City Councilman Vincent J. Gentile (District 43). The planning grant enabled the Bay Ridge Center to conduct a needs assessment of adults 55 years of age and older to help inform the Center's plans to establish a Neighborhood Naturally Occurring Retirement Community (NNORC) supportive services program in the Bay Ridge community.



Map data ©2016 Google

As part of its needs assessment, the Bay Ridge Center contracted with the AI team at the Center for Home Care Policy and Research to conduct the AI survey in the area delineated on the map above. The AI team conferred with Bay Ridge Center staff to customize the basic AdvantAge Initiative survey questionnaire and include questions on a variety of topics of special interest to the Bay Ridge Center and the community. Once the survey questionnaire was finalized, the Bay Ridge Center launched the survey, distributing the questionnaire to older residents in the defined community. All adults aged 55 and older living in the area were eligible to take the survey, which was available in English, Spanish, Chinese, and Arabic. The Bay Ridge Center launched the survey in May, and it stayed in the field through September. Five hundred and fifty-five (555) questionnaires were completed and responses were keyed into a database and analyzed by the AdvantAge Initiative team.

Of the 555 surveys, 12% were completed online and 88% were completed on paper.

A total of 59% of respondents live in Area 1, shown on the map above; 18% live in Area 2; 14% in Area 3; and 8% in Area 4.

### **Selected Demographic Characteristics**

According to the U.S. Census Bureau's 2013 American Community Survey (ACS) estimates, the population of people aged 60 and older living in New York City numbered 1,433,255, representing 17.6% of the City's population.<sup>2</sup> Brooklyn was the borough with the largest number of residents 60 and over, accounting for 29.6% of the City's 60+ population. This was followed by Queens (28.4%), Manhattan (21.4%), the Bronx (14.4%), and Staten Island (6.3%).<sup>3</sup> In New York State, 38.2% of the 60+ population resided in New York City.<sup>4</sup> New York City's Department for the Aging estimates that 20% of Bay Ridge residents are aged 60+. Sheepshead Bay and Bensonhurst were the only Community Districts in Brooklyn with higher percentages of residents aged 60 and older.<sup>5</sup>

An analysis of the answers to the demographic questions in the Bay Ridge survey questionnaire revealed that 9% of survey respondents were 55-59 years of age; 13% were 60-64 years of age; 40% were 65-74; 27% were 75-84; and 11% were aged 85 or older. Overall, 92% of survey respondents were aged 60 and older<sup>6</sup>. Per 2013 ACS estimates, 59% (15,452) of those aged 60 years and older in Bay Ridge were female,

---

<sup>2</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 32.

<sup>3</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, pp. 18, 33, 48, 63, and 78.

<sup>4</sup> Data source: New York City Department for the Aging Planning Division/Research Unit. (July, 2012). *Census 2010: Changes in the elderly population of New York City, 2000 to 2010*, July, 2012, p.2.

<sup>5</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 33.

<sup>6</sup> Please see the Appendix for the demographic characteristics of the full survey sample.

and 41% (10,886) were male.<sup>7</sup> A higher percentage of survey respondents (76%) identified as female.

According to 2013 U.S. Census estimates on race, over 74% of Bay Ridge's 60+ population identified as White (of any national origin or ethnicity), 19% as Asian or Pacific Islander, and less than 1% as Black or African-American. Over 5% of Bay Ridge residents and 60 and older identified as Hispanic or Latino of any race.<sup>8</sup>

Proportionately, more survey respondents (85%) said they were White. Only eight percent of survey respondents said they were Chinese, South Asian, Other Asian, or native Hawaiian or other Pacific Islander. One percent of respondents said they were Black/African American. Finally, 9% of the survey respondents identified themselves as Hispanic or Latino, proportionately more than in the general 60+ Latino population.

According to 2013 ACS data, 32% of Bay Ridge residents aged 60+ did not graduate high school<sup>9</sup>, slightly more than the city-wide average of 29.5%.<sup>10</sup> Among survey respondents, however, less than one-fifth (8%) have less than a high school education. Among survey respondents, 29% finished high school or have a GED, 21% completed some college or are in college, and 42% have an associate or bachelor's degree or higher.

According to 2013 ACS data, 31% of residents aged 60+ had incomes at or below 200% of the federal poverty level (the federal poverty level was \$11,490 in 2013)<sup>11</sup>. Similarly, among survey respondents, 36% reported annual incomes of less than \$20,000.

Please see Appendix A for the demographic characteristics of the full survey sample.

## Survey Findings

The survey findings summarized in this report are a snapshot of older adults' perceptions of and experiences in the Bay Ridge community. The findings described below follow the AdvantAge Initiative framework—the four domains of an aging-friendly community and the indicators within each of the domains. The Survey Findings section is followed by Opportunities for Action—issues raised by survey respondents that the Bay Ridge Center may wish to consider, prioritize, and address in partnership with other community-based organizations and city agencies. In addition to the demographic table in Appendix A, Appendix B contains a report with all the answers to all of the questions in the survey questionnaire. Appendix C contains an analysis of responses to the sole open-ended questions on the survey. Appendix D contains the demographic

---

<sup>7</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 32.

<sup>8</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 35.

<sup>9</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 39.

<sup>10</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 36.

<sup>11</sup> Data Source: New York City's Department for the Aging, *Profile of Older New Yorkers*, June 01, 2016, p. 39.

characteristics of Area 1 (see map above); and Appendix E includes Area 1 survey results, which were analyzed separately.

Please note that in this report some response percentages may not add up to 100% due to: 1) rounding; 2) missing information; 3) the question said “check all that apply;” or 4) the percentages were very small and thus not reported.

It is also important to note that the survey findings summarized in this report are based on a convenience sample of older adults, and thus are not representative of the senior population at large.

### **Domain I: Addresses Basic Needs**

Included in this Domain are indicators related to housing, safety, financial security, and ready access to food and information. Nearly half (49%) of Bay Ridge survey respondents live in apartments or condominiums; 22% live in two-family houses; and 19% live in one-family homes. Several respondents (17 individuals) live in senior housing buildings; and a few live in an assisted living residence (8 people) or a nursing home (6 people). Nearly half (48%) live alone; a third (33%) live with a spouse or partner; and 16% live with a child. A little more than half (52%) of respondents own their homes, while 48% are renters. In response to a question asking whether respondents think their living situation will change in the future, nearly a quarter (23%) said they would consider moving to an apartment building with an elevator; 15% said they would consider moving to senior housing; and 14% to a less expensive home. But two in five (41%) said that they do not believe their living situation will change.

Following are additional survey findings related to Domain I.

#### **1. Affordable and appropriate housing is available to community residents**

- More than half (62%) of respondents have been living in their current homes 20 years or more and want to stay in those homes for as long as possible. However, not everyone is confident that they will be able to afford to stay in their homes as long as they would like: 34% are only “somewhat confident” and 17% are “not too confident” or “not confident at all.” Nine percent of people said that there was a time in the past 12 months when they could not pay their rent, mortgage, or real estate taxes, and 7 percent could not pay their utility bills.
- Respondents were asked whether their current residence needs major repairs or modifications to improve their ability to live there as long as they want. A fourth (26%) of the respondents said that their homes needed repairs or modifications. The top 5 modifications needed include: 1) Minor repairs, such as painting or refinishing floors (45%); 2) bathroom modifications, such as grab bars (35%); 3) help with uncluttering the home (22%); 4) better cooling in the summer (18%); and 5) better maintenance in their apartment buildings, such as improved intercoms, elevators, and safety (15%).

## 2. The neighborhood is livable and safe

- Feeling safe and secure in one's home and community is also a basic need. Slightly more than half (53%) of the respondents rated the safety in their neighborhood as "excellent" or "very good." Another 34% rated it as "good," but 13% rated it as "fair" or "poor."
- Overall, only 15% identified "crime" as a problem in the neighborhood, compared to 44% of respondents who said that "heavy traffic" is a major problem. Other top neighborhood livability issues identified by respondents include: 1) "not enough senior housing" (32%); 2) "not enough affordable housing" (31%); 3) "not enough benches" (30%); 4) "noise" (25%); and 5) "sidewalks need repair" (24%).
- Despite these problems, more than half (59%) of respondents said that they were "very satisfied" with their neighborhood as a place to live; 37% were "somewhat satisfied," and only 4% said they were "somewhat dissatisfied."

## 3. People have enough to eat

- A survey question related to the Basic Needs domain asked whether respondents cut the size of their meals or skipped meals because they did not have enough money for food: 13% said that they had done so in the past 12 months. Overall, three of five respondents (61%) said that they know about food banks or food pantries in the area, while 29% don't know. Seventy-four individuals said that they have gotten food from these pantries, and about half of them use the food pantry nearly every month.
- The quality of food is as important as the quantity, and federal dietary guidelines include the recommendation that people consume 5 or more servings of fruits and vegetables per day.<sup>12</sup> Among the survey respondents, only 14% said they eat 5 or more servings per day. About a third of respondents (32%) eat 3 or 4 servings, while half (51%) have 1 or 2 servings, and 3% said they eat none. Nine percent of respondents said that the fruits and vegetables they are able to find in their neighborhood are "not affordable."
- The Bay Ridge Center was interested in learning whether respondents prepare their own meals, and if not, where their meals come from. Responses ranged from the 41% who said that they usually prepare all of their own meals, to the 16% who said they "never" prepare their own meals or prepare a meal "less than once a week." When they do not prepare their own meals, a third (33%) of respondents get local takeout, and some (24%) have meals that are prepared by a family member or aide. Only 9% receive Meals on Wheels. When they don't eat at home, 65% of respondents said that they eat at a restaurant; 29% said at the home of a family member or friend; and 21% at a senior center.
- A question asked: "Do you use SNAP benefits (some people call them food stamps)?" Only 15% of respondents said that they use these benefits. The

---

<sup>12</sup> A serving is one piece of fruit; or ½ cup or vegetables; or 1 full cup of greens, such as lettuce or spinach.

following question asked people who do not now use SNAP benefits: “If you were to qualify for food stamps, how likely would you be to use them?” Half of respondents (50%) said “very likely;” 19% said “somewhat likely;” and 31% said “not at all likely.”

#### **4. People have access to information**

- Today, more information is being provided via the Internet than in traditional print formats (e.g. Verizon recently announced that it will no longer print telephone books). This leaves people without access to the Internet fewer pathways to find the information they seek. A relatively large percentage (68%) of Bay Ridge survey respondents use a computer, tablet, or smart phone to access the Internet, and they have internet or wireless access at home. They send and receive email (84%); use online search engines to find information (76%); communicate with relatives (59%); shop for merchandise (51%); use Facebook or Twitter (36%), and access health information or communicate with their healthcare providers online (31%).
- A question asked respondents whether they would like to receive information about programs and events from the Bay Ridge Center and 60% responded “yes.”

#### **5. Financial security**

- Annual median income for households headed by an older adult in Bay Ridge is \$38,790. Most of the survey respondents (61%) had incomes below that amount: A quarter (25%) said their annual income was between \$20,000 and \$35,000. A slightly smaller percentage (21%) said that their annual incomes were \$10,000 to less than \$20,000; and 15% said that their incomes were below \$10,000. The remainder of respondents (40%) had incomes ranging from \$35,000 to over \$100,000.
- As alluded to earlier, some survey respondents said that there were times in the past 12 months when they did not have money to obtain certain necessities. For example: 9 percent (45 individuals) could not obtain dental care; 8% (44 individuals) could not pay for food; 6% (31 people) could not fill a prescription for medicine; 5% (26 people) could not pay for transportation; and 5 percent (25 people) could not obtain eyeglasses.

### **Domain 2: Optimizes Physical and Mental Health and Well-Being**

The key indicators in this Domain relate to healthy behaviors, access to preventive and needed medical care, and health risks.

Virtually all respondents said they have some type of health insurance: 71% said they have Medicare; 14% have Medicaid; and 26% have employer or union-provided insurance. Only seven people said they do not have any type of health insurance. Virtually all the respondents (94%) have a primary care physician, and most (76%) said

that their primary care physician is based in Bay Ridge. Most respondents (85%) get their health care at a doctor's office, while only 3% get care at a clinic.

## 1. Self-reported physical and mental health status

- Research has shown that an individual's rating of his or her own health reflects that individual's actual health status. Bay Ridge survey respondents were asked to rate their health: 7% rated it as "excellent;" 68% rated it as "good" or "very good;" and a quarter (25%) rated their health as fair or poor.
- Respondents were also asked whether in the past year there was a time when they thought they needed the help of a health care professional because they felt depressed or anxious. One of five respondents (21%) responded "yes." A follow-up question asked those who said "yes" (114 individuals) whether they got the help they thought they needed, and 59% (65 individuals) said that they did, while 41% (45 individuals) said they did not.

## 2. Health Conditions

- The top 10 health problems or conditions reported by respondents include: 1) arthritis (48%); 2) hypertension (42%); 3) high cholesterol (35%); 4) overweight or obese (24%); 5) problems with walking or mobility (22%); 6) diabetes (21%); 7) sleep disorders (19%); 8) anxiety (18%); 9) osteoporosis (18%); and 10) pain/chronic pain (18%). All respondents were asked whether pain ever keeps them from doing their usual activities; 12% said that pain often interferes with their activities and 53% said it sometimes does so.

## 3. Falls

- According to the Centers for Disease Control and Prevention, one out of three older adults fall each year. Among older adults, falls are the leading cause of both fatal and nonfatal injuries.<sup>13</sup> A third (30%) of survey respondents (165 individuals) said that they fell in the past year: 41% of them fell more than one time; 49% said they fell indoors; 31% said outdoors; and 20% said both indoors and outdoors.

## 4. Preventive Health Measures

- In the past 12 months, the majority of respondents (73%) had a complete physical exam and their blood pressure checked (80%). 84% had a test for high blood sugar or diabetes as well as for cholesterol (84%); 61% had an eye exam; and 59% had a dental exam.
- Immunizations are also an important preventive health measure, particularly for children and for older adults. In the past 12 months, 68% of survey respondents

---

<sup>13</sup> Centers for Disease Control and Prevention. Falls Among Older Adults: An Overview. Retrieved from: <http://www.cdc.gov/homeandrecreationalsafety/Falls/adultfalls.html>

had a seasonal flu vaccine. 55% have had a pneumococcal vaccine, and 34% have had a shingles vaccine.

- 22% said that they never had a colonoscopy; 26% never had a bone density screening; and 72% said that have never been tested for HIV.

## **5. Physical Activity**

- The Centers for Disease Control and Prevention recommends that adults get at least 150 minutes (2 ½ hours) of moderate-intensity aerobic activity (such as brisk walking) every week. Asked how often they engage in aerobic activity, 45% said that they do so three times a week or more; 24% said one or two times per week; and 31% said they exercise less than once a week or never. Exercises or activities that improve balance and flexibility are also important for older adults because they can help prevent falls: 48% said that they do balance exercises one or more times a week, but 52% said they never do these exercises or do them less than once a week. Finally, exercises that strengthen muscles—such as lifting weights—help prevent osteoporosis and frailty by stimulating the growth of muscle and bone, but the majority of respondents (54%) say that they never do muscle strengthening exercise.

### **Domain 3: Maximizes Independence for the Frail and Disabled**

Domain 3 is about helping older adults, particularly the frail and disabled, stay in their homes and communities for as long as they would like and includes such topics as limitations in activities of daily living; having access to information and resources for “living at home;” mobility and transportation options; and caregiving. Key objectives of the questions in this Domain are to find out what needs older residents have, their use of available services in their communities, whether they receive the help that they need, and whether they know where to turn to for information about services.

The survey findings show that a relatively large percentage of respondents use a mobility device: 13% (115 individuals) said that they use a cane; 12% (64 individuals) use a walker, and 9% (45 individuals) say that they use a shopping cart as a mobility device. In the responses to the open-ended question, “If you were the leader of this community, what changes would you want to make to improve conditions for older persons living here?” several respondents said that the community needs to provide better access to stores, restaurants, buses, and subways for people who use mobility devices, such as installing ramps and making sidewalks wider for wheelchair access.

#### **1. The community service system enables people to live comfortably and safely at home**

- Of the total number of respondents, relatively few say that they have problems or need help with “activities of daily living” (ADLs). Nine percent say that they have problems or need help with taking a bath or shower; 5% with dressing; 3% with

eating; 5% with getting in and out of a bed or chair; 4% with using or getting to a toilet; and 4% with getting around inside the home. While the majority of people who checked one or more of these ADLs are getting the help they need, a little more than a third (36%) say they are not getting the help. Taking a bath or shower seems to be the activity that these respondents are not getting enough help with.

- As is usually the case, a higher percentage of respondents have problems or need help with so-called “instrumental activities of daily living” (IADLs). 11% say they have problems or need help with going outside the home to shop or visit a doctor’s office; 8% have problems with doing light housework, such as washing dishes; 7% need help with preparing meals; 5% with driving a car or using public transportation; 4% with taking the right amount of prescribed medications at the right time; and 6% with keeping track of money and bills. While the majority of people who checked one or more of these ADLs are getting the help they need, some (45%) are not. Going outside the home to shop or visit a doctor’s office; doing light housework; and preparing meals are the activities that these respondents are not getting enough help with.
- In addition to these traditional ADL and IADL needs, 18% of respondents said that they needed help with shoveling or removing snow from their home entrances or sidewalks; 18% with climbing stairs; and 14% with light home repairs, such as changing light bulbs.
- Survey respondents were presented with a list of services that may be available in their community and asked whether they use these services. By far, more people (49%) said that they use a senior center and attend senior lunch programs (25%) than any other service in the community. 21% use grocery delivery services; 21% use a senior transportation service; 15% use adult day social programs; 14% use Meals on Wheels or other home delivered meals (14%); and 13% use recreation services, such as exercise facilities. Far fewer (9%) use home health aides; benefits assistance (6%); housing assistance (5%); mental health services (4%); and visiting nurse services (4%). It’s important to note that 5% of the respondents said they didn’t know whether any of these services are available in their community.

## **2. Residents know how to access services**

- When asked what the best resource in the community is to get information about services such as those mentioned above, 35% said the Bay Ridge Center; 22% said family members or friends; and 7% said their doctor. Thirteen percent of respondents (67 individuals) said they do not know where to turn for such information.
- A related survey question asked respondents where they would go in the neighborhood if they needed help with a problem. More than half (52%) answered a “friend or neighbor;” 49% said “family;” 37% said the “Bay Ridge

Center;” 27% said “a local elected official;” and 21% said the “community board office.”

- The need to improve access to information about available services in the community turned out to be a frequently mentioned topic in the responses to the open-ended question (“If you were the leader of this community, what changes would you want to make to improve conditions for older persons living here?”). The responses suggest that people like to get information in different ways. For example, one person wrote: “I would create “a single website that breaks down and lists all activities, services, shopping, transportation, housing and free events.” While someone else wrote: “I would send a letter to all seniors with a listing of the services available to them in this community...Most seniors read paper mail rather than email.”

### **3. Transportation is accessible and affordable**

- Three quarters of respondents (74%) use public transportation, and almost a third (30%) use public transportation for their usual trips around the neighborhood. For another quarter (24%), walking is the primary way they get around; and 20% drive a car. Some people (4%) use special transportation services, such as Access-a-Ride; and others (4%) use transportation services provided by the Bay Ridge Center.
- Most people (68%) say they are “always” able to get transportation to the places they need to go; 26% say they are “sometimes” able to get it; while 6% say they are “never” able to get transportation.
- New York City has ample transportation options, but sometimes they are inadequate for older adults. Many answers to the open-ended question referred to transportation deficiencies and improvements the seniors would like to see, such as increasing the quantity and frequency of bus and subway service; introducing senior discounts for express bus service; providing more parking options; and addressing transportation issues that people with disabilities have.
- Many people also noted changes needed to improve mobility in the community for pedestrians, such as traffic calming measures; longer traffic lights to provide more time to cross the streets; and sidewalk repairs to help prevent pedestrian trips and falls. Several people said that they would like bus shelters and more benches to be installed in strategic areas so that they can sit down and rest. The Age-Friendly New York City initiative had advocated for metal benches to be installed in many neighborhoods of the city, including Bay Ridge, and most seem pleased that they were installed, so much so that they want even more benches to be provided. There was only one critic of the effort who said, “The metal benches on 5<sup>th</sup> Avenue hurt my back and are difficult to sit on. I would change them to synthetic or wooden benches.”

#### **4. Informal caregivers complement the formal service system**

- Nearly 30% of the U.S. adult population is providing care to someone who is ill, disabled, or aged. Many caregivers of older people are themselves growing older. Among those caring for someone aged 65+, the average age is 63, and one third of these caregivers are themselves in fair or poor health.<sup>14</sup> About one-fifth (21%) of survey respondents are providing help or care (or are arranging for help or care) for a relative and/or a friend because they are unable to do some things for themselves due to illness or disability. Most of these 109 caregivers are providing help or care to a parent or in-law (24%); a spouse or partner (17%); another relative (19%); a child (11%); a neighbor (11%); or a friend (10%). The majority (59%) of these caregivers have been caring for the person for more than 3 years; 27% for 1 to 3 years; and 14% for less than 1 year. Some (36%) spend 1 to 3 hours per week on caregiving; 27% spend 4 to 10 hours; and 37% spend more than 10 hours on caregiving each week.
- 27% of the caregivers say that they do not get relief or time off from their caregiving responsibilities.

#### **Domain 4: Promotes Social and Civic Engagement**

Research has long shown that meaningful relationships with family and friends and active involvement in community life can affect older adults' health in positive ways. For the most part, it seems that Bay Ridge survey respondents are connected to their families, friends, and neighbors. The majority (64%) of respondents have living children; 28% of respondents live with their children; and 60% say that they see their children at least once per week or more. 75% say that a neighbor, family member, or friend contacts them every day or several times per week, and report that they and their neighbors do favors or chores for one another occasionally (49%) or often (31%).

##### **1. People participate in cultural, religious, and recreational activities**

- In the past week, 53% of survey respondents attended religious services; 52% went to a movie, play, restaurant, sporting event, or other social activity; 50% got together with friends or neighbors; 37% went to a senior center or community center; and 10% attended an educational class or workshop.
- A question asked respondents, "Regarding your present social activities, do you feel that you are doing too much, about enough, or would you like to be doing more?" While the majority of respondents (56%) said that they are doing "about enough," 40% said they would like to be "doing more."

---

<sup>14</sup> Retrieved from <https://caregiver.org/selected-caregiver-statistics>

## **2. People trust their neighbors and community leaders**

- Good relationships and trust among people who live in a particular society enable that society to function effectively. A few of so-called “social capital” questions were included in the survey to determine how respondents perceive other people in their community. The more positive the perceptions, the more socially cohesive the community is. The survey questionnaire asked respondents whether they agree or disagree with the statement “Most people in this neighborhood are basically honest and can be trusted:” 87% said that they agree or strongly agree with this statement, while only 12% said they disagree or strongly disagree.
- Similarly, respondents were asked whether they agree or disagree with the statement: “If I have a problem there is always someone to help me in this neighborhood:” 79% said that they agree or strongly agree with the statement, while 21% said that they disagree or strongly disagree.
- The third and final social capital question asked whether people agree or disagree with the statement “Most people in this neighborhood are willing to help if you need it:” 82% said that they agree or strongly agree with the statement, while 19% disagree or strongly disagree.
- In addition to feeling positive about their community and the people who live there, the majority (76%) say they feel they have influence in making their neighborhood a better place to live, and 77% believe that city government officials take Bay Ridge residents’ interests and concerns into account when they make decisions.

## **3. Older adults are community assets**

- Older adults contribute to their communities in various ways. In the past three years, for example, 78% of survey respondents voted in local elections; 32% contacted elected officials; 23% notified the police or other agency about a problem in the community; and 64% made a donation of money or goods to a charity. Only 10% of respondents didn’t do any of these things.
- 42% of respondents serve as volunteers, spending their time helping religious groups, senior service organizations, schools, hospitals, political groups, and other organizations without being paid for it.

## Responses to the Open-Ended Question

The survey questionnaire included the following open-ended question: “If you were the leader of this community, what changes would you want to make to improve conditions for older persons living here?” We received 334 responses to this question. These responses were aggregated and classified according to seven topic areas: 1) Services, activities, and benefits for seniors; 2) Housing; 3) Transportation; 4) Food; 5) Safety and security; 6) Amenities and accessibility to stores and buildings; and 7) Clean and quiet streets. Please turn to Appendix C to view the breakdown and content of these responses.

## Opportunities for Action

The Bay Ridge survey findings have helped identify many positive attributes of the Bay Ridge community and the Bay Ridge Center. Older residents are generally happy with the community—96% said that they are satisfied with Bay Ridge as a place to live—and this general satisfaction is confirmed by comments from respondents who answered the aforementioned open-ended question, such as:

- “Bay Ridge seems to be doing a good job in addressing the needs of seniors.”
- “I’m very happy with the neighborhood.”
- “Presently things are fine for the seniors in (the) Bay Ridge community because of (the) Bay Ridge Center.”

Of course, the survey findings have also helped identify issues or problems in the community. We call these issues or problems “opportunities for action,” suggesting that community leaders, community based organizations, and residents themselves could be mobilized and take action to address them. Following are some opportunities for action in the Bay Ridge community that can be addressed by the Bay Ridge Center, in collaboration with other community organizations, city agencies, and philanthropies.

1. Safety issues loomed large in the comments to the survey’s open-ended question, particularly safety related to community infrastructure that makes it difficult for seniors to get around the neighborhood. Here are a few comments that illustrate this problem:

- “Fix the sidewalks; it is too easy to trip while walking. Too much speed(ing) traffic—slow down. Traffic lights change too fast, slow them down.”
- “Keep bikes off the sidewalks: very dangerous.”
- “Review traffic patterns so people have the chance to cross in the crosswalk with the light and not have to jump out of the way of turning cars.”

These are probably not issues that the Bay Ridge Center can address alone, but they should at least be reported to the Community Board or the Councilmember’s office. Similar problems were found in the results of an AdvantAge survey

conducted on Manhattan's West Side and were brought to the attention of the Community Board transportation committee, which addressed them.

2. Only 15% of respondents said that they currently use SNAP benefits. But when people who do not now use SNAP benefits were asked, "If you were to qualify for food stamps, how likely would you be to use them?" half (50%) of respondents said "very likely" and 19% said "somewhat likely." According to LiveOn New York, 56% of New York City seniors who are eligible for SNAP benefits do not receive them. Bay Ridge Center and other community-based organizations in the area can call upon LiveOn NY staff to inform seniors in the community about eligibility requirements and SNAP application instructions. Similarly, nearly 80,000 New Yorkers age 62+ who are eligible for the SCRIE program are not getting this benefit. About 9% of survey respondents said that there were times in the past 12 months when they did not have enough money to pay their rent or mortgage. Finding Bay Ridge seniors eligible for SCRIE and enrolling them in the program might help at least some of them meet their housing expenses.
3. In response to the question, "Regarding your present social activities, do you feel that you are doing too much, about enough, or would like to be doing more," 40% of respondents (206 people) said that they would like to be doing more. We learned from the survey that 49% of respondents go to a senior center (Bay Ridge Center or another center) and the rest do not. Clearly there is a population that would like to engage in more activities and learning opportunities, as exemplified by some of the comments responding to the open-ended question, where respondents said what changes they would make if they were community leaders:
  - "Increase learning opportunities such as learning new language(s), hearing guest lecturers, and other intellectual activities."
  - "More activities for seniors to get out and be a part of the community."
  - "More activities, more work opportunities for older adults..."
  - "More attention to the 60-70 year olds who do not go to 'senior centers' which are generally viewed as being for 70+ and in active-reduced capability."
  - "More Tai chi classes, classes for education of computers and classes for art, dancing, painting."

It's likely that many respondents don't know about all the available activities for seniors in the community. Promoting sources of information that list programs and events for seniors (such as Senior Planet, [www.seniorplanet.org](http://www.seniorplanet.org)) is one way to help seniors become aware of the many activity options available in the city. People who do not use computers are somewhat at a disadvantage here since many such listings are now exclusively online. However, this may be an opportunity to encourage seniors to take advantage of library services and/or computer classes available in the community to learn how to get information online.

In addition, we learned that about half (51%) of respondents do not attend the Bay Ridge Center or another senior center in the community. A critical review of current programming in these senior centers may help identify what other types of activities the centers can provide to encourage people who might only attend meals, for example, to become more involved in other center activities as well.

Finally, a question asked, “Would you like to receive information about programs and events from the Bay Ridge Center,” and a full 60% of respondents said “Yes.” This group of respondents includes some seniors who do not now frequent the senior center but perhaps could be enticed to attend with some exciting or innovative programming.

4. The responses to questions about vaccinations were somewhat disappointing: 30% of respondents said they did not have a flu shot in the past 12 months; 38% said they never had a pneumonia shot; and 60% never received a shingles vaccine. Encouraging seniors to avail themselves of these proven disease prevention measures when they visit their doctors or partnering with a health care provider and actually provide them on site at the senior center would be a useful health promotion activity for the Bay Ridge Center to consider implementing.
5. A question asked respondents whether they had fallen to the ground or floor in the past 12 months. Thirty (30%) said they had: Of these, 41% fell more than once, and 49% fell indoors, 31% fell outdoors, and 20% fell both indoors and outdoors. Among older adults, falls are the leading cause of both fatal and nonfatal injuries. If the Bay Ridge Center decided to address falls among senior center members by implementing fall prevention activities, there are many such activities to choose from. Two of the best evidence-based programs for preventing falls are “Stepping On” and Tai Chi, both of which focus on improving older adults’ balance. The New York State Department of Health will be offering training in both of these programs in the near future and Bay Ridge Center staff should sign up for these trainings as soon as they become available. In addition, Center staff could ask those who fell outside exactly where they fell and what caused the fall (e.g. uneven sidewalks, potholes, and other environmental hazards) in case environmental issues need to be addressed in a timely manner to prevent additional falls. These environmental issues should be reported to landlords and/or relevant city departments.

These are just some of the “opportunities for action” that are suggested by the AdvantAge Initiative survey results. They were chosen because they can be addressed relatively easily by Bay Ridge Center staff with relatively little outlay of funds. They would be good places to start to make Bay Ridge more aging-friendly.



61 E. 4th Street, New York, N.Y. 10003  
Tel: (212) 228-8210; fax: (646) 602-2260  
email: [csc@coopersquare.org](mailto:csc@coopersquare.org)

Website: [www.coopersquare.org](http://www.coopersquare.org)

**TESTIMONY ON:**

**T2017-6088**

**OVERSIGHT- HOW CAN NATURALLY OCCURING RETIREMENT  
COMMUNITIES IMPROVE and EXPAND SERVICES?**

PRESENTED BEFORE:

THE NEW YORK CITY COUNCIL COMMITTEE ON  
AGING

MARGARET S. CHIN, CHAIR

COMMITTEE MEMBERS: KAREN KOSLOWITZ, DEBORAH L. ROSE, CHAIM M. DEUTSCH,  
MARK TREYGER, PAUL A. VALLONE and ROSIE MENDEZ

PRESENTED BY:

CARMEN L. PEREZ  
DIRECTOR OF NEIGHBORHOOD NORC PROGRAM  
COOPER SQUARE COMMITTEE

JUNE 13, 2017

Good Afternoon, my name is Carmen Perez, Director of the Neighborhood NORC Program at the Cooper Square Committee. The Cooper Square Committee is a tenants' rights organization in the Lower East Side of Manhattan. The Cooper Square Committee's mission is to work with area residents to contribute to the preservation and development of affordable, environmentally healthy and community/cultural spaces so that the Cooper Square area remains racially, economically and culturally diverse. Through this aim we have seen our elder population grow and thus recognized the needs of our East Village aging community by developing and shaping a program by their own design. Through a partnership among low and moderate income residents, housing management companies, and health care and social service providers, facilitated by Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs (N/NORCs) support older residents and enable them to age in place, thrive in their communities, and delay and avoid hospitalization or nursing home placement. By providing these vital programs and resources aging New Yorkers from low to middle income can be assured of not having to go out of their way to continue to enjoy their independence.

I am delighted to be here today to testify in support of NORC and Neighborhood NORC's. N/NORCs provide programs and services that support a group that might otherwise fall through the cracks. N/NORCs provide case management, socialization programs, transportation and shopping assistance, as well as basic health services that allow seniors to remain in their homes, greatly improving their quality of life. The Cooper Square Committee N/NORC program since its formation nearly two years ago has cast a wider net throughout the East Village/Lower East Side community through strong outreach, networking and activities such as workshops and presentations. The organization has gotten its designation as a Neighborhood NORC within the past year and hired its director. Admittedly the program has not as of this writing provided much by the way of Health Care or health care assistance largely due to lack of adequate staffing. We hope to expand in this endeavor should funding become available. However during this time the N/NORC has expanded its reach within the community and has partnered with key community stake holders that provide both volunteers and participants.

Our fledgling N/NORC Program thanks to the generosity of the City Council Committee on Aging and the Department for the Aging (DFTA) has allowed both Cooper Square Committee (CSC) and its surrounding aging community to enjoy and partake of programs and services that they were not privy to in the past. As of now the N/NORC is providing the following services:

Health, Legal and Benefits Planning workshops:

In the past year, our Neighborhood NORC has sponsored 40 workshops for seniors at three or more different sites, with a total attendance of over 600 people. The three main locations are our office located at 61 East 4th Street with usually 15 - 20 people in attendance. Then we have our Community Partners at JASA with their two locations at 200 East 5th Street and 310 East 3rd Street with typically 35 - 50 and 20 - 30 people in attendance respectively. Workshops and meetings are done monthly at the JASA sites.

Topics have included disaster preparedness and response, falls prevention, medication safety, depression, ageism, decluttering, health care options, alternatives to high priced cable subscriptions, how to create end of life documents such as wills, health proxies and power of attorney.

We also host special events such as "Get a NYC ID card" which had an overflow crowd. More than 40 people were able to get their ID card, and we had to turn away some people, but will schedule another later in the year. In late June, we plan to hold a "Shingles Vaccination Day" for seniors.

#### Case Management and Home Visits:

Our Social Service staff consisting of a part-time employee and N/NORC Director provides one-on-one counseling and entitlement assistance for seniors 60 and over, including helping them enroll in Meals on Wheels, access Medicaid and SNAP, obtain a home health aide, apply for SCRIE and DRIE, and apply for affordable senior housing when opportunities arise. Our NORC staff triages with CSC Organizing staff to deal with seniors who have housing issues. They have worked with a number of seniors dealing with harassment by their landlord, and seniors needing help with decluttering to avoid eviction. We have utilized the services of the Educational Alliance for these cases. We have worked to get repairs in senior's apartments, including one who was hospitalized when her ceiling collapsed on her. Overall, the CSC & N/NORC serves over 150 seniors per year for Case Management.

#### Social and Recreational Events:

The Senior, Health, Advocacy and Recreational Program (SHARP) Committee at Cooper Square is a senior led group that plans a lot of the workshop topics as well as social and recreational activities for seniors. Upcoming SHARP events are publicized via email blasts and flyers. This past year, SHARP's members have participated in an ongoing Memoir Writing workshop, and an eclectic assortment of social activities including Opera nights, British Comedy nights, Documentary Film screenings about fracking, sub-prime lending and other issues, Neighborhood and Garden walks, social lunches and dinners at local restaurants that offer early bird specials. Over 60 SHARP members have participated in these activities.

In total, CSC's N/NORC serves over 500 unduplicated seniors per year. We aim to explore a partnership with University Settlement to bring more services to local seniors such as mental health counseling and visiting nurses. We plan to provide participants with a NORC membership card, and create a volunteer base that can provide isolated seniors with home visits to provide them with a stronger social network. Through additional funding to CSC and other NORCs would be vital to ensure that the NORC programs can continue to provide services, particularly health care management services, to expand the program culturally and linguistically to underserved areas with increasing aging populations.

In closing, it's worth noting that making stronger NORCs and N/NORC's program is in the best interest of all aging New Yorkers. It maintains viability while preserving the integrity of the community. With that being said further information and study into aging communities needs to be reassessed.

The Cooper Square Committee N/NORC program is in agreement with the general NORC communities to have programs in place that run efficiently and sufficiently for a healthy perspective for our seniors.

Thank you.



**Testimony to the Committee on Aging of the New York City Council  
Hearing on Naturally Occurring Retirement Communities (NORCS)**

**Delivered in person on June 13, 2017  
by Thomas Weber, Director of Care Management**

Councilmembers, on behalf of SAGE – Services and Advocacy for GLBT Elders – thank you for holding this Committee hearing on the value of Naturally Occurring Retirement Communities, or NORCs.

My name is Thomas Weber, and I am the Director of Care Management at SAGE. SAGE is the country's first and largest organization dedicated to improving the lives of LGBT older adults. Founded right here in NYC in 1978, SAGE has provided comprehensive social services and programs to LGBT older people for nearly four decades, including through our five LGBT-welcoming senior centers across the city, which have been funded through the Council.

Services for older New Yorkers are crucial – and will become even more important to a growing demographic in our City. Every day in this country, 10,000 people turn 65. This grey tsunami will hit New York City. According to LiveOn New York, 20% of New Yorkers will be over 60 by the year 2030. Couple this growing demographic with our city's housing affordability crisis and it's no wonder that so many of our elders are left with few options where they can grow old safely.

The population of elders who are LGBT will also skyrocket proportionally. Already, SAGE has seen a surge in the number of LGBT people seeking our services. Our constituent population has more than doubled over the last five years – a testament to the penetration of our five SAGE Centers across the City.

Our City must do more for our older members of our community – not less. Our city pioneered the NORC model, recognizing the need for independent living for our elders. Our city knows that NORCs enable older people to age in place, safely.

This is even more true for marginalized older people, like LGBT older people. LGBT elders face myriad challenges associated with aging: declining health, diminished income, the loss of friends and family and ageism. LGBT older adults also face invisibility, ignorance, and fear of harassment and poor treatment.

Yet, they are far more likely to live with these challenges in isolation. LGBT elders are twice as likely to live alone; half as likely to be partnered; half as likely to have close relatives to call for help; and more than four times more likely to have no children to help them. As a result of these thin support networks, many LGBT older people have nobody to rely on. In fact, nearly 25% of LGBT older adults have no one to call in case of an emergency.

Proven discrimination adds to their burdens. In a 10-state housing study conducted by SAGE and the Equal Rights Center, we found that same-sex couples faced discrimination at an alarming rate when seeking senior rental housing. In that study 48% of same-sex couples were subject to at least one form of discrimination – that’s hard to believe that lesbian and gay older couples were discriminated against in at least half of these cases.

A lifetime of discrimination has reduced the support networks and economic security of many LGBT older people, leaving our LGBT elders even more vulnerable to housing instability in their later years. LGBT older people face profound challenges in obtaining LGBT-welcoming housing— a problem that will increase significantly as the elder population doubles in the next few decades, and more “out” and empowered LGBT people age into their retirement years.

As the nation’s advocate for LGBT elders, SAGE is working with cities and towns across the country to encourage more LGBT-friendly developments, including NORCs. Here in New York, SAGE receives NORC funding that supports our SAGE Center Harlem. SAGE launched our five Senior Centers across the city to reach more LGBT older people who are disconnected from services, but in great need of these services in order to age in place. With support for our non-traditional NORC, SAGE Center Harlem, LGBT elders of color can access a continuum of care – from hot meals to fitness to socialization and case management – that enables more LGBT elders in Harlem to age in community and not have to enter long-term care.

We must ensure that there are resources, like more NORCs, in this city so that New York City is a place where people can grow older gracefully right here in their City and in their community. Our city is aging and it’s incumbent upon the city to invest more in models like NORCs so that the Department for the Aging is prepared for the aging of the Baby Boomers. And, it’s crucial that the city invests in services and supports specifically for vulnerable populations, like our LGBT elders.

Thank you to the City Council for your continued commitment to our city’s LGBT older people. Your support has been instrumental in ensuring that SAGE is there for them. As we look to a growing population of LGBT older people, SAGE looks forward to working with the members of the Council and the Department for the Aging to ensure that more of our city’s elders can age in place.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 6-13-17

(PLEASE PRINT)

Name: Karen Taylor

Address: Assistant Commissioner,

I represent: Bureau of Community Services

Address: DFIA

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 6/13/17

(PLEASE PRINT)

Name: Nicole Tambini

Address: 1525 Unionport Rd #ME BX 10462

I represent: PEP for Seniors NORC

Address: (same)

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Sasha Kesler

Address: \_\_\_\_\_

I represent: Selfhelp Community Services

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Nora Moran

Address: \_\_\_\_\_

I represent: United Neighborhood Houses

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 6/13/17

(PLEASE PRINT)

Name: Molly Krakowski

Address: \_\_\_\_\_

I represent: JASA

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Hillary Stuchin

Address: ~~132 E 12th St~~

I represent: WJA - federation of NY

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Carly Resnick

Address: Deputy Commissioner, External Affairs

I represent: DFA

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 6-13-17

(PLEASE PRINT)

Name: Laudrey Lamadieu

Address: Deputy Assistant Commissioner,

I represent: Bureau of Community Services

Address: DFA

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Thomas Weber

Address: \_\_\_\_\_

I represent: SAGE

Address: 305 7th Ave NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. T2017 Res. No. 6088  
 in favor  in opposition

Date: 6/13/17

(PLEASE PRINT)

Name: Carman Perez, Director Cooper Sq. Cmte. NORC

Address: 61 East 4 Street

I represent: Cooper Sq. Committee Neighborhood, NORC

Address: same

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
 in favor  in opposition

Date: 6-13-17

(PLEASE PRINT)

Name: TODD W. FLEISHER

Address: 310 85 ST, BROOKLYN NY 11209

I represent: BAYRITBE CENTER

Address: 411 VINTON AVE BROOKLYN NY 11209

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor     in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: JAN ORZECK

Address: 2078 2nd Ave., NY, NY 10029

I represent: Union Settlement NARC at Franklin Plaza

Address: \_\_\_\_\_

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor     in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Rhonda Soberman

Address: \_\_\_\_\_

I represent: Visiting Nurse Service of NY

Address: \_\_\_\_\_

◆ Please complete this card and return to the Sergeant-at-Arms ◆