Chapter 18
The Age-Friendly New York City Project: An Environmental Intervention to Increase Aging Resilience

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As the growing body of research affirms, resilience in aging is a multidimensional concept influenced by demographics, social support and connectedness, health status, psychological factors, and material resources. Most, if not all, of these factors are profoundly shaped by the social, cultural, and physical environments in which older adults live. Increasingly these environments are cities. In 2008, for the first time in human history, more than half of the world's population was living in cities and towns (UNFPA, undated). In the U.S., 73% of older men and 77% of older women live in metropolitan areas (Fried and Barron 2005). These urban environments have the potential to promote or inhibit aging resilience among millions of older adult residents. This chapter describes the conceptual framework that underlies the Age-friendly New York City (AF NYC) initiative – a project that seeks to change the urban environment in ways that enhance aging resilience for older New Yorkers – and summarizes findings from a year-long assessment about the age-friendliness of New York City (NYC), including features of the urban environment that promote and restrict aging resilience. We conclude with a discussion on how these findings are being used to shape the urban environment in ways that can improve the social resilience and active engagement of older adults in NYC.
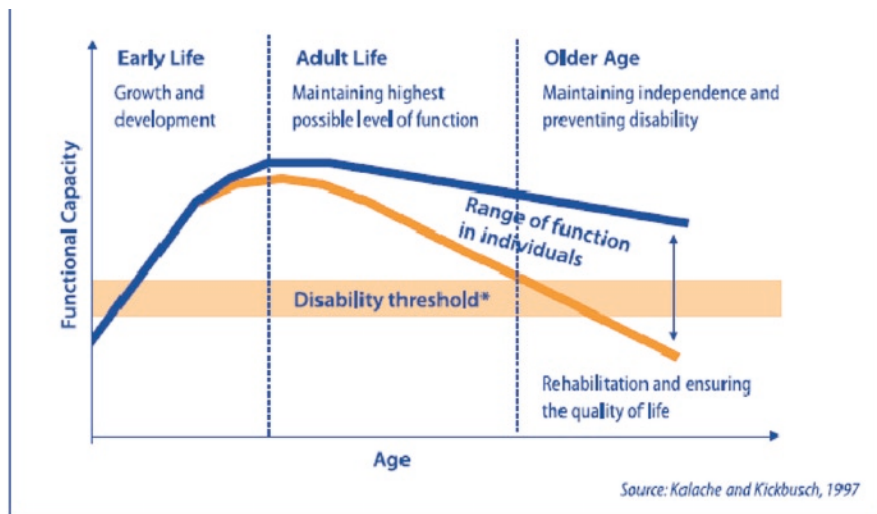
Background & Conceptual Framework

Since the 1980s, the field of environmental gerontology has emphasized the influence of environment on aging and the importance of the relationship between the person and his or her physical, social and cultural environment (Wahl and Weisman 2003). As Phillipson (2007, p.330) explains: "The experience of being old… varies according to one's environment. Situation can thus affect aging." While some have argued that environmental gerontology has languished (Wahl and Weisman 2003),

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most agree that globalization has led to greater variation in the communities and environments in which older people live, increasing the importance of environmental perspectives for understanding aging resilience (Phillipson 2007). In general, cities have not been viewed as environments that cultivate aging resilience. Rather, much of the scholarship on urban aging has focused on the risks of urban environments to older people, especially those living in impoverished inner-cities (see for example, Klinenberg 2002; Newman 2006; Rodwin and Gusmano 2006; Smith et al. 2004). Much less attention has been paid to the ways in which cities might foster aging resilience and promote healthy aging. Some notable exceptions are Rodwin and Gusmano's (2006) *Growing Old in World Cities*, which describes the paradox of cities as places of both tremendous potential and peril for older people, and Fried and Barron's chapter (2005), which discusses the positive and negative health effects of cities on older adults. The AF NYC project is concerned with how we can intervene in urban environments to foster and strengthen the resilience of older residents, regardless of their income or the neighborhood in which they live. Understanding how urban environments, like NYC, might enhance aging resilience is more important than ever as the trends of urbanization, population aging and globalization converge to produce complex, cosmopolitan cities that are home to millions of older adults.

More than 8.2 million people live in NYC (NYC DOHMH: Bureau of Vital Statistics 2007). The number of people over the age of 65 in NYC is projected to reach 1.35 million by 2030. By 2030, older people will outnumber school aged children in NYC (NYC Department of City Planning 2006). The diversity of New York's older population is also expected to grow as immigrants of all ages continue to move into the city (NYC Department of City Planning 2004). New Yorkers come from all corners of the globe and speak more than 174 languages. According to figures from the 2000 census, 44% (2.9 million) of the adult population is foreign-born and 46% of the population speaks a language other than English at home (NYC Department of City Planning 2004). These trends have placed unprecedented demands on the city's infrastructure and need for planning.

Traditionally in the United States, planning efforts have addressed the challenges of urban aging by implementing a set of "aging services" targeted to the old and infirm – an approach that fails to maximize either the potential of older adults or the strengths of the urban environment. The age-friendly cities model, in contrast to previous planning approaches, is rooted in the belief that the urban environment is a key determinant of *active aging*. This model challenges planners, policy makers, researchers, and residents to view *all* aspects of urban life through the lens of aging and to imagine a city that fosters active aging. Active aging, a concept developed by the World Health Organization (WHO) Ageing and Lifecourse Programme (WHO 2007, p.5), is "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age." As shown in Fig. 18.1, the ability of individuals to remain active and engaged depends in part on their health status and level of functionality. However, external social, environmental, and economic factors also influence whether or not older people are able to remain independent. For example, barrier-free buildings, streets, and transportation systems increase the capacity of people with limited mobility to continue to live independently, participate in meaningful activities, and maintain important social

Early Life
Growth and development

Adult Life
Maintaining highest possible level of function

Older Age
Maintaining independence and preventing disability

Functional Capacity

Range of function in individuals

Disability threshold*

Rehabilitation and ensuring the quality of life

Age

Source: Kalache and Kickbusch, 1997

*Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

Fig. 18.1 Health status and level of functionality

ties and connections. The goal of the AF NYC project is to transform the urban environment in ways that promote active aging, thus fostering social connection, social engagement, and participation; all key factors associated with aging resilience.

The Age-Friendly New York City Project

The AF NYC project is a direct outgrowth of the WHO's global age-friendly cities program, which produced a Global Age-friendly Cities Guide offering age-friendly indicators for eight domains: access to outdoor spaces and buildings, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation and employment, and community support and health services (World Health Organization 2007).

The AF NYC project, which is housed at and staffed by The New York Academy of Medicine (NYAM), adopted the Global Age-friendly Cities project as its starting place and then adapted it to meet the unique political and social environment of NYC. Recognizing that key decisions about the urban environment are made at the municipal level and to avoid producing another report that would sit idle on the shelves of policymakers, the NYAM's first step was for staff to meet with the city' political leaders. NYAM approached the NYC departments of aging and health, the leadership of the city Council, and the Mayor's Office knowing that to shift the planning paradigm for older residents, most, if not all, city agencies would need to be engaged.

To acquire a solid commitment from these government leaders, NYAM educated them about the new approach and assured them that the project would be a true partnership between the public and private sectors. Elected leaders were already grappling with how to meet the demands of the city's growing population of older adults, and they recognized that older adults are among their most politically active and engaged constituents. The city's executive branch, on the other hand, understood that older residents are high users of city services. The age-friendly cities approach appeals to political leaders because it addresses a real key constituent group need in a way that optimizes the strengths of the city. Moreover, this paradigm generates recommendations for change that may be no-cost or low-cost and can be implemented by a wide range of city constituents including businesses, cultural institutions, religious groups, and non-governmental agencies. One guiding principle of the AF NYC project is the belief that creating an age-friendly city requires the involvement of all sectors – not just government.

Assessing New York's Age-Friendliness

NYAM undertook a year-long process to assess the current age-friendliness of New York with the goal of identifying which features of the urban environment fostered active aging and what impeded it. Because NYC is such a large, diverse and complex city, NYAM used a number of assessment activities and methods to collect the views of aging experts and older New Yorkers. These included:

- Five expert roundtables to discuss current practices and innovative ideas in the areas of business, housing development, civic engagement, transportation and outdoor spaces, tenants rights, social services, and health.
- Fourteen community forums to gather the experiences, ideas and opinions of older adults and service providers.
- A widely disseminated request for information soliciting policy and programmatic ideas.
- Focus groups and interviews with under-represented older New Yorkers (e.g. low income, formerly homeless, and immigrant).
- Comprehensive review of the literature.
- Geographical Information System analysis to map key indicators of age friendliness/unfriendliness in relation to where older adults live.

In total, NYAM consulted with more than 1,500 older adults and dozens of policy makers, service providers, and researchers. In keeping with the public-private framework of the project, each community forum was co-sponsored by one or more City Council member(s), and staff representatives from the City Council were active partners throughout the assessment. Data from these activities were analyzed and published Fall 2008 in *Toward and Age-friendly New York City: A Findings Report* (Finkelstein et al. 2008).

While NYAM was leading an assessment of the NYC community, the Mayor's Office asked city agencies to assess the "age-friendliness" of each agency and what could be done to improve the way they addressed the needs of older residents. This marked a breakthrough in conventional thinking as agencies that normally did not focus on aging issues examined their services through the lens of aging. After this process, each agency generated a list of activities and policy changes that it could implement to make NYC more age-friendly.

Overview of Findings

Importance of Place

As Shaw (2004) explains: "People do not just live in houses: They live in and experience neighborhoods (p. 412)." The meaningfulness of place, including a sense of attachment, familiarity and satisfaction, can be an importance source of resilience, providing a sense of comfort, belonging and control over one's space (AARP 2005; Oswald and Wahl 2004). One of the central findings of the AF NYC assessment involved identification of a prevalent, deep and abiding love for and attachment to NYC. Many people reported having lived happily in their neighborhoods and even their apartments for 30, 40, 50 years, or even longer. As one focus group participant explained about her neighborhood, "I was born here. To me, it's the center of the Earth and to go anywhere else is a step down. Anywhere else I'd be a fish out of water." Attachment to the city was a widely shared experience, but in many ways the rich diversity of NYC neighborhoods means that it is a very different city for each person. Residents on the Upper West Side spoke enthusiastically about their proximity to cultural institutions. Older immigrants in Jackson Heights said they liked living among the hustle and bustle of younger immigrant families. Staten Island residents appreciated owning their own homes. Residents of Jamaica, Queens, said they appreciate the calmness of their area and rarely travel into the noise and traffic of Manhattan.

Older New Yorkers also recognized that NYC offers particular advantages as they age. Many cited the easy access to public transit, the convenience of having stores and other amenities in close proximity, the many events, activities and institutions to enjoy in retirement, and availability of high-quality health care facilities as advantages of aging in an urban environment. Several noted that the city allowed them to remain independent in ways they could not in other settings. For example, some older New Yorkers had moved to the suburbs to live with their grown children but disliked having to rely on others to drive them everywhere. In the city, by contrast, they were able to walk to business, services, and social activities or take the bus and subway to just about anywhere in the five boroughs. The attachment to NYC, however, was not just grounded in these practical advantages. Phillipson (2007) argues: "some people select locations as a means of 'announcing' or 'reaffirming' their identities (p.329)." Indeed, many who participated in the AF NYC assessment made clear that living in NYC and being a New Yorker was absolutely central to their sense of self.

Social Connectedness

Social connectedness and social support have emerged as key predictors of aging resilience (Fuller-Iglesias et al. 2008; Hildon et al. 2008; Kinsel 2005). Fuller-Iglesias et al. (2008) suggest that social relations may be especially important for older people as they have fewer resources available to them as they age. According to the WHO, inadequate social support is associated with increased mortality, morbidity, and psychological distress and decreased overall health and well being (Marmot and Wilkinson 1999; World Health Organization 2003). Belonging to a supportive social network makes people feel cared for, loved, esteemed and valued – all of which have a powerful protective effect on health (World Health Organization 2003). The social networks older adults develop, as well as their ability to sustain these relationships, are central to their ability to live independently and their continued integration into the life of the City. The AF NYC assessment uncovered several ways in which urban environments challenge some forms of social connection but foster others.

The older New Yorkers in the AF NYC assessment recognized the centrality of their social networks but acknowledged that they had commonly diminished with age. Many indicated that few or none of their children lived nearby. A woman from the East Harlem forum noted: "Once children get married, they leave the community because they want a better life, and there's nothing for them here." Several participants described watching their social networks disappear as they lost partners, friends, and peers. One focus group member said "That's the bad part of longevity: everybody goes away. It has been very hard watching everyone die." Researchers concur that social networks often decline with age (Moen et al. 1992), with both the amount and variety of social interactions decreasing over time (Sauer and Coward 1985).

However, not all kinship networks diminish with age, especially in urban environments. The AF NYC assessment confirmed previous research findings that large numbers of older New Yorkers are the primary caregivers for grandchildren. As Newman (2006) points out in her study of African American and Latino older New Yorkers, many older adults, especially those living in inner cities, are caring for children in their communities. She notes that many of those growing older in New York's poorer neighborhoods today are dealing with the consequences of the extreme poverty, infrastructure decline, high rates of crime, and the HIV and crack epidemic of the 1970s and 1980s that left many of their children unable to raise the next generation. In the AF NYC assessment, many older women, despite health conditions, and extreme financial hardship, had taken on primary caretaking responsibilities when their children could no longer act as parents for their grandchildren. "If it wasn't for the older people, the younger people wouldn't have a place to stay," said one resident of Queens. Another woman put it simply: "Older people are the ones who bear the burden. They take care of kids left behind." Unfortunately, this role is not well-acknowledged by social service systems, and grandparents often have difficulty accessing benefits and obtaining the legal services needed to secure guardianship. While many older adults derive meaning and

satisfaction from their social connections and caregiving role (Waldrop and Weber 2001), they also associate caregiving with increased stress, depression, and financial strain (Sands and Goldberg-Glen 2000).

The AF NYC assessment suggests that the city's booming housing market of the 1990s and early 2000s also played a role in changing and disrupting the social networks of some older people. Participants expressed alarm at the rise of luxury apartment buildings and loss of affordable housing. A community leader in Harlem voiced a common frustration: "poor and working-poor people who have been in this community for generations are being marginalized. They are tearing down their buildings and putting up new apartment complexes that they cannot afford." Some older people felt they could not afford to move away from their subsidized apartments to areas where children or relatives might be living, and grown children and relatives could not afford to move into (or back to) the neighborhood to be near them. Similarly, some older adults were separated from long-time friends and neighbors when they were forced out of a neighborhood by high rents. These changes directly impacted people's feelings of security and neighborhood cohesion. A participant at a forum in the South Bronx noted that when she sees strangers in the hall she "just hopes they live here" because she's no longer sure who her neighbors are.

The reality of losing friends, family, and neighbors combined with declining functionality led some older people to describe fears of being alone, especially in a crisis. Many, like this woman from a Chinese-language focus group in Queens, expressed feelings of vulnerability: "My biggest fear in life is that I would come down with some incurable disease or some crippling disease and I would have to fend for myself with no family and just a handful of friends." Older New Yorkers confirm what other researchers, like Klinenberg (2002) have found: social isolation is a serious problem and major concern. One woman said, "I know a blind woman whose aide leaves at noon, and she's alone all day and all night." Several others told stories of people dying alone in apartments, people who lived alone, or of older adults who were unable to get help for themselves when they fell down. This story told by a focus group member was typical: "A friend of mine fell out of bed and it took two days for her to get to the phone."

Despite these stories of social isolation and the acknowledgement that traditional social networks were diminishing, older New Yorkers reported important and varied forms of social connectedness that were facilitated by living in a densely populated City. The social networks of older New Yorkers are as varied as any other cross-section of New Yorkers – they are opera goers to mahjong players, bingo enthusiasts, historians, and activists. Many people, like participants in a forum for lesbian, gay, bisexual and transgender (LGBT) older adults, noted that their primary identification was not as an older adult; they wanted their social interaction to center on their existing communities of affiliation within the LGBT community. Several members of the United Hindu Cultural Council Senior Center in Queens described how important it was for them to have a designated place where their culture and beliefs were specifically supported and recognized. Some older adults found connection through religious institutions. One focus group participant put it

succinctly: "No children and no family. My friends and my synagogue are my support." Others described primary social and support networks based on profession or shared interests. A recent report by Columbia University (Jeffri 2007) asserts that older artists' strong relationships with other artists trump their communication with partners, family, and children. These finding are consistent with the idea of the "changing face of social networks" as non-family become increasingly important to aging individuals (Walker and Hiller 2007).

Although changes in some areas have disrupted neighborhood social networks, neighbors remain an important source of social connection for many. In fact, some housing policies and configurations seemed to nurture important pockets of social cohesion. Whether living in public housing, privately owned co-ops, or condominium high-rise buildings, people appreciated and benefited from living in close-knit, micro-communities. For example, residents in some public housing complexes explained that affordable rents or subsidized housing had kept them in the same place for decades and allowed them to form close relationships with their neighbors. Many described informal networks of neighbors who regularly checked up on and assist older residents. One focus group participant from the Bronx said "When I got cancer, my neighbor always checked on me. I loved that. That's beautiful."

Housing arrangements as well as the density and diversity of urban populations in cities like NYC produce settings with the potential to support and enhance forms of social connectedness and resilience even as an individual's traditional kinship networks diminish. This finding is consistent with that of Newman's (2006) study of older African American and Latinos in New York who reported significantly higher levels of social integration than a national sample of older adults. Whether through shared attachment to place, tight neighborhood networks, or groups based on affiliations and interests, older adults living in cities have opportunities to form the social connections that are important to aging resilience. As discussed below, cities can do much to improve the quality of life of older residents by removing the barriers that prevent these connections from flourishing.

Social Engagement & Participation

Social connection is fostered in part by the ability of individuals to engage with and actively participate in the life of the city. Most models and theories of successful or healthy aging (e.g. Rowe and Kahn 1997, 1998) include engagement in life as a key component. Moreover, research has consistently reported a positive relationship between activity and life satisfaction (Menec and Chipperfield 1997) and between social participation and quality of life (World Health Organization 2007). Increasingly, evidence suggests that higher rates of participation in leisure and productive activities are also associated with good health and that older adults in cities have more opportunities for socializing and participation than those in the suburbs (Fried and Barron 2005). One important arena of engagement for older adults is civic participation and volunteerism. Civic participation has been positively associated with better physical and mental health in older adults (Fried et al. 2004; Kaskie et al. 2008),

and engagement in volunteering has been linked to reduced mortality (Musick et al. 1999) and higher levels of well-being (Morrow-Howell et al. 2003).

Putnam (2000) has called this generation of older adults "the long civic generation," and in the AF NYC assessment, many people had a rich history of giving to the City. Many older adults continued to play critical civic roles – leading campaigns and serving on advisory councils, tenant associations, and non-profit boards. "Older people carry the community around here. We go to the tenant meetings, the PTA, all the meetings," said one participant. Older New Yorkers recognized that staying involved enriched both their communities and their own lives. One older person explained: "I'd like to do something that I can be proud of. I don't mind getting old. I just want to be doing something." Engagement must be meaningful, and for older New Yorkers, one clearly meaningful role is participating in activities that influence the future of their City. Older adults asked for opportunities to be included in all levels of decision-making about their own futures, including continued involvement in the AF NYC initiative. Some identified political activism as an important social role they discovered late in life. At the forum in the East Tremont section of the Bronx, an older woman in a wheelchair said, "two to three years ago I took a class at JPAC [the Joint Public Affairs Committee of the Jewish Association of Services for the Aged] and it opened up my life. I'm never home now. I'm more active than I've been in 50 years. I'm an activist." For others, activism has been a life-long commitment. A focus group participant in Harlem said, "Every time we think we can relax it never lasts. It's here we go again!"

Older adults in the AF NYC assessment were also clear that their continued civic engagement and participation were made possible by the City's infrastructure. Without the superior transportation system, older adults would have a much more difficult time getting to meetings and events, volunteering, or handling their caregiving responsibilities. At a community forum on the Upper East Side, audience members applauded when a participant declared, "This city has the best transportation system in the country!" Some people explained that they moved back to New York from the suburbs and other parts of the country specifically for the public transportation because it allowed them to continue to engage in the activities that were important to them. The City's parks, libraries, senior and community centers, and cultural institutions also clearly play an important role in helping older New Yorkers stay engaged and connected to one another and the life of the City.

Barriers

The AF NYC assessment demonstrates the complex ways which the urban environment impacts aging resilience by fostering a meaningful sense of place and familiarity and providing opportunities for social connection, engagement, and participation. Unfortunately, the urban environment also creates a number of challenges that make it difficult for aging resilience to fully flourish. In fact, several researchers have suggested the urban environment dampens resilience because of the concentration of poverty, poor housing, and crime in cities (Klinenberg 2002; Newman

2006; Phillipson 2007; Sanders et al. 2008). While the AF NYC assessment found
a number of features of the urban environment that foster resilience, it also found that
poverty, linguistic isolation, lack of information, and impediments in the built envi-
ronment hinder aging resilience.

New York is ranked the fifth most expensive city in the world in which to live
(Employment Cities Abroad (ECA) International 2008). The high cost of living in
NYC is a financial burden for many residents and can increase their risk of living
in poverty. In 2005, the poverty rate among older New Yorkers was twice the
national average: 20.3% vs. 9.9% (*American Community Survey*). However, when
the definition of poverty is tailored to acknowledge the high cost of living in NYC,
that figure grows to one in three older New Yorkers (Finkelstein et al. 2008). Older
adults with incomes below the poverty line can be found in most neighborhoods
across the five boroughs. In the AF NYC assessment, older New Yorkers cited
poverty and affordability as the primary challenges to staying in the City as they
age and to being socially connected and engaged in what the City has to offer.
Poverty – with its attendant fear of crime, stress, and strains on time – undermines
connectedness (Phillipson 2007). Moreover, as Klinenberg's landmark work *Heat
Wave* (2002) vividly illustrates, obstacles to social connectedness, including pov-
erty, can lead to social isolation with deadly consequences.

The AF NYC assessment also revealed that linguistic isolation is a barrier to
social connectedness and participation for many older immigrants, which may
diminish their aging resilience. In NYC, approximately 27% of older adults speak
English "less than very well" (Walker and Herbitter 2005). In some neighborhoods,
linguistic isolation is particularly concentrated. For example, in one census tract of
Manhattan's Chinatown, two-thirds of persons age 65 and older are linguistically
isolated (Gusmano et al. 2008). In cities like New York, immigrant networks and
enclaves can be important sources of connection and material assistance, and many
established immigrant communities have ethnic and linguistically appropriate service
agencies to support older adults. For some, however, linguistic barriers still pose an
obstacle to accessing critical information and engaging fully in life of the city. At a
forum in Chinatown, an older woman who speaks only Chinese said: "I'm blind
because I cannot read documents written in English. I'm deaf because people speak
to me in English and I don't understand. And I'm mute because I cannot commu-
nicate with anyone who does not know my language."

Barriers to accessing information emerged in the AF NYC assessment as a problem
that extended to adults from all ethnic and linguistic backgrounds. With informa-
tion increasingly dispersed through electronic means, many older adults felt left
behind, indicating they could not access critical information that would allow them
to get government benefits, participate in activities, and stay connected to others.
Some elders expressed anger and frustration at the increasing expectation that
everyone access information online: "You know what burns me up? When people
say that they will e-mail me. I don't have e-mail. I can't afford a computer." Barriers
to computer access include affordability (purchasing a computer, paying fees asso-
ciated with computer training, and costs of ongoing internet service) and lack of
skills and knowledge. Increasingly, email and online forums, such as *Facebook* and

MySpace, are becoming important sites for social connection and have tremendous potential to help older adults stay in touch with families and friends, to engage in social and civic activities, and to access needed information (Jones 2009; U.S. Department of Commerce 2002). However, many older adults have yet to realize this potential. In addition, many older adults are not getting the information they need to foster connection, stay engaged, and sustain and build resilience.

The AF NYC assessment also revealed how impediments in the built environment and inadequacies in transportation can negatively influence aging resilience. Social connection and social participation are core features of aging resilience that are undermined when older adults cannot negotiate their neighborhoods or the City. As mentioned above, in general participants had high praise for the City's transportation system and saw it as essential to their ability to remain independent, stay connected to others, and participate in activities and services. However, they also identified many inaccessible subway stops, gaps in bus service in particular neighborhoods, and the increasing cost of public transit. In addition, many older New Yorkers are in difficult housing situations (e.g. walk-ups or over-crowded apartments), struggle to negotiate cluttered and broken sidewalks, and cannot safely cross busy intersections.

Intervening in Urban Environments to Build Aging Resilience

In contrast to much of the work that focuses on the risks city life poses to resilience among urban elders, the AF NYC project is aimed at building upon the unique features of urban life that promote aging resilience. In many ways, NYC is an optimal place in which to grow old. In addition to its fine social and health services, public transportation system, and array of cultural institutions, NYC harbors tremendous potential to enhance aging resilience by providing older adults with a sense of place and identity, facilitating a wide array of social connections and networks, and providing opportunities for meaningful engagement. However, a number of barriers prevent many older New Yorkers from accessing all that the City has to offer. A central challenge of environmental interventions, like the AF NYC project, is to bring the urban advantages of the city to *all* neighborhoods and *all* residents. It is the work of the AF NYC project to spread the urban advantages that foster aging resilience by ameliorating barriers and enhancing the capacity of all New Yorkers – regardless of age, national origin, income, or physical ability – to live and thrive in the City.

This work has already begun. Following the assessment and the publication of the findings, NYAM convened work groups from different sectors to develop concrete recommendations for moving forward. These included leaders from civil society, health and social services, business, academia and research. Each sector is being asked to make specific commitments regarding how their participation will make NYC more age-friendly. In August 2009, the Mayor and Speaker of the City Council announced the City's response to the AF NYC findings, which included 59 new initiatives to make NTC a better place to grow old and the formation of an

AF NYC Commission. The Commission is charged with developing a *Blueprint for an AF NYC* and overseeing its implementation. The Commission will include high-level representatives who have an understanding of the structures, systems, and programs that affect the lives of older adults and who can provide leverage for meaningful action. The Commission will convene work groups to synthesize evidence, design policies and programs, develop indicators of success, engage additional partners, build private/public partnerships, and conduct additional research as needed. The AF NYC Commission is conceived as a public-private partnership that will meet regularly for four years and will release an annual progress report on what concrete steps that have been made towards improving the age-friendliness of New York.

At the same time that progress is being made on city-wide recommendations and policy initiatives, local communities will work to transform their neighborhoods. Many of the improvements to New York's age-friendliness will be neighborhood changes in the built environment, a re-visioning of neighborhood services, and/or community outreach and education campaigns. Community boards, local planning groups, business improvement districts, and borough-level decision makers will be convened and trained on how to incorporate the perspectives and needs of older people in their planning and decision-making. These local community efforts have been conceptualized as "Aging Improvement Districts," where businesses, service providers, academic and cultural institutions will join with older residents to identify the specific issues in their neighborhoods that diminish aging resilience and work together to resolve them.

Conclusions

Globalization, urbanization, and population aging are converging trends that have ever increasing numbers of older adults living in large, global cities like New York. Fortunately, cities can be sources of the social connection and social engagement that are vital to aging resilience. For most of the more 1,500 older New Yorkers who participated in the AF NYC assessment, NYC is not only home; it is an important source of identity and meaning in their lives. It is in and through their connection to neighborhoods, affinity groups, and the City that they feel better able to face the joys and challenges of growing old. Even as their traditional social networks shrink, the City provides them rich opportunities for connection with people of all ages along a wide array of interests and affiliations. The neighborhood bonds that have formed over decades of living in proximity offer the security as well as material and emotional support they need in times of trouble. The City has a multitude of activities, projects, institutions, and problems that need the experience, skill and time older New Yorkers have to offer, and many older New Yorkers want opportunities to give back to their families, neighborhoods, and city. These exchanges between older people and their environment have tremendous potential to build connection and engagement in ways that promote aging resilience and active aging, while making the City a better place for people of all ages. However, to take advantage of these urban assets that promote aging resilience, cities must make them

affordable, accessible, and visible. Most importantly, the urban advantages for active aging must be extended to even the most disadvantaged neighborhoods and individuals. Rather than starting from scratch to build new models and programs, urban environments like New York can be modified to foster aging resilience by:

- Helping neighbors connect with and support one another as they age.
- Creating opportunities for older adults to stay engaged in their communities of affiliation.
- Supporting ongoing opportunities for older adults to be engaged in civic city life, particularly to plan for their own needs and communities.
- Expanding access to material and emotional support for older adults who are caregivers.
- Developing meaningful jobs and opportunities for older adults who want to work or volunteer.
- Insuring that housing and the cost of living remain affordable for older adults.
- Devising new ways of centralizing and disseminating information to older adults from all cultural and linguistic backgrounds.
- Helping older adults obtain the skills and tools needed to connect to people and information online.
- Fostering strong a city infrastructure to keep neighborhoods free of crime, streets and sidewalks accessible and safe, and transportation systems affordable and easy to access.

Cities, such as New York, are not currently doing all that they can to promote the resilience of their aging populations. Moreover, there remain profound inequities regarding who is able to take advantage of the best that cities have to offer. Urban areas have some unique environmental advantages they can exploit to confront the pressing demographic challenges before them. Mass transit, population density and diversity, existing social networks and affiliations, and access to health care, services, and activities promote connection, engagement, and health among older adults. Thoughtful and creative planning can transform these urban assets into environments that support resilient, active, and healthy aging for *all* city dwellers.

References

AARP. (2005) *Livable communities: An evaluation guide*. Washington, DC: AARP Public Policy Institute.

City Mayors. (2009). *The most expensive cities in the world. http://www.citymayors.com/economics/expensive_cities2.html.* Accessed 2 September 2010.

Finkelstein, R., Garcia, A., Netherland, J., & Walker, J. (2008) *Toward and age-friendly New York City: A findings report*. New York: The New York Academy of Medicine.

Fried, L., & Barron, J. (2005) Older adults. In S. Galea, & D. Vlahov (Eds.), *Handbook of urban health: Populations, methods, and practice*. New York, NY: Springer.

Fried, L., Carlson, M., Freedman, M., Frick, K., & Glass, T. (2004) A social model for health promotion for an aging population: Initial evidence on the experience corps model. *Journal of Urban Health*, *81*(1), 64.

Fuller-Iglesias, H., Sellars, B., & Antonucci, T. (2008) Resilience in old age: Social relations as a protective factor. *Research in Human Development*, 5(3), 181–193.

Gusmano, M., Rodwin, V., & Schwartz, H. (2008) Vulnerable older people in Chinatown: report on a neighborhood workshop. Unpublished report from the authors.

Hildon, Z., Smith, G., Netuveli, G., & Blane, D. (2008) Understanding adversity and resilience at older ages. *Sociology of Health & Illness*, 30(5), 726–740.

Jeffri, J. (2007) *Above ground: Information on artists III: Special focus new york city aging artists*. New York, NY: Research Center for Arts and Culture.

Jones, S. F. S. (2009) *Generations online in 2009* Pew Internet & American Life Project.

Kaskie, B., Imhof, S., Cavanaugh, J., & Culp, K. (2008) Civic engagement as a retirement role for aging Americans. *Gerontologist*, 48(3), 368–377.

Kinsel, B. (2005) Resilience as adaptation in older women. *Journal of Women & Aging*, 17(3), 23–39.

Klinenberg, E. (2002) *Heat wave: A social autopsy of disaster in Chicago*. Chicago: University of Chicago Press.

Marmot, M., & Wilkinson, R. (1999) *Social determinants of health*. Oxford: Oxford University Press.

Menec, V. H., & Chipperfield, J. G. (1997) Remaining active in later life – the role of locus of control in seniors' leisure activity participation, health, and life satisfaction. *Journal of Aging and Health*, 9(1), 105–125.

Moen, P., Dempster-McClain, D., & Williams, R. M. (1992) Successful aging: A life-course perspective on women's multiple roles and health. *American Journal of Sociology*, 97(6), 1612–1638.

Morrow-Howell, N., Hinterlong, J., Rozario, P., & Tang, F. (2003) Effects of volunteering on the well-being of older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(3), 137–145.

Musick, M. A., Herzog, A. R., & House, J. S. (1999) Volunteering and mortality among older adults: Findings from a national sample. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 54(3), S173–S180.

Newman, K. (2006) *A different shade of gray: Midlife and beyond in the city*. New York: New Press.

NYC Department of City Planning. (2004) *The newest New Yorkers: Immigrant New York in the new millennium*. NYC Department of City Planning Population Division.

NYC Department of City Planning. (2006) *New york city population projections by Age/Sex & borough*, *2000–2030* NYC Department of City Planning Population Division.

NYC DOHMH: Bureau of Vital Statistics. (2007) *Summary of vital statistics 2006: The City of New York*. http://www.nyc.gov/html/doh/html/vs/vs.shtml.

Oswald, F., & Wahl, H. W. (2004) Housing and health in later life. *Reviews on Environmental Health*, 19(3–4), 223–252.

Phillipson, C. (2007) The 'elected' and the 'excluded': Sociological perspectives on the experience of place and community in old age. *Ageing and Society*, 27(3), 321.

Putnam, R. (2000) *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Schuster.

Rodwin, V., & Gusmano, M. (2006) *Growing older in world cities: New York, London, Paris, and Tokyo*. Nashville, TN: Vanderbilt University Press.

Rowe, J., & Kahn, R. (1997) Successful aging. *Gerontologist*, 37(4), 433–440.

Rowe, J., & Kahn, R. (1998) *Successful aging*. New York, NY: Pantheon.

Sanders, A. E., Lim, S., & Sohn, W. (2008) Resilience to urban poverty: Theoretical and empirical considerations for population health. *American Journal of Public Health*, 98(6), 1101–1106.

Sands, R., & Goldberg-Glen, R. (2000) Factors associated with stress among grandparents raising their grandchildren. *Family Relations*, 49, 97.

Sauer, W., & Coward, R. (1985) *Social support networks and the care of the elderly: Theory, research, and practice*. New York: Springer.

Shaw, M. (2004) Housing and public health. *Annu Rev Public Health*, 25, 397.

Smith, A., Sim, J., Scharf, T., & Phillipson, C. (2004) Determinants of quality of life amongst older people in deprived neighbourhoods. *Ageing and Society*, *24*(5), 793.

U.S. Census Bureau. (2005) *American Community Survey*, Poverty Status in the Last 12 Months by Sex by Age, Table C17001, New York City.

U.S. Department of Commerce. (2002) *A nation online: How Americans are expanding their use of the internet*. Washington, DC: U.S. Government Printing Office.

UNFPA. (undated) *Urbanization: A majority in cities: Population & development*. http://www.unfpa.org/pds/urbanization.htm. Accessed 30 July 2009.

Wahl, H., & Weisman, G. (2003) *Environmental gerontology at the beginning of the new millennium: Reflections on its … The Gerontologist*. *43*(5), 616–627.

Waldrop, D., & Weber, J. (2001) From grandparent to caregiver: The stress and satisfaction of raising grandchildren. *Families in Society*, *82*, 461.

Walker, J., & Herbitter, C. (2005) *Aging in the shadows: Social isolation among seniors in new york city*. New York: United Neighborhood Houses of New York.

Walker, R. B., & Hiller, J. E. (2007) Places and health: A qualitative study to explore how older women living alone perceive the social and physical dimensions of their neighbourhoods. *Social Science & Medicine*. *Soc Sci Med*, *65*(6),1154–65.

World Health Organisation. (2003) *Social determinants of health: The solid facts*. Copenhagen, Denmark: Word Health Organisation.

World Health Organisation. (2007) *Global age-friendly cities: A guide*. Geneva: World Health Organisation Press.