

TOWARD AN AGE-FRIENDLY DC

From the Voices of Washington D.C.'s older adults

Prepared by The New York Academy of Medicine for Mayor Vincent Gray on December 31, 2013

Over the past year, the city of Washington D.C., under the leadership of Mayor Vincent Gray, undertook the ambitious task of identifying the needs and desires of the nearly 100,000 older adults living in Washington, D.C. from their point of view. With the help of many partners and volunteers, the Mayor and his staff interviewed or surveyed almost 2,000 people to inform the first DC Senior Needs Assessment in more than 30 years; conducted surveys of 800 people at large public events using an audience response system; and led 30 more intimate and intensive community consultations in every Ward, in several languages and with populations with special needs, reaching several hundred more people.

This assessment is a part of the larger Mayor's Age-friendly DC initiative, which plans to transform Washington, D.C., into a city that maximizes the potential of its oldest residents. Following the model set out by the World Health Organization's Age-friendly Cities initiative, the city sought information across all aspects of city life – aiming to inform action across all city agencies and the private sector. The World Health Organization divides these areas of focus into eight domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. The Mayor's Age-friendly DC initiative has added two additional DC specific concerns: disaster preparedness and elder abuse.

The goal of this assessment is to raise broader awareness of the needs and desires of older adults in Washington DC and to inform a Strategic Plan for an Age-friendly DC to be released by the Mayor in 2014. The Plan will guide implementation of new policies and practices across the public and private sectors to make the city more inclusive of older adults. Interviews and community consultations will continue as the Age-friendly DC initiative does, as creating an Age-friendly DC will be an ever-evolving process.

In becoming an Age-friendly city, Washington DC joins the likes of New York, Chicago, Seoul and Rio de Janeiro. In this young movement of cities asking themselves how they can do better, Washington, D.C., has the opportunity to be a model for others.

The New York Academy of Medicine respectfully submits this report to the District of Columbia in its role as the World Health Organization's Collaborating Center on Aging, Urbanization and Globalization.

DESCRIPTION OF DATA SOURCES

DC Senior Needs Assessment

The objectives of the DC Senior Needs Assessment were to 1) identify community needs, assets, and gaps in services; 2) identify met and unmet service needs of those older adults currently engaged and not engaged in DCOA services and programs; 3) provide descriptive analysis of clinical, behavioral, cultural, and social needs; and 4) provide citywide and ward-based recommendations setting priorities for program planning and decision making activities. In addition to older adults, the needs assessment also considered the needs of people living with disabilities, as well as older adults who are caregivers, and placed a special emphasis on sampling among the LGBT, Hispanic/Latino, and Asian/Pacific Islander communities.

To collect data among participants, the study utilized two key informant sessions, eight focus groups, and 334 short surveys conducted via mail, 729 short surveys conducted via telephone and direct mail, and 411 long surveys collected via 15 site visits. All methods collected data from among the following topics: wellness and quality of life, safety, socialization and recreation, case management and options counseling, health and mental health, home health/in-home support, nutrition, home delivered and congregate meals, transportation, employment, care giving and respite care, Medicaid/Medicare, assisted living and housing placement, and legal services. In addition, twenty community resource inventory surveys were obtained using a web-based survey tool.

The Senior Needs Assessment concluded with 20 recommendations grouped in four themes: Outreach and Advocacy; Collaborations and Partnerships; Connecting to the Community; and Support Resources.

DCOA Age-friendly City Senior Symposium

In May 2013, DCOA hosted an Age-Friendly City Senior Symposium to solicit input concerning the implementation of the strategic plan and to provide information to the city's older adults. The one-day program was organized by DCOA and was convened at the Omni Shoreham, a Northwest DC hotel accessible via mass transit. It featured a welcome from city officials, including Mayor Vincent C. Gray, and stakeholder sponsors (AARP, Verizon, Medstar). Ruth Finkelstein, ScD, Senior Vice President, Policy and Planning, NYAM, conducted the 62-question survey and delivered a brief presentation about Age-friendly cities. In the afternoon, there were concurrent workshops organized to align with the eight Age-Friendly Cities domains (with the addition of two DC-specific domains, Elder Abuse and Fraud, and Disaster Preparedness and Response), an exhibitor and health-screening area, and a technology center, designed to help older adults access technology. DCOA publicized the event among its network and to facilitate participation, provided older persons with bus transportation from DCOA wellness centers.

During the program, symposium organizers collected both quantitative and qualitative data from participants, the former via the two-hour survey administered using an electronic audience response system and the later collected by note takers during workshop discussions.

Community Consultations

Beginning in July and extending through the end of 2103, DCOA convened a series of community consultations in neighborhoods throughout the city. Each consultation was focused on a particular neighborhood or senior demographic group (including grandparents raising children, Latinas, LGBTQ, Asian (Mandarin), African Americans, “boomers,” employed seniors, veterans, etc.). Consultations were conducted at senior wellness centers, senior village facilities, offices or meeting rooms of social service providers, churches, or occasionally, personal residences.

The consultations were designed to gather qualitative data to expand upon the senior symposium survey. Each consultation was conducted by a facilitator and note-taker. In advance of the consultations, the New York Academy of Medicine convened a training session for facilitators, to familiarize them with qualitative data-gathering techniques, and developed a consultation protocol that would serve as the template for conversations. The protocol was divided into 11 sections, comprising a “warm-up” and sections corresponding to the 10 DC Age-Friendly City domains. Each section included standard questions, along with optional probes and prompts.

For the purpose of this analysis, 26 community consultation summaries were completed and reviewed. The number of participants in each consultation ranged from three (3) to 26, and in several instances, the notes reflect that participants came and went during the course of the discussion. The scope of conversation varied substantially among consultations, with some groups completing only a fraction of the ten domains. As a result, domains discussed earlier in this document (in most instances, community consultations discussed domains in the order in which they are presented here) benefit from considerably more data. Conversely, for some later categories (particularly Civic Participation and Employment, Community Support and Health Services, Disaster Preparedness and Response, and Elder Abuse, Neglect, and Fraud), data were more limited. The quality of note-taking also varied significantly among groups. As such, the views expressed in some consultations were more likely than others to be reflected in this document, particularly when they were recorded as verbatim quotes.

Homebound survey

To solicit input from seniors who would not be able to attend community consultations, the DCOA developed a five-question survey that was distributed to 1230 homebound residents. The survey was distributed in meal bags, and once completed, was returned to the driver, or in a few cases by mail or phone. Data collected from the homebound survey were difficult to interpret, however, as the number of responses received, either overall or for specific demographic categories, was not clear.

OVERARCHING THEMES

In community consultations across the city, many older adults reported being largely satisfied with their lives as residents of the District of Columbia. In general, DC residents were pleased with the physical infrastructure of the city (parks, transportation, public buildings), the range of cultural and civic opportunities they have, and the care and support they receive (including social services and subsidized housing and meals). Many DC residents were proud to live in the nation's capital and felt deep bonds with the city in which many had worked, raised families, and lived for many years. For example, participants at a community consultation in Ward 1 said they love that DC is "a walk-able city, with a low skyline, green spaces, free museums" and that "people are warm and [even] strangers feel like [they are] living in a community." They were especially happy to have organizations like *village.org*, and an abundance of volunteers to help them out. Moreover, they felt that unlike larger cities, such as New York, DC is not so rushed, and "people are not so impersonal... it's friendly." One man emphasized that DC has more hospitals than other cities, and noted (as a caregiver for relatives) the convenience. Finally, they agreed that DC is a city where they can easily exercise, with many neighborhood pools, and with some senior centers equipped with gymnasiums.

That is not to say, however, that DC residents were uniformly happy with their circumstances. Older adults in every consultation had a variety of suggestions about how DC could improve its Age-friendliness. While these observations and suggestions are noted in the discussion for each domain, below, a number of cross-cutting themes emerged:

- Affordability is a key concern across many of the Age-friendly City domains, including transportation, housing, social participation, and communication. Beyond limiting their opportunities, poverty also undermined many older adults' sense of security and safety.
- For many older residents, gentrification poses a substantial threat, and across the city, in many community forums, some older adults felt that the city had abandoned them. As their neighborhoods change, many older adults would like to be involved in decision-making processes, and wished for more opportunities for consultation.
- Though older adults consistently report high levels of satisfaction from their social activities, isolation remains a challenge for many.
- Participants reported frustration with their lack of political representation.
- For grandparents raising children, the financial strain of raising children is overwhelming; moreover, the physical burden of raising children at an advanced age is especially taxing and precludes many of the social, volunteering, or retirement activities that other older adults enjoy.

Poverty and Safety

As in any city, some older adults residing in DC are better off economically than others, and many struggle to make ends meet. Affordability is a key concern in many of the Age-friendly City domains, including transportation, housing, social participation, and communication. Economic considerations also infuse the discussions related to employment and civic participation.

For many participants, economic considerations limited the extent to which they could take advantage services, programs, and other opportunities that the District offers for older adults. For example, while participants appreciated the breadth of social or cultural events in the District, many were challenged by the cost of attending. For some, the cost of public or private transportation limited their mobility – not only for social activities, but for day-to-day appointments, shopping, etc. For many adults who own their home, the cost of maintenance (including property taxes) leaves them struggling to keep up, and some put off needed repairs because they couldn't afford them. Even keeping in touch with friends and family, learning about current events, and taking advantage of online opportunities was mediated by financial resources – many older adults could not afford a computer, let alone Internet access; some could not afford a newspaper.

Beyond limiting their opportunities, poverty undermined many older adults' sense of security and safety. Particularly in less affluent neighborhoods, residents reported feeling increasingly vulnerable as they aged. Strikingly, among senior symposium participants, 95% reported being somewhat or very concerned about crime and violence. In poorer neighborhoods, many lamented a lack of police protection, and reported being fearful of neighborhood youth.

Gentrification

In many instances, older adults reported feeling excluded by DC's recent economic development boom, and there was a great deal of frustration with the perception that gentrification had affected them negatively. For many older residents, gentrification poses a substantial threat, and across the city, in many community forums, some older adults felt that the city had abandoned them.

For example, a Palisades Village participant noted that the elderly are often ignored, as Washington becomes a city more welcoming to young professionals. Among a group of grandparents who were caring for young children, "People used to care about each other. Everyone knew each other. People would look out for you when you were going home from school. If your mom wasn't home yet, an auntie or neighbor would take care of you. You felt safe and included in your neighborhood – but all that has changed now. People aren't looking out for their neighbors like they used to." Barry Farms residents remarked that "It used to be a tribe – neighbors looked out for each other and kids respected elders." Residents in one Columbia Heights village building feel a lack of respect from the (increasingly younger) tenants, and that they are excluded by tenants and management from participating in building decisions.

Some Ward 1 residents were afraid that the traditional housing market would be completely replaced by expensive condominiums, and expressed the feeling of being excluded from the real estate market. One woman wanted to know: "where people will go when they are displaced?"

Safety is also sometimes a concern that contributes to isolation: "We're afraid of DC streets now. Once we felt safe. Now we feel we don't belong in an area where we grew up, where we raised our children, and where we worked. Once, you could walk the street and know people in the neighborhood. Now, the newcomers make you feel like you don't belong..." Langston Terrace Dwelling's residents were particularly concerned that recent development – e.g. a new trolley line, renewal of a power plant –

would come at their expense and foreshadowed the city's intention to "raze everything in their community and gentrify them right out of the Dwelling."

By way of contrast, many others across the city recognized that gentrification, in many cases, provided for increased neighborhood security and enhanced services. In some instances, participants held a cynical, if somewhat resigned view: "The more whites move into the neighborhood, the better the security is... you can tell how many white people live on a block by how many

policemen there are." Participants at a Washington Senior Wellness Center also noted the change in their community ("new kids are coming to the neighborhood," "different people are coming in,") but said the neighborhood remained generally respectful of elders. Participants remarked that many young people had been raised in the neighborhood by their grandparents, and that many neighbors had known each other for years. In general, Capitol Hill residents said they did not experience ageism, though one reported being the victim of frequent homophobic slurs shouted from passing cars. One constant that came up in multiple conversations: as their neighborhoods change, many older adults would like to be involved in decision making processes, and wished for more opportunities for consultation.

Isolation

Though older adults consistently report high levels of satisfaction from their social activities, isolation remains a challenge for many. (A facilitator at one community consultation remarked: "overall, there was a general air of depression with regard to this topic" (i.e. social participation). In some instances, social networks may have dwindled following the death of a spouse, or the threshold for participating may seem much higher due to declining health. When symposium participants were asked to indicate all of the people they had face-to-face conversations with during the course of an average week (from a multiple choice list), 90% reported talking with a spouse, partner, family member or friend, 56% talked to a neighbor, and 66% talked to building, shop or bank employees, barber/beauticians or other service employees, suggesting that a substantial number of older adults may have few or no routine in-person interactions outside the home.

Among DCOA Senior Needs Assessment survey respondents, 5% experienced a major problem and 13% experienced a minor problem in the previous 12 months feeling lonely, sad, or isolated, while 5% experienced a major problem and 14% experienced a minor problem in the previous 12 months in having too few activities or feeling bored. Even for residents in senior housing, isolation can be a problem. One St. Mary's Court resident remarked, "People may come here literally to die."

Many participants were afraid of experiencing a health emergency while alone and being left for days. One 72 year old woman proposed a "hotline for elders" where seniors could register, so their situation (address, medical conditions, mobility) was familiar in the event that they called. Among Latino participants, some proposed services that would "check in" by telephone. Others suggested that groups of friend could organize a similar service

Political representation

Though not unique to older adults, community consultation participants reported frustration with their lack of political representation, in most instances related to the District's lack of Senators or Representatives in the U.S. Congress. But in many community forums, there was also frustration about local representation, based on the perception that the Mayor and city administration had greater concern for young people.

Among participants at several community consultations (Langston Terrace Dwellings, Grandparents), there were lots of negative views about the mayor and the mayor's office, with many holding the perception that he cares more about newcomers and young people. "We need a new mayor. Just as in past administrations, the mayor's office remains more concerned with newcomers and bringing businesses into the city. This could be good – but don't push out those who helped make the city. Or make it so difficult to afford to live here." "When you have to beg your local elected officials to come and see you, it's pretty sad."

Grandparents Raising Children

Across domains, community consultations convened among groups of grandparents raising children were strikingly negative, with several participants describing feeling abandoned by the city. They saw themselves neither as independent nor active, but rather struggling to survive. While responses from these groups are included in each of the following sections, two general attributes characterize many of their comments and bear noting – for grandparents who are raising children:

- The financial strain of raising children at a time when they are living on fixed incomes is overwhelming to many participants, a reality that colors their experiences in most Age-friendly City domains. Participants expressed considerable frustration with how little financial support they receive for what they feel is a valuable contribution they are making – to care for children who might otherwise wind up in foster homes. In fact, many had the perception that they would receive greater subsidies were they to adopt or take in foster children. As one participant noted: "I'm being short-changed because I'm her grandmom, her blood... if a stranger took her in, they'd get more money."
- The physical burden of raising children at an advanced age is especially taxing and precludes many of the social, volunteering, or retirement activities that other older adults enjoy. Moreover, as one participant noted, "the parks ain't paying my bills." One participant reported taking five grandchildren to three different schools before going to work.