Steps to a more Age-friendly Manhattan
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We are pleased to launch the first report of our “Age-friendly Manhattan” initiative—a collaboration between the Manhattan Borough President’s Office and The New York Academy of Medicine (NYAM). This Age-friendly Manhattan Survey Report summarizes responses to our borough-wide survey and outlines a series of recommendations to improve quality of life for older adults throughout the borough.

When we launched the Age-friendly Manhattan Survey in October of 2019, we had no idea of the drastic changes that were about to befall our city, and the dramatic impact they would have on the lives of Manhattan’s older adults. The COVID-19 pandemic altered the way we traveled, bought groceries, celebrated birthdays, and sought medical care. Our social networks became smaller, and for many, disappeared entirely, creating a sense of isolation. For older people who are more susceptible to poor outcomes from COVID, these changes have had a profound impact.

Over 1,100 older Manhattanites participated in this survey, and we are grateful for their time and candor. While the majority of the data captured by this survey speaks to life before the pandemic, we incorporated the challenges and lessons of life in quarantine into the accompanying recommendations. For example, we recommend expanding technology training and help centers aimed at older people, since over 50% of respondents reported a need for more free or affordable ways to learn about using computers and the internet—and that was before online video calls became the go-to means of social connection. In another example, we recommend a citywide online registry for health proxy forms, a lesson learned from the number of families that were forced to suddenly grapple with difficult medical decisions when their loved one became incapacitated by the virus.

We want to acknowledge the team that has helped to bring Age-friendly Manhattan to fruition, especially: Shulamit Warren, Hally Chu, and Jessica Mates of the Manhattan Borough President’s Office; Lindsay Goldman, Alyssa Kies, Elana Kieffer, and Carolyn Stem of NYAM. We also want to recognize NYAM’s Graduate Intern Nicole Levy, who contributed immensely to this project.

As the first important step in continuing to build an Age-friendly Manhattan, we are committed to using this feedback to build an even better, more equitable Manhattan where people of all ages can live healthy and meaningful lives. In partnership with residents, service providers, arts and cultural institutions, local businesses, and many others, we look forward to working together to achieve this vision.

Gale A. Brewer
Manhattan Borough President

Judith A. Salerno, MD, MS
President,
The New York Academy of Medicine
Introduction

Beginning in 2019, the Manhattan Borough President’s Office partnered with The New York Academy of Medicine (NYAM) to launch Age-friendly Manhattan.

Age-friendly Manhattan is working to:

• Regularly solicit feedback from older people about their quality of life to inform neighborhood planning processes;
• Create new opportunities for health and well-being and increase social, physical, and economic participation;
• Better connect older people with information and resources; and
• Mobilize older people and their service providers to advocate for local age-friendly improvements.

This initiative builds on earlier work led by the Manhattan Borough President to make the entire borough inclusive and welcoming to older people including the following publications and initiatives:

• *Age-friendly Guide to Manhattan Supermarkets (2019)*
• *Age-friendly Guide to Manhattan Supermarkets (2017)*
• *Aging Artfully (2019)*, a guide to local museums, arts and crafts organizations, and performing arts institutions with information on accessibility and discounts for older adults.
• *Fresh Food for Seniors*, which has provided older adults with fresh, regionally grown fruit and vegetables for just $8 a bag since 2012.
• Annual Age-friendly Symposia, including topics such as Aging Artfully, Caregivers, Brain Health, and Make Manhattan Mine: Aging with Ease in Manhattan.

Age-friendly Manhattan uses a framework developed by the World Health Organization¹ that asks older people about their daily lives with respect to:

• Transportation
• Outdoor spaces and buildings
• Housing
• Respect and social inclusion
• Social participation
• Civic participation and employment
• Communication and information
• Community support and health services
Collectively, these are known as the eight domains of an age-friendly community. This report summarizes the findings of a survey covering the eight domains that asked people about their experiences living in Manhattan in fall 2019 through winter 2020. Through “Age-friendly Manhattan,” the Manhattan Borough President has committed to working with the City and private-sector partners to make improvements to local resources, institutions, services, and amenities that reduce or eliminate barriers identified through the survey, where possible.

Methodology

The Age-friendly Manhattan survey included questions about basic demographics and health status; the availability, accessibility, and proximity of jobs, services, and resources for older people; attitudes toward technology; and built environment features (see Appendix A: Age-friendly Manhattan Survey). The target population included all adults age 18 and older who live, work, or partake in activities in Manhattan, with a focus on those age 65 and older. The survey was available in English, Spanish, and Chinese, in hardcopy and online, from October 27, 2019 to May 6, 2020, with the vast majority of responses collected during February 2020. A total of 1,149 responses were collected.

The survey was launched in hardcopy at Make Manhattan Mine: Aging with Ease in Manhattan, an age-friendly panel and resource fair hosted by the Manhattan Borough President’s Office on October 27, 2019 at John Jay College. Further outreach was conducted via digital platforms, including listservs, newsletters, and social media by the Manhattan Borough President’s Office, NYAM, AARP, LiveOn NY, and community-based organizations including SAGE, the Chinese-American Planning Council, and Older Adults Technology Services (OATS). Printable versions of the survey were sent to over 80 community partners with an address included for respondents to mail hardcopy versions of the completed survey.

The survey was self-administered by respondents. The survey data were analyzed to identify any statistically significant associations, and the data were contextualized using the IMAGE: NYC Interactive Map of Aging, an open-source map of New York City’s current and projected population age 65 and older with overlays of age-friendly resources, services, and amenities by neighborhood. Throughout the report, IMAGE: NYC maps accompany survey findings to show, for example, the number of cultural institutions or ADA-accessible subway stations per neighborhood. Population characteristics are mapped at the neighborhood level using the NYC Department of City Planning’s “neighborhood tabulation areas” (NTAs). NTAs represent aggregations of census tracts and are easily recognizable—they generally correspond to historical neighborhood areas in New York.
Limitations

Among the limitations of this study are that it was a convenience sample, which may not accurately represent the entire population of Manhattanites age 65 and older. Recruitment of survey participants through digital outlets and outreach by community-based organizations likely omitted homeless older adults and those who are unconnected to social services or without the internet. The written survey format may also have presented challenges for individuals with cognitive and vision impairments. While our survey was translated into and distributed in English, Spanish and Mandarin, not all older adults in New York City speak these three languages at home: 4% speak Russian, 1% Hindi, and 14% another language. In Manhattan, 27% of older adults speak a language other than English and speak English “less than very well.” Many among them may have found the survey inaccessible.

An analysis of the geographic distribution of our survey participants shows that they are disproportionately concentrated on the Upper West Side, in Midtown, and in the Hudson Yards-Chelsea-Flatiron-Union Square, Midtown West, and Murray Hill-Kips Bay neighborhoods. Almost 44% reported living in ZIP codes in these areas (see Appendix B). As a result, our sample skews heavily white, wealthier, and more likely to be in better health than the Borough as a whole. In addition, a large majority of participants (77%) reported their gender as female.

Survey questions about Medicaid benefits, health status, and dependency likely introduced social desirability bias into our results, because respondents may have selected a perceived desirable response rather than a truthful one. Survey participants, for example, may have denied receiving Medicaid benefits out of reluctance to report that they rely on government support.

Most of our responses were collected before the COVID-19 pandemic. As a result, our survey is a reflection of life prior to the pandemic and not current conditions.
TABLE 1. Top 10 neighborhoods with the highest concentration of older adults

<table>
<thead>
<tr>
<th>RANK</th>
<th>NEIGHBORHOOD</th>
<th>PERCENTAGE OF ADULTS AGES 65+</th>
<th>POPULATION OF ADULTS AGES 65+</th>
<th>TOTAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Upper East Side-Carnegie Hill</td>
<td>30.7%</td>
<td>17,102</td>
<td>55,649</td>
</tr>
<tr>
<td>2</td>
<td>Turtle Bay-East Midtown</td>
<td>25.0%</td>
<td>12,558</td>
<td>50,180</td>
</tr>
<tr>
<td>3</td>
<td>Chinatown</td>
<td>21.9%</td>
<td>9,648</td>
<td>44,062</td>
</tr>
<tr>
<td>4</td>
<td>Lincoln Square</td>
<td>21.1%</td>
<td>13,254</td>
<td>62,685</td>
</tr>
<tr>
<td>5</td>
<td>Upper West Side</td>
<td>20.3%</td>
<td>26,884</td>
<td>132,455</td>
</tr>
<tr>
<td>6</td>
<td>Lower East Side</td>
<td>19.7%</td>
<td>13,475</td>
<td>68,404</td>
</tr>
<tr>
<td>7</td>
<td>Lenox Hill-Roosevelt Island</td>
<td>17.5%</td>
<td>14,261</td>
<td>81,559</td>
</tr>
<tr>
<td>8</td>
<td>Yorkville</td>
<td>17.3%</td>
<td>13,499</td>
<td>78,241</td>
</tr>
<tr>
<td>9</td>
<td>West Village</td>
<td>16.4%</td>
<td>10,866</td>
<td>66,258</td>
</tr>
<tr>
<td>10</td>
<td>Stuyvesant Town-Cooper Village</td>
<td>16.1%</td>
<td>3,541</td>
<td>22,032</td>
</tr>
</tbody>
</table>


Manhattan’s Older Adults

Over 20% of New York City’s 1,168,268 million adults age 65 and older live in Manhattan. These 257,178 individuals comprise 16% of the borough’s 1.6 million residents. By 2040, this population is projected to grow to over 277,000.

Women make up 59% of the population of older Manhattanites. Sixty-four percent of the older adult population of Manhattan is white. Hispanics/Latinos make up 23% of the older adult population in Manhattan, making them the second-largest racial group. Fifteen percent of Manhattan’s older adults are Black, and 10% are Asian. Thirty-five percent of Manhattan’s older adults were born outside of the U.S. Forty percent speak a language other than English at home, and slightly more than a quarter (27%) report that they speak English less than very well.

Neighborhood conditions can facilitate or impede access to health-promoting resources for older people. Living in economically disadvantaged communities, often characterized by lower-quality housing, higher levels of crime and pollution, and fewer resources, is associated with more chronic health conditions, mobility challenges, high levels of stress, and shorter life spans among older residents. As indicated by the charts below, life expectancy significantly varies by neighborhood. There is a difference of 10 years between the life expectancy for residents of Central Harlem (76.9 years) and for residents of Greenwich Village/SoHo (86.7 years), which has the highest life expectancy of any Community District in New York City. Residents south of East 96th Street live nine years longer than their neighbors to the north in East Harlem.
TABLE 2. Life expectancy by community district as compared to median household income

<table>
<thead>
<tr>
<th>NEIGHBORHOOD</th>
<th>COMMUNITY DISTRICT</th>
<th>LIFE EXPECTANCY</th>
<th>MEDIAN HOUSEHOLD INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwich Village, SoHo</td>
<td>1 &amp; 2</td>
<td>86.7</td>
<td>$162,092</td>
</tr>
<tr>
<td>Upper East Side</td>
<td>8</td>
<td>86.4</td>
<td>$134,264</td>
</tr>
<tr>
<td>Murray Hill</td>
<td>5 &amp; 6</td>
<td>86.3</td>
<td>$154,501</td>
</tr>
<tr>
<td>Battery Park, Tribeca</td>
<td>1</td>
<td>85.9</td>
<td>$162,092</td>
</tr>
<tr>
<td>Midtown Business District</td>
<td>5 &amp; 6</td>
<td>85.6</td>
<td>$120,248</td>
</tr>
<tr>
<td>Upper West Side</td>
<td>7</td>
<td>85.2</td>
<td>$136,735</td>
</tr>
<tr>
<td>Washington Heights</td>
<td>12</td>
<td>84.4</td>
<td>$53,507</td>
</tr>
<tr>
<td>Chelsea, Clinton</td>
<td>4 &amp; 5</td>
<td>84.1</td>
<td>$120,248</td>
</tr>
<tr>
<td>Lower East Side</td>
<td>3</td>
<td>83.2</td>
<td>$41,302</td>
</tr>
<tr>
<td>Manhattanville</td>
<td>9</td>
<td>82.1</td>
<td>$68,370</td>
</tr>
<tr>
<td>East Harlem</td>
<td>11</td>
<td>77.9</td>
<td>$32,408</td>
</tr>
<tr>
<td>Central Harlem</td>
<td>10</td>
<td>76.9</td>
<td>$54,932</td>
</tr>
</tbody>
</table>


Source for median household income: U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S1903 (2005-2019).

The population of people 65 and over is projected to increase in all but five neighborhoods in Manhattan (Stuyvesant Town-Cooper Village, Gramercy, Murray Hill-Kips Bay, Turtle Bay-East Midtown, and Upper East Side-Carnegie Hill) by 2030.

A large older population can stimulate economic growth and bring added social and financial capital to Manhattan communities and institutions, if older people remain actively involved in public life. Often among the most civically engaged, older adults have higher voting rates than other age groups. In New York State, households headed by someone age 50 or older accounted for 46% of the state’s gross domestic product, at a rate of $598 billion, and contributed to 44% of state taxes, amounting to $64 billion.7
TABLE 3. Neighborhoods projecting the most dramatic increase of older adult residents, 2010-2030

<table>
<thead>
<tr>
<th>NEIGHBORHOOD</th>
<th>TOTAL POPULATION 65+ IN 2010</th>
<th>PROJECTED POPULATION CHANGE AGE 65+, 2010 TO 2030</th>
<th>PROJECTED POPULATION CHANGE AGE 65+, 2010 TO 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clinton</td>
<td>5,165</td>
<td>129.4%</td>
<td>6,686</td>
</tr>
<tr>
<td>2 Hudson Yards-Chelsea-Flatiron-Union Square</td>
<td>7,621</td>
<td>90.3%</td>
<td>6,885</td>
</tr>
<tr>
<td>3 SoHo-TriBeCa-Civic Center-Little Italy</td>
<td>4,227</td>
<td>59.2%</td>
<td>2,503</td>
</tr>
<tr>
<td>4 Central Harlem South</td>
<td>3,840</td>
<td>51.7%</td>
<td>1,986</td>
</tr>
<tr>
<td>5 Battery Park City-Lower Manhattan</td>
<td>2,345</td>
<td>34.2%</td>
<td>802</td>
</tr>
<tr>
<td>6 Marble Hill-Inwood</td>
<td>5,001</td>
<td>34.1%</td>
<td>1,703</td>
</tr>
</tbody>
</table>


Findings: Survey Participants

We received a total of 1,149 survey responses from adults 18 and older who live, work, or participate in activities in Manhattan. Three in four respondents were age 65 and over, and more than half of this group was 74 or younger. The overwhelming majority (77%) were female. (Charts may not total 100% due to rounding.)
Of the 1,086 people who reported their race/ethnicity, 83% identified as white, 9% as Black, 6% as Hispanic/Latino, and 3% as Asian.

Most participants reported their sexual orientation as heterosexual (82%).

One in three participants was currently employed (35%), and an additional 16% were searching for work.
Rather than ask about income, we used Medicaid as a proxy since Medicaid is generally obtained through income eligibility. Only one in 10 respondents reported receiving Medicaid. The vast majority of study participants (85%) described their health as “excellent,” “very good,” or “good.”

Only 6% of the group said they benefited from the support of formal or informal caregivers to meet their daily needs, but one in five identified as caregivers themselves.

With respect to self-reported health status, our analysis yielded the following statistically significant associations with age, Medicaid enrollment, and race:

- The proportion of adults age 65 and older reporting fair or poor health (16%) was significantly higher (p = 0.03) than the proportion of adults younger than 65 (11%).
- The proportion of Medicaid recipients reporting fair or poor health (25%) was significantly higher (p = 0.008) than the proportion of other participants reporting fair or poor health (14%).
- Asian participants were most likely to report good health (93%), while Latinx participants were most likely to report poor health (72%) (p = 0.005).
Findings: Transportation

To what extent do older people have access to public transportation?

Transportation is essential to older adults’ quality of life, health, independence, social interaction, and ability to contribute to their communities, especially as consumers and workers in the local economy. Older New Yorkers have unique transportation needs: One in three is living with a disability, three times as many as the general population. They experience poverty at rates comparable to other age groups in New York City but higher rates than the older population in the United States. Services meeting their needs should therefore be accessible, reliable, and affordable.

About 82% of survey respondents felt that the public transportation in their neighborhood was “very available” or “available.” (The majority of the 22 respondents who said public transit was “not available” lived in Midtown or Lower Manhattan.)

Their comments highlighted a need for more working elevators at subway stations and increased local bus service.

“Too few subway stations have functioning elevators or escalators, creating obvious problems for those with arthritic knees or other problems (not to mention parents with strollers, travelers with suitcases, delivery people with carts, etc.)” —A Chelsea resident.

“I, and others like myself, stand painfully at a bus stop, watching two or three ‘Select’ buses, one or two ‘Out of Service’ buses before, finally, a local arrives… I am unable to walk blocks to find a ‘Select,’ then walk more at the arrival because of the distance between stops” —A Yorkville/Upper East Side resident.

According to the IMAGE: NYC map, on the top of the next page, 24% of older Manhattanites report having ambulatory difficulty, and for this group in particular, the city’s public transportation system is largely insufficient. For example, only about a quarter of New York City’s 472 subway stations are wheelchair-accessible, one of the lowest percentages of any major transit system in the world. (Forty-six Americans with Disabilities Act-compliant stations are located in Manhattan.) Manhattan neighborhoods with the largest concentrations of older people with ambulatory difficulty include Manhattanville (45%), the Lower East Side (40%), East Harlem North (39%), Hamilton Heights (39%), and Washington Heights South (38%). Manhattanville, Hamilton Heights, and the Lower East Side have no ADA-compliant subway stations, while East Harlem and Washington Heights South have one each.
MAP 1. Types of subway entrances as compared to neighborhoods where 35% of older people report ambulatory difficulty

Neighborhoods shaded with a hatch mark pattern indicate that at least 35% of the population of adults over age 65 report having ambulatory difficulty. Orange icons indicate stair-only subway entrances. Blue icons indicate ADA-accessible subway entrances. Source: IMAGE: NYC Interactive Map of Aging.

The city’s paratransit system fails to fill in the gaps in these areas; riders have long complained of poor, unreliable service. An audit conducted in 2017 by the New York City Comptroller found that 43% of Access-A-Ride complaints, from safety issues to lateness, remained unresolved past the MTA’s own deadlines.12

Recommendations:

- Make all subway stations ADA-compliant by 2034, beyond the 70 selected for upgrades as part of the MTA’s 2020-2024 capital plan.
- Enforce the MTA’s schedule for preventative maintenance on subway elevators.13
- Provide training for bus drivers to pull up to the curb to allow people to board safely.
- Site additional bus shelters and benches, prioritizing neighborhoods with large concentrations of New Yorkers with ambulatory difficulty.
- Expand and improve on-demand Access-a-Ride pilot, introducing contract incentives for improved performance.
- Increase required percentage of accessible vehicles for on-demand ride hailing services.
- Ensure bus stops are shoveled after snowfall to provide a clear path for people to approach and board buses.
Findings: Outdoor Spaces and Buildings

To what extent does the natural and built environment help older people get around easily and safely in the community and encourage active community participation associated with improved health and well-being?

The Age-friendly Manhattan survey asked participants about the adequacy of public seating, the safety of streets and intersections, the presence and quality of parks and other outdoor spaces, and the cleanliness of sidewalks.

Public Seating

Public seating makes New York City streets more walkable and comfortable for New Yorkers of all ages and mobility levels. Benches allow people to stop and rest while walking, enjoy their outdoor environment, and connect with members of their community. With $4.5 million in federal funding for its CityBench program, the New York City Department of Transportation (DOT) has installed more than 2,100 new benches around the city, including more than 500 in Manhattan. DOT invites citizens to suggest new locations on public property, prioritizing locations near senior centers and senior housing, hospitals and community health centers, commercial zones and shopping districts, and municipal facilities. In 2017, the agency updated the bench design to accommodate aging New Yorkers who prefer shorter seats and longer arm rests. Additionally, DOT has installed at least 3,500 new bus shelters with seating, in existing and new locations, including 518 in Manhattan.

Almost half of survey respondents reported that benches for resting and sitting were “somewhat” or “not available” in Manhattan, suggesting that the City still has much work to do in this arena. One in five of those who reported benches for resting and sitting were “not available” lived in Turtle Bay-East Midtown.

The Upper East Side is an example of a neighborhood that would undeniably benefit from more benches and shelters. Almost one in three residents, or 17,102 out of 55,649, is age 65 and older, and only 14 benches and shelters are sited (compared to 41 in the much smaller Lincoln Square neighborhood, where 13,254 older adults live). Manhattanville, where 45% of adults ages 65 and older report ambulatory difficulties, could also benefit from the installation of more than two benches.
Intersections and Streets

In 2008, DOT established the Safe Streets for Seniors program to implement pedestrian safety measures in areas with high rates of senior pedestrian crashes resulting in fatalities or serious injuries. Since launching the program, DOT has implemented improvements in 41 Senior Pedestrian Focus Areas (SPFAs), such as: extending crossing times at crosswalks to accommodate slower walking speeds; constructing pedestrian safety islands; widening curbs and medians; and narrowing roadways. Eleven of these SPFAs are located in Chinatown, East Harlem, Hamilton Heights, Lenox Hill-Turtle Bay, the Lower East Side, Manhattan Valley, Midtown West, Stuyvesant Town, the Upper West Side, Washington Heights, and Yorkville.

The initiative as a whole has had a demonstrable impact across the five boroughs, with annual pedestrian fatalities decreasing 17% citywide. Pedestrian fatalities went from an average of 65 fatalities per year between 1999 and 2008 to an average of 54 between 2009 and 2018. The program has had variable impact across Manhattan neighborhoods: In Yorkville, for example, fatalities of pedestrians ages 65 and older decreased by nearly half, from 14 to 8, over the five-year period beginning in 2010; in East Harlem South and West Midtown, fatalities among pedestrians in the same age group over the same period increased by 1 (from 9 to 10, and from 10 to 11, respectively).

Of the 1,144 survey respondents who addressed the local availability of safe and well-lit streets and intersections, 76% said they were “available” or “somewhat available.” High satisfaction rates may be in part attributable to the large share of respondents from the Upper West Side (28%), a Senior Pedestrian Focus Area.

A noteworthy number, however, expressed concerns about hazardous interactions with cyclists. “I find it increasingly difficult to cross NYC streets as bike riders speed, ride the wrong way, ignore lights, and seem to revel in challenging pedestrians. I have been knocked down or almost knocked down several times.”

—An Upper West Side resident, who attributed the trend to limited enforcement of bicycle and pedestrian safety laws.
Sidewalks

Cleaning and repairing sidewalks can help prevent falls, which are the second leading cause of accidental injury deaths worldwide and are most commonly fatal among adults ages 65 and older. Nearly half of all falls among older adults occur outdoors, and environmental factors—such as uneven surfaces and objects that can be tripped on—are estimated to account for 30-50% of falls among older people worldwide.

In Manhattan, the neighborhoods with the highest rate of fall hospitalizations among residents age 65 and older, averaged over a three-year period, were Gramercy (2,455.2 fall hospitalizations per 100,000 people age 65 and older), Battery Park City-Lower Manhattan (2,470.5 hospitalizations per 100,000), and Stuyvesant-Cooper Village (2,350.6 hospitalizations per 100,000).

Survey respondents were equally distributed between those who said clean and well-maintained sidewalks were “very available” and those who said they were “not available” (13% each). Roughly one in four members of the latter group hailed from the Upper West Side, Hudson Yards-Chelsea-Flatiron-Union Square, Midtown West, or Murray Hill-Kips Bay.

“*The sidewalks in much of the West Side are cracked in places, and are often littered with garbage*” —An Upper West Sider.
**Parks and Public Areas**

Research shows that neighborhood access to public parks is associated with higher levels of physical activity, and mounting evidence suggests that green space reduces psychological distress by facilitating increased levels of social support and engagement in social activities. The self-perceived health of all age groups is better when there is more green space, and this association is particularly strong for older adults.

The New York City Department of Parks and Recreation (NYC Parks) not only maintains green space that older adults can enjoy on foot, but also offers a variety of free and low-cost programming (i.e. adapted aquatics, tennis, and yoga classes), and a discounted rate for its recreation centers and indoor pools. In the past few years, the agency has made an effort to increase the accessibility of facilities such as bathrooms, gardens, and sports fields.

A sizable contingent of participants (43%) reported accessible and clean parks and public areas to be “very available.”

![Availability of accessible and clean parks and public areas](image)

Commenters did, however, request more public bathrooms, water fountains, and benches in their neighborhood parks. “We need free publicly accessible clean restrooms. This city is not user-friendly in that regard,” commented one respondent. Another added, “I am retired and enjoying it very much. I love walking and there are lots of places available to walk. I would love to see more seating available outside, on the streets and in parks and public places. Also more working water fountains.”

**Recommendations:**

- Scale up the CityBench program, and install more benches in parks.
- Conduct an assessment of the implementation and outcomes of Safe Streets for Seniors, and expand the program to new neighborhoods.
- Resolve conflicts between pedestrians and cyclists through improved street design, increased enforcement, and public information campaigns on proper etiquette and laws.
- Identify priority areas for sidewalk repair informed by Age-friendly Neighborhood consultations and socio-demographic data (i.e. large concentrations of older people, people with mobility impairment, and falls prevalence), and 311 complaints.
- Install more public bathrooms and water fountains.
Findings: Housing

To what extent do older people have housing that is safe, accessible, and affordable?

While affordable housing is an issue for many New Yorkers, cost-burdened households are commonly defined as those spending more than 30% of their income on rent or mortgage payments. Such households have higher eviction rates and increased financial fragility; they also have less money to pay for other essential needs, like food and medicine. In Manhattan, housing cost burden (paying 35% or more of household income on housing) is an issue for the greatest percentage of older households in Washington Heights North (49.1%), Chinatown (48.7%), and Central Harlem North (48.7%).

MAP 2. Neighborhoods where at least 45% of older adults are housing cost-burdened

New York City programs that can help older households with incomes under $50,000 meet their housing expenses—like the Senior Citizen Rent Increase Exemption (SCRIE) program, which freezes rent in rent-regulated buildings, and the Senior Citizen Homeowners Exemption (SCHE) program, the equivalent for co-op and homeowners—are unfortunately under-promoted and underutilized. In addition to SCRIE and SCHE, the City also runs a Senior Affordable Rental Apartments (SARA) program through the Department of Housing Preservation and Development to support the construction and renovation of affordable housing for low-income older adults by offering developers low-interest loans.
Seventy percent of survey participants said they considered affordable housing “somewhat available” or “not available,” with one in three reporting the latter.

Among the 72 individuals who said they expected to be living somewhere else a year from now, about half cited expense as the reason.

“Even with SCRIE, and living with a family member, rent and utilities are 70+% of my income,”—An Upper West Sider in her early 60s.

“In my search for a livable and safe apartment living in Manhattan, I find I am not able to afford a ‘decent’ place and environment. I am considering leaving NYC as my only option. Too young for a senior facility and I want to enjoy my independence as long as I am able.”—An older East Harlem resident.

Respondents also voiced concerns about the accessibility of affordable housing. One West Village resident in her early 60s expressed her fear of “getting older in a 5th floor walk-up apartment that is rent stabilized and currently receiving SCRIE.” An Upper West Sider in her 70s, who uses a wheelchair, called for universal design (making all buildings accessible) as “a mandatory part of all apartment construction and renovation where feasible.”
Aging in neighborhoods like Central Harlem North, Central Harlem South, Hamilton Heights, and the East Village—where more than 80% of multi-floor residential buildings have no elevator—can be particularly challenging. Older adults who live in housing that fails to meet their mobility needs may be at particular risk of social isolation, fall-related injuries, and death. 9

Recommendations:

• Promote intergenerational home sharing programs, which match older adults with roommates, to reduce housing cost burden.
• Allocate more of the City’s capital budget to build new senior housing.
• Automatically enroll eligible older renters in the Senior Citizens Rent Increase Exemption (SCRIE) program, which has a current utilization rate of 43%, or approximately 52,000 households across the city out of a possible 121,729 who would qualify, as of 2016. 28
• Cap rents for SCRIE beneficiaries at 33% of their current income.
• Expand eligibility for the Senior Citizens Homeowners’ Exemption (SCHE).
• Develop a program to help older New Yorkers finance and make age-friendly modifications to their homes, which could include installing grab bars and no-slip showers or widening doors.
Findings: Respect, Social Inclusion, and Social Participation

To what extent are programs, services, and amenities inclusive and welcoming of a diverse older population?

In the wake of the COVID-19 pandemic, many older people are more isolated than ever, and the importance of social inclusion has been brought to the fore.

The association between social connection and better physical and mental health has been well-documented. Older adults who are socially isolated are at greater risk of cancer and cardiovascular disease, rehospitalization, and depression and cognitive impairment. Social isolation also predicts greater risk for elder abuse, as well as negative health outcomes (including death) following emergency events.

Older people in Manhattan who may be at greater risk of isolation include those who live alone (41%); live in poverty (17% live below 100% of the federal poverty level); have mobility impairment (24%); are divorced, separated, or widowed (60%); and “speak English less than very well” (27%).

Ageism may also put older adults at risk of social isolation. Ageism is defined as “stereotyping and discrimination against individuals or groups on the basis of their age,” and it manifests on institutional, cultural, and interpersonal levels. When older people experience exclusion—whether purposeful or unintentional—or internalize feelings of inadequacy, they may withdraw from civic life. As one Midtown West resident reported, “I [have] heard more than one fellow senior say, ‘we are invisible on the street.’”

Additionally, internalized ageism has negative health effects on older adults: Research has shown that those who hold negative attitudes toward aging have a lower life expectancy, recover more slowly from disability, and are less likely to be socially integrated. Other forms of discrimination related to race, ethnicity, immigration status, sexual orientation, gender, and functional capacity only compound age-based discrimination, especially in a city with one of the most diverse older populations in the world.

Places to Socialize
For those who live alone, opportunities for social connection are especially important. The largest concentrations of older people living alone in Manhattan are found in the following neighborhoods:

TABLE 4. Concentrations of Older Adults Living Alone in Manhattan

<table>
<thead>
<tr>
<th></th>
<th>Neighborhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Murray Hill-Kips Bay</td>
<td>56.7%</td>
</tr>
<tr>
<td>2</td>
<td>Gramercy</td>
<td>56.4%</td>
</tr>
<tr>
<td>3</td>
<td>Midtown-Midtown</td>
<td>56.2%</td>
</tr>
<tr>
<td>4</td>
<td>South</td>
<td>54.7%</td>
</tr>
<tr>
<td>5</td>
<td>Clinton</td>
<td>52.1%</td>
</tr>
<tr>
<td></td>
<td>Hudson Yards-Chelsea-Flatiron-Union Square</td>
<td></td>
</tr>
</tbody>
</table>

Senior centers, which offer congregate meals and affordable cultural and recreational programming, serve as a key source of social connection for many of Manhattan’s older adults. Nearly 30,000 people age 60 and over attended Department for the Aging-funded senior centers daily prior to the pandemic. Of the 271 senior centers and associated sites throughout the city, 66 (about 24%) are in Manhattan. Some neighborhoods have no senior centers, as in Stuyvesant Town-Cooper Village and Murray Hill-Kips Bay (notably, the neighborhood with the highest percentage of older adults who live alone). Other neighborhoods have up to six senior centers, such as on the Lower East Side. While many older people love the senior centers they frequent, a number of older adults prefer socializing in environments not segregated by age, for example: parks, museums, coffee shops, and restaurants.

Approximately 60% of survey participants said that places to socialize that are accessible and welcoming (like community centers, religious organizations, or coffee shops) were “very available” or “available.”

![Availability of accessible and welcoming places to socialize](image)

However, due to the COVID-19 pandemic, the landscape of social connection has changed immensely, and communal experiences—from lunch at a senior center to a night at the theater—are not an option for the near future. Finding creative ways to engage older people, including those for whom digital gatherings are not accessible, will be paramount to ensuring that Manhattan’s older adults remain socially connected.

**Arts and Cultural Institutions**

There is much evidence that demonstrates the positive health and emotional benefits of the arts. One study found that older adults who participated in arts programming had fewer doctor visits, had fewer falls, needed fewer prescription medications, and experienced less cognitive and physical decline. Another recent study showed that the presence of cultural institutions is associated with social connection and better neighborhood health and well-being across all socioeconomic levels. Finally, a study of arts programming with an intergenerational aspect found that it was associated with improved well-being, confidence, and self-esteem; reduced ageism; and a heightened sense of social justice, empathy, and support for others.

Older adults consider many factors when deciding whether to patronize an arts and cultural institution, including:

- Type of programming
- Affordability
- Cultural and linguistic appropriateness
- Physical environment (e.g., seating, bathrooms)
- Access to information (e.g., signage, marketing)
- Timing of events
- Availability of transportation
- Someone to go with
Along with implementing ADA requirements, arts and cultural institutions can adjust lighting, include seating in exhibits and gallery spaces, increase the size and clarity of signage, train staff to be more communicative and proactively helpful, prioritize restroom access, and provide promotional information in a variety of formats to become more age-friendly.\textsuperscript{41}

Older people, who are more likely to experience mobility impairment, may have difficulty accessing cultural resources that are not in close proximity to where they live. IMAGE: NYC maps cultural institutions across the city using Department of City Planning data, defining cultural institutions as public libraries, visual art, theaters, public museums/galleries, universities and colleges, and zoos. Manhattan neighborhoods with three or fewer of these types of facilities include Stuyvesant Town-Cooper Village, Lenox Hill-Roosevelt Island, Yorkville, Hamilton Heights, Manhattanville, and Marble Hill-Inwood.

**MAP 3. Cultural institutions by neighborhood**

![A map of public libraries (navy blue icons), visual art (pink icons), theaters (yellow icons), public museums/galleries (white icons), universities/colleges (red icons), and zoos (giraffe icons) in New York City. Source: IMAGE: NYC Interactive Map of Aging.](image-url)
While 49% of survey respondents reported free or affordable opportunities to attend educational or cultural institutions were “very available” or “available,” 39% reported only “somewhat available,” and 12% reported that these types of opportunities are “not available.”

Many survey respondents were interested in participating in more arts and cultural activities but didn’t know where to find accessible and affordable opportunities to participate. One survey participant living in Lincoln Square expressed a desire for affordable “neighborhood craft centers for seniors to go to to learn how to make things for fun (papier mache items, origami, quilting, xmas decorations, etc).”

Another respondent noted that her rent-controlled apartment, which she has occupied for 54 years, is the only reason she could take advantage of the city’s arts and cultural offerings.

**Local Business**

Local businesses serve as a way for older adults to not only meet their basic needs, but also to socialize and to support the local economy. Since some older people have a limited radius for activity, they often rely on the businesses in their neighborhood. In turn, local businesses also depend on their older clientele; one report found that people over age 50 account for nearly half of consumer spending in New York City, or $70.1 billion annually.\(^4\) Factors that may prevent older adults from patronizing local businesses include lack of appropriate products and services, accessibility, and affordability.

Seventy percent of survey respondents stated that “stores and restaurants that are easy to enter and move around in” were either “very available” or “available,” while 27% of respondents reported that they were “somewhat available.” Only 3% of respondents reported that they were “not available.” When asked about the availability of supermarkets that were accessible and offered discounts, 52% of respondents selected “very available” or “available” across the borough. Thirty-five percent selected “somewhat available” and 13% of respondents selected “not available.”
These responses may not be indicating a shortage of supermarkets in the area, but rather a lack of accessible and affordable neighborhood supermarkets. One Yorkville resident wrote, “More discounts for Seniors,” while a Chelsea resident commented, “Restaurants and grocery stores are getting more expensive, along with transportation, postal services, internet, haircuts. They nibble away at my income so that I can no longer live the way I used to.”

When asked about the availability of “fresh fruits and vegetables that you can buy in your neighborhood,” 81% of respondents reported that they were “very available” or “available,” and 16% of respondents reported that they were “somewhat available.” Only 3% of respondents reported that fresh fruits and vegetables that they could buy in their neighborhood were “not available.”

These responses indicate that while fresh food may be available in Manhattan, the price point may be out of reach for many older adults. Offering citywide discounts for older people or expanding the Fresh Food for Seniors program pioneered by the Manhattan Borough President’s Office could be a way to address this.


Fitness

Much research has documented that a physically active lifestyle (including walking) is a key contributor to healthy aging.43–47 Since the establishment of the Age-friendly NYC initiative in 2007, the Department of Parks and Recreation has implemented a number of policies and programs to increase older people’s utilization of recreational resources. Those include discounts at recreation centers; free yoga, tennis, and walking clubs; and senior-only swim hours at public pools. Inclusion of exercise equipment geared toward adults has added an intergenerational dimension to public open spaces, including at New York City’s first-ever Public Housing Fitness Zone at the Carver Houses in East Harlem.48 The Department for the Aging also offers fitness classes and falls-prevention programs through its network of senior centers. More physical fitness classes aimed at older adults can also be found in nontraditional spaces, like the New York Public Library.

Over 40% of survey respondents said that free or affordable fitness activities were “available” or “very available.” Thirty-seven percent of respondents reported that free or affordable fitness activities were “somewhat available,” and 23% of respondents—a particularly high percentage of respondents for this survey—reported that these types of activities were “not available.” Particularly high numbers of respondents came from Hell’s Kitchen, Chelsea, and the Upper West Side.

The particularly high percentage of respondents who replied “not available” could indicate a lack of knowledge about the free fitness programs offered through the City, and a need to better publicize the City’s BeFitNYC offerings for older adults.

Recommendations:

• Launch citywide grocery store discount program for older adults.
• Expand the Fresh Food for Seniors program to more locations, especially in lower Manhattan.
• Publicize fitness programs aimed at older adults.
• Incorporate exercise equipment for people of all ages in public spaces, as appropriate.
Findings: Civic Participation and Employment

To what extent do older people have opportunities to contribute their experience and skills to their community through paid or unpaid work?

Civic Participation

Civic participation encompasses activities of personal, neighborhood, and public concern that enrich both the individual and the community. This may take the form of paid or unpaid work. Civic engagement provides an opportunity for older adults to engage with their community, socially connect, and challenge aging stereotypes.

Studies show that volunteering in one’s older years correlates with reduced mortality, enhanced perceptions of well-being, and higher levels of physical, cognitive, and social activity. Across New York State, more than 1 million people over age 55 contribute 495 million volunteer hours per year, at a value of more than $13 billion. A culture of volunteerism makes communities safer, stronger, and more cohesive. Older Manhattanites, with their high rates of civic engagement, are a critical resource to the borough, contributing greatly through leadership on non-profit boards, tenant associations, advisory councils, and campaigns. Many survey respondents reported regularly volunteering or being interested in new volunteer opportunities.

Opportunities for meaningful volunteer experience in Manhattan seem to be plentiful: Over 65% of respondents replied that places to volunteer are “very available” or “available,” and only 4% described places to volunteer as “not available.”

Across the borough, a number of volunteer-run grassroots organizations of older adults provide programming and services to the older people in their neighborhood. Multiple survey respondents referenced these organizations. One noted, “My upper west side neighborhood has a large older population and also aging-in-place support organizations, like Bloomingdale Aging In Place which is all-volunteer. I am not (yet) a member but I value knowing I can be if and when I need it.”
Workforce Participation

Americans are staying in the workforce longer: In 2018, 24% of men and 16% of women over age 65 were in the workforce. By 2026, those numbers are projected to grow to 26% of men and 18% of women. The expansion of knowledge-based jobs with fewer physical demands, along with greater workplace flexibility (such as part-time and consultant roles), have helped increase the number of older adults who remain in the job market as the general population ages. Employers tend to view their older employees as highly motivated and responsible, valuing their expertise and experience.

Older workers have also been found to be more engaged at work than their younger coworkers, and higher levels of employee engagement often lead to greater revenue growth. Evidence has shown that a multi-generational workforce may be more productive, more creative, and better at problem-solving.

Despite this evidence, ageism regularly manifests in the workplace. Workers over 50 are at greater risk of being pushed out of long-term positions, and often face challenges finding new positions that are as lucrative as their previous ones. Some may retire earlier than planned when faced with job loss in the later stages of their career.

The COVID-19 pandemic put one in five New Yorkers out of work. As employers begin to rehire, ensuring that older workers are put back to work in proportion to their younger counterparts is essential to a fair economic recovery. The NYC Commission on Human Rights recently released a guide to age discrimination in the workplace, which shares information about how to file age discrimination complaints and examples of explicit and implicit bias in job postings, hiring, workplace treatment, layoffs, termination, and retirement. For example, job postings that seek “recent college graduates” or put a cap on the years of desired experience exclude older people who may be seeking those positions. An effective, age-diverse workplace will not only comply with the law, but also respect and invest in all of their workers, regardless of age.

Age-friendly employment practices include:

- Permitting flex hours and telecommuting
- Allowing phased retirement
- Encouraging mentor/mentee relationships
- Recruiting older workers
- Allowing employees to swap shifts
- Creating new paths of advancement within a workplace
- Training and development offered to workers of all ages

Interest in entrepreneurship is growing among older people and could serve as a way for some to re-enter the job force. In 2018, the Center for an Urban Future reported on a growing “encore entrepreneur” population among those over age 60, with a 44% increase in self-employed status. The New York Women’s Chamber of Commerce has reported a 10-15% increase in women over 50 attending events for older entrepreneurs, and the Harlem Business Alliance has reported a steady increase in the number of older adults in its programs.
Approximately 24% of people age 65 and older in Manhattan are actively in the labor force. Residents in the Upper East Side—Carnegie Hill, Gramercy, and Midtown-Midtown South neighborhoods showed the highest rate of workforce participation in the borough, with 36-37% of older adults currently employed.62 Some older adults may work out of a desire to stay engaged and active, but many work out of economic necessity.63 In Manhattan, 17% of older adults live 100% below the federal poverty level, and over 20% benefit from the Supplemental Nutrition Assistance Program (SNAP).62 One East Midtown resident commented, “I will be 86 at the end of March. I work as a temp because I must in order to meet my basic living expenses. I try to take advantage of everything this city/state/country offers -- SNAP, SCRIE, etc. It still is not enough. I am grateful to have wonderful, generous friends.”

Many survey respondents expressed fears about their ability to afford their current housing should they lose their employment. A survey respondent from Greenwich Village in her late 60s wrote, “I worry about being able to continue to work as I hope to age in place in NYC. Ageism and health issues may affect my ability to continue to work as I get older. Without the option to move to more affordable housing I worry about my future.”

When asked about employment, 35% of survey participants were currently in the workforce, and nearly 16% were seeking employment. (Notably, these results were largely collected before the COVID-19 pandemic in New York City.) Of the 172 respondents that noted they were seeking employment, approximately 35% were over age 70.

A common theme in comments about employment was ageism in the workplace, whether overt (age discrimination in hiring practices) or more covert (such as through inflexible work schedules). One Upper East Side resident in her 50s wrote, “I have an MA and do freelance work, when I can get gigs, but it’s very difficult for me to hold a full-time job because I care for my mother who has memory and mobility issues.” Another survey respondent from Inwood said, “Still trying to get a teaching job. Schools are reluctant to hire a 61 year old.”

**Recommendations:**

- Promote and incentivize age-friendly employment practices.
- Publicize the NYC Commission on Human Rights’ “Guide to Age Discrimination in the Workplace.”
- Run a public information campaign about age discrimination in the workplace and/or the benefits of hiring older workers.
- Encourage encore entrepreneurship through launch of a public incubator to assist those over age 50 to start a small business.
- Expand mentorship opportunities for older entrepreneurs.
- Partner with organizations that employ older people, such as ReServe, throughout the borough.
- Offer grant opportunities specifically aimed at grassroots organizations of older adults.
Findings: Access to Information and Services

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

Information about news, events, and benefits

Accessing information, especially in an increasingly digital landscape, can be challenging for older people. The City’s 311 system and the NYC Connects Program provide information and referral services to older people and their caregivers. However, many people remain unaware of these services and how to effectively use them.

Over two-thirds (68%) of survey respondents felt that access to news and information was “available” or “very available.” Twenty-six percent said this access was “somewhat available,” and 6% said “not available.”

The survey also asked about the availability of places to get information about benefits. Only 51% of respondents replied that these were “very available” or “available,” while 49% of respondents replied that they were “somewhat available” or “not available.”

One respondent commented, “I have been trying to get advice about planning my life as I get older, but I have been unsuccessful.”

“I wish there was a local agency that would have an advisor sit down with you and your finances and go over what benefits, discounts, and services were available to you and help you apply for them. This includes Medicare, utilities, programs that offer help with home repairs, etc. I feel there are a lot of discounts, benefits, programs and coupons, etc that might be available to seniors if we knew how to access and apply for them.” – an East Village resident commented
One potential solution to this is a Senior Advocate, in which a Department for the Aging employee hosts regular office hours in public library locations to help older adults navigate the programs and services offered to them. This solution was suggested by a survey respondent from the Upper West Side, who stated, “Suffolk County has a system of Senior Advocates largely available through libraries. They provide an incredible range of info on financial benefits and housing and a whole range of issues that come up as people age and need to reorganize their lives…” While services of this type may have been offered at New York Public Library branches in a limited capacity in the past, a well-publicized, scaled-up version of the program in Manhattan may be effective in reaching older people who do not attend senior centers.

However, the diversity of languages spoken in Manhattan must be taken into account, as language barriers can be a barrier to accessing resources. For example, in the neighborhoods of East Harlem North, Morningside Heights, Central Harlem North-Polo Grounds, Manhattanville, Hamilton Heights, Washington Heights South, Washington Heights North, and Marble Hill-Inwood, between 80-96% of residents over 65 speak Spanish, and speak English “less than very well.” In the neighborhoods of Stuyvesant Town-Cooper Village, SoHo-Tribeca-Civic Center-Little Italy, and Chinatown, between 75-90% of residents over 65 speak an Asian language, and speak English “less than very well.”

MAP 4. Neighborhoods where older adults speak Spanish and speak English “less than very well”

Shades of green indicate the percentage of the population of adults over age 65 who report speaking fluent Spanish and speaking English “less than very well.” Darker shades represent higher percentages. Neighborhoods shaded with a hash mark pattern indicate neighborhoods where this number is at least 80%. Source: IMAGE: NYC Interactive Map of Aging.
While the survey was available in Spanish and Chinese, the vast majority completed the survey in English. Given that 47% of people age 65 and over in Manhattan speak a language other than English, and 27% of those speak English “less than very well,” additional research is needed to accurately assess the extent of the need of information about news and benefits for older adults.

**Technology**

Technology has played an important role in sharing information and maintaining social connection during the coronavirus pandemic. For older adults, who are more susceptible to severe outcomes from contracting COVID-19, maintaining physical distance from others has been an important safety measure. To serve patrons remotely, many senior centers, neighborhood groups, cultural institutions, and other organizations migrated their programming online, but this solution doesn’t work for a large number older people. While some of Manhattan’s older adults quickly adapted to the new social landscape of webinars, FaceTime, Zoom, and phone calls, others had a harder time adjusting.64

Although broadband internet service is available in 99% of New York City census blocks, many older adults do not take advantage of it, whether due to cost, lack of clear information, or other reasons.65 According to a 2018 report by the NYC Chief Technology Officer, New Yorkers over age 65 are 1.65 times more likely to lack a home broadband subscription, and three times more likely to lack any type of internet subscription at home.65 Fully participating in online life requires internet access and a subscription, an internet-connected device, and a certain level of digital literacy, including the ability to do initial set up and troubleshoot problems.

**TABLE 5. Households with people 65+ without an internet subscription**

<table>
<thead>
<tr>
<th></th>
<th>East Village</th>
<th>Lower East Side</th>
<th>Chinatown</th>
<th>East Harlem South</th>
<th>Central Harlem North-Polo Grounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19.7%</td>
<td>15.2%</td>
<td>14.1%</td>
<td>11.0%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>


A survey conducted by the Pew Research Center found that only 18% of older adults reported feeling comfortable learning to use new devices (such as smartphones or tablets) on their own, while 77% indicated that they would need someone to help walk them through the process.66 Among older adults currently online, 56% also said they would need assistance to use new social networking sites to connect with friends or family.66

Forty-one percent of the Age-friendly Manhattan survey respondents reported regularly using a computer or laptop, while 38% reported using a smartphone, and 20% reported regularly using a tablet or iPad. But comments expressed a need for tech support to troubleshoot their devices or to learn how to use new ones.

Of all survey respondents, close to half said that free or affordable opportunities to learn about computers and the internet were “very available” or “available,” 37% said “somewhat available,” and 16% said “not available.”
Many comments expressed the need for technology training aimed at older adults: “I would really appreciate knowing where I could seriously learn computer/smart phone techniques,” wrote one respondent. “Digital Education for seniors is what needed so desperately to keep head above the water,” commented another.

A few comments mentioned technology training sites such as Senior Planet, which offers in-person and remote tech support aimed at older adults specifically. While some praised these types of sites, others wished that tech support was more widely available and offered a broader range of services.

The large majority of survey respondents (89%) reported that technology has improved their quality of life, but a quarter of survey respondents reported that they have avoided using technology for fear of scams or fraud at least once.

Many comments reflected on the survey’s questions about technology. One respondent replied, “Re technology contributing to a better quality of life, it has helped in many ways but is often so frustrating and time-consuming to accomplish something that on balance I don’t think it’s helped.” Another commented, “Your question #26, to clarify, it is not the technology but rather sites and apps that I have stayed away from for fear of fraud. This is an important distinction to note. The technology itself is nothing to be afraid of; but use great caution with sites, apps and spam email, spam texts, and spam calls.”

According to a 2017 AARP survey, most older adults do not trust companies to keep their data secure. Yet at the same time, few take security precautions to protect their devices: Only 58% of older adults reported using a password to lock their smartphone or tablet, as compared to 72% of adults overall. Training in digital security best practices and how to identify common scams and fraud (including those that have proliferated during the COVID-19 pandemic), could prove beneficial.

**Recommendations:**

- Expand access to information about news, events, health services, and public benefits, particularly in neighborhoods with large concentrations of older people who speak English less than very well.
- Invite a DFTA representative to host regular office hours at New York Public Library branches to share information about services and benefits available to older adults and publicize the service widely.
- Offer free in-person technology help for older adults, through OATS or the New York Public Library system.
- Publicize local and state programs that provide education and support regarding senior scams and internet safety, such as presentations by the New York State Attorney General’s Office or the Manhattan District Attorney’s Elder Abuse Hotline.
Findings: Community Support and Health Services

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

Primary Care and Mental Health Care

Survey participants were asked about the availability of primary care, specialty care, and mental health services.

Seventy-two percent of survey respondents reported that health services like primary care and specialty care were “very available” or “available.” Twenty-eight percent of respondents reported that health services were “somewhat available” or “not available.”

![Availability of health services chart]

Fewer respondents reported that mental health care services were as readily available. Only 52% of respondents reported that mental health services were “very available” or “available,” while 48% of respondents reported that they were “somewhat available” or “not available.”

![Availability of mental health services chart]

Notably, a much smaller number of people responded to the question about the availability of mental health care services (673 respondents as compared to 1,113 respondents to the question about primary and specialty care). This could indicate a lack of experience or persistent stigma associated with seeking out mental health services.

As previously stated, the survey population was primarily English speaking, and availability of primary care and mental health care services in languages other than English varies throughout the borough. More research is needed to determine the availability of linguistically competent services in Manhattan.
**Advanced Care Planning**

If someone is at the end of their life and unable to express their wishes about the use (or lack thereof) of life-sustaining treatments, it is critical to have a health care proxy who can express those wishes on their behalf. COVID-19 has unfortunately forced many families to grapple with difficult decisions without the input of their loved one. Identifying health care proxies, as well as documenting other types of advance care plans like a durable power of attorney and a living will, helps to ensure that a person's medical, financial, and legal wishes will be implemented at the end of their life.

The survey asked about advance care planning for end-of-life wishes, and specifically focused on the health care proxy form. Fifty-five percent of survey respondents reported that they had signed this document in front of two witnesses to appoint someone to make medical decisions for them, should they be in a situation where they cannot make medical decisions for themselves (i.e., that reported that they have a health care proxy). Forty-five percent of survey respondents reported that they had not. Comparatively, one systematic review of advance care planning studies showed that only 33% had completed a health care proxy.70

![Bar chart showing health care proxy status](chart.png)

Even though health care providers can bill Medicare for end-of-life planning discussions, there are still a host of barriers to increasing the utilization rates of advance care plans among older adults. These include but are not limited to: general discomfort in discussing end-of-life issues; confusion about which forms to complete; and lack of a centralized digital platform to store and update completed forms that can be accessed by loved ones and health care providers.

**Recommendations:**

- Increase awareness of case assistance services provided at senior centers.
- Create an easily accessible citywide online registry for health care proxy forms.
Next Steps

To address the challenges identified through the Age-friendly Manhattan survey, Manhattan Borough President Gale Brewer has committed to the following:

- Schedule a full briefing on this report and recommendations for aging service providers such as the Lower East Side Interagency Council, West Side Inter-Agency Council for the Aging, the East Side Council of the Aging, the New York Public Library, LiveOn NY and AARP membership, senior centers such as the Chinatown Senior Center operated by the Chinese-American Planning Council and Casabe Houses for the Elderly in East Harlem, and older Manhattanites.

- Engage agencies and community boards on relevant recommendations through Manhattan Borough Board or Manhattan Borough Service Cabinet meetings.

- Define budgetary needs in greater specificity and advocate for funding-related recommendations through city, state, and federal budgetary processes.

- Leverage the Uniform Land Use Review Procedure (ULURP) process to make neighborhoods more age friendly.

- Convene two meetings per year (every six months) to discuss implementation of recommendations—what has been achieved, what is needed to achieve more—and to consider additional age-friendly initiatives.
APPENDIX A: Age-friendly Manhattan survey (English version)

Please complete this form to help us learn about your community. Feedback is being collected by The New York Academy of Medicine and the Office of the Manhattan Borough President. The information that you share is important to help the City better serve its diverse communities and make our neighborhoods more inclusive from the perspective of older adults.

*Circle the most appropriate number or the “Don’t Know” box.*

*Specific comments on resources or services should be made at the end of this survey.*

<table>
<thead>
<tr>
<th>Community resources or services</th>
<th>Very Available</th>
<th>Available</th>
<th>Somewhat Available</th>
<th>Not Available</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accessible and clean parks and public areas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>2. Benches for resting and sitting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>3. Clean and well-maintained sidewalks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>4. Safe and well-lit streets and intersections</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Public transportation that you can use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6. Supermarkets that are accessible and offer discounts</td>
<td>1</td>
<td>2</td>
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<td>7. Stores and restaurants that are easy to enter and move around in</td>
<td>1</td>
<td>2</td>
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<tr>
<td>8. Fresh fruits and vegetables that you can buy in your neighborhood</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Housing that you can afford to live in</td>
<td>1</td>
<td>2</td>
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<tr>
<td>10. Places to get information about public benefits</td>
<td>1</td>
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<tr>
<td>11. Health services, like primary care and specialty care</td>
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<td>2</td>
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<tr>
<td>12. Mental health services, for issues like depression</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. Places to socialize that are accessible and welcoming, like community centers, religious organizations, or coffee shops</td>
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<td>2</td>
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<td>14. Free or affordable fitness activities</td>
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<td>15. Free or affordable opportunities to learn about and use computers and the internet</td>
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<td>16. Free or affordable opportunities to attend arts and cultural events</td>
<td>1</td>
<td>2</td>
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<td>17. Places to volunteer</td>
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<td>2</td>
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<td>18. Information about news and events</td>
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The following questions are to help us learn a little bit about you. We hope you will choose to answer them.

19. Age:
   □ over 85  □ 80 - 84  □ 75 - 79  □ 70 - 74  □ 65 - 69  □ 60 - 64  □ 55 - 59
   □ 50 - 54  □ 45 - 49  □ 40 - 44  □ 35 - 39  □ 30 - 34  □ 25 - 29  □ 18 – 24

20. Gender:
   □ Male
   □ Female
   □ Prefer to self-describe: __________________________

21. Race/Ethnicity: (check all that apply)
   □ Asian
   □ Black/African American
   □ Latino/Hispanic
   □ White
   □ Prefer to self-describe: __________________________

22. What is the zip code where you live? ________________

23. Do you think you will be living in the same place a year from now?  □ Yes  □ No

24. If you answered NO to Question 23, why not? (check all that apply)
   □ Too expensive
   □ Wrong size (too small or too large)
   □ Not accessible or appropriate for my current needs
   □ Not convenient for me
   □ Other, please explain: __________________________

25. Which types of technology do you use on a regular basis? (check all that apply)
   □ Smartphone
   □ iPad/tablet
   □ Computer

26. Do you think that this technology has contributed to a better quality of life for you?
   □ Yes  □ No

27. Have you ever NOT used technology because of a fear of fraud or scams?
   □ Yes  □ No
28. Are you employed?  ☐ Yes  ☐ No

29. Are you currently looking for work?  ☐ Yes  ☐ No

30. Do you receive Medicaid?  ☐ Yes  ☐ No

31. How would you describe your health?
   ☐ Excellent  ☐ Very good  ☐ Good  ☐ Fair  ☐ Poor

32. Do you depend on a family member, friend, or home care worker to help you with your daily activities?  ☐ Yes  ☐ No

33. Do you provide care for a family member or friend?  ☐ Yes  ☐ No

34. Have you signed a document in front of two witnesses to appoint someone to make medical decisions for you should you be in a situation where you cannot make medical decisions for yourself?  ☐ Yes  ☐ No

35. How would you describe your sexual orientation?
   ☐ Heterosexual
   ☐ Homosexual
   ☐ Bisexual
   ☐ Prefer to self describe: _____________________________
   ☐ Prefer not to say

36. Anything else you think we should know?

______________________________________________________________________________________
Appendix B: Survey respondents by ZIP code (n = 1,073)
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Bibliography


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