ADDRESSING THE NEEDS OF AGING TENANTS IN YOUR BUILDING

A GUIDE FOR AFFORDABLE HOUSING PROVIDERS AND PROPERTY MANAGERS

FALL 2016

Enterprise™
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ACKNOWLEDGMENTS

We would like to acknowledge the New York University (NYU) Robert F. Wanger Graduate School of Public Service and its graduate students who worked diligently to develop this guide in collaboration with us: Rachel Botos, Price Campbell, Katherine Fitzpatrick, Jessica Kalache, and Safina Shao.

We would also like to acknowledge housing providers, their staff members and the field experts who made this guide possible by providing invaluable insight into the needs of senior residents and best practices.

SPECIAL THANKS TO:

Tricia Dawson, Beth Gillery, Joanne Esposito and Mike Tuohy, Catholic Charities Brooklyn & Queens
John Napolitano, HANAC Inc.
John Broderick, LeadingAge New York
Bobbie Sackman and Karol Tapias, LiveOn NY
Lindsay Goldman, New York Academy of Medicine, Center for Health Policy & Programs
Eileen Mullarkey and Karen Taylor, New York City Department for the Aging
Mohini Mishra, Selfhelp Community Services, Inc.
Susan Camerata, Wavecrest Management Team Ltd.
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This toolkit is designed to guide affordable housing providers, building managers, and other front-line housing staff in New York City (NYC) through best practices for housing senior tenants who are aging in their buildings. Specifically, this guide targets housing providers with non-age restricted affordable multi-family housing and a population that is aging. For the purposes of this Toolkit, older adults and seniors are defined as any person over the age of 65. The sections below examine common problems for seniors and building managers, and suggest methods and resources that managers and property owners can use to better support their tenants, staff, and buildings.
SECTION SUMMARIES:

II. UNDERSTANDING THE POPULATION: COMMON CHALLENGES FOR BUILDING MANAGERS

This section highlights challenges that older adults who are aging in place, also known as aging in the community, often face. These common challenges directly impact building operations. Understanding these challenges gives owners and property managers insight into the types of services or strategies they should consider for the seniors in their buildings.

III. STAFFING

This section describes best practices in hiring and training front-line staff to work with older adults. The section then describes the benefits of investing in a service coordinator to engage specifically with the seniors in your building and link them to needed services.

IV. DESIGN FEATURES

This section provides resources on aging in place design features and modifications that landlords and building managers can implement within existing buildings or apartment units in order to assist their residents aging in place and prevent falls.

V. RESIDENT ASSESSMENT

This section explains the importance of assessing residents before implementing any kind of service delivery. The section goes on to describe, with examples, how to identify senior residents and the pros and cons of engaging in different types of resident assessments. The section ends with a discussion of how to use resident assessments in service-delivery decision making and strategizing.

VI. RESIDENT ENGAGEMENT

This section begins with an overview of the risks of social isolation and goes on to describe best practices and tools for engaging senior residents in service delivery or other programs.

VII. PARTNERSHIPS AND MAPPING COMMUNITY ASSETS

This section starts by defining community assets. It then discusses why community assets should be identified by building staff, examples of asset maps, and how building partnerships with these community resources can benefit both the building’s seniors and the building’s staff. The section ends with a discussion of community-based collaborations and public-private partnerships.
When connecting and working with seniors aging in place, building managers and other front-line staff must confront common problems affecting older adults and understand how these problems impact well-being. For example, physical limitations associated with aging can lead to increased isolation, and limited financial means or cognitive challenges such as memory loss can lead to depression and withdrawal from social networks. Seniors may also have difficulty navigating inhospitable pedestrian environments, accessing public transportation, and obtaining legal assistance for housing, entitlements, consumer affairs, and familial problems. Establishing and maintaining basic relationships with senior residents allows managers to become aware of these problems and can lead to improved outcomes for seniors, management, and all other building residents.

**WHAT IS AGING IN PLACE OR AGING IN THE COMMUNITY?**

The Centers for Disease Control and Prevention’s “Healthy Places Terminology” defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”
Major challenges that building staff should be aware of include:

**ISOLATION**

According to the Centers for Disease Control and Prevention, “12% of adults aged 65 or older report that they ‘rarely’ or ‘never’ receive the social and emotional support they needed.” Further demonstrating the major challenge social isolation poses to the senior population of NYC, one third of the 65 and older population and almost one half of the 85 and older population in NYC were living alone in 2013. Isolation can have a devastating impact on seniors, and makes adults over 65 susceptible to adverse physical and mental health outcomes, elder abuse, and a reduced quality of life.

In Section VI, you will find specific recommendations for ways to engage and track residents living alone—such as gathering contact information for family members and friends in case you notice warning signs (see page 12 for more on warning signs) that may require intervention.

**ELDER ABUSE**

Elder abuse, including physical harm and psychological and financial exploitation, was reported by seniors at a rate nearly 24 times higher than the 11,432 documented cases in New York State (NYS) over a twelve-month period in 2008-2009, and was found to be more prevalent in NYC than in any other state region. Additionally, “the most recent major [national] studies on incidence reported that 7.6%–10% of study participants experienced [elder] abuse in the prior year.... In the only national study that attempted to define the scope of elder abuse, the vast majority of abusers were family members (approximately 90%), most often adult children, spouses, partners, and others.”

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2  New York City Department for the Aging, Under the Radar: New York State Elder Abuse Prevalence Study

**HOARDING**

Hoarding behaviors typically consist of “the acquisition of, and failure to discard, a large number of possessions; living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed; and significant distress or impairment in functioning.” Hoarding is associated with Obsessive Compulsive Disorder, early Dementia, Diogenes Syndrome, and Major Depressive Disorder (MDD) and can therefore be a symptom of any of these diagnoses. Hoarding also increases risk of falls and social isolation, and amplifies existing physical and mental health problems. In addition, hoarding can have major implication on building operations and maintenance. The apartment of a person who suffers from a hoarding condition could cost anywhere from $10,000-$20,000 to clean up.

**ACCESSIBILITY**

Since disability rates rise with age, there is a strong likelihood that aging populations will bring large increases in the number of disabled or mobility impaired persons. Among people aged 65 and older, 32% report difficulty walking and 31% report difficulty using stairs. Today, approximately half of New York City’s 2.1 million rental apartments are in two- to five-story walk-ups, which comprise a significant portion of the rent regulated housing stock. In 2014, 44% of the apartments in rent regulated buildings were occupied by tenants aged 55 or older. Older adults in non-age-appropriate apartments are at higher risk of social isolation and may become disconnected from health and social services or community life more generally, as their mobility—and ability to navigate staircases—declines. As the City’s older adult population is projected to increase by over 40% between 2010 and 2040, the scale of this problem will continue to grow. The housing sector will have to respond to a growing disconnect between the existing rental housing stock, and the physical design needs of aging residents.

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1 Bell, Robert A (2012). “Why do elderly hoarders present challenges for social workers, and what intervention strategies can be used to address these challenges?” https://www.umb.edu/editor_uploads/images/mgs/mgs_gerontology/BELL_Aging_Services_Capstone.pdf

2 Ibid.


5 U.S. Census Bureau, 2014 NYC Housing Vacancy Survey
POVERTY & LIMITED FINANCES

The final major limitation faced by NYC seniors is the affordability of daily needs in contrast with their limited incomes. The NYC Department for the Aging recently identified several key areas of senior need. Among the most difficult challenges are inadequate income and the large number of seniors living in poverty. The 2013 ACS indicated that NYC’s poverty rate for older adults increased from 16.5% to 18.8% between 1990 and 2013, despite declining rates in much of the country. The median household income for older adults in 2013 was $37,847 and was significantly lower when looking at Hispanic, African-American, and Asian households alone. Inadequate income increases seniors’ need for financial aid and affordable housing that accommodates any physical limitations they may have.  

THE SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) PROGRAM IS AN EXISTING TOOL THAT COULD FREEZE THE RENTS OF ELDERLY RESIDENTS IN YOUR BUILDING AT NO COST TO YOU!

To qualify, residents must live in rent controlled, rent stabilized, or Mitchell Lama housing, be at least 62 or over and paying more than one-third of their income on rent. Applicants to SCRIE must also be head of their household with annual household incomes of no more than $50,000. Landlords receive the difference between the contract rent and the frozen rent in refundable property tax credits. An application can be found at: http://www1.nyc.gov/assets/finance/downloads/pdf/scrrie/scrrie_appl.pdf

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1 New York City Department for the Aging (2015), Annual Plan Summary April 1, 2016 – March 31, 2017.
WHY DO STAFF MATTER?

Some of your senior tenants may see building staff more than anyone else. Many seniors may not see friends or family for several days at a time. Therefore, a building superintendent or maintenance man is often the “first line of defense” in case of any problems and, just as importantly, is a friendly face that can help tenants feel connected.
Hiring Staff for Your Buildings

If 30% or more of your residents are older adults, consider hiring staff who are fit to work with senior tenants. Particularly when hiring staff who work in the building or directly with tenants, personality is one of the most important attributes to look for in potential candidates. Senior building managers stress, for instance, how valuable it can be to hire and retain a maintenance employee whom residents love. Building managers should look for staff who like working with people and are patient and understanding with seniors. Consider engaging senior tenants in the hiring process to see how a new superintendent interacts with them. While technical skills are, of course, critical to doing the job effectively, remember that you can teach maintenance skills more easily than you can teach the skills that are necessary to work with a variety of people.

Don’t Forget About Language Skills!

With increasing diversity in New York City’s senior population, consider what languages tenants speak and look for candidates who can communicate with them.

“The job is the senior, not the radiator.”

-Catholic Charities Brooklyn and Queens Senior Property Manager
TRAINING YOUR STAFF

Staff should not only be trained to respond to emergencies, but should know how to intervene when they notice a senior is struggling with common tasks or exhibiting gradual signs of failing physical or mental health. All staff members should be aware of what to look for and the basic steps they should take to connect seniors with services.

Several organizations offer trainings, by social workers or other experts, on working with seniors and addressing the common challenges in this population. Please see the Staff Training Resource List in Appendix B at the end of this toolkit for some of the organizations that offer useful trainings.

The Department of Health and Human Services’ Eldercare Locator lists ten warning behaviors or patterns that staff should be aware of.

10 WARNING SIGNS YOUR OLDER FAMILY MEMBER MAY NEED HELP1

» Changing eating habits, resulting in weight loss, appetite loss, or missed meals.
» Neglecting personal hygiene, including clothing, body odor, oral health, nails, and skin.
» Neglecting the home, with a noticeable change in tidiness and/or sanitation.
» Exhibiting inappropriate behavior, such as being unusually loud, quiet, paranoid, or agitated, or making phone calls at unusual hours.
» Changing relationship patterns, causing friends and neighbors to express concern.
» Showing physical injuries, such as burns, which may have resulted from general weakness, forgetfulness, or misuse of alcohol or medication.
» Decreasing or stopping participation in activities that were once enjoyable, such as a bridge or book club, dining with friends, or attending religious service.
» Exhibiting forgetfulness, resulting in unopened mail, newspaper piles, unfilled prescriptions, or missed appointments.
» Mishandling finances, such as not paying bills or paying them more than once, and losing or hiding money.
» Making unusual purchases, such as more than one subscription to the same magazine, entering an unusually large number of contests, or increasing purchases from television advertisements.

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Each staff position should be assigned a different role to respond to any of the warning signs listed above or other emergencies. For example, a custodial worker may report these signs to a building manager, whereas a building manager may reach out to the tenant or their family to check in and address any problems.
SERVICE COORDINATORS

Service coordinators can help seniors access needed supportive services that allow them to keep their independence longer and avoid admission to institutionalized care. Hiring a service coordinator ultimately reduces apartment turnover and damage, and creates a strong community that increases safety and marketability. Across the board, senior housing specialists agree on the value of having a resident coordinator or service coordinator to help manage senior tenant outreach, promote communication, and connect tenants with services, resources, and activities.

FIVE ESSENTIAL ACTIVITIES OF A SERVICE COORDINATOR

» Conduct intake and assessments to identify service needs of individuals and the community more broadly
» Link senior tenants to services and resources
» Monitor service provision and follow up with tenants
» Coordinate educational and wellness programs
» Report suspicion or incidents of abuse, neglect, or exploitation

1 http://www.servicecoordinator.org/Ibid.

HIRING A SERVICE COORDINATOR

Multiple senior housing organizations recommend adding a service coordinator as a line item into the budget during development or refinancing to keep funding for the position stable and secure. However, in an existing building, consider applying for grants or partnering with a local social service organization (see page 22 for more information on funding and partnerships).

Service coordinators are often, but do not need to be licensed social workers. When hiring, look for an entrepreneurial spirit, flexibility and adaptability, language and cultural competency, creativity in engaging tenants, and an interest in working with seniors.

Depending on the number of older adult residents and their level of need, service coordinators can be effective working part-time or covering more than one building. A higher-touch formula from the Department of Housing & Urban Development recommends that one full-time coordinator be designated to serve between 50-60 frail or at-risk residents. Low-intensity formulas suggest multiplying the number of residents the coordinator will be serving by an average 0.2 hours (12 minutes) per resident per week, which would result in one full-time service coordinator for every 200 tenants.1 Ultimately, you should decide what resident-to-service coordinator ratio would be best for your building(s) based on what you know about your residents and their needs (see Resident Assessment in Section V).

FOR MORE DETAILED INFORMATION ABOUT SERVICE COORDINATORS AND THE BEST WAYS FOR PROPERTY MANAGERS AND SERVICE COORDINATORS TO COLLABORATE, SEE SOME OF THE RESOURCES IN APPENDIX C.

1 Maine State Housing Authority (2003), Opening Doors to Services in Housing... Maine State Housing Authority Program Guide to Service Coordination. https://www.mainehousing.org/docs/default-source/program-guides/resident-services-coordination-program-guide.pdf?sfvrsn=5
Design features are key investments that housing providers incorporate in senior housing to enhance tenants’ independence and home safety. Unfortunately, many buildings with senior tenants aging in place are not favorable to older adults and their various social and physical needs. Currently, over half of the rental units in NYC are located in buildings without elevators.\(^1\) In addition, 53% of hospitalizations due to fall injuries happen within the home, yet the cost of home modifications for fall prevention can be prohibitive for many low-income seniors despite being relatively low cost to building owners when compared to other common rehabilitation projects.\(^2\)

Enterprise has recently released an Aging-in-Place Toolkit aimed at helping affordable housing property owners of all types better assess and respond to the needs of their aging residents through the built environment. These tools include:

- **Aging in Place Principles**, a resource for both new construction and renovations of existing buildings that provides best practice strategies to allow individuals the flexibility to age in their own home and remain a vibrant part of the community;
- **Aging-in-Place Recommendations**, which uses the 2015 Enterprise Green Communities Criteria as a base, and highlights recommended approaches to key criteria with an aging in place design strategy in mind;
- An **Existing Conditions Checklist** to evaluate an existing site and/or building for design strategies that would enable residents to age with dignity in their homes;
- And a **Prioritization Charrette Tool** or matrix intended to help organize aging-in-place strategies in a way that will assist in recognizing the relative priority level between strategies and to help facilitate discussion around how vital the strategy is, the relative cost, and ways to phase-in design elements.

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### ENTERPRISE AGING IN PLACE RESOURCES, AND TOOLS

Can be found at: [http://www.enterprisecommunity.com/resources/ENT_ERC_Search_Result_Template?searchString=aging%20in%20place&searchCategory=](http://www.enterprisecommunity.com/resources/ENT_ERC_Search_Result_Template?searchString=aging%20in%20place&searchCategory=)
HOW TO IDENTIFY AND MITIGATE FALL RISKS

Many organizations recommend that building staff conduct regular home safety assessments with older adult tenants to identify fall hazards in the home and help tenants address them. Additionally, building staff can utilize resident assessments, lease renewals or income-recertifications as opportunities to ask older residents if they have fallen in their home or building and gauge their interest in design modifications. Existing home safety guides and trainings for building staff can be found in Appendix D.

New York’s Homes and Community Renewal and Department of Health offer the Access to Home and Access to Home for Medicaid grant-funded programs, which provide financial assistance for accessibility home modifications for low-income individuals with disabilities or age related mobility issues. Modifications are free for eligible residents. For more information, visit HCR’s website: http://www.nyshcr.org/programs/accessstohome/.
A resident assessment is the first step building managers should take when considering any type of service provision or partnership. A resident assessment lets you know what is most valuable to the seniors in your building. Using this tool, you can develop a full understanding of your senior residents’ needs and priorities, and accurately plan and budget the type of programs and assistance you provide.

Resident assessments are typically done by dedicated service coordinator staff. In the absence of a service coordinator, it can still be beneficial for building staff to administer a self-reported resident assessment in order to understand the health and functional needs of residents. The results of the assessment may help building staff better target their limited programmatic resources and develop partnerships with external service organizations.

Resident assessments also allow building staff to remedy low-hanging fruit or items that would mutually benefit residents and building owners. For example, a partnership with a local laundromat to pick up and deliver clothes for an extra fee or a local store to deliver groceries would benefit the tenants and make units more marketable by adding amenities.

Superintendents, property managers, or other front-line staff are in the best position to complete the needs assessments since they already have relationships with residents. If you are already looking into hiring a service coordinator for your building (see page 13 in Section III for more information), this would be a good place for s/he to begin their work with your residents. If you are using front-line staff to do a resident assessment, it is best to have a training session with a senior services social worker who can provide guidance and resources on how best to conduct a high-quality and informative survey.

You can find social workers to train your front-line staff either by seeking an informal partnership with a senior housing facility (see Section VII for more on partnerships and community asset-mapping) or by contacting the local branch of the National Association of Social Workers (NASW) at socialworkers.org. For more on finding trainers and how to train your front-line staff to better assist your senior residents, please see page 10 in Section III on Staffing.
[Adapt this message to include the appropriate logistical detail decided on by your organization/property. The below was adapted from Affordable Senior Housing, A Guide to Conducting Resident Assessments]

Dear Resident,

We invite you to complete this short survey below. It will help [name of organization/property] identify those residents who may benefit from programs and activities that represent their interests and needs. It is helpful to participate in the survey so we can contact you about services and programming that may benefit you. To that end, we ask that you please take a few moments to complete this survey.

Although we hope you will participate, this survey is entirely VOLUNTARY and you may choose to complete it or not. If you do complete this survey, someone from [name of organization/property] may contact you to talk more with you about what programming and services would benefit you.

Please complete the survey by [date]. Return the completed survey to [describe where the survey should be returned and any necessary details about how/when.] If you need any assistance, please ask [person(s) designated to assist]. [Describe any other mechanism you may have decided on to help residents, such as a group session.] All residents returning a completed survey will be entered in a drawing for a $25 gift card [if you’ve decided to offer an incentive, include details].

Thank you!

Name:

Street address and unit number:

Please state age ranges of all unit residents:

18-24
25-35
36-50
50-65
65+

If applicable, would you be open to participating in future surveys that will help [name of organization/property] identify programs and services that will benefit you and your fellow residents?

Yes
No

If you answered “yes” to the question above- what times of day are convenient for you?

Anytime
Mornings
Afternoons
Evenings
USING RESIDENT ASSESSMENTS

Once you have completed your resident assessment, you should analyze the information and form priorities. For example,

» If many residents indicate that they have a difficult time getting to and from the pharmacy, then a pharmacy partnership may be something worth considering.

» If any residents indicate they do not have a primary care physician, do not see the one they have often, or report frequent visits to the emergency room, then a hospital partnership may be something worth considering.

» If none of the residents indicate that home safety improvements is needed, then senior-specific safety precautions should not be prioritized over programming.

In addition, you should be sure to use the information gathered during resident assessments to help you identify those at risk for some of the common challenges mentioned in Section II on Common Challenges for Building Managers. Vulnerable seniors will benefit most from the interventions you create with the resident assessments. For example, questions 16–28 of the resident assessment in Appendix E should point directly to high risk indicators as shown in the “10 Warning Signs” Box on page 12 in Section III of this guide.

For a sample resident assessment that you can use or change for your own needs, see Appendix E. This sample assessment was adapted for non-senior specific housing providers from the Affordable Senior Housing, A Guide to Conducting Resident Assessments, a toolkit created by ECP and Leading Age for senior housing providers.

We highly recommend that you record friends’, family members’, and children’s contact information for seniors who live alone, in case they begin to demonstrate vulnerabilities explained in the 10 Warning Signs on page 12.
THIS SOUNDS GREAT, BUT HOW DO I PAY FOR IT?
A GUIDE FOR HOUSING PROVIDERS

The great thing about using existing staff to conduct resident assessments is you do not necessarily have to spend additional resources to execute the assessments. That being said, using staff means training staff and/or stretching staff workloads thin. Below are suggestions for subsidizing the costs of conducting a resident assessment:

Using interns: College or graduate school students are usually free or low-cost personnel who can assist with data collection and analysis. You can also work with universities so that students receive credit for their time working with you. A start-to-finish project like this that a student can take ownership of is beneficial to their professional development and to your bottom line.

Foundation Funding: Many New York City/State & National foundations provide grant funding for projects to nonprofit organizations. A good way to find grant funding is through http://nyc.grantwatch.com/. You can also find grants through organizations like New York Community Trust and New York State Health Foundation – examples linked below. Checking these websites consistently will yield Requests for Proposals (RFPs) that you can respond to for funding.

New York State Health Foundation: http://nyshealthfoundation.org/
New York Community Trust: http://www.nycommunitytrust.org/

Assistance through Hospital Partnerships: In the Partnerships and Mapping Community Assets section of this guide (Section VII), we discuss different approaches to partnerships with local anchor institutions, like hospitals, to ensure better outcomes for your residents (if hospital partnerships are indicated as a priority from your resident assessment). A Memorandum of Understanding (MOU) between a building and a hospital could include funding for resident assessments that will help address better health outcomes for residents or community members. Find more information at the LeadingAge website and in the LeadingAge report Housing and Healthcare: Partners in Healthy Aging. A Guide to Collaboration at: http://viewer.zmags.com/publication/2ae492e9#/2ae492e9/1.

Assistance from the City or State of New York: In the future, there may be funding opportunities through New York State Medicaid – such as the recent Balancing Incentives Program (BIP) which was “designed to engage New York’s broad network of providers, advocates, and community leaders in developing systemic improvements that address barriers encountered when providing community-based long term supports and services (LTSS) across all populations of Medicaid beneficiaries in the State” (health.ny.gov). Keep an eye on the link below for funding opportunities – specifically healthy communities funding - through New York State.

New York State Department of Health: https://www.health.ny.gov/funding/
WHY DOES IT MATTER IF TENANTS ARE ENGAGED?

Resident engagement combats social isolation, which is associated with higher rates of depression, re-hospitalization, delayed care seeking, poor nutrition, and premature mortality.\(^1\) Isolated seniors who lack access to social connection also lack access to services, people, and places that can improve their lives. Ensuring that senior tenants are engaged and have access to resources can reduce their risk of isolation. For more on social isolation and other common challenges, see page 7.

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\(^1\) Depression, Social Isolation and the Urban Elderly Conference on Geriatric Mental Health PPT Presentation. [http://www.powershow.com/view/290d0-OGZkN/Depression_Social_Isolation_and_the_Urban_Elderly_Conference_on_Geriatric_Mental_Health_powerpoint_ppt_presentation](http://www.powershow.com/view/290d0-OGZkN/Depression_Social_Isolation_and_the_Urban_Elderly_Conference_on_Geriatric_Mental_Health_powerpoint_ppt_presentation)
RESIDENT ENGAGEMENT TOOLS & TECHNIQUES

USE YOUR NEIGHBORHOOD!

Refer to your asset map (see Section VII on Partnerships and Mapping Community Assets) to tap into available resources in your neighborhood. For instance...

» Give seniors a list of local neighborhood spots that have indicated they are senior friendly, or create a partnership with the local bagel shop to donate breakfast once a month as a social activity.

» Find your local senior center and encourage residents to visit, post the calendar in a common building lobby, or even request that the senior center send a staff member to visit and talk about their services.

» Invite community volunteer groups to organize activities like arts and crafts or gardening, which are great for a wide range of seniors.

USE PEER NETWORKS!

The peer model technique empowers older adults to “look after” their peers and encourage physical activity, socialization, or other productive behaviors. Look out for active seniors in the building who demonstrate leadership qualities and appoint them as Peer Advisors. Each Peer Advisor can be asked to spend some time with struggling senior tenants, inviting them down the street for coffee, or to attend a class with them at the local senior center. Once they have established relationships with older adult residents, Peer Advisors, service coordinators and/or Tenants’ Associations can work together to address the needs of the seniors who are struggling.

USE YOUR SPACE!

» A building can be used in a few different ways to encourage engagement.

» Communal space inside or outside the building can help residents develop a sense of local connection. For instance, an underutilized room or open space can be used for social events, activities, or to provide services. You could also designate an area outside for group activities such as gardening or Tai Chi. Senior housing providers find that seniors love to congregate and socialize in areas where they can see people, whether that be building staff, the mailman, or people walking by outside.

» Co-location and joint use of space is another idea for mixed-use buildings. Consider renting retail space to a health clinic, a gym with senior classes available, or even a nursery school, which provides volunteer opportunities and has been connected to improved quality of life outcomes in senior residences. While not always feasible, co-locating a senior center is another great idea to improve service delivery.

USE TECHNOLOGY!

Take advantage of Skype or other internet-based services to help seniors stay in touch with family and friends. And take advantage of a fantastic resource that Selfhelp has created: the Virtual Senior Center. This service allows seniors to connect (even teaching them how to use Skype), join live interactive classes, and play virtual games. Making sure that seniors have internet access in their apartments or in a communal space can encourage this type of engagement.
Partnerships help bring together diverse groups of neighborhood organizations and residents, and are among the most significant trends in community organizing and development. Communities throughout the United States are recognizing their importance, and realizing that the financial and social benefits of partnerships are greater than what can be achieved through individual efforts.

Although the aim of any partnership is to achieve greater efficiency in the use of public and private resources, there are varying types of collaborations that can occur along a spectrum of joint working options, ranging from informal collaborations to partnerships that are formalized through written agreements.

Regardless of how formally or loosely structured they are, partnerships should be carefully tailored to meet the particular character, needs, and circumstances of each collaboration, rather than simply replicated from one context to another.

**WHY ARE PARTNERSHIPS IMPORTANT?**

The main benefit of collaborations between housing providers and health and community service providers is the improved coordination of services and resources serving shared populations. This leads to improved health and quality of life outcomes for seniors, as well as reduced costs for providers.
ASSET MAPPING

Who can you collaborate with, and how do you develop a partnership? Start by developing an asset map.

WHAT IS ASSET MAPPING?

Asset Mapping is a method, dating back to the 1990s, of taking inventory of the strengths and resources (i.e. assets) of a specific neighborhood or community with the potential for promoting community development. This positive approach is a substitute for the traditional focus on a community’s deficits, needs, and problems.

By emphasizing community resources over deficits, the process of asset mapping can help communities uncover solutions to common problems. For example, discovering that there is a lawyer in the neighborhood willing to offer pro bono services can fill a service gap for senior residents in need of someone with expertise to advise them on how and when to acquire benefits and entitlements.

ASSET MAPPING STEPS

1. Identify the boundaries and size of the community
2. Identify the amount of time you have to dedicate to building an asset map
3. Identify what financial resources, if any, can you count on to support the work
4. Identify appropriate potential local community partners and map community assets (list community/group assets and list the assets of individuals)
5. Refine and revise your list
6. Draw a physical asset map

Asset mapping is a time-consuming process that is both easier and more effective when done in a group. Community members from a broad range of groups and populations are more likely to identify assets that may not be apparent to everyone. Your asset map should also be reviewed and updated with new resources and opportunities when time allows.

WHY SHOULD YOU IDENTIFY COMMUNITY ASSETS?

- To strengthen and build relationships by connecting skilled community members and organizations with people and organizations in need of those skills.
- External subsidies or grants may not be available. However, the resources to address common challenges may come from within each community.
- Improvement efforts are often more effective and longer-lasting when community members support each other by dedicating their time and talents to changes they desire.
- Rather than stressing how large a problem is and how difficult it is to solve, creating a community-based solution can make closing the gap manageable and attract local support.

How do you Identify Community Assets? Identifying and mapping assets in your community can be easier than you think. The following are the steps to create an Asset Map.

Humboldt Park Asset Map. For other examples of community asset maps, see Appendix G
RESOURCES FOR ASSET MAPPING

» Resources for Seniors: To help you build your asset map, you can browse through a list of resources available to seniors in NYC - such as senior centers, nonprofit service providers, and more - in Appendix A “List of Senior Resources”.

» To create an asset map using free online software, try using www.thebrain.com.

» Want to Learn More about Asset Mapping? For a more comprehensive understanding of community asset mapping - including training videos and podcasts - you can browse through the Asset-Based Community Development Institute’s website at www.abcdinstitute.org/about/index.html.

COMMUNITY-BASED COLLABORATIONS AND PUBLIC-PRIVATE PARTNERSHIPS

COMMUNITY-BASED COLLABORATIONS

lack a formal written partnership agreement. They involve loosely structured relationships between two or more partners based on the mutual desire to pursue collaborative strategies. These relationships can develop into a long-term and more formalized collaboration since they serve as a very useful way of bringing together a wide range of individuals or groups towards a common goal. Activities can be financial in nature (mobilizing public and private funding), non-financial (sharing knowledge/expertise and developing best practices), or administrative (dedicated staff and organizational facilities).

ADVANTAGES:

» Increased business and mutual benefit to both organizations
» Can lower expenses of each partner through resource-sharing
» Uses unique strengths of each participant
» Opportunities for shared learning, best practices, etc.
» Participants have the freedom to leave the collaboration easily without breaking a contract

DISADVANTAGES:

» Lack of formal accountability guidelines among participants
» Lack of trust due to the absence of explicit and enforceable rules and guidelines for interaction between partners
» Communication problems among members due to an absence of formal and regular communication systems.
» Ability to end the collaboration at any time can create uncertainty and instability for the remaining participants
PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

occur when a public entity (federal, state, or local government) collaborates with the private sector (corporations, nonprofit organizations, foundations, or civic groups) to fund and operate specific programs. These partnerships are defined by specific objectives that are monitored and measured over time, such as health outcomes, and they bring entities together on the basis of compatibility.

PPPs involve a formal contractual agreement that explicitly defines membership, a specific set of commitments around financing and resource sharing, and mutual accountability to create expectations around meeting obligations.

The main drivers of success in PPPs are an identifiable need, strong leaders, aligned or overlapping organizational goals, diverse executive boards, and access to funding, realistic programs, and effective resource utilization. In addition to these drivers, an on-site staff member like a service coordinator is crucial for any housing property that has a high percentage of seniors (read more about the important role of service coordinators in Section III of this toolkit).

ADVANTAGES:

» Structured relationships and effective working relationships among participants
» Formalized rules for meetings and decision-making
» Strong mutual accountability and trust
» Sharing and maximization of resources
» Risk sharing and mitigation
» Sharing expertise

DISADVANTAGES:

» Requires an entity to spearhead the initiative and effectively coordinate all partners.
» Require high levels of concerted effort, commitment, trust, and integration from all partners in order to be effective.
» Complex and time-consuming to develop and maintain partnerships (e.g., partners aren’t used to working together and bring differing concerns to the table that are specific to their industry).
» Can create the perception of exclusivity (e.g., some groups that were not included from the beginning may feel excluded).

HOW DO YOU DEVELOP A PUBLIC-PRIVATE PARTNERSHIP OR COMMUNITY-BASED COLLABORATION? WHO CAN YOU PARTNER WITH?

The Asset Mapping technique outlined on page 23 is an excellent starting point for developing partnerships. Having already identified your community’s assets, you will be better able to think strategically about what possibilities exist for initiating discussions around a formalized Public-Private Partnership or a Community-based Collaboration.

As mentioned at the outset of this section, partnerships should be carefully tailored to meet the particular character, needs, and circumstances of each collaborative. Therefore, there is no step-by-step “one-size fits all” approach to developing a partnership. However, some examples from successful PPPs in New York City are described in Appendix H.
APPENDICES

APPENDIX A: LIST OF SENIOR RESOURCES
APPENDIX B: STAFF TRAINING RESOURCES
APPENDIX C: SERVICE COORDINATOR RESOURCES
APPENDIX D: DESIGN SAFETY CHECKLISTS, GUIDES & RESOURCES
APPENDIX E: SAMPLE RESIDENT ASSESSMENT
APPENDIX F: RESIDENT ASSESSMENT RESOURCES
APPENDIX G: EXAMPLES OF ASSET MAPS
APPENDIX H: EXAMPLES OF HOUSING AND HEALTH SERVICES PARTNERSHIP MODELS
Senior resources play a vital role in the lives of the aging population and helps seniors secure necessary support services in response to changing need.

**CITY & GOVERNMENT RESOURCES**

**ADULT PROTECTIVE SERVICES (APS)**

Provides services for physically and/or mentally impaired adults and help at-risk clients live safely in their homes

»  http://www1.nyc.gov/site/hra/help/adult-protective-services.page

»  (212) 630-1853

**ELDERCARE LOCATOR**

A service provided by the The Department of Health and Human Services, ElderCare Locator provides a nationwide directory assistance service designed to help seniors and caregivers find local support resources.

»  http://www.eldercare.gov/eldercare.net/Public/Index.aspx

»  (800) 677-1116

**NY CONNECTS IN NYC**

Offers information on available long-term care supportive services in New York City

»  http://www1.nyc.gov/site/nycnyconnects/index.page

**NEW YORK CITY DEPARTMENT FOR THE AGING (DFTA)**

Improves the quality of life of NYC’s diverse older adults through advocacy, education, and the coordination and delivery of services.

»  Website:  http://www.nyc.gov/aging

»  (212) 442-1000

**Services:**

»  Case Management Services: helps seniors access the services and resources needed to manage their daily living e.g. advocacy on behalf of seniors with landlords, utility companies, counseling on long-term care issues

»  Home-Delivered Meals and In-Home Services: eligible seniors may choose to receive daily delivery of hot meals or twice-weekly delivery of fresh-frozen meals

»  Carrier Alert Program: DFTA stores seniors’ information about how to reach their emergency contacts

»  Elder Abuse and Crime Victims Services: provides support to seniors who have been abused. In case of an immediate physical danger, call 911. Otherwise, call 311

»  Transportation: 65+ seniors are eligible for a Reduced Fare Metrocard and Access-A-Ride is a 24-hour service for people with disabilities

»  Legal Services: Legal Services for the Elderly provides free services to seniors’ on landlord-tenant negotiations, long-term care, and consumer issues

»  Services for LGBT Seniors: serves the unique needs of the lesbian/gay/bisexual/transgender community

»  Immigrant and Refugee Services: the Mayor’s Office of Immigrant Affairs helps older immigrants with information and resources

»  Senior Center Locator: A citywide directory assistance service designed to help seniors and caregivers find local support resources.
NEW YORK CITY DEPARTMENT OF FINANCE

Senior Citizen Rent Increase Exemption / Disabled Rent Increase Exemption Program Application for senior (aged 62 and over) or disabled tenants residing in rent stabilized housing.

» Website: http://www1.nyc.gov/site/rentfreeze/index.page

DIAL 311

Provides the public with quick, easy access to all New York City government services and information. If you are calling 311 with or on behalf of a senior in your building, ensure you use one or more of the relevant words in the box below, so that they connect you with someone who can help.

» http://www1.nyc.gov
» Phone Number: 311

WHAT ARE THE 311 SEARCH KEYWORDS?

Long, term, care, nursing, home, discharge, transition, Medicare, counseling, disability, information, help, assisted, living, supports, homebound, elderly, center, senior, older, adult, Alzheimer, caregiver, crime, abuse, victims, grandparent, volunteer, management, case, meals.

PRIVATE RESOURCES

AGINGCARE.COM

Provides information on caregiver forums and support, senior living, elder care, money and legal services.

» https://www.agingcare.com
» (212) 442-1000

Services:

» Caregiver forum & support: a platform for caregivers to share experiences, insights, and frustrations
» Senior living: a search tool for senior housing and services
» Elder care: an overview of the conditions and diseases that are most common among the elderly
» Money and legal services: provides information on tax, Medicare and Medicaid, frauds and scams, insurance

NONPROFITS

CATHOLIC CHARITIES OF BROOKLYN AND QUEENS

Offers case management services for adults aged 60 and older in Brooklyn and Queens including case assistance, information and referral, home-delivered meals, transportation, supportive and entitlement counseling, caregiver support groups, friendly visiting and congregate meals.

» http://www.ccbq.org/
» (718) 722-6001
GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), HEALTH INFORMATION TOOL FOR EMPOWERMENT (HITE)

An online directory offering information on dental & optical, financial assistance, health care & medicine, immigrant support, mental health & substance abuse, social services, transportation, and wellness & prevention.

» http://hitesite.org
» (212) 246-7100

HANAC, INC.

Offers an extensive network of services designed to serve the needs of the elderly, their families and caregivers.

» http://www.hanac.org/senior-programs.php
» (212) 840-8005

THE HARRY AND JEANETTE WEINBERG CENTER FOR ELDER ABUSE PREVENTION

Provides emergency shelter for victims of elder abuse and enhances public awareness and knowledge about elder abuse

» http://www.weinberg-center.org/
» (718) 581-1000
» (800) 567-3646

JASA

Jewish Association Serving the Aging provides life sustaining social services for seniors in the Bronx, Brooklyn, Queens, Manhattan, and Long Island.

» http://www.jasa.org/get-help
» (212) 273-5272

LEADINGAGE NEW YORK

Offers a directory of not-for-profit organizations committed to meeting people’s needs and preferences as they age.

http://www.leadingage.org
(518) 867-8383

LIVEON NY

LiveOn NY is a membership organization that advocates for senior New Yorkers and provides training and technical assistance to its senior service provider members. LiveOn NY also provides benefits outreach, screening and direct assistance to seniors.

» http://www.liveon-ny.org
» (212) 398-6565

NEW YORK ACADEMY OF MEDICINE (NYAM)

Dedicated to advancing the health and wellbeing of people and to current priorities of healthy aging, disease prevention, and eliminating health disparities in cities.

» http://www.nyam.org/about/
» (212) 822-7200
SELFHELP

Selfhelp’s Senior Source partners with service providers in planning, accessing, coordinating and monitoring customized affordable senior care solutions.

» http://www.selfhelp.net
» (800) 935-3701

What services does Senior Source offer?

» Skilled Health Care at Home
» Home Care for basic activities
» Homemaking and Housekeeping
» Transport to medical and other appointments
» Benefits and entitlement research
» Financial and legal counselling
» Connection to community resources
» Alzheimer’s resources
» Client centered technology
» Virtual Senior Center

VISITING NURSE SERVICE OF NEW YORK (VNSNY)

A team of skilled nurses and certified home health aides that offer a wide range of senior care services whether at home or in a facility

» http://www.vnsny.org
» (800) 675-0391

Services:

Overall health assessment and coordination:

» Work with the patient’s doctors and other health care providers
» Develop a “plan of care,” from health care services to household support
» Create a long-term care plan based on your needs and preferences
» Help fill out applications to receive benefits and work with other insurance agencies

Skilled nursing care:

» Manage care for age-related illnesses, such as Alzheimer’s disease
» Administer respiratory therapies
» Provide stroke rehabilitation
» Monitor general health and help manage medications
» Help order medical supplies and equipment

Support with daily living and household management:

» Help with bathing and dressing
» Shop for and prepare meals
» Perform household chores such as laundry and light cleaning
» Provide transportation to and from medical appointments
» Help arrange for legal and financial assistance

End-of-life care:

» Round-the-clock nursing at home or in a facility
» Supplement nursing home care
» Hospice and palliative care services
» Offer emotional support and counseling

Is this covered by insurance?

» Medicare covers some home health care in limited circumstances if the individual is homebound, in need of a certain amount of skilled care such as skilled therapy (physical therapy, occupational therapy, speech therapy) or skilled nursing (tube feeding, wound care, injections), and a physician has ordered home health care for that individual. Medicare will not cover more than 35 hours per week of skilled care and home health aide services and typically only for a limited amount time. The physician must recertify the care every 60 days. Medicare does not cover care for individuals who only need custodial care or care with Activities of Daily Living (ADLs) - they must have a skilled need.

» Medicaid, if the individual is enrolled, has fewer restrictions and will cover home health aide services without the skilled need requirement. If a senior has Medicaid, they should be able to get more care with their ADLs for more hours per week. Each individual gets a plan of care designed by their Care Team at VNSNY, which outlines how much care they get per week. The plan of care is updated at least every 6 months.
The organizations listed below offer trainings and other ways to learn best practices for working with aging populations.

For staff and volunteers of DFTA-funded organizations, DFTA offers trainings on topics like leadership; case management/social work; program management; aging and mental health; DFTA’s Client Database; computer skills; communication skills; workplace effectiveness; fundraising; supervision; benefit and entitlement programs.


For those willing to invest financially in programs, the Brookdale Center for Healthy Aging offers a wide variety of courses through Hunter College Continuing Education. Recent course offerings include: Aging & Developmental Disabilities, Medicaid Planning Opportunities, Fundamentals of Starting A Geriatric Care Management Practice, End of Life Issues, Housing Options for Seniors, Hoarding, Clients with Dementia, Benefits & Entitlements for Older Adults, and Working in a Family System.

http://brookdale.org/continuing-education/individual-courses/
For more detailed information about service coordinators and the best ways for property managers and service coordinators to collaborate, see some of the resources below.

**LEADINGAGE**

http://www.leadingage.org/

- LeadingAge has done significant research on housing with services models and offers a variety of resources about working with service coordinators.

- “Supporting Service Coordinators” from Leading Age Magazine http://www.leadingage.org/Supporting_Service_Coordinators_V6N1.aspx

- December 2015 study about a service coordinator’s impact on resident hospitalization: http://www.leadingage.org/LeadingAge_Study_Service_Coordinators_Linked_with_Reduction_in_Resident_Hospitalizations.aspx

- Housing Plus Services homepage: http://www.leadingage.org/housing_with_services.aspx

- American Association of Service Coordinators (AASC): http://www.servicecoordinator.org/
  This professional association has job listings, as well as webinars, conferences, and other professional development opportunities for service coordinators.


- Professional development opportunities, including an online course in fundamentals designed for new service coordinators and new managers of service coordinator programs: http://www.servicecoordinator.org/ProfessionalDevelopment/AASCUniversity.aspx

**ADDITIONAL RESOURCES**


- Other areas of the country have formal service coordinator programs with information that can be applied in New York City:
  - The MassHousing Tenant Assistant Program created a Resident Service Coordinator Handbook. While the resources are specific to Massachusetts, it also includes a lot of information valuable to property managers and service coordinators around the country: https://www.masshousing.com/portal/server.pt/document/2394/resident_service_coordinator%27s_handbook

- The New England Resident Service Coordinators, Inc. offers a variety of resources: http://www.nerscinc.org/

- The Maine State Housing Authority has a published Program Guide to Service Coordination that includes information for service coordinators and building managers: https://www.mainehousing.org/docs/default-source/program-guides/resident-services-coordination-program-guide.pdf?sfvrsn=5

- Housing & Urban Development Service Coordinator program has some additional resources: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/scp/scphome
» DFTA Home Safety Checklists

» DFTA Falls Prevention

» AARP Caregiving Checklist
  http://assets.aarp.org/external_sites/caregiving/checklists/checklist_homeSafety.html

» Department of Health and Human Services Centers for Disease Control and Prevention

  https://www.cpsc.gov/PageFiles/122038/701.pdf

» Home Instead Senior Care: Home Safety Checklist

» Fall Prevention Center for Excellence: Home Safety Adaptations for the Elderly (Home SAFE)
  http://stopfalls.org/resources/homesafe/

TRAINING OPPORTUNITIES FOR FALLS PREVENTION AND SAFETY AUDITS:

» New York Foundation for Senior Citizens: Home Repair & Safety Audit Program
  http://www.nyfsc.org/support-services/repair-safety-services/

ADDITIONAL INFORMATION ON DESIGN FEATURES:

For more detailed information about essential features that make homes more accommodating, promote social interaction and prevent fall injuries for those aging in place, refer to some of the resources below.

» Home Fit Guide – AARP

» American Society of Interior Designers Design for Aging in Place Toolkit
  https://www.asid.org/sites/default/files/u34215/Aging-In-Place-Toolkit.pdf

» Harvard Report: Joint Center for Housing Studies of Harvard University
  http://www.jchs.harvard.edu/research/housing_americas_older_adults
  http://www.jchs.harvard.edu/research/housing_americas_older_adults

» Kitchen Flooring Design and Safety Scores for Aging in Place

» Aging in Place Guide for Building Owners: Recommended Age-Friendly Residential Building Upgrades—NYC Department for the Aging
SAMPLE RESIDENT ASSESSMENT

ADAPT THIS MESSAGE TO INCLUDE THE APPROPRIATE LOGISTICAL DETAIL DECIDED ON BY YOUR ORGANIZATION/PROPERTY. THE FOLLOWING WAS ADAPTED FROM AFFORDABLE SENIOR HOUSING, A GUIDE TO CONDUCTING RESIDENT ASSESSMENTS
DEAR RESIDENT,

We invite you to complete this resident assessment. It will help [name of organization/property] plan programs and activities that respond to the interests and needs of certain individuals living in this building. To that end, we ask that you please take a few moments to complete this survey.

Although we hope you will participate, this survey is entirely VOLUNTARY and you may choose to complete it or not. It is also ANONYMOUS and CONFIDENTIAL. You do not need to put your name on this survey. Your individual answers will not be shared and the responses will be consolidated so that an individual cannot be identified.

Please complete the survey by [date]. Return the completed survey to [describe where the survey should be returned and any necessary details about how/when.] If you need any assistance, please ask [person(s) designated to assist]. [Describe any other mechanism you may have decided on to help residents, such as a group session.] All residents returning a completed survey will be entered in a drawing for a $25 gift card [if you’ve decided to offer any type of incentive, include the details].

Thank you for sharing your time!
1. What is your age? _____________

2. What is your gender? □ Male □ Female □ Other

3. What is your primary spoken language?
   □ English
   □ Spanish
   □ Haitian Creole
   □ Mandarin Chinese
   □ Cantonese
   □ Russian
   □ Other (if other, please explain: ___________________)

4. What is your current marital status?
   □ Married
   □ Separated
   □ Divorced
   □ Widowed
   □ Single

5. Do you have children who live with or close to you? If so, how close?
   ___________________________________________________________________
   ___________________________________________________________________

6. Do you have friends or other family who live close to you? If so, how close?
   ___________________________________________________________________
   ___________________________________________________________________
7. In general, how would you rate your quality of life?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

8. In general, how would you rate your ability to move through our building without assistance?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

9. In general, how would you rate your ability to access the following places within our community?

<table>
<thead>
<tr>
<th></th>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery stores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors’ offices or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Libraries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundromats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. In general, would you say your health is:
   ❑ Excellent
   ❑ Very Good
   ❑ Good
   ❑ Fair
   ❑ Poor

11. During the past 12 months, have you fallen down? ❑ Yes ❑ No

12. If YES, how many times? _______________ times

13. Do you have a primary care physician? ❑ Yes ❑ No

14. If yes, do you visit your primary care physician at least once every six months? ❑ Yes ❑ No

15. If you answered no to either of these questions, why?

________________________________________________________________________________________
________________________________________________________________________________________

16. Due to a health or memory problem, do you have difficulty with any of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>DO YOU HAVE DIFFICULTY WITH ANY OF THE FOLLOWING ACTIVITIES?</th>
<th>IF YES, DO YOU HAVE HELP?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Bathing/showering</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Dressing</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Getting in/out of bed/chairs</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Using the toilet</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Activity</td>
<td>Do you have difficulty with any of the following activities?</td>
<td>If yes, do you have help?</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Incontinence (wetting/soiling yourself)</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Eating</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Using the telephone</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Shopping</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Preparing meals</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>House keeping</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Doing laundry</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Traveling to places out of walking distance</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Managing medications</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Managing money or finances</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
</tbody>
</table>
17. Choose the best answer for how you have felt over the PAST WEEK.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you basically satisfied with your life?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you often get bored?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you often feel helpless?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you prefer to stay home rather than going out and doing new things?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you feel pretty worthless the way you are now?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

18. During the past 12 months, have you gone to a hospital emergency room about your own health? ☐ Yes ☐ No

19. If YES, how many times? ______________ times

20. During the past 12 months, have you been a patient in the hospital overnight? ☐ Yes ☐ No

21. If YES, how many times? ______________ times
22. How many days a week are you usually physically active for at least 30 minutes? This includes any activity that causes small increases in breathing or heart rate, such as walking, gardening, housework, or dancing. ____________ days

23. Is there anything that keeps you from engaging in physical activity?
   - No
   - Not motivated
   - Don’t know what to do
   - Physical or health limitations

24. Are you involved in the life of your building? (e.g., have friends in building; gather with people in the building, etc.)
   - No, not interested
   - No, but would be interested
   - Yes

25. Do you have family or friends in the area that can assist you when needed?  
   - Yes  ❑  No

26. Do you have family or friends who call you regularly?
   - Yes  ❑  No

27. Do you have family or friends who visit you regularly?
   - Yes  ❑  No
28. How would you describe the level of assistance your family members or friends provide?

- I do not need assistance
- Do not provide assistance
- Limited assistance
- Moderate assistance
- Lots of assistance

**INTEREST IN PROGRAMS AND ACTIVITIES**

Please tell us if you would be interested in participating in any of the programs and activities listed below.

<table>
<thead>
<tr>
<th>Social activities</th>
<th>☐ YES</th>
<th>☐ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Arts and crafts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cooking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discussion groups</td>
<td></td>
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<td>- Games</td>
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<td>- Gardening</td>
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<td>- Outings</td>
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<td>- Movies</td>
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<tr>
<td>- Music and singing</td>
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<tr>
<td>- Others:</td>
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<table>
<thead>
<tr>
<th>Educational programs</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
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<td></td>
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<tr>
<td>☐ Learning to read</td>
<td></td>
<td></td>
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<tr>
<td>☐ Learning another language</td>
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<tr>
<td>☐ History</td>
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<tr>
<td>☐ Others:</td>
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<table>
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<tr>
<th>Computer programs</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
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<tr>
<td>☐ Learning to use a computer</td>
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<tr>
<td>☐ Learning to use the Internet</td>
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<tr>
<td>☐ Learning to use programs to connect with friends and family</td>
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<td>☐ Others:</td>
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<tr>
<th>Volunteering</th>
<th>YES</th>
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<tr>
<th>Spiritual programs</th>
<th>YES</th>
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<tbody>
<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
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<tr>
<td>☐ Prayer or meditation groups</td>
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<tr>
<td>☐ Bible study groups</td>
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<td>☐ Others:</td>
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<tr>
<th>Exercise or fitness programs</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
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<tr>
<td>☐ Walking programs</td>
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<td>☐ Tai Chi</td>
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<tr>
<td>☐ Improving your strength</td>
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<td></td>
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<tr>
<td>☐ Improving your balance</td>
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<td></td>
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<tr>
<td>☐ Others:</td>
<td></td>
<td></td>
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<tr>
<td>Wellness and prevention programs</td>
<td>☐ YES</td>
<td>☐ NO</td>
</tr>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>IF YES, WHAT WOULD YOU BE INTERESTED IN:</td>
<td>☐ Education (learning about nutrition, medications, diseases like Alzheimer’s, etc.)</td>
<td>☐</td>
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<tr>
<td></td>
<td>☐ Health screenings (mammograms, hearing, vision, etc.)</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐ Preventing or managing health problems</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐ Others:</td>
<td>☐</td>
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| Wellness/nursing clinic (such as for answering health questions, checking vital signs, understanding doctor’s orders, etc.) | ☐ YES | ☐ NO |

| Other (Please list any other interests you may have) | ☐ | ☐ |
FOR INFORMATION ON HOW TO CONDUCT A FOCUS GROUP

» Eliot & Associates, 2005 - “How to Conduct a Focus Group”

» New York State Health Foundation “Qualitative Research”
  http://nyshealthfoundation.org/our-grantees/grantee-resources/qualitative-research

FOR A MORE IN-DEPTH UNDERSTANDING OF SENIOR NEEDS ASSESSMENTS

see the following reports on assessments done on a large-scale in Florida and Washington, D.C.

» Charles T. Cortley, Secretary - “Assessing the Needs of Elder Floridians”

» Vincent C. Gray, Mayor - “Senior Needs Assessment: Internal Data Collection”
  http://dcoa.dc.gov/sites/default/files/dc/sites/dcoa/publication/attachments/
This is an example of an asset map that visualizes all the tangible and intangible cultural assets within a community. It was used to inform a draft Cultural Policy to provide a framework that supports cultural planning and development in municipalities in the Ottawa Valley in Canada.

Source: http://www.ottawavalleyculture.ca/about-cultural-mapping/
The example below reveals so much about the complex network of community assets and relationships that will impact an initiative aimed at educational transformation. It’s a very useful visualization of the assets of organizations and associations—which are more tangible things like money, membership, and buildings—versus those assets of individuals—which are more intangible things like passion, skills, and experience. It also clarifies how some assets are currently available and how others can become potential assets.

Source: http://projectmanagement.p21.org/toolkit-mapping/#one
In New York, there are some examples of unique housing with services models in both affordable and market-rate communities. The partnership models highlighted below have found ways to enable seniors to age-in-place safely and independently by providing access to health care services while being mindful of the challenging regulatory environment within which they operate.1 These models are coming to the forefront of policy discussions because policymakers are seeking ways to use Medicare and Medicaid funds more efficiently.

NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC): ONE OF THE MOST SUCCESSFUL HEALTH AND HOUSING MODELS CREATED IN NEW YORK CITY.

The Naturally Occurring Retirement Community (NORC) developed out of an organic process whereby senior residents and social services, healthcare, and housing providers partnered to create a living environment in response to the community’s unique needs.

A housing-based NORC can be located in an apartment building, a housing complex with multiple buildings under common management, or an area where a number of apartment buildings are clustered together. A neighborhood-based NORC is typically located in a neighborhood of one- and two-family homes.2

NORC programs are PPPs in which the Department for the Aging, the United Hospital Fund, the housing entity, local community service providers, and NORC residents themselves all play a part. The NORC model draws its strength from multidisciplinary PPPs and is typically supported with some combination of funds from government agencies, housing partners, philanthropies, corporations, and residents.

In the mid-1980s, UJA Federation of Jewish Philanthropies of New York began targeting health and social services to older adults who were living in market rate apartment buildings in New York City where older adults were the predominant residents.3 These buildings became known as NORCs, multi-age housing developments or neighborhoods that were not originally built for seniors but that now are home to a significant number of older persons.

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Supportive Services Programs in NORCs aim to maximize and support the successful aging in place of older residents. Each offers preventive health and wellness activities and almost all participate in a Health Indicators Initiative developed by the United Hospital Fund and now administered by the Department for the Aging (DFTA).

As Initiative participants, these programs identify the major health risks among the elders they serve and develop programs to improve their NORC community’s health status. In addition to their focus on health promotion, Supportive Service Programs provide case management services, classes and educational activities, trips, volunteer opportunities and opportunities to be part of NORC governance.¹

**FLUSHING HOUSE (QUEENS, NEW YORK): A MARKET-RATE HOUSING DEVELOPMENT OFFERING A WIDE VARIETY OF ON-SITE SERVICES THAT SUPPORT HEALTHY AND ACTIVE INDEPENDENT LIVING.**

Flushing House is a not-for-profit organization owned and operated by United Presbyterian & Reformed Adult Ministries, opened in 1974 as one of the first retirement residences to combine independent living with on-premises support services. A comprehensive array of services is included as part of the monthly fee.

Flushing House recognized that an opportunity existed to use available building space to provide residents with convenient access to more amenities while at the same time generating a consistent revenue stream for the organization. Residents are free to choose whether or not to use these services but the fact that they are available, easily accessible and generate revenue presents a unique model for other organizations looking to expand their offerings.

Having access to home care services and physicians on-site also allows for the possibility of residents to remain in their own apartment safely and independently for a longer period of time as their care needs increase. This may ultimately delay the need for residents to move into a higher level of care.

As the number of older adults in NYS grows, especially the 85+ population, it will become even more important to have options like the Flushing House available to seniors who are financially able to move into an environment that addresses the full spectrum of their physical, social and emotional needs.²

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