

**Testimony of Lindsay Goldman, LMSW, Director, Healthy Aging**

**The New York Academy of Medicine**

**before the**

**United States Senate Special Committee on Aging**

**“Aging with Community: Building Connections to Last a Lifetime”**

**May 10, 2017**

Good afternoon, and thank you, Chairwoman Collins, Ranking Member Casey, and members of the Aging Committee, for the opportunity to testify today on solutions to prevent social isolation as we age. My name is Lindsay Goldman, and I am the director of healthy aging at The New York Academy of Medicine (the Academy).

Established in 1847, the Academy addresses the health challenges facing New York City and the world’s rapidly growing urban populations. One of our current priority areas is healthy aging. Over 1 million New York City residents, or 12 percent of the total population, are 65 or older; they are projected to increase to over 15 percent of the population by 2040.<sup>1</sup> Often among the most long-term and civically engaged residents, older New Yorkers possess significant financial, social, and intellectual capital but often face barriers to fully contributing to city life.

The Academy employs a three-pronged approach to addressing complex issues of urban health, including the changing demographics of cities. We begin by reviewing existing evidence and data, we then consult the people affected by a given problem, and in collaboration with those people, convene all relevant sectors to develop creative solutions collectively. The social determinants of health provide an underlying framework for all of our work:

“The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”<sup>2</sup>

The Academy uses this approach in our role as the Secretariat for Age-friendly NYC, a partnership with the New York City Council and the Office of the Mayor, which works to maximize the social, physical, and economic participation of older people to improve their health and wellbeing and strengthen communities.

### **Age-friendly Cities and Communities Model**

Age-friendly NYC adheres to the Active Aging Framework developed by the World Health Organization (WHO) in 2006.<sup>3</sup> Grounded in evidence, the Active Aging Framework posits that a person’s disability trajectory can be slowed or

reversed through increased engagement in their community, which is associated with better physical and mental health. The WHO Age-friendly Cities and Communities model was created to identify and address barriers to engagement faced by older people throughout the course of daily life within the following eight domains:<sup>4</sup>

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

Through qualitative and quantitative data collection methods, feedback from older people is gathered and used by policymakers, community leaders, and residents to make neighborhood resources, services, and amenities more inclusive. While the provision of health care and supportive services is certainly important, it is only one of eight domains within this framework, which suggests that aging must become a priority for all sectors and disciplines, including but not limited to architecture, urban and regional planning, arts and culture, and business. When viewed through the Active Aging Framework, an aging

population is an opportunity to improve communities for people of all ages and to delay or reduce disability and dependence. For example, extending street crossing time also helps families with small children and younger people with disabilities stay safe.

### **Age-friendly NYC**

Beginning in 2007, Mayor Michael Bloomberg, City Council Speaker Christine Quinn, and the New York Academy of Medicine launched Age-friendly New York City with its first undertaking being a comprehensive assessment of the city's age-friendliness across the WHO's Eight Domains of an Age-friendly City. The assessment included guided conversations with thousands of older people, roundtable discussions with hundreds of professionals, a literature review, and extensive mapping. In the fall of 2008, the Academy released the findings of the assessment process in *Toward an Age-friendly City: A Findings Report*.

In response to the findings of the community assessment, the Office of the Mayor and the New York City Council asked all city agencies to consider how they could improve the way they integrate and serve older adults through their work. Out of this review, in 2009, the City announced 59 initiatives to improve the quality of life of older adults, which are outlined in *Age-friendly NYC: Enhancing Our City's Livability for Older New Yorkers*. The Mayor's office is

currently in the process of developing a new set of commitments to build upon the successes of the first phase of implementation and respond to emerging needs. Age-friendly NYC is an initiative of OneNYC, the City's strategic plan for growth, sustainability, resilience, and equity.

Appointed by the Mayor and staffed by the Academy, the Commission for an Age-friendly NYC is composed of civic leaders from across sectors and disciplines, working to develop the overall strategy for Age-friendly NYC and to engage private organizations in changing the culture of New York City to become more inclusive of older people. The Age-friendly NYC Commission has helped New York City become a global leader in the age-friendly cities movement through an array of innovative pilot projects, many of which have been replicated or adapted in other parts of the world. Products created include the Cultural Arts Guide for Seniors, [agefriendlycollege.org](http://agefriendlycollege.org) - a database of educational opportunities for older people, and age-friendly tools for neighborhoods, urban planners, local businesses, architects, building owners, libraries, and many others.

Age-friendly NYC was one of the founding members of the WHO Age-friendly Cities and Communities Network which currently includes 400 localities across 37 countries<sup>5</sup>; 163 are in the United States.<sup>6</sup> The AARP Network of Age-friendly

Communities is the WHO's U.S. affiliate. Most age-friendly initiatives, also known as “livable communities,” are developed at the city or community level; however, states like New York are now working to adapt the model at the state-level, and Ireland has been designated an Age-friendly country. Based on our experience, the Academy has provided technical assistance to over 60 communities working to become more age-friendly, and in 2013, Age-friendly NYC was awarded “Best Existing Age-friendly Initiative in the World” by the International Federation on Ageing.

### **NYC Solutions to Prevent Social Isolation**

We applaud the Committee’s recognition of social isolation as a threat to public health. Recent research suggests that social isolation may be as threatening to health as smoking, obesity, and lack of exercise. Social isolation predicts morbidity and mortality from cancer and cardiovascular disease,<sup>7</sup> re-hospitalization,<sup>8</sup> and mental health issues such as depression.<sup>9</sup> Social isolation is also a risk factor for elder abuse,<sup>10</sup> as well as negative health outcomes, including death, following emergency events.<sup>11,12</sup> Older people in New York City may be at greater risk of isolation due to higher rates of living alone (50%), poverty (19%), mobility impairment (27%), and lack of English proficiency (34%).<sup>13</sup>

Social connection, on the other hand, is not only good for health, but is also a priority for older people. According to a 2013 national survey of 4,000 people aged 60 and over, 40 percent rated “staying connected with friends and family” as the most essential component of a high quality later life.<sup>14</sup> Age-friendly NYC works not only to reduce social isolation but to prevent it by talking to older people and then working with local leaders and stakeholders to eliminate barriers to engagement with services and amenities, including local businesses, arts and cultural institutions, parks, libraries, and colleges and universities.

Many of these solutions are low or no-cost and work to optimize existing, age-neutral assets and facilitate connections between the generations. Inadequate intergenerational contact has been shown to perpetuate stereotyping and exclusion that contributes to the social isolation of older people.<sup>15</sup> Three ways Age-friendly NYC works to prevent social isolation include increasing walkability and access to public transportation; leveraging public space and programming; and maximizing economic participation.

### **Increase Walkability and Access to Public Transportation**

A 2006 survey found that 52 percent of New York City-dwelling respondents were likely to walk to a destination rather than use another form of transportation.<sup>16</sup> There is considerable evidence that walking is associated with

better physical and mental health.<sup>17</sup> However, during consultations, older people reported significant barriers to pedestrian safety including inadequate street crossing times, poorly maintained sidewalks, and lack of seating.

The NYC Department of Transportation (DOT) established the Safe Streets for Seniors Program in 2008. DOT evaluates conditions in areas with high rates of senior pedestrian fatalities or injuries and then develops and implements mitigation measures, such as extending pedestrian crossing times at crosswalks to accommodate slower walking speeds, constructing pedestrian safety islands, widening curbs and medians, narrowing roadways, and installing new stop controls and signals. DOT solicits ideas and feedback through presentations and workshops at senior centers and community boards and also partners with the Department for the Aging to coordinate outreach and share resources. Through this process over 600 dangerous intersections have been redesigned, and senior pedestrian fatalities have decreased 16 percent citywide. These changes have made streets safer for all New Yorkers.

The CityBench program is another initiative to increase walkability. Through a federal grant, DOT installed over 1,500 new benches around the city, particularly near senior centers and housing; hospitals and community health centers; commercial zones and shopping districts; and municipal facilities. Individuals

and communities can request a bench in a specific location, and older people report having made new social ties with people who frequent the same benches at the same times.

Finally, in response to feedback from older people that bus shelters often lacked seating and felt unsafe, nearly 4,000 new bus shelters have been installed. The new shelters have seating, and the walls are transparent, addressing concerns about the old shelters which hid their interiors from view. These shelters were paid for by advertisements projected on their sides. DOT has worked to replace and install additional bus shelters at locations throughout the five boroughs identified by older people and community leaders.

### **Use Public Space and Programming to Build Community and Improve Health**

According to the American Time Use Survey, older people spend more leisure time engaged in solitary and sedentary activities such as watching tv and reading, and less time engaged in socialization and recreation.<sup>18</sup> Research suggests that participation in public space improves health and wellbeing through opportunities for physical activity and social engagement.<sup>19</sup>

When discussing local recreational opportunities, older people in the

neighborhood of East Harlem revealed that they had not used public pools in decades because they felt uncomfortable and unsafe among all of the children and teenagers. In response, the Department of Parks and Recreation piloted senior-only swim hours at one public pool during morning hours when the pool was underutilized. Known as “Senior Splash,” the program was so popular (often over 100 people in attendance) in East Harlem that the City expanded it to 16 pools throughout the City and added water aerobics instruction. A preliminary evaluation of this program indicated that older people who participated in regular water aerobics demonstrated greater lower body strength and flexibility than those who did not.<sup>20</sup> In addition to Senior Splash, the Parks Department developed BeFitNYC, a search engine on their website to connect older people to free and low-cost fitness opportunities, discounts at fitness centers and recreational facilities, and free yoga, tennis, and walking tours.

### **Maximize Economic Participation**

The importance of local businesses in the lives of older people repeatedly emerged as a theme of community consultations throughout the city. Local businesses enable older people, who often have a limited catchment area for activity, to meet their basic needs, to socialize, and to support the local economy. Local businesses also depend on older people, who account for nearly 50 percent of consumer spending in NYC (\$70.1 billion annually), as loyal

customers who often prefer to pay in cash and rely on word of mouth rather than paid advertising to learn about new establishments. Yet older people often reported barriers to patronizing local businesses, including accessibility, affordability, and lack of appropriate products and services.

With input from the business community, the Academy created the “Age-friendly Business Resource Guide” and supplementary training materials to help businesses understand the value of making age-friendly changes to their marketing, ambiance, design, and overall consumer experience. With these changes, businesses are in position to market their age-friendly features.

Through a partnership with the New York City Business Improvement District Association, Age-friendly NYC has educated 30,000 storefront businesses about age-friendly business practices, catalyzing improvements such as the addition of seating in stores, more legible signage, and new senior discounts.<sup>21</sup> A small study conducted by the Academy found that businesses that made improvements had higher average cash receipts than non-participating, similar businesses within the four-month study period. The Age-friendly Local Business Initiative was highlighted by the National Association of Area Agencies on Aging’s 2015 report, *Making Your Community Livable for All Ages: What’s Working*.

As illustrated by these examples, planning processes to inform improvements to the built, social, and economic environment should engage older people as experts on their own lives. By leveraging evidence-based, age-friendly strategies such as universal design<sup>22</sup> and active transit,<sup>23</sup> federal investment in infrastructure can facilitate independence, promote engagement, and build a sense of community. Additionally, federal leadership and funding can help to reduce social isolation and maintain the health and wellbeing of older people through the provision of safe and affordable housing,<sup>24,25</sup> access to health care,<sup>26</sup> transportation,<sup>27</sup> healthy food,<sup>28</sup> technology,<sup>29</sup> and inclusive arts and cultural programs.<sup>30</sup>

### **About the Academy**

The New York Academy of Medicine advances solutions that promote the health and well-being of people in cities worldwide.

Established in 1847, The New York Academy of Medicine continues to address the health challenges facing the world's rapidly growing urban populations. We accomplish this through our Institute for Urban Health, home of interdisciplinary research, evaluation, policy and program initiatives; our world class historical medical library and its public programming in history, the humanities, and the arts; and our Fellows program, a network of more than 2,000 experts elected by their peers from across the professions affecting health. Our current priorities are healthy aging, disease prevention, and eliminating health disparities.

## References

1. New York City Department of Planning. *New York City Population Projections by Age/Sex & Borough 2010-2040.*; 2013. [http://www.nyc.gov/html/dcp/pdf/census/projections\\_report\\_2010\\_2040.pdf](http://www.nyc.gov/html/dcp/pdf/census/projections_report_2010_2040.pdf). Accessed January 18, 2015.
2. World Health Organization. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health.* Geneva; 2008. [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1). Accessed December 11, 2014.
3. World Health Organization. *Active Ageing : A Policy Framework.* Geneva Switzerland: World Health Organization; 2002.
4. World Health Organization. *Global Age-Friendly Cities: A Guide.* Geneva; 2007. [http://www.nyam.org/agefriendlynyc/docs/WHO\\_Global\\_Age\\_friendly\\_Cities\\_A\\_Guide.pdf](http://www.nyam.org/agefriendlynyc/docs/WHO_Global_Age_friendly_Cities_A_Guide.pdf). Accessed December 10, 2014.
5. World Health Organization. Age-friendly World. 2017. <https://extranet.who.int/agefriendlyworld/who-network/>. Accessed May 5, 2017.
6. AARP. AARP Network of Age-friendly Communities. 2017. <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html>. Accessed May 5, 2017.
7. Hawkey L. Loneliness in everyday life: cardiovascular activity, psychosocial context, and health behaviors. *J Pers Soc Psychol.* 2003;85(1).
8. Mistry R. Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program. *Int J Geriatr Psychiatry.* 2001;16(10):950-959.
9. Cacioppo J. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging.* 2006;21(1).
10. Mysyuk Y, Westendorp RGJ, Lindenberg J. Perspectives on the Etiology of Violence in Later Life. *J Interpers Violence.* 2015. doi:10.1177/0886260515584338.
11. Klinenberg E. *Heat Wave : A Social Autopsy of Disaster in Chicago.* Chicago: University of Chicago Press; 2002. [http://www.worldcat.org/title/heat-wave-a-social-autopsy-of-disaster-in-chicago/oclc/47971411&referer=brief\\_results](http://www.worldcat.org/title/heat-wave-a-social-autopsy-of-disaster-in-chicago/oclc/47971411&referer=brief_results). Accessed December 5, 2013.
12. Goldman L, Finkelstein R, Schafer P, Pugh T. *Resilient Communities: Empowering Older Adults in Disasters and Daily Life.*; 2014.

- [http://www.nyam.org/news/docs/pdf/Resilient\\_Communities\\_Report\\_Final.pdf](http://www.nyam.org/news/docs/pdf/Resilient_Communities_Report_Final.pdf). Accessed December 14, 2014.
13. U.S. Census Bureau. American Community Survey 2014 1-year estimates. 2014.  
[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_1YR\\_S0103&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S0103&prodType=table). Accessed February 1, 2016.
  14. National Council on Aging (NCOA). *The United States of Aging Survey 2013*. Washington, D.C.; 2013. <http://www.ncoa.org/improve-health/community-education/united-states-of-aging/usa-survey-2013.html>. Accessed September 24, 2013.
  15. Hagestad GO, Uhlenberg P. The Social Separation of Old and Young: A Root of Ageism. *J Soc Issues*. 2005;61(2):343-360. doi:10.1111/j.1540-4560.2005.00409.x.
  16. Stowell-Ritter A, Bridges K, Sims R. *Good to Go: Assessing the Transit Needs of New York Metro AARP Members.*; 2006.  
[http://assets.aarp.org/rgcenter/il/ny\\_transit\\_06.pdf](http://assets.aarp.org/rgcenter/il/ny_transit_06.pdf). Accessed January 16, 2015.
  17. Simonsick E. Just Get Out the Door! Importance of Walking Outside the Home for Maintaining Mobility: Findings from the Women's Health and Aging Study. *J Am Geriatr Soc*. 53(2):198-203.
  18. Bureau of Labor Statistics. Time Spent in Leisure Activities in 2014, by gender, age, and educational attainment. 2015.  
<https://www.bls.gov/opub/ted/2015/time-spent-in-leisure-activities-in-2014-by-gender-age-and-educational-attainment.htm>.
  19. Sugiyama T. Outdoor environments, activity and the well-being of older people: conceptualising environmental support. *Environ Plan A*. 2007;39(8):1943-1960.
  20. Asphalt Green. *Senior Summer Swim 2012 at Thomas Jefferson Park A Collaboration between Asphalt Green and Union Settlement.*; 2013.
  21. The New York Academy of Medicine. *Age-Friendly Business Resource Guide.*; 2014.  
<http://www.nyam.org/agefriendlynyc/docs/AgeFriendlyBusinessGuide.pdf>. Accessed December 14, 2014.
  22. American Planning Association. *Aging in Community Policy Guide.*; 2014.  
<https://www.planning.org/policy/guides/pdf/agingincommunity.pdf>. Accessed December 14, 2014.
  23. Clarke P, Ailshire JA, Bader M, Morenoff JD, House JS. Mobility disability and the urban built environment. *Am J Epidemiol*. 2008;168(5):506-513. doi:10.1093/aje/kwn185.
  24. Thomson H, Petticrew M, Morrison D. *Housing Improvement and Health*

- Gain : A Summary and Systematic Review*. Glasgow: MRC Social & Public Health Services Unit University of Glasgow; 2002.
25. Evans G, Wells N, Chan H, Saltzman H. Housing quality and mental health. *J Consult Clin Psychol*. 2000;68(3).
  26. Office of Disease Prevention and Health Promotion. Access to Health Services | Healthy People 2020. 2017. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives#3980>. Accessed May 8, 2017.
  27. Rittner B. Health care and public transportation use by poor and frail elderly people. *Soc Work*. 1995;40(3).
  28. Frongillo EA, Wolfe WS. Impact of Participation in Home-Delivered Meals on Nutrient Intake, Dietary Patterns, and Food Insecurity of Older Persons in New York State. *J Nutr Elder*. 2010;29(3):293-310. doi:10.1080/01639366.2010.499094.
  29. Smith A. *Older Adults and Technology Use | Pew Research Center*.; 2014. <http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/>. Accessed July 9, 2015.
  30. Cohen GD, Perlstein S, Chapline J, Kelly J, Firth KM, Simmens S. The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *Gerontologist*. 2006;46(6):726-734. <http://www.ncbi.nlm.nih.gov/pubmed/17169928>. Accessed May 8, 2017.

## **Appendix: Select Age-friendly NYC Resources**

[www.agefriendlynyc.org](http://www.agefriendlynyc.org)

[WHO Global Age-friendly Cities: A Guide](#)

[AARP Network of Age-friendly Communities](#)

[Toward an Age-friendly City: A Findings Report](#)

[Age-friendly NYC: Enhancing Our City's Livability for Older New Yorkers](#)

[Commission for an Age-friendly NYC](#)

[Creating an Age-friendly NYC One Neighborhood at a Time](#)

[American Planning Association Aging in Community Policy Guide](#)

[Aging in Place Guide for Building Owners](#)

[Age-friendly Local Business Resource Guide](#)

[Aging: Health Challenges and the Role of Social Connections](#)

[Resilient Communities: Empowering Older Adults in Disasters and Daily Life](#)

[Cultural Arts Guide for Seniors](#)

[Age-friendly College Link](#)