

Bay Ridge Center 55+ Neighborhood Needs Survey Report



Center for Home Care Policy & Research



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Executive Summary

Introduction

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

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

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

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

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

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

Demographic Characteristics of the Survey Sample

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

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

Key Survey Findings

Domain 1: Basic Needs

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

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

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

Domain 2: Physical and Mental Health and Well-Being

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

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

Domain 3: Independence for the Frail and Disabled

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

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

Domain 4: Social and Civic Engagement

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

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

Respondents' Comments

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

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

Other suggestions included:

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

Opportunities for Action

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

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

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

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

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

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

Background: The AdvantAge Initiative

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

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

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



Survey Overview

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



Map data ©2016 Google

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

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

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

Selected Demographic Characteristics

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

An analysis of the answers to the demographic questions in the Bay Ridge survey questionnaire revealed that 9% of survey respondents were 55-59 years of age; 13% were 60-64 years of age; 40% were 65-74; 27% were 75-84; and 11% were aged 85 or older. Overall, 92% of survey respondents were aged 60 and older⁶. Per 2013 ACS estimates, 59% (15,452) of those aged 60 years and older in Bay Ridge were female,

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

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

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

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

⁶ Please see the Appendix for the demographic characteristics of the full survey sample.

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

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

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

According to 2013 ACS data, 32% of Bay Ridge residents aged 60+ did not graduate high school⁹, slightly more than the city-wide average of 29.5%.¹⁰ Among survey respondents, however, less than one-fifth (8%) have less than a high school education. Among survey respondents, 29% finished high school or have a GED, 21% completed some college or are in college, and 42% have an associate or bachelor's degree or higher.

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

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

Survey Findings

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

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

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

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

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

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

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

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

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

Domain I: Addresses Basic Needs

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

Following are additional survey findings related to Domain I.

1. Affordable and appropriate housing is available to community residents

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

2. The neighborhood is livable and safe

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

3. People have enough to eat

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

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

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

4. People have access to information

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

5. Financial security

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

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

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

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

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

1. Self-reported physical and mental health status

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

2. Health Conditions

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

3. Falls

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

4. Preventive Health Measures

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

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

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

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

5. Physical Activity

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

Domain 3: Maximizes Independence for the Frail and Disabled

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

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

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

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

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

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

2. Residents know how to access services

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

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

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

3. Transportation is accessible and affordable

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

4. Informal caregivers complement the formal service system

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

Domain 4: Promotes Social and Civic Engagement

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

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

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

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

2. People trust their neighbors and community leaders

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

3. Older adults are community assets

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

Responses to the Open-Ended Question

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

Opportunities for Action

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

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

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

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

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

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

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

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

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

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

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

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

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