**Testimony for the NYC Council Hearing on Senior Housing
Lindsay Goldman, LMSW
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The New York Academy of Medicine (NYAM) has been advancing the health of people in cities since 1847. An independent organization, NYAM addresses the health challenges facing the world’s urban populations through interdisciplinary approaches to research, education, community engagement, and policy leadership. Our current priorities include creating environments that support healthy aging; strengthening systems that prevent disease and promote the public’s health; and working to eliminate health disparities.

NYAM’s testimony today is grounded in our role staffing the Age-friendly New York City initiative in partnership with the New York City Council and the Office of the Mayor. We encourage all sectors of the city to see the opportunity in the aging of the population. Age-friendly NYC was awarded the “Best Existing Age-friendly Initiative in the World” by the International Federation on Ageing in 2013, and NYAM advises communities worldwide in their efforts to become more inclusive of older residents.

We applaud the City Council for recognizing the myriad housing challenges experienced by older adults and proposing a law to create a senior housing task force. Housing is an important predictor of security – one of three core pillars of the World Health Organization’s Policy Framework for Active Ageing – and safe, adequate housing is essential to the well-being of older people.1 There is considerable evidence to suggest the physical conditions and quality of the home environment impact both physical and mental health.2,3

The nearly 1.4 million older adults living in the city are geographically dispersed, with the largest concentrations in Brooklyn and Queens.4 Older adults are more likely to rent (463,617 households) than own (376,856 households), and older renters typically have lower incomes than older owners.5 As a result, the majority of older renters rely on subsidies to afford their housing. The breakdown of single elderly renter households is as follows: 51% rent-stabilized/controlled; 20% market-rate rental; 16% public housing; and 14% other subsidized housing.6 One third of older adults live alone4, and 23% live in poverty.7

Functional capacity, immigration status, and English proficiency also significantly impact housing options and quality of life for older people. Of adults age 65 and over, 27% report ambulatory difficulty; yet only 51% of units in multi-family housing with elevators and 3% of units in multi-family housing without elevators are fully accessible.4 Many older households lack low-cost improvements like grab bars in bathrooms.5 Fifty-five percent of the age 60+ population is foreign-born8, and undocumented older adults are often ineligible for senior housing programs. In addition, 29% of older adults speak English “less than very well”4 which can serve as a barrier to accessing housing.9

In identifying and evaluating the policies, programs, and practices that will increase the availability and affordability of safe, appropriate housing for older New Yorkers, NYAM encourages the senior housing task force to incorporate into its purview all types of senior housing (including illegal housing), to be cognizant of the range of functional capacity among older people, and to consider the following recommendations:

1. **Include the voices of older people in the Task Force, and remember older people as potential sources of solutions.**

Older adults are a criti­cal resource to the city. They are often among the most long-term, civically

engaged residents, possessing an unparalleled knowledge of their communities’ surround­ings,

assets, and vulnerabilities. Speaking directly to older people, in addition to senior housing

advocates and service providers, will provide a comprehensive understanding of their housing

issues. In addition, older people can be mobilized to meet housing-related needs. For example,

Umbrella of the Capital District, an award-winning program in upstate New York, recruits,

screens, and deploys older people (many of whom have extensive professional experience) to

provide handyman and homemaker services to their older neighbors.10 Such solutions should be

part of New York City’s strategy.

1. **Ensure older people have access to the supports they need to age in community.**

For many older adults, physical or cognitive impairment and diminished social networks can result in increased dependency and attachment to home, belongings, and neighborhood.11 Displaced older people can experience the exacerbation or emergence of physical and mental health conditions.12 When it is necessary for older people to relocate, for instance to a smaller apartment, the City should prioritize keeping older people within their neighborhoods and engaging in ongoing dialogue with older people who must move.

Efforts should also be made to strengthen older people’s connections to formal and informal

support systems. The provision of health care and social services within housing, as well as

increased social connectedness, have been shown to influence the health outcomes of older

people.13,14 Yet the majority of senior housing does not facilitate access to such supports. Policies

and funding streams that encourage service coordination and delivery, multigenerational

housing, tenant organization, and communal space will help older people remain safely in their

homes while maintaining social connections and participation which are integral to healthy aging.

1. **Ensure the disaster resilience of current and future senior housing.**

NYAM recently completed a year-long study of the impact of Hurricane Sandy on older adults. Focus groups, key informant interviews, and analysis of secondary data indicate that many providers of housing for older people, such as NYCHA, section 202, and Mitchell-Lama, were unprepared to address the needs of older people who evacuated and sheltered-in-place. In addition to maintaining physical infrastructure, senior housing providers, including those providers that do not receive city funding but house large numbers of older adults, should be supported in developing comprehensive emergency plans. These plans should be devised in consultation with older residents and should include formal partnerships with those entities (e.g. nonprofit, faith-based, health care) who will meet the needs of residents that exceed the capacity of the housing provider.

There is a growing body of evidence that substantiates community cohesion as a protective factor in disasters.15 During Hurricane Sandy the majority of people, including older adults, were helped by friends and neighbors16, and buildings with strong tenant associations often fared better, as they were able to meet their own needs until formal services and systems were restored. In addition, older people played a significant role in response and recovery efforts and should be empowered to care for their neighbors in times of stability and crisis. The full report of NYAM’s findings and recommendations will be available in July at [www.nyam.org/OlderAdultsResilienceReport](http://www.nyam.org/OlderAdultsResilienceReport)

Age-friendly housing practices are an essential part of making New York City age friendly and a good place to grow old. We congratulate the City Council on taking up this important topic and offer our services as you investigate this issue further.

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