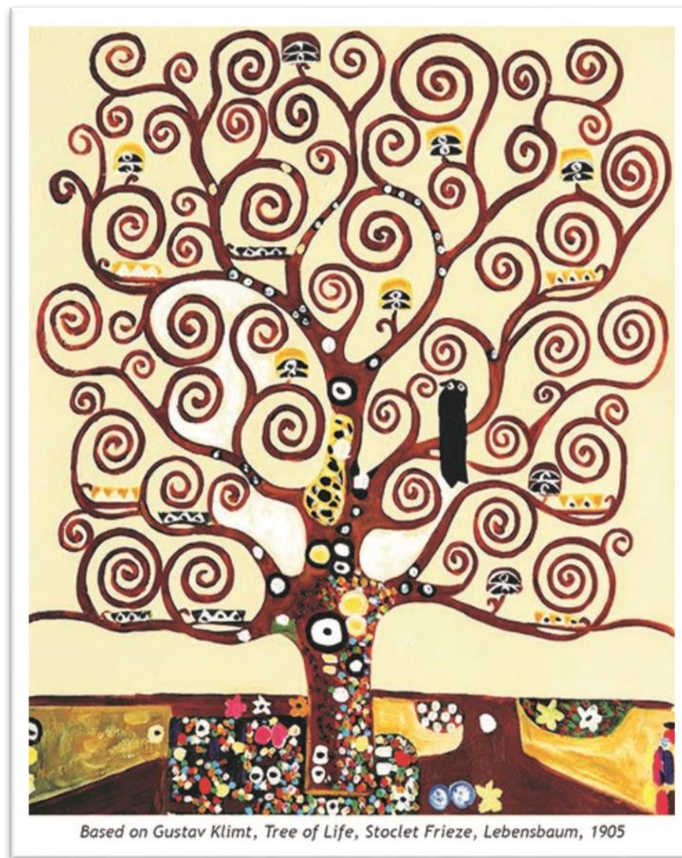
Age-Friendly NYC: Age in Everything

Interview with Lindsay Goldman



Based on Gustav Klimt, Tree of Life, Stoclet Frieze, Lebensbaum, 1905

By Jean Galiana

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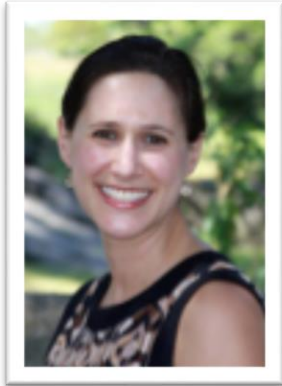
Background

Age-Friendly NYC was launched in 2007 as a response to the global Age-Friendly Cities initiative of the World Health Organization. Age-Friendly NYC began as a collaborative partnership between the New York Academy of Medicine, City Council Speaker Christine Quinn, and Mayor Michael Bloomberg. Today, over one million people in New York City are sixty five or older. That number is projected to increase by forty point seven percent by 2040. The goal of Age-Friendly NYC is to make New York City inclusive and accessible to the older population.

Age-Friendly NYC has created tools, resources, and initiatives in the areas of age friendly professions, businesses, schools/colleges/universities, cultural organizations, technology, neighborhoods, and transportation. The disaster preparedness initiative by Age-Friendly NYC began after Hurricane Sandy, which left many older adults isolated and in need of supportive services. Age-Friendly NYC also offers response and strategic assistance to other cities. Cities they have recently assisted include Washington, DC, Chicago, Illinois, Manchester, United Kingdom, Seoul, South Korea, Melbourne, Australia, and Hong Kong.

In this interview, Lindsay Goldman describes the history, activities, and evolution of Age-Friendly NYC. She shares how Age-Friendly NYC has remained sustainable for nearly ten years despite changing political leadership. Ms. Goldman outlines the commission that promotes an age in everything agenda that encourages local governments, businesses, cultural organizations, schools, and civic institutions to consider older residents in all of their planning. Ms. Goldman details the projects of the working groups that bring together individuals from a variety of public and private sectors to make New York City more age friendly.

About Lindsay Goldman



Lindsay Goldman directs the New York Academy of Medicine in its work in healthy aging. She has fourteen years of experience in program development and administration, aging services, philanthropy, and social policy. Lindsay oversees Age-friendly NYC, the Academy's partnership with the City Council and the Office of the Mayor to improve all aspects of city life for older people. She is the lead author of the Academy's report *Resilient Communities: Empowering Older Adults in Disasters and Daily Life* and the chapter "Age-Friendly New York City: A Case Study," in the recently published book *Age-Friendly Cities and Communities in International Comparison*. Prior to her time at the Academy, Lindsay worked at UJA-Federation of New York where she was responsible for strategic planning and allocations to support older adults in New York and Israel. Lindsay also served as the director of the Health Enhancement Partnership at Lenox Hill Neighborhood House and received a Best Practice Award for her work from the National Council on Aging in 2008. She holds a BA from Wesleyan University and an MSW from NYU.

Interview

Jean Galiana (JG): Please describe the partnership between Age-Friendly NYC, the Office of the Mayor of New York City, and the Academy of Medicine.

Lindsay Goldman (LG): In 2007, the New York Academy of Medicine was working with the World Health Organization to analyze the data that they had initially collected from thirty five cities around the world to determine the criteria for an age friendly city. They identified eight domains of an age friendly city. Those domains are the built environment, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

New York City was one of the first cities in the United States to implement the model. We began by preparing maps of where all the older people lived and presenting those maps to the Office of the Mayor and the City Council. We reminded the mayor and City Council that most of the older people vote. They also tend to buy locally, which contributes to local shops, services, and restaurants. Older people are often among the most civically engaged and provide neighborhoods with a source of stability. Older people also add substantial social, intellectual, and financial capital. We suggested that the City Council and the mayor should engage with the older population as much as possible.

We then explained the theory supporting the Age-Friendly City initiative; if we intervene within the eight domains we can slow or reverse the disability trajectory of older individuals. Keeping people active and engaged keeps them healthier for longer periods. This decreases the reliance on city services and social insurance programs, and is generally good for everyone.

JG: Do you consider Age-Friendly a form illness prevention?

LG: Age-Friendly certainly has a preventive approach at its core.

JG: Did Age-Friendly NYC always partner with the Office of the Mayor?

LG: The original model of Age-Friendly Cities did not include a political leadership component. Our president, Dr. Jo Ivey Boufford, brought the Age-Friendly Cities model from the World Health Organization to New York City. She recognized that without buy in from the city, we would have only limited influence. Who controls transportation? Who controls the sidewalks? Who

controls sanitation? Who controls the police department? The city. We realized that we could not create a city that is inclusive for older people without having the city government as a partner. Age-Friendly NYC was founded as a partnership from the very beginning between the New York Academy of Medicine, the Office of the Mayor, which is the administrative branch of government, and the City Council, which is the legislative branch. These partnerships were necessary because sometimes you need citywide policy changes and other times you need legislation. Sometimes you need to develop a local solution to a local problem. New York City has fifty one council districts, fifty nine community districts, and fifty nine community boards. Working within that structure is a very effective way to ensure that all of the projects resonate at the local and hyper local levels.

In collaboration with our partners, the New York Academy of Medicine conducted community consultations, focus groups, mapping, and surveying throughout the city in 2008. These consultations and focus groups were conducted in seven different languages. We met with older people in their communities. One of the biggest mistakes that people make in researching the older population is visiting the senior centers only. It is tempting to focus on senior centers because they hold a captive audience of older people. The reality is that the majority of older people do not go to senior centers. They do not need funded services from the Department for the Aging. They are living independently and managing their multiple chronic conditions along with everyone else. They are not always interested in age segregated programming, no matter how attractively programs are promoted. Where do older people want to go? They want to go to all the places that they have always gone—the restaurants, the bars, the museums, the movies, the theatres, their places of work, and their shops. They want to continue to do what they have always done. Our goal is to ensure that all city resources and amenities are accessible and welcoming to older people. We spoke to thousands of people. We synthesized our findings into a report, which became our age friendly bible.

We presented the report to the city, and Mayor Bloomberg decided to convene all of the city agencies. He asked each city agency what they were doing or planning to do from a programmatic or capital standpoint that they might do differently if they thought about it from the perspective of an older person.

In response, approximately thirteen of the city agencies committed to fifty nine improvements for an age friendly New York City. This was a fabulous development. For instance, the Department of Transportation planned to replace

all of the bus shelters. In our surveys, older people mentioned to us that they felt uncomfortable and unsafe in the bus shelters because there was no seating and the walls were not transparent. When the Department of Transportation replaced the bus shelters, they made them transparent and added seating. In the end, the bus shelters did not cost the city anything because the city can sell advertisement space on the sides.

The Department of Transportation also addressed streets with high concentrations of senior pedestrian fatalities by making adjustments to traffic flow and crossing areas through the Safe Streets for Seniors Initiative. These modifications achieved a ten percent reduction in senior pedestrian fatalities.

They installed approximately fourteen hundred new benches around the city through the CityBench program. The benches were specially designed with handles for support when sitting and standing. The City Parks and Recreation Department provided new opportunities for older people to engage in physical activity, such as senior-only swimming hours at public pools. Every two years, the city would report on the fifty nine initiatives as a way of holding themselves accountable.

JG: Is the Department for the Aging your funding partner?

LG: The Department for the Aging is one of the funders of Age-Friendly NYC. They do the work convening their sister agencies to develop age friendly commitments within the public sector. However, our goal is to move aging out of the exclusive purview of the Department for the Aging. The Department for the Aging, funded through the Older Americans Act, provides a discrete set of services to a select group of people who need those services. Aging is not an illness. It is a developmental stage. Aging initiatives should include most or all sectors, rather than only health and aging services. The challenge in the United States is that we tend to medicalize aging and focus most of our efforts and funding toward the frailest cohort. We completely exclude the majority, who are reasonably independent. If we create the right conditions, we can keep people independent and avoid or delay frailty.

To do this, we also need to work with the private sector. The mayor appointed a commission for Age-Friendly NYC in 2010. This commission, staffed by the New York Academy of Medicine, was active from 2010 to 2013 and then reseated in 2015. The commission is comprised of civic leaders from across sectors and disciplines. It includes professions that significantly influence older people and

that older people significantly influence. For example, architecture is represented on the commission. What does it mean to be an architect now within this demographic shift? How can you think about your design work in new ways? The commission members are diverse. We have people representing housing and architecture, small businesses, healthcare, community based organizations, and the arts, to name a few.

The commission also serves as a forum to catalyze public and private efforts. We have all the borough presidents on the commission, the speaker of the City Council, Melissa Mark-Viverito, who has always been a tremendous champion of Age-Friendly NYC, and council members Margaret Chin and Paul Vallone. Additionally, we have the administration represented by Donna Corrado, Commissioner for the Department for the Aging

JG: What does the commission do?

LG: The commission identifies priorities based on evidence and feedback from older people, forms working groups around those priorities, and develops actionable goals and objectives. For example, we had a working group around local business. We examined how local businesses could ensure that they are attracting and serving an aging consumer base in a way that is beneficial both for the business and for older people. We made efforts to educate businesses about the economic potential of catering to the aging population. Businesses are generally not motived by altruism. They want to make a profit. The older population has a guaranteed monthly income, even if it is only social security. It can be profitable to serve them. We did a lot of work with New York City business serving organizations, including the business improvement districts (BID), the chambers of commerce, and the merchants associations. We also canvassed many small businesses. In collaboration with those businesses and business serving organizations, we created a toolkit that is available in four different languages. The toolkit has age friendly recommendations. Not all recommendations require renovation. One example is, if you sell an item that older people tend to buy, stock it on a lower shelf and keep the aisles clear. There are many simple, low cost adjustments that businesses can make to become more welcoming to older people. We know that the recommendations are effective because we partnered with businesses to create the toolkit. We have found that businesses are more open to learning about the toolkit when they hear about it from other business owners.

Another commission working group focused on age friendly colleges and universities. They produced the age friendly colleges and universities toolkit that contains a database of low and no cost opportunities for older people offered by local colleges and universities. It also details the framework for making colleges and universities more age friendly.

The commission piloted a model to empower older people and community members to assess the age friendliness of their own neighborhoods. The intent is to replicate the process that we used at the city level to create neighborhood specific age friendly initiatives.

JG: What is the name of that program?

LG: It was originally called Aging Improvement Districts. We conducted pilot projects in East Harlem, on the Upper West Side, and in Bedford Stuyvesant in close partnership with the respective Council members in those neighborhoods. The pilot projects were so successful that we were funded to replicate the model in thirteen additional neighborhoods. When we replicated the pilot projects, we renamed the initiative Age-Friendly Neighborhoods.

JG: How has Age-Friendly NYC remained sustainable for almost a decade?

LG: Having the support of the political leadership plus a strong backbone organization is essential to sustaining any age friendly initiative. As a neutral convener focused on the broader determinants of health since 1847, the Academy has served as the backbone in NYC. Other age friendly initiatives have universities, foundations, or area agencies on aging (N4A) as support organizations.

The Academy continues to work well with our city partners. Mayor de Blasio was elected on a platform for creating social equity and justice in New York City. At its core, age friendliness is about rectifying disparities between what is available for younger and able bodied people, and what is available for older people, some of whom have varying levels of disability and high rates of poverty in New York City.

Age-Friendly NYC was included in OneNYC, the city's strategic plan for growth, resilience, equity, and sustainability. Some of the Age-Friendly NYC initiatives grew into larger initiatives of the new administration. Safe Streets for Seniors has been embedded within Vision Zero. When you make changes to dangerous intersections it is good for older people, but it is also good for a lot of other

people, like people with disabilities, younger people with strollers, and people with small, slow walking children. We want to make it known that age friendly policy is good public policy for everyone.

Having a commission appointed by the mayor has also helped to ensure continuity since half of the commission members also served under the Bloomberg Administration.

JG: What are the current priorities of the commission?

LG: One area of focus is how older people access and are portrayed in media, arts, and culture. We are examining how we can challenge the deficits oriented narrative of aging. At the New York Academy of Medicine, we hosted a Growth and Aging Reading and Discussion Group that used historical and modern texts to begin a conversation about what it means to age in our society.

JG: Were the discussion groups open to the public?

LG: They were open to the public, but we could only take the first fifteen people. Many more people were interested in participating. It was a six week program. We applied for another grant and were able to run a second program. We will be hosting another session in the spring of 2017. We also hosted and live streamed Changemakers: Acting Up at Any Age, a panel discussion, and partnered with StoryCorps to record stories of aging activists in honor of International Older Person's Day. Their stories are archived at the Library of Congress. We are also working on a guide to organizing cultural programs for older patrons. Housing is another one of our priorities. We work closely with the Design for Aging Committee of the American Institute of Architects.

JG: What are the activities of the Design for Aging Committee?

LG: One of our biggest success stories is our collaboration with architects. We partnered with the American Institute of Architects' New York chapter to create a Design for Aging Committee. That committee has approximately seventy five members. The members represent a wide range of professions that influence the built environment, including architecture, design, and landscape. They are incredible. They meet whether we are present or not. Leaders from within those professions drive the work forward.

JG: Why is it important to have the neighborhood and other stakeholder buy in?

LG: We do not want it to appear that we are telling people what to do. We are engaging them in change that is driven by them. As the backbone organization, the Academy is supportive of the work but does not drive it. That makes the work sustainable. What is so rewarding is that now the architects have gotten involved in addressing some of the major housing challenges faced by older people in the city. Now there are architects at the annual Conference of the American Society on Aging, which is remarkable.

They testify at council hearings. They recently produced an Aging in Place Guide for Building Owners. We now have a housing working group that focuses on encouraging landlords to use the guide and to make elder friendly modifications.

The commission has another working group focusing on working to ensure that older people receive the reimbursable preventive services that are available to them, and that they are receiving care in age friendly environments. For example, we know that only approximately eighteen percent are having their annual wellness visits. The wellness visits are reimbursed by Medicare and include screenings for depression, cognitive function, blood pressure, and other health issues. The annual screenings also include sexually transmitted infection and HIV/AIDS education and testing. We're looking at why the utilization rates are so low and where older people may face barriers to receiving services. We are also looking at where there may be barriers to providers who deliver these services.

JG: What is an example of a barrier to the provider?

LG: In some cases, it may be related to preconceived notions of aging held by providers. For example, we know that sexually transmitted infections are on the rise within the older population, and that older people are much more frequently diagnosed with HIV and full blown AIDS simultaneously because they are diagnosed so much later. Many doctors do not talk to older people about sex and do not think to test them. Anyone under the assumption that old people do not have sex is mistaken. The reality is that, for a variety of reasons, people are having a lot more sex at older ages than they used to. If a clinician does not think older people are sexually active, they may not provide the appropriate education and screenings.

We want to learn about some of the best and most promising practices in this space so we are planning a conference on age friendly primary care. It may be possible to provide some of these screenings at different locations, such as senior centers or libraries. I recently heard about an interesting model of care delivery in

San Francisco. The library hired a social worker to help the chronically homeless population access benefits, entitlements, mental health support, and housing. They meet them where they often are—in the library. They are using the Internet. They are keeping warm. They are reading books. That is where they are now also receiving their services. They are not going to go to a shelter and they are not going to go to homeless services, but they are regularly at the library. We must treat people where they are. We want to reach older people where they spend most of their time.

JG: Have you identified any issues that you plan to address other than primary care?

LG: We are also looking at financial wellness in later life. AARP has researched and published their findings of global best practices for age friendly banking. The National Community Reinvestment Coalition (NCRC) also has a publication dedicated to age friendly banking. Some banks are leaders in this field right now—they employ financial gerontologists who offer planning advice for retirement and assistance to caregivers and families regarding financial management. We are interested making this information and assistance readily available to those without a family financial advisor. Bank of America Merrill Lynch recently launched their Longevity Training Program, which educates their employees about the financial needs of the growing elderly population. This education informs benefit design, financial advice, and other services for seniors.

We would also like the banking experience to be as pleasurable as possible for older adults. A lot of older people enjoy going to their local banks. They have strong connections with their branch managers and local bank tellers. My father in law is eighty six. He can use an automatic teller machine but he chooses not to because he likes the people who work at his bank. They are part of his community.

JG: Do the bank tellers and managers watch out for senior financial fraud?

LG: Yes. The elderly place a high degree of trust in bankers. Bankers are well positioned to identify signs of fraud and elder abuse if they are trained appropriately. Many banks are now using new technology to monitor accounts. We will be hosting a conference on financial wellness in the fall of 2017 for professionals within the financial services industry.

JG: Do the working groups receive any guidance from you and Age-Friendly NYC?

LG: The working groups are staffed by the New York Academy of Medicine. They report back to the commission. Members are volunteers. We ask them to address four cross cutting themes: social justice and equity, dementia care, intergenerational engagement, and emerging technology.

First is the issue of social justice and equity. Older people in New York are among the most diverse in the world. Fifty percent of older people in the city were born outside of the United States. Thirty percent speak English less than very well.

Our initiatives also recognize the increasing prevalence of dementia and how that affects older people disproportionately as well as their caregivers. For example, when we consider access to arts and cultural institutions, we need to consider people with dementia as well as healthy older people.

The fourth area of focus is emerging technology. As people age, they may lose certain physical capabilities and experience some level of cognitive decline. Technology can enable social connections, can assist a person in remaining independent, and can enable older people to live at home more safely. However, we must ensure that the technology is affordable, accessible, and includes a training component.

JG: What other focus areas are you working on?

LG: We must recognize intergenerational engagement. Younger and older generations benefit each other. All people can be more successful and productive with close social, educational, and professional intergenerational interactions.

JG: Will you continue your older initiatives?

LG: We remain committed to effecting change within the public sector, the private sector, and at the neighborhood level based on feedback regularly solicited from older people. Our goal is to ensure that all neighborhood planning efforts consider the older people who live in those communities. For example, when the Parks Department gets one hundred and thirty five million dollars to repair dilapidated parks, how do we ensure that the conversation is not just about one or two basketball courts? We also need to seriously consider the recreational needs of older people.

JG: Does the Parks Department cultivate intergenerational connections through its planning?

LG: They are certainly doing that more and more. We want to create programming for multiple generations in one space, for example, by installing adult fitness equipment or creating senior playgrounds.

JG: Please describe the City Voices project.

LG: City Voices: New Yorkers on Health is a seven part series of reports based on surveys and focus groups conducted throughout New York City. The seven areas of health that the series focuses on include an overview of the health of New Yorkers, transgender health issues, mental health, physical activity, immigrant communities, aging, and food and nutrition. It is a needs assessment and the data comes directly from the residents.

JG: Thank you for this conversation.

LG: Thank you for your interest in Age-Friendly NYC.

END