



Livable Communities of Oneida County

Action Plan

April 2021

Livable Communities of Oneida County Executive Summary, Anthony J. Picente, Jr.

On behalf of the County of Oneida, I am pleased with the work that has been done to ensure that our community is age-friendly. In 2016 our County applied for membership to the AARP Network of Age-Friendly Communities World Health Organization's Global Network of Age-Friendly Cities and Communities. Oneida County recognizes the importance of encouraging and promoting age-friendly planning and policies to address changing demographics and enhance independent living. Further, Oneida County is committed to a process of continual improvement to support active and healthy aging and sustain economic and social vitality.

Our County has an ever-growing aging population coupled with a very diverse population, which offers many opportunities. It is through our age-friendly initiative, **Livable Communities of Oneida County**, that we have developed this Action Plan, which is a culmination of input of residents from all areas within our County from the rural areas to our urban centers, that address the eight (8) domains of livability: Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Social Inclusion, Work and Civic Engagement, Communication and Information; and Community and Health Services.

Because of efforts across many sectors of our community, the County of Oneida was one of the five (5) New York counties chosen in 2019 to be a Center of Excellence. This initiative seeks to ensure more age-friendly counties across the state. It includes livability domains and incorporates Health Across All Policies to better integrate community-based support and services within the health system and across the continuum of care to improve all of its residents' overall health.

We are excited to move from the development of this Action Plan to the implementation stage, which will ensure our community is age-friendly for all ages.

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I. Oneida County Profile

Oneida County is in central New York State as part of the Mohawk Valley and contains 1,256 square miles. About 1,212 square miles is land area, with about 44 square miles of water area. Approximately 30% of the land area is agricultural, 29% in forest areas, and 35% in open land areas. Oneida County's seat is Utica, but County Court and principal offices also are found in Rome. Public Works and the Oneida County Jail are adjacent to the former Oneida County Airport in Oriskany.

The County consists of an urban-rural mixture composed of 26 towns, 16 villages and three cities. In 2019, the two largest cities had a combined population of almost 96,000. This number represents about 42% of the County's total population (228,761). Another 24,500 people live in villages and other areas immediately surrounding these cities. All told, more than 50% of the County's population live either in urban settings or incorporated villages that surround these cities. The remaining population lives in more rural settings both north and south of the Mohawk Valley corridor.

The County population estimate in 2019 was 228,761. During the 1990s, the County lost 6% of its population, dropping from 250,836 in 1990 to 235,469 people in 2000. From 2000 to 2010, the population stabilized, dropping less than a quarter of a percent, to 234,878. The median age of the County's population jumped from 33.8 in 1990 to 38.2 in 2000. This shift reflected the loss of many younger population segments following the Griffiss Air Force Base's closure in the mid-nineties. As of 2018, the median age in Oneida County stood at 41.0 years of age. Approximately 5.6% of the current population is under five; 21.2% are younger than eighteen, 74.3% are age twenty-one or older, and 18.5% are age sixty-five or older. These are somewhat older than the 2010 age distributions.

According to the 2018 ACS data, about 98% of the county population identifies itself as being of a single racial background. Among the total population, 85.3% see themselves as white only, 6.8% as black or African American only, and 5.8% identify themselves as being of some other singular racial composition. In 2010, nearly 11,000 persons in the County identified themselves as being of Hispanic ethnicity. By 2018, this number had jumped to almost 14,000 people. Hispanics now represent 6% of the population and are the single largest growing ethnic group in the region. Asians represent 4% of the population.

Among the 105,447 housing units in Oneida County, about two-thirds are within urban settings. Of the almost 89,000 total occupied housing units, 66% are owner-occupied, with the remainder occupied by renters. 2018 ACS estimates identified about 16,000

units as vacant; nearly 3,500 of these were seasonal housing. The median self-identified housing value in 2018 in Oneida County was \$135,100. The median self-reported rent was \$758.

Of the 106,513 persons age 16 or older in the civilian labor force in 2018, 101,483 were employed. These numbers reflect an unemployment rate of 4.0% in 2018. Employment within various industries includes: education, health care and social assistance (30,170); retail trade (11,474); arts, entertainment, accommodation and food services (11,264); manufacturing (8,101); finance and insurance (5,266); construction (4,122); transportation and warehousing (4,061); and wholesale trade (1,554).

Higher education facilities in the County include Hamilton College, Clinton (about 1,800 students); Mohawk Valley Community College, Utica and Rome campuses (around 7,000 full and part-time students); Utica College, Utica (approximately 2,500 undergraduate and 500 graduate students); and SUNY Polytechnic Institute, Marcy (about 2,800 students).

Health care facilities include the Rome Health in the City of Rome and the Mohawk Valley Health System (MVHS) in the City of Utica, which merged Faxton-St. Luke's and St. Elizabeth's Hospitals. MVHS is currently building a new hospital in downtown Utica.

Oneida County is considered an excellent place to raise a family. Several features make people want to live and remain here. The area boasts clean air, ample outdoor space, and diverse people, housing, and land. Many residents pride themselves on traditional values. Small communities strive for local self-sufficiency, mutual care and support among neighbors and families.

Responding, in part, to economic challenges upstate New York has weathered in recent decades, young people tend to leave the area to seek educational and employment opportunities or warmer climates. Many return to Oneida County at middle age or retirement to care for older family members and wish to stay as long as possible in their homes of choice. A dearth of young families in relation to older residents creates an imbalance, however. Older residents lament that they can't find the services they need after years of hard work and dedication.

With this as the background, and given the typical collaborative attitudes of Oneida County residents and organizations, this was an ideal county to implement an age-friendly/livable communities project.

Primary Source: HOCCPP 2020

II. Introduction to the Livable Communities of Oneida County Action Plan

The Livable Communities of Oneida County Action Plan is a culmination of over four years of work and planning to gather demographics and as much input from the Oneida County residents of all ages as possible. The goal has been to create or, in some cases, enhance age-friendly characteristics of Oneida County with the product an evolving and improving Livable Community for all ages.

We ensured inclusion in the planning and final project by inviting leaders from diverse communities, government bodies, and organizations serving residents across the county spectrum to join the Steering Committee and sub-committees. Typical of Oneida County, participants came together willingly and enthusiastically to develop collaborations across townships, cities, and villages of Oneida County.

An extensive survey process was developed for dissemination throughout Oneida County and focus groups organized representing urban and rural areas of Oneida County. The specifics of the process are described below. Copies of the Livable Communities of Oneida County Survey and focus group initiative can be found in the Appendix.

The Livable Communities of Oneida County Steering Committee and collaborative partners are pleased to provide this Action Plan along with a detailed description of the development of our process for completion.

The Livable Communities of Oneida County Steering Committee and participating organizations thank all of the Oneida County collaborating residents and organizations who have made this report and the next steps possible.

III. How the Livable Communities of Oneida County Action Plan was Developed

In 2016, the Parkway Center, Oneida County Office for Aging/Continuing Care, Oneida County Planning Department, and the Community Foundation of Herkimer & Oneida Counties came together to discuss the AARP Age-Friendly Community initiative and the possibility that Oneida County could become an Age-Friendly Community.

On July 26, 2016, Oneida County Executive Anthony J. Picente, Jr. submitted an application to AARP for membership in the AARP Network of Age-Friendly Communities - Livable Communities. On November 18, 2016, County Executive Picente held a press conference to announce AARP's approval of Oneida County to join the AARP Network of Age-Friendly Communities. He introduced the Steering Committee members who were committed to guiding this project: representatives from the County Departments of Health, Planning, Mental Health, and Office for the Aging/Continuing Care as well as representatives from The Community Foundation of Herkimer & Oneida Counties and the Parkway Center.

As part of the Steering Committee's formation process, members made specific commitments to ensure the initiative's forward momentum.

Oneida County committed to this initiative by providing resources of staff, printing, data entry and support.

In 2017, the Community Foundation of Herkimer & Oneida Counties committed to supporting this initiative with funding for a two-year project coordinator position. In 2019, they renewed their commitment for an additional two years (2021). They also have dedicated staff time to this initiative.

The Parkway Center committed to this initiative dedicated staff time, resources and supervision of the Project Coordinator. As a member of the Steering Committee, the Parkway Center shares this supervisory role with the committee.

With commitments in place, Oneida County was now ready to enter the "Getting Started" Phase as part of the AARP Age-Friendly Communities five Phases:

1. Getting Started
2. Needs Assessment
3. Action and Evaluation Plan
4. Implementation
5. Connecting

VI. The Process and Program Cycle of AARP Livable Communities of Oneida County

1. Getting Started Phase

The Getting Started Phase began with establishing eight work groups to address the eight domains of liveability as listed in the AARP guidelines and as outlined by World Health Organization (WHO). These include: Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Social Inclusion, Work and Civic Engagement, Communication and Information, and, Community and Health Services.

Each work group was assigned co-chairs from the Steering Committee and a community leader with some background or connection to the work group's topic. Participants from non-profit organizations, businesses and community members were invited to serve on the work groups. Each work group was given the AARP guidelines for their specific domain to begin the discussions.

The work groups were asked to outline positives and weaknesses of the County in their assigned domain, review the score given to Oneida County by AARP concerning each area of liveability and prepare for the next phase: Needs Assessment and Planning.

2. Needs Assessment Phase

The Needs Assessment was completed in a two-part process: A Community Survey and Focus Groups. The Steering Committee assumed the role of developing a community survey based on the AARP Needs Assessment Survey. The survey was disseminated throughout the entire County – both rural and urban areas. The Project Coordinator held many outreach events at senior centers, local libraries, local eating establishments, senior meetings, community partner events/health fairs and tabled at the mall. Utica College Occupational Therapy graduate students assisted in many events. Surveys were collected both on-line and via paper copies. Over 1,700 surveys were completed.

The Oneida County Planning Department provided staffing resources to analyze the data from the surveys and map the County to ensure surveys represented the entire County. The coordinator provided bi-monthly reports to the Steering Committee to show the progression of data collection.

The second part of the assessment process was to host focus groups throughout the County to gather additional information from residents to ensure that the assessment was complete. A strong partnership was developed with the Utica College Occupational Therapy Program, specifically for conducting, gathering, and analysing the county-wide

focus group data. With oversight from Professor Denise Nepveux and Kathleen Bishop, PhD, a consultant from the Office for Aging/Continuing Care, OT graduate students facilitated focus groups using qualitative research strategies.

The community assessment was completed in 2019. Data gathered through the survey and focus group processes were summarized with the full reports in the Appendix. Collaboration with higher educational institutions is evident from the amount of information and participation by Oneida County residents throughout the planning process.

3. Action and Evaluation Plan Phase

Community Assessment findings were presented to the Work Groups, who were asked to use this information to develop Work Plans for their respective liveability domains. These Work Plans were then compiled for this Action Plan. Each contain action items, goals, specific action items, who will be involved, a facilitator(s), date for completion and performance indicators for evaluation purposes.

4. Implementation Phase

The Steering Committee will support the Work Groups during the phase of Implementation over the next two years and will continue developing the County's Action Plan as a road map for age-friendly initiatives. Through the implementation phase, progress will be measured and any needed additions or changes will be made to the plan. This process will lead to a cycle of continuous improvement; as priority items are accomplished in a given domain, new action items are identified and form the basis for additional planning and implementation.

Civic Engagement Action Plan

Vision Statement: Expand opportunities for persons of all ages to engage in meaningful paid employment and volunteer positions free from age discrimination. We will improve the level of participation for people of all ages and abilities.

Background: A wide variety of volunteer opportunities are available in Oneida County, as well as the 2-1-1 HELPLINE and AmeriCorp Seniors of Oneida County (f/k/a Oneida County Retired and Senior Volunteer Program). Greater public awareness of volunteering opportunities and benefits could help connect potential volunteers with opportunities that address community needs. Employment and educational opportunities, and the value of being mentally, physically and socially engaged, also remain underpublicized. Older adults are one of the few resources that are increasing in our community.

Civic Engagement: Action Plan #1

Goal: Create a Volunteer Resource Center

Specific Action Items:

1. Hire a volunteer outreach coordinator
2. Create a database of volunteer opportunities
3. Create volunteer registration forms
4. Expand volunteer outreach and recruitment
5. Expand partners in need of volunteers through Memorandums of Understanding

Who: Older Adults, Parkway Center, Oneida County Office for the Aging

Facilitator: Parkway Center

When: September 2021 ~~2023~~

Performance Indicators:

- Volunteer Resource Center is created
- Number of new volunteer opportunities created
- Number of new volunteers signed up
- Number of new outreach events
- Number of new partners signing Memorandums of Understanding

Civic Engagement: Action Plan #2

Goal: Increase opportunities for older adults to secure paid employment

Specific Action Items:

1. Promote employment-ready job training programs for older adults.
2. Recruit and educate area employers on:
 - a. Older adult workforce readiness,
 - b. Needs of individuals with disabilities
 - c. Awareness of age-discrimination policies and practices

Who: Older adults, Working Solutions, Social Service Employment; Empowered Pathways; Resource Center for Independent Living; A4TD

Facilitator: Resource Center for Independent Living/Workforce Development

When: 2023

Performance Indicators:

- Number of older adults participating in employment training
- Number of older adults gaining employment
- Number of businesses participating in workforce educational workshops

Civic Engagement: Action Plan #3

Goal: Post-retirement options and pre-retirement planning options are available

Specific Action Items:

1. Provide pre-retirement seminars to educate on how to stay engaged.
2. Provide a series of outreach workshops on volunteer opportunities for older adults.
3. Schedule pre-retirement planning seminars on Medicare, Medicaid, and long-term care coverage options

Who: Older adults, Oneida County Office for the Aging, NY Connects and (HIICAP) Health Insurance Counseling and Assistance Program, Parkway Center, Working Solutions, Social Service Employment, Empowered Pathways, Resource Center for Independent Living

Facilitator: Resource Center for Independent Living

When: 2023

Performance Indicators:

- Number older adults attending pre-retirement seminars about staying engaged after retirement
- Number of new older adult volunteers engaged
- Number of new volunteers under the age of 55 assisting in meeting the needs of older adults
- Number of adult/family caregivers attending long term care workshops

Civic Engagement: Action Plan #4

Goal: Self-employment options for older adults are promoted and supported

Specific Action Items:

1. Chamber of Commerce will provide education on self-start up businesses through workshops and seminars.
2. The Small Business Development Center/SCORE will provide mentoring opportunities for small business start-up.

Who: Older adults, Small Business Development Center/SCORE

Facilitator: SCORE

When: 2023

Performance Indicators:

- Number of workshops to educate on self-start up businesses
- Number of people who attended workshops
- Number of people referred to SCORE
- Number of people who started a business

Social Participation Action Plan

Vision Statement: To provide unique opportunities for people of all ages and abilities to connect and feel welcome. To encourage socialization and strengthen the greater community.

Background: Many resources exist to address social participation, but public awareness of these resources is lacking. Additional effort is needed to develop programming that is conducive and welcoming to new participants who arrive alone, bridge the gaps between cultures, address the age-friendliness of events, and create a central location for events to be shared.

Social Participation: Action Plan #1

Goal: Public is aware of the age friendliness of events in Oneida County.

Specific Action Items:

1. Using the Oneida County Tourism's platform, implement codes for events and activities that address affordability, accessibility, senior friendly, and family friendly
2. Codes are used uniformly across the County for events and activities

Who: Older adults, Oneida County Tourism, Oneida County Office for Aging, Parkway Center, Oneida County Government, community organizations

Facilitator: Oneida County Tourism

When: May 2022

Performance Indicators:

- Codes are completed and implemented for community events and activities throughout the County.
- Number of Events and activities coded throughout Oneida County

Social Participation: Action Plan #2

Goal: Bridge cultural and linguistic gaps to increase social participation of non-English speaking individuals and English learners

Specific Action Items:

Engage and educate community partners to increase social participation of non-English speaking older adults in community events and activities

Who: Older adults, Oneida County Tourism, Oneida County Office for Aging, Midtown Community Center, Cornell Cooperative Extension, Mohawk Valley Latino Association

Facilitator: Oneida County Tourism

When: 2022

Performance Indicators:

- Number of events and activities that demonstrate increased diverse participation
- Number of events and activities that provide publicity and program information in multiple languages

Social Participation Action Plan #3

Goal: Increase knowledge about what events are happening community-wide

Specific Action Items:

1. Increase usage of Prime Time and small local tabloid papers to share events
2. Identify and network community-wide calendar of events and social media outlets including Livable Community Facebook and web site

Who: Older adults, Oneida County Tourism, Oneida County Office for Aging, Parkway Center, Mohawk Valley Chamber Alliance, County Senior Centers

Facilitator: Oneida County Tourism

When: 2022

Performance Indicators:

- Increase in publicity of community events in newspapers sources throughout Oneida County.
- Number of web site user sessions and social media engagements
- Partnership with cable network provider sharing community events

Outdoor Spaces and Public Buildings Action Plan

Vision Statement: To improve entry points, participation, and navigation to new options and opportunities within neighborhoods, open spaces and buildings for people of all ages and abilities.

Background: Our community has many safe, accessible and pleasant recreational opportunities, community centers, fitness facilities, activities and parks throughout the County. There is a need to improve accessibility and increase community use of outdoor spaces and public buildings.

Outdoor Spaces and Public Buildings: Action Plan #1

Goal: Implement zoning ordinances and design requirements that create accessible, mixed-use neighborhoods with a variety of housing types and services

Specific Action Items:

1. Provide samples of Municipal Zoning Ordinances and design requirements that will include age-friendly language that incorporates accessibility for a variety of housing/ building types and services.
2. Setup County wide training workshops and disseminate information through Oneida County Zoning Board

Who: Older adults, Livable Communities Outdoor Spaces Work Group, Local Municipalities, Oneida County Planning Departments, North Country Snowmobile and Hiking Clubs, Oneida County Tourism, local Bicycle Groups

Facilitator: Oneida County Planning Department

When: 2022

Performance Indicators:

- Number of new projects that implemented the age friendly design requirements
- Number of municipal zoning ordinances that were changed to incorporate age-friendly language.
- Number of workshops held throughout the County and number of attendees

Outdoor Spaces and Public Buildings: Action Plan #2

Goal: Improve access to safe, accessible and welcoming walkways, streets, public buildings and outdoor spaces for all ages and abilities.

Specific Action Items:

1. The Outdoor Space Work Group, in coordination with Oneida County Planning Department, will conduct audits of parks and public buildings to collect data on accessibility and amenities (seating, parking, ramps, etc.).
2. Create a committee to receive and review data to make recommendations for improvements.
3. Use results of the audit will be used to access the accessibility and amenities in a directory.

Who: Older adults, Livable Communities Outdoor Spaces Work Group, Local Municipalities, Oneida County Planning Departments, North Country Snowmobile & Hiking Clubs, Oneida County Tourism, local Bicycle Groups, Utica College OT Students

Facilitator: Oneida County Tourism/Oneida County Planning Dept.

When: 2022

Performance Indicators:

- Number of audits conducted
- Number of parks and/or recreation facilities rehabilitated, improved or created based on audit recommendations
- Directory of accessible and safe amenities that exist in the county spaces and buildings.

Outdoor Spaces and Public Buildings: Action Plan #3

Goal: Build capacity for community activities throughout the County by using community centers, senior centers, schools and other public facilities.

Specific Action Items:

1. Build a database of community assets for hosting activities based on community needs
2. Develop activities to take advantage of off-hours and underutilized facilities in the community

Who: Older adults, Livable Communities Outdoor Spaces Work Group, Local Senior Centers, County Libraries, PTAs and other Community Groups

Facilitator: Oneida County Tourism

When: 2022

Performance Indicators:

- Database with community assets is created and disseminated
- Number of new events throughout the County using community centers, senior centers, schools and other public facilities
- Number of community groups sharing services and facilities

Health and Community Services Action Plan

Vision Statement: To promote, maintain and restore health by engaging all people and creating an environment to improve community health and quality of life.

Background: The local public health system continues to engage in an ongoing cycle of needs assessment and planning through the work of community agencies, organizations, local health department, and hospital/healthcare systems. Planning includes the development of the Community Health Improvement Plan for 2019-2021, identifying community focus areas, specifically, Chronic Disease Preventive Care and Management and Opioid Overdose Prevention. Most recently, the efforts of the public health system have focused on the COVID-19 pandemic response.

Health and Community Services: Action Plan #1

Goal: Educate consumers on health and community health services

Specific Action Items:

1. Create package of available health services in Oneida County
2. Update current list from NY Connects and Oneida County Office for Aging.
3. Distribute it through social media, Health Fairs, Housing and Senior Centers.

Who: Older adults, Oneida County Office for Aging, Oneida County Health Department

Facilitator: Oneida County Health Department

When: 2021

Performance Indicators:

- Number of website and social media hits
- Number of calls received by NY Connects

Health and Community Services: Action Plan #2

Goal: Promote staff training practices that address the needs of our ethnically-diverse aging population including language barriers.

Specific Action Items:

1. Create a communication tool highlighting the benefits of staff training and outcomes, including a list of training resources and available training partners

Who: Older adults, Oneida County Office for Aging, Oneida County Health Department, The Center, Parkway Center

Facilitator: Oneida County Health Department

When: 2022

Performance Indicators:

- Number of classes held and number of attendees

Health and Community Services: Action Plan #3

Goal: Health and wellness preventive classes and information forums including alternative medicine and practices

Specific Action Items:

1. Promote evidence-based classes and programs to increase health through education, lifestyle change and fitness practices.

Who: Older adults, Oneida County Office for Aging, Oneida County Health Department, Parkway Center

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of classes held and number of attendees
- Number of outreach promotional events/advertising

Health and Community Services: Action Plan #4

Goal: Promote emergency planning that takes into account the vulnerabilities and capacities of older people.

Specific Action Items:

1. Create presentation and training media to be used throughout Oneida County by planners, first responders and the community

Who: Older adults, Resource Center for Independent Living, Oneida County Office for Aging, Oneida County Health Department, The Center, Parkway Center

Facilitator: Oneida County Health Department

When: 2022

Performance Indicators:

- Number of presentations and training classes held
- Number of participants

Health and Community Services: Action Plan #5

Goal: Increase addiction recovery and community reintegration services and awareness of existing services.

Specific Action Items:

1. Increase educational outreach and recovery workshops for substance use and abuse

Who: Older adults, Oneida County Office of Mental Health, Center for Family Life and Recovery, Opioid Task Force, Friends of Recovery

Facilitator: Opioid Task Force

When: 2022

Performance Indicators:

- Number of presentations and outreach workshops held and attendees
- Number of peer coaching sessions
- Number of pre and post-event surveys

Housing Action Plan

Vision Statement: To ensure access to safe, accessible and affordable housing.

Background: Many affordable housing options exist for average-income households; however, housing values in some neighborhoods are low enough to deter construction of new, higher-quality units. A variety of strategies -- including development, rehabilitation, modification, weatherization and neighborhood-beautification projects -- are necessary to transform neighborhoods and meet various needs.

Housing: Action Plan #1

Goal: Support aging in place in urban and rural communities throughout Oneida County and provide information on resources to age in place.

Specific Action Items:

1. Create a list of organizations and programs to update homes with ramps, chair lifts etc. to allow seniors to remain at home
2. Create a list of available services throughout the County, including sidewalk snow removal etc. to refer seniors for services
3. Outreach to seniors about the programs and services available to them
4. Update the database of information on NY Connects, 211 and Livable Communities web site

Who: Older adults, NY Connects, 211, Homeownership Center, OFA, MVCAA, Senior Centers, Resource Center for Independent Living, Mohawk Valley Community Action, VFW, American Legion, Upstate Cerebral Palsy, Cluster 13

Facilitator: Oneida County Office for Aging

When: 2022

Performance Indicators:

- Number of outreach events and attendees
- Number of web hits and calls received by NY Connects and 211 for information after education sessions are completed

Housing: Action Plan #2

Goal: Develop Home Repair Service for Seniors

Specific Action Items:

1. Create a database of services throughout the County
2. Create a network of local organizations (Veterans, BOCES, MVCC, Repair Businesses) to provide home repair services to Seniors.
3. Create a learning collaborative for government agencies, professionals, students and volunteers to work together to provide training, home repairs and updates for older adults.

Who: Older adults, City of Utica Urban and Economic Development Office, Camden Home Helpers, Office for the Aging, Resource Center for Independent Living, HomeOwnership Center, Municipalities, Mohawk Valley Community Action, VFW, American Legion, Upstate Cerebral Palsy, Cluster 13

Facilitator: HomeOwnership Center/Mohawk Valley Community Action

When: 2022

Performance Indicators:

- Database of home repair services
- Number of partners in the network for home repairs
- Number of learning collaboratives

Housing: Action Plan #3

Goal: Wheelchair Ramps - install and reuse program.

Specific Action Items:

1. Create a wheelchair ramp program to shorten the delay for new installations and create a program for reuse and relocation of temporary ramps provided through organizations providing senior services.

Who: Older adults, NY Connects, Home Ownership Center, Mohawk Valley Community Action, Plymouth Bethesda Church

Facilitator: Mohawk Valley Community Action Agency

When: 2022

Performance Indicators:

- Number of households served

Housing: Action Plan #4

Goal: Directory of safe affordable senior housing available throughout the County.

Specific Action Items:

1. Create a database/directory of senior housing of all income levels and post it on the Livable Communities of Oneida County website
2. Create a database of needs assessments of senior housing. Focus on the gaps in senior housing and needs for additional housing.

Who: Older adults, Mohawk Valley Housing and Homeless Coalition & City of Utica Urban and Economic Development Office

Facilitator: Housing Coalition

When: 2022

Performance Indicators:

- Data base/Directory is developed and available on the Livable Communities of Oneida County website
- Number of web hits
- Number of new senior housing units in Oneida County

Transportation Action Plan

Vision Statement: To increase transportation options that connect people to social activities, economic opportunities, and medical care. To offer convenient, accessible, and low-cost alternatives to driving.

Background: Many transportation-related services exist in Oneida County. The Way2Go Transportation Program for Oneida and Herkimer Counties educates residents on transportation options and safety in their communities. Service gaps exist in the rural parts of the County. Oneida County has conducted a new Rural Transit Study to develop strategies to address the need. Additional coordination is needed among transportation providers to ensure communities have the necessary transportation resources.

Transportation: Action Plan #1

Goal: Educate members of the communities on transportation options and resources

Specific Action Items:

1. Reach out to community members (individuals, groups, leaders) to ensure they are aware of the resources available to them through public transportation.
2. Enhance web-based training resources for Way2Go/Mobility Management.

Who: Older adults, Parkway Center, Centro, Birnie Bus

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of in-person and virtual training events held, brochures distributed, and website hits

Transportation: Action Plan #2

Goal: Work with County government agencies and community organizations to implement Complete Streets throughout Oneida County. Complete Streets is a statewide initiative to make streets safer for shared use by all transportation types (motorized, biking, walking, etc.)

Specific Action Items:

1. Empower community members and stakeholders to engage in planning projects for Complete Streets within their own communities.
2. Identify short term, attainable, low-cost projects that make a marked improvement
3. Create “Pop Up” events to allow communities to preview changes proposed

Who: Older adults, Transportation Work Group members, County Planning Department, Municipalities, Parkway Center

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of projects identified and completed
- Number of groups created

Transportation: Action Plan #3

Goal: Hold a Transportation Fair for Oneida County residents to learn about services available and to connect consumers with providers

Specific Action Items:

1. Invite all local transportation providers (public, private, and volunteer) to come to an informational fair (in person or virtual) to educate the public on their services and answer any questions they have

Who: Older adults, Parkway Center, Centro, Uber, Lyft, Call a Bus

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of people in attendance at transportation fair

Transportation: Action Plan #4

Goal: Facilitate collaboration to improve transportation options for the residents of Western Oneida County

Specific Action Items:

1. Assist residents of Noyes Manor to identify a solution to their transportation needs and provide guidance through the process of setting up their solution
2. Assist community members and stakeholders to implement a volunteer driver program

Who: Older adults, Parkway Center, Noyes Manner Staff, Community Stakeholders

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of participants served
- Number of projects implemented

Communication and Information Action Plan

Vision Statement: To create communication strategies effective in engaging community residents of all ages, making sure seniors are aware of activities, services and programs available through the County.

Background: A wide variety of communication resources exist, including local newspapers and tabloids; a variety of local print and electronic newsletters; several television and radio stations that include shows about the local community; and many community-related websites and Facebook pages. Several libraries have a variety of communication and information resources including computers and computer training, and several senior centers have access to computers and training. Fee-based computer classes are also available. 2-1-1 Helpline has an extensive database of organizations serving our County that is accessible by phone and through a website. Other web-based information clearinghouses serving our County include the NY Connects database of long-term care services and supports, the Network of Care database of mental and behavioral health services, and the Chamber of Commerce community events calendar. In spite of many free and low-cost communication resources, a lack of public awareness about community resources has been identified through a variety of community assessments. Frustration at not having the right information at the right time is paired with concerns about “information overload,” indicating that providing more information more frequently, using more sources, and reaching more people is not necessarily an effective solution.

Communication and Information: Action Plan #1

Goal: Make information and contact information for services and community events easy to access by County residents of all ages

Specific Action Items:

1. Create a media campaign to bring awareness to NY Connects, 211 and Oneida County and Livable Communities Webpage and Facebook

Who: Older adults, Livable Communities Work Group Members

Facilitator: Livable Communities Work Group Members

When: 2022

Performance Indicators:

- Number of phone calls to NY Connects and 211
- Number of Social Media hits compared to previous numbers

Communication and Information: Action Plan #2

Goal: To identify and promote Age-friendly businesses

Specific Action Items:

1. Create a checklist of what makes a business age-friendly. Businesses agree to have assessments completed to receive “Age-friendly Business” status with a window decal
2. Business are given “tips” to improve the age-friendliness of their business

Who: Older adults, Chamber of Commerce, Parkway Center, Oneida County Office for the Aging/Continuing Care

Facilitator: Chambers of Commerce

When: 2022

Performance Indicators:

- Number of assessments completed by businesses
- Number of businesses that are age-friendly or working on increasing age-friendly services

Communication and Information: Action Plan #3

Goal: Continuous education of newest communication technologies, creating age-friendly communications and the use of positive aging language

Specific Action Items:

1. The Oneida County Office for Aging’s annual outreach will include questions about the best way to communicate with seniors. The results will be used to create education programs, training materials and workshops on the use of multimedia (social media, community bulletin boards, TV, Radio and print media) to address best practices for older adult friendly materials.
2. Hold workshops at libraries and community centers as well as online to educate seniors on use of technology, online resources and social media.

Who: Older adults, Oneida County Office for the Aging/Continuing Care, Utica College, Parkway Center, Utica Public Library, Jervis Public Library

Facilitator: Parkway Center

When: 2022

Performance Indicators:

- Number of Workshops held along with attendance counts.
- Number of web hits for online resources.

Communication and Information: Action Plan #4

Goal: To increase communications with older adults

Specific Action Items:

1. Office for the Aging's annual outreach will include questions about the best communication avenues
2. The results will be part of a continuous education program

Who: Older adults, Office for the Aging

Facilitator: Office for the Aging

When: 2022

Performance Indicators:

- Number of outreach events
- Number of participants

Respect and Inclusion Action Plan

Vision Statement: To increase meaningful and positive engagement by older adults in community life. Needs and preferences of a diversity of older adults are heard, considered and acted upon in planning of programs and events. Intergenerational bonds are strengthened.

Background: Older adults are well-represented in the leadership of many community organizations. Despite this, some older adults reported in focus groups that they did not feel that their needs and preferences were adequately considered in decision-making. This was especially true of those in northern and western segments of the County, as well as those of under-represented groups such as refugee communities, African American and Latino communities, and the LGBTQ community. Additionally, older adults in several areas of the county reported a feeling of disconnection with young people, both within workplaces and generally in their communities.

Respect and Inclusion: Action Plan #1

Goal: To increase and diversify involvement of older adults in decision making processes to achieve fair and effective representation of older adults in County, town and city planning especially transportation and housing

Specific Action Items:

1. Leadership workshops for older adults in collaboration with other senior community group leaders

Who: Older adults, Long Term Care Council, County Planning, City planning, Metro transit, MVCC

Facilitator: Oneida County Tourism

When: 2022

Performance Indicators:

- Number of older participants in the Leadership Workshops
- Number of new organizations representing diverse communities in the Leadership Workshops

Respect and Inclusion: Action Plan #2

Goal: Create intergenerational opportunities to promote mutual understanding and support positive aging

Specific Action Items:

1. Provide educational opportunities on positive aging through participatory programs at high schools or colleges, involving the creation of elder life-stories with the help of students

Who: Older adults, Utica College, high schools

Facilitator: Utica College (Denise Nepveux/Michelle Nunno-Evans)

When: 2022

Performance Indicators:

- Number of students participating in positive aging programs.
- Number of high schools and/or colleges participating in positive aging programs

Respect and Inclusion: Action Plan #3

Goal: Increased positive visibility of older adults in local media

Specific Action Items:

1. Publish Life-Stories
2. Senior Centers and Clubs produce positive news stories to share with the community
3. Provide educational opportunities on positive aging

Who: Older adults, Office for the Aging, Senior Centers, media representatives

Facilitator: Oneida County Office for Aging

When: 2022

Performance Indicators:

- Number of positive news stories about older adults
- Diversity of older adults is represented in positive news stories (age, gender, profession, urban/rural, sexual identity, disability, race/ethnicity)
- Number of senior centers and clubs producing positive news stories
- Number of educational opportunities on positive aging

Respect and Inclusion: Action Plan #4

Goal: Older adults are engaged in public policy and practice.

Specific Action Items:

1. Identify barriers that prevent older adults from inclusive and engagement in public policy and practice
2. Create a plan to address the barriers with a focus group of seniors

Who: Older adults, Office for the Aging, Livable Communities Workgroup, Utica College

Facilitator: Oneida County Office for Aging – Advocacy Committee

When: 2022

Performance Indicators:

- Number of older adults participating in focus groups to address barriers for participation
- Number of senior centers and clubs producing positive news stories
- Number of older adults engaged in public policy and practice

Respect and Inclusion: Action Plan #5

Goal: Older adults are respected in the community

Specific Action Items:

1. Gather information from seniors across the County regarding what they consider to be “respect.”
2. Incorporate the results into the educational training programs

Who: Older adults, Office for the Aging, Livable Communities Workgroup, Utica College

Facilitator: Utica College Graduate Students

When: 2023

Performance Indicators:

- Number of older adults participating in planning groups for respect and inclusion
- Number of older adults engaged in multi-generational activities

VII. Center for Excellence

According to the New York Academy of Medicine, many different areas of practice implementation, including public health, education and research, have successfully employed Centers of Excellence (CFE) as a mechanism to support local and regional work. Rather than having the work in one agency, organization or department, the infrastructure of a CFE consists of cross-disciplinary, cross-agency, public-private partners. CFE Leadership can support existing and new activities to include Health Across All Policies and Smart Growth Principles. (See Appendix)

In 2019, Liveable Communities of Oneida County was chosen to participate and become one of five Centers for Excellence in New York State. Oneida County’s project was one of three to be funded by the Health Foundation of Western and Central New York. The goals of the CFE Project included adopting a County Resolution similar to Governor Cuomo’s Executive Order #190, which incorporates age-friendly concepts in government planning, contracting and procurement. Such a resolution would further the goals of incorporating healthy aging, accessibility and liveability features in policy development.

In addition, as a CFE, Oneida County serves as a mentor to other developing age-friendly communities. Oneida County is assisting in the development of Age-Friendly Herkimer County by collaborating with and mentoring the Herkimer County Office for the Aging.

VIII. Appendices and Supporting Documentation

1. Summary of the Age-friendly/Liveable Communities Survey Process

The Consumer Survey and Partner Surveys were distributed between November 2017 and July 2018. The two surveys attempted to obtain baseline data to gauge the level of “livability” in Oneida County. “Livability” is defined by the World Health Organization (WHO) and AARP as “age-friendly” community amenities that help people of all ages live as they age. The amenities are sorted into eight different categories called “*The Eight Domains of Livability*” or “*Domains*.” These Domains include: Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Inclusion, Civic Participation and Employment, Communication and Information, and Community and Health Services.

Consumer Survey: The intention of the Consumer Survey was to get the perceptions of livability from Oneida County residents 18 and older. These people are identified as *Consumers* or *Residents*. The residents rated age-friendly amenities in their community. These amenities can be provided by either public or private entities. There were approximately 182,000 Oneida County residents that qualified to take the survey at the time it was distributed.

Partner Survey: There were two goals of the partner survey. One goal of this survey was to gather “expert” opinions on the importance and availability of amenities that add to the livability of communities as described by AARP and the WHO. The second goal was to use the results to identify any potential service gaps in Oneida County through comparisons with the Consumer Survey. Over 100 agencies received the survey with 28 responses received.

Demographics: There were 1,609 responses by residents to the survey. The primary focus of the Consumer Survey was older residents. “Older residents” are defined within this study as those 50 and over. Overall, the demographic data collected shows that respondents were: Older (75%), Female (70%), Urban (55%), Not married (58%), White (74%), Not disabled (67%), college-educated (68%), and prefer English (91%).

Data Highlights per Domain:

- **Perception of County-wide Livability:** Seven out of ten respondents rated their community as either “Good” or “Very Good.”
- **Outdoor Spaces:** Overall, residents have a favorable opinion of outdoor spaces in Oneida County (69%).

- **Transportation:** Transportation received the lowest rate of “Good” or “Very Good” responses (36%).
- **Housing:** The County is roughly split 50/50 on their perceptions of age-friendly housing in their community.
- **Social Participation and Inclusion:** Residents reported that they are very socially interactive, with 91% answering they socialize once per week.
- **Volunteerism:** Younger residents are more likely to volunteer (70%) than older residents (59%).
- **Employment:** County-wide, 58% of the respondents said they were employed full or part-time.
- **Access and Sources of Information:** Non-English speakers are less likely (63%) than English speakers to search for information about their community.
- **Health and Wellness:** Easy to find information on local health and supportive services had the largest gap between importance (89%) and availability (41%). This could indicate a priority area for the livable community initiative.

Conclusion

The data collected from the Consumer and Partner Surveys was intended to have a few uses. First this information can assist Work Groups with developing questions and action items as the plan develops. Second, it can be used to gauge the progress of each community after certain “age-friendly” projects/actions have been implemented. Based on the responses, these surveys were successful in providing the necessary data to take the next steps in the Age-Friendly/Livable Communities Initiative.

Copy of Age-friendly/Livable Communities Survey attached.

2. Summary of the Focus Group Process and Analyzes

These Domains include: Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Inclusion, Civic Participation and Employment, Communication and Information, and Community and Health Services.

Livable Communities of Oneida County Age-Friendly Focus Group Analysis Summary

The second part of the process of surveying residents of Oneida County was the Livable Communities Age-Friendly Focus groups. Sessions were planned to reflect the urban and rural communities throughout each of the regions of Oneida County. Locations for the focus groups were selected by working through leaders of each area to determine the most accessible sites in the region. Once the initial set of focus groups was completed, we recognized that certain aspects of diversity were underrepresented. Additional focus groups were held to hear views of African American, refugee, Latino and LGBT communities.

Denise Nepveux, Utica College Associate Professor of Occupational Therapy, was asked to collaborate with Kathleen Bishop, PhD, consultant on aging for the Oneida County Office for Aging/Continuing Care and also a Utica College Gerontology Adjunct Faculty Member as well as Livable Communities Age – Friendly Steering Committee member, to organize the format and facilitation of the focus groups along with the data collection and analysis. Utica College OT Master’s program students were trained in the facilitation and data collection.

Focus groups were conducted throughout 2018 and 2019 with one of the professors facilitating and at least two OT students collecting data as well as guiding discussions. Open-ended interview questions were organized along domain area topics with each group assigned one or two domain topics. The analysis of the discussions demonstrates no group was able to discuss one domain topic without overlapping into other domains.

The focus groups represented convenience selection. Participants responded to outreach efforts to essentially self-select or were encouraged to participate by a community leader.

The data was collected through note taking by students and transcription of the recorded sessions. The analysis was conducted through qualitative methodology of emerging themes under the domain topics. The organization of the summary combines domain topic areas as it was difficult to unravel some of the overlapping data into one topic area. The analysis and summaries will be shared with the Sub-committee groups for each of the domain areas.

Below is a brief summary of Emerging Themes from the Livable Communities of Oneida County Age-Friendly Focus Groups 2018 – 2019. The extensive and detailed analysis summaries for each Focus Group are in the Appendix.

3. Summary of Emerging Themes

Defining Livable Age-Friendly Communities:

This domain was the first topic asked in each of the focus groups. The discussion almost always led into other topic areas which were most often housing and transportation. Age-Friendly was defined by many to have opportunities for socialization as part of affordable housing and surrounding community.

Most participants grew up in Oneida County. Some participants lived in Oneida County all of their lives moving to various parts of Oneida County depending on situation many others moved away for school, marriage, and employment. Those who moved away and came back to Oneida County returned to be near family and friends. Access to their church and other community sources was also a reason to return to Oneida County.

Those participants who did not grow up in Oneida County were from other countries such as Sudan, other US states and territories, and/or came to Oneida County for SUNY Polytechnic, Utica College, or MVCC. They most often stayed in Oneida County for employment, marriage and family, and/or the rural/urban character of the region.

When asked for a numerical rating of Oneida County from 1 – 10, most answered in the upper numbers as a safe place to live and to be near families. While a few scored Oneida County closer to 1 there was not one participant who regretted living in Oneida County but did have suggestions for improvements which are included in other domain areas below.

Housing:

A majority of attendees lived in affordable senior housing or mixed aged affordable apartments/housing. Attendees in rural areas lived most often in single family independent housing. Those attendees who originated from outside of Oneida County mentioned the benefit of affordable and safe housing for their families while other attendees, especially in rural areas, discussed the lack of affordable housing.

“Aging in place” was mentioned as a goal for people living in suburban and rural areas but also discussed as a likely impossibility in the future. The challenges to remaining in their single- family homes included lack of help for household maintenance, lack of access to services such as grocery shopping, health care, and the Upstate NY winters.

Residents of senior housing liked having others around to visit and the social activities along with the option to go back to their apartment to be alone. Affordable and

convenient transportation was also mentioned as a reason to live in senior housing but also a problem for anyone who could not still drive or didn't want to drive distances in the winter.

Unsafe walkways were the most frequent complaint from people living in senior housing outside of villages and in areas like Whitesboro where sidewalks were either non-existent to the stores or offices or were not walkable with walkers or using a wheelchair. One group in Clinton mentioned no sidewalks to their complex and examples of residents walking or driving their wheelchair down the middle of the street in the winter.

Transportation:

Typically, transportation was mentioned as unavailable, too expensive, or not available for the times necessary for health care appointments or community social activities/senior center meetings. Bus route schedules, when available, were confusing to some and changing frequently. Participants commonly mentioned missing appointments, being stranded, or just giving up going to something that was important but too difficult.

Some people still drove, especially in rural areas such as Boonville and Camden, but mentioned winters as becoming more difficult to drive due to limited daylight and icy conditions on the roads. For people in rural areas, medical offices and shopping for groceries was anywhere from 20 – 50 miles away with some not wanting to drive that far anymore. One driver with a car mentioned feeling guilty being reluctant to drive her friend's because of worry about safety and liability.

Transportation was mentioned as a problem no matter where the focus group was in Oneida County. The one exception was a Sudanese men's group that mentioned Oneida County was a great place to live as "getting a driver's license was much easier here than other parts of the US."

Information sharing/resources:

Participants in the focus groups mentioned using Smart Phones, Tablets, and computers for internet access to information. Some discussed their families including grandchildren encouraging them to use the devices to stay connected while others were the ones to encourage families to "Facebook" or use other types of social media.

In rural areas, especially Camden, internet access, cable network connections and even cell phones were generally not available in outlying areas of the township. When it was available in those areas it was usually too expensive for people living on a limited monthly income of \$700 or less. One of the leaders in Camden discussed a train spill emergency causing many days of power outage in which there was not a census or

listing of who needed contact in those areas and how to contact other than door to door canvassing.

In some of the senior housing bulletin boards, newsletters from senior centers, and word of mouth were commonly mentioned as ways for information to resources. Senior centers provided resources and information if there was a way to travel to the senior centers.

In focus groups such as the only primarily African American center in the Cornhill District of Utica word of mouth and shared information was quite common. Internet, cable TV, and newspapers were also sources of information. Focus groups from mostly middle-class participants including this center were more likely to have access to income to afford the services.

Outdoor/Public Spaces/Civic Engagement/Employment:

Outdoor and public spaces were only mentioned in relation to getting to employment or participation in community activities which is why the two domains were combined. Ability to walk to grocery stores and even to bus stops to go to work was an essential and was often a barrier because of broken sidewalks, lack of sidewalks, or uncleared sidewalks in the winter.

Participants at a couple of the sites were either employees of the site or consumers of the services offered. They were all approximately the same age with no age difference between employees or consumers. One woman stated, "I live over the line in Herkimer County so maybe I shouldn't be here. But I consider Oneida County to be my home because that is where I go to church, work, and grocery shopping."

Few of the focus group participants mentioned employment as extremely important though for those who worked they appeared to take employment as something they liked to do and enjoyed the extra money. A few participants experienced ageism from younger co-workers. Some examples are "wanting them to move over and give them their titles" or "expect more pay than I get immediately."

Respect and Inclusion:

Participants in some rural areas discussed many community activities in their local schools but not being available to them due to lack of transportation at night unless they had family to drive them. "I like to watch my grandchildren play sports but I can't ask my daughter/son to take me when they have to drive an hour from work in Syracuse to get to the games on time."

Focus groups located in Utica were primarily concerned about the lack of safety in their communities. "I don't think young people have respect or care about older people."

Robberies and personal assaults were of concern for participating in community activities.

One leader from the African-American senior center stated, “We like to be together because we have shared experiences, know each other from childhood, and are used to helping each other out. We don’t want to be invited to other centers for activities. We just want to receive the same kind of funding and support that other centers receive.”

4. Resources:

Health Across All Policies

https://www.health.ny.gov/prevention/prevention_agenda/health_across_all_policies/docs/roadmap_report.pdf

Smart Growth Principles

<https://www.upstateforever.org/blog/land-planning-policy/10-principles-of-smart-growth>



NYS Health Across All Policies/Age-Friendly NY

Roadmap Report





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Foreword

Thank you to the New York Academy of Medicine for their diligent efforts in the production of the Health Across All Policies/Age-Friendly Roadmap. With changing demographics, there is no better time than the present to help New York's communities to work collaboratively in undertaking age-friendly actions that strengthen people's connections to each other, improve health, increase physical activity, and support and advance the economic environment through proactive design and future-based planning.

Since 2011, Governor Andrew M. Cuomo has worked to make New York State more livable, sustainable and equitable for people of all ages, recognizing that all sectors of government can benefit the health and wellness of residents. Over the past eight years, New York has become a national leader in creating clean, livable, and sustainable communities by pioneering multi-faceted programs that support aging in place.

This is evidenced by New York being declared the first age-friendly state in the nation in 2017 by AARP and the World Health Organization. A driving force behind this designation has been the establishment of the Health Across All Policies approach to government. Health Across All Policies calls on all State agencies to work together to improve population health, promote healthy aging, and assist localities in planning and implementing elements to create age-friendly communities. Another driver has been New York State's health improvement plan—the Prevention Agenda. This blueprint for state and local action seeks to improve the health and well-being of all New Yorkers as well as reduce health disparities. The 2019-2024 Prevention Agenda incorporates the Health Across All Policies approach, integrating healthy aging and strategies that support local communities in improving the health and well-being of their residents.

To affirm the State's commitment to age-friendly governance, Governor Cuomo issued an Executive Order on November 14, 2018. The Executive Order directs all state agencies to include the State's new Prevention Agenda priorities and the AARP/World Health Organization Eight Domains of Livability for age-friendly communities, where appropriate, into federal and state plans, as well as agency policies, procedures, and procurements.

New York is proud of all its accomplishments as a national leader on age-friendly and healthy aging. Key to the State's success has been strong partnerships with local leaders and communities across the state. This Roadmap will help New York communities consider and include age-friendly elements of wellness and community revitalization into their planning. This multi-faceted approach will make New York's communities more vibrant, desirable places to live and work.

Sincerely,

Howard A. Zucker, M.D., J.D., Commissioner, NYS Department of Health

Greg Olsen, Acting Director, State Office for the Aging

Rossana Rosado, New York State Secretary of State



What is Health Across All Policies/Age-Friendly NY?

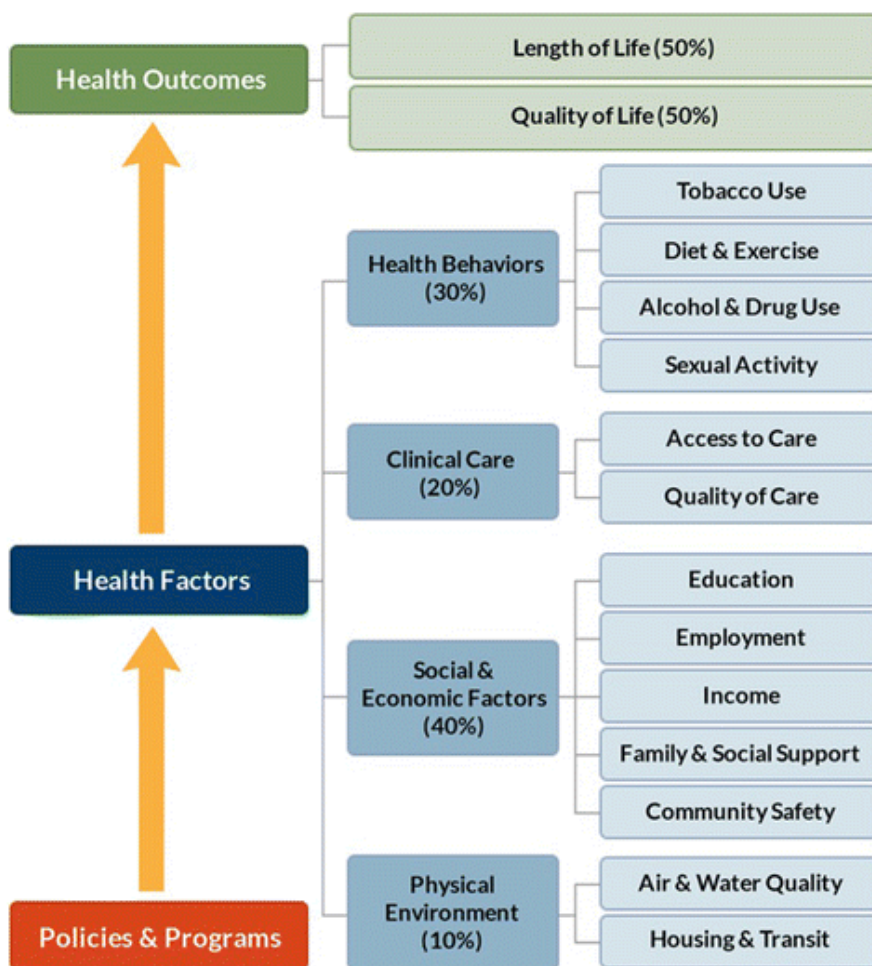
Informed by a framework formalized by the World Health Organization (WHO) in 2010, New York State (NYS) Health Across All Policies/Age-Friendly NY is a collaborative approach to improving the health and quality of life for all New Yorkers by incorporating health and age-friendly considerations into the activities of state and local government.

All policies affect health.

Because the spaces and places in which New Yorkers live, learn, work, play, worship, and age are shaped by public policies governing housing, land use, transportation, education, health care and other sectors, these policies can have a significant impact on health and well-being. For example, poor housing conditions, often resulting from current disinvestment in affordable housing and historic redlining, are associated with higher rates of asthma and respiratory infections. Initiatives like NYS Healthy Homes work to mitigate the effects of these policies through weatherization assistance and interventions to reduce household exposure to allergens, pests, and mold. Proximity to parks and green space is associated with increased physical activity and lower rates of obesity. Land use policy and zoning regulations, such as the Buffalo Green Code, encourage mixed-use, walkable neighborhoods that connect people to green spaces.

1 UWPHI County
Health Rankings
Model

<https://doi.org/10.1186/s12963-015-0044-2>



County Health Rankings model © 2014 UWPHI



Eighty percent of a person's health and well-being is determined by factors beyond health care.

While genetics and behaviors contribute to health and length and quality of life, social and economic factors, as well as the physical environment, are thought to determine 50 percent of health outcomes. These factors are collectively known as “the social determinants of health.”

Healthy People 2020, the United States' 10-year national plan for improving the health of all Americans, organizes social determinants of health into five categories: 1) economic stability; 2) education; 3) social and community context; 4) health and health care; and 5) neighborhood and the built environment. People are more likely to be healthy when they experience economic stability, have access to education, have strong social and community ties, can access health and health care resources, and live in safe neighborhoods. Conversely, inequities in health outcomes often arise among groups of people who are negatively impacted by multiple social determinants, including poverty, lack of education, neighborhoods with high crime rates, and lack of access to high-quality health care, to name a few. Health Across All Policies is recognized as a leading strategy for addressing health disparities through a focus on the social determinants of health.

New York State's Approach

Signed into law by Governor Andrew Cuomo in 2018, Executive Order No. 190, *Incorporating Health Across All Policies into State Agency Activities*, “systematically considers the health implications of decisions made by all government entities regarding public policies; avoids harmful health impacts in order to improve population health and health equity; and incorporates health considerations into policies, programs, and initiatives led by non-health agencies.”

This report, developed by a Steering Committee comprised of representatives of the New York State Governor's Office, Department of Health (NYSDOH), Department of State (NYSDOS), and Office for the Aging (NYSOFA), in partnership with The New York Academy of Medicine (NYAM), documents the planning, implementation, and anticipated outcomes of the “Health Across All Policies/Age-Friendly NY Initiative” and serves as a roadmap for New York State, as well as other localities considering similar initiatives.





Why Consider Age along with Health Across all Policies?

New York is one of 10 states that have formalized a commitment to Health Across All Policies through policy, program, planning, and procurement initiatives—including California, Connecticut, Massachusetts, Minnesota, North Carolina, Oklahoma, Oregon, Tennessee, and Vermont. However, New York’s initiative is unique in that it emphasizes the importance of health for those in later life.

There are social and economic benefits associated with a large older population.

Of the 19.8 million people in New York State, 4.2 million (about 15 percent) are aged 60 and older, and this population is projected to increase to nearly 26 percent by 2040, a shift that will impact all regions of the State. Approximately 2.7 million New Yorkers (an additional 14 percent) are currently aged 50-59. A large older population can stimulate economic growth and bring added social and financial capital to communities and institutions, if older people are able to remain actively involved in public life.

According to a report from the American Association of Retired Persons (AARP) and Oxford Economics, in 2013, the New York “Longevity Economy”—defined as “the sum of all economic activity in New York that is supported by the consumer spending of households headed by someone aged 50 or older”—accounted for 46 percent of New York’s Gross Domestic Product (\$598 billion), supported 53 percent of jobs (\$6.1 million) and 48 percent of employee compensation (\$329 billion); and contributed to 44 percent of State taxes (\$64 billion).

In addition to their economic contributions, older people have high rates of civic engagement. In New York State in 2015, 935,000 people aged 55 and older provided more than 495 million hours of service at an economic value of nearly \$14 billion. People aged 50 and older represented 58 percent of all votes in the 2010 New York gubernatorial election.

Prioritizing health and civic participation can catalyze social and institutional change.

To sustain engagement in later life, social systems and institutions that were designed when life expectancy was much lower often require adaptation and improvement. To reap the possible rewards associated with population aging, New York State is prioritizing the health, well-being, and full participation of older adults by promoting state and local interventions that modify the built environment, provide social and technological supports, and facilitate ongoing participation of people as they age, even in the presence of chronic conditions and disability. For example, Tompkins County’s Age-Friendly Ithaca Plan includes increasing enforcement efforts against age-based discrimination in the workplace and promoting multi-generational social opportunities to encourage a culture of respect and inclusion.



New York State Implementation

Key Components of Health Across All Policies/Age-Friendly NY in New York State

New York aims to become the healthiest state in the country for people of all ages.

In 1990, the United Health Fund ranked New York 40th among the 50 states in terms of health. Since that time, New York has risen to become the 10th healthiest state, marking the greatest improvement of any state in the nation. Through Health Across All Policies/Age-Friendly NY, New York continues to strive for better population health and to work toward health equity— “the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”

To drive progress toward these goals, New York State’s Health Across All Policies/Age-Friendly NY approach is grounded in three overlapping frameworks: the New York State Prevention Agenda; the WHO Eight Domains of Livability; and Smart Growth Principles.



Used with permission from The New York Academy of Medicine



The New York State Prevention Agenda

The Prevention Agenda is New York State's innovative blueprint for state and local action to improve the health of New Yorkers and to reduce health disparities through an approach to prevention that focuses on the social determinants of health. Started in 2008 and informed by the New York State Health Assessment, the Prevention Agenda identifies priorities to be addressed by coalitions of local health departments, hospitals, health care providers, and other stakeholders, through evidenced-based strategies and promising practices, over the course of five years.

More than 40 percent of adults in New York State live with at least one chronic disease, and approximately 60 percent of deaths and 25 percent of hospitalizations are attributable to chronic diseases, including heart disease, cancer, stroke, and diabetes. Among low-income communities and communities of color, these conditions are often more prevalent and frequently associated with premature mortality. The Centers for Disease Control and Prevention (CDC) estimates that 80 percent of heart disease and stroke, 80 percent of type 2 diabetes, and 50 percent of cancer incidents could be prevented through smoking cessation, healthy eating, and physical activity.

In addition to reductions in morbidity and mortality, prevention also has the potential to generate significant cost savings. In 2008, the Trust for America's Health demonstrated that an investment of \$10 per person in New York State (\$190 million) in proven community-based interventions that promote physical activity, nutrition, obesity prevention, and smoking cessation would have resulted in an all-payer net savings of \$1.3 billion in five years— a 7-to-1 return on investment.

The 2019-2024 Prevention Agenda priorities are: 1) prevent chronic disease; 2) promote a healthy and safe environment; 3) promote healthy women, infants, and children; 4) promote well-being and prevent mental health and substance use disorders; and 5) prevent communicable diseases. Each of these priorities has its own action plan that includes goals, objectives, and measurable outcomes that are publically reported through an online dashboard that tracks reductions in health disparities and the promotion of healthy and active aging across the State.

To improve health outcomes, enable well-being, and promote equity across the lifespan, the Prevention Agenda employs the following cross-cutting principles:

- Focuses on addressing social determinants of health and reducing health disparities
- Incorporates a Health Across All Policies approach
- Emphasizes healthy aging across the lifespan
- Promotes community engagement and collaboration across sectors in the development and implementation of local plans
- Maximizes impact with evidence-based interventions for state and local action
- Advocates for increased investments in prevention from all sources
- Concentrates on primary and secondary prevention, rather than on health care design or reimbursement



World Health Organization's Eight Domains of Livability

Developed in 2007, the WHO Eight Domains of Livability model uses a health across all policies approach to identify and address barriers to engagement faced by older people throughout the course of daily life within the following domains:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Polymakers solicit feedback from older people in a given locality across the eight domains and use that feedback to make local resources, institutions, services, and amenities more inclusive for people of all ages and abilities. Notably, the provision of health care, where most aging-related attention and investment has been traditionally directed, is only one of eight domains within this framework, which suggests that aging must also become a focal point for government, architecture and design, urban and regional planning, arts and culture, education, and business.

As members of the WHO Global Network of Age-Friendly Communities, nearly 800 localities around the world have committed to using the Eight Domains in a cycle of continuous improvement that engages older populations and convenes diverse stakeholders to create more Age-Friendly environments. In collaboration with the private sector, this process can be undertaken at all levels of government. As of January 1, 2019, AARP, the WHO Affiliate for the United States, has worked to enroll 317 communities in the Global Network, 19 of which are in New York, including:

- | | |
|----------------------------------|-------------------------------------|
| 1. Albany County (July 2016) | 11. Great Neck Plaza (April 2013) |
| 2. Big Flats (September 2014) | 12. Ithaca (March 2015) |
| 3. Brookhaven (March 2013) | 13. New York City (April 2012) |
| 4. Broome County (July 2018) | 14. North Hempstead (November 2014) |
| 5. Buffalo (November 2018) | 15. Oneida County (September 2016) |
| 6. Chemung County (April 2012) | 16. Southport (October 2015) |
| 7. Elmira (City) (August 2013) | 17. Suffolk County (August 2013) |
| 8. Elmira (Town) (November 2013) | 18. Thompson County (March 2015) |
| 9. Erie County (February 2015) | 19. Westchester County (April 2012) |
| 10. Glen Cove (February 2018) | |

With a written commitment from the Governor, New York was the first state to achieve Age-Friendly designation from AARP in December 2017, paving the way for Colorado and Massachusetts in 2018.



Smart Growth Principles

Smart Growth provides a framework for development that balances a community's economic, environmental, and social needs. It is defined as sensible, planned, efficient growth that integrates economic development, job creation, and quality of life by preserving and enhancing the built and natural environment.

The Smart Growth Principles, abbreviated below, can be used to evaluate whether a proposed project is likely to contribute to a community's overall well-being.

- Locate near existing development and infrastructure
- Increase the range of housing opportunities
- Protect open space and critical resources
- Create a vibrant mix of uses
- Create or enhance choices for getting around
- Design for personal interaction and walkability
- Respect the desired character of the community
- Be sustainable in the context of the community

The New York State Smart Growth Public Infrastructure Policy Act (SGPIPA) was signed into law in 2010 as an amendment to the Environmental Conservation Law. The goal of the SGPIPA is to ensure that state agencies consider Smart Growth Principles in their public infrastructure projects to support sustainable, healthy communities. As described in the Case Studies, New York State's Downtown Revitalization Initiative is a model of Smart Growth Principles in action.

In 2011, the State passed the Complete Streets Act, which goes further in specificity to require agencies to consider the convenience and mobility of all users, including pedestrians and cyclists, when developing transportation projects. A Case Study on NYS Complete Streets is also included in this report.

The New York State Energy Plan, adopted in 2015, instructs NYSDOS to develop plans that are oriented toward Smart Growth and transit-oriented design. It also calls for the leveraging of investments from the Energy Research and Development Authority (NYSERDA), Empire State Development Corporation (ESDC), Homes and Community Renewal (HCR), and the Department of Transportation (DOT) to incentivize Smart Growth planning. More recently, in 2018, four communities in Western New York were selected to receive awards from the State's Smart Growth Community Fund, which will support projects that include a mixture of historic restoration, placemaking, and business and innovation investments using Smart Growth Principles.

Strategies & Tactics for Implementation

A 2018 report reviewing Health Across All Policies initiatives in the United States identified two leading models of state-level implementation. California, Vermont and Massachusetts have taken a formal mandate approach through leadership-driven executive orders and other legislation requiring agency collaboration for health. Tennessee, Minnesota, and North Carolina have employed an informal collaborative approach that is project driven and focuses on convening diverse partners to address specific issues. To spread, scale, and codify Health Across All Policies/ Age-Friendly NY, New York State employs both formal and informal tactics to maximize cross-agency participation and build on existing initiatives and projects at the state and local level. These tactics include seating a steering committee; convening state agencies; and issuing an Executive Order.



Health Across All Policies/Age-Friendly NY Steering Committee

In his January 2017 State of the State Address, Governor Andrew Cuomo first announced that New York would strive to incorporate Health Across All Policies/Age-Friendly NY within State government activities. With support from the New York State Public Health and Health Planning Council's Ad Hoc Committee to Lead the Prevention Agenda,* a Steering Committee was immediately established with representatives from NYSDOH, NYSOFA, NYSDOS and the Governor's Office for Health Policy. The Steering Committee meets weekly and is charged with helping non-health agencies consider how their work can positively impact the health of people of all ages. Several members cited the added benefit of interagency brainstorming during these meetings that resulted in innovative ideas and shifts in perspective.

Convening State Agencies to Elevate Existing Health Across All Policies/Age-Friendly NY Work

In March 2017, the Steering Committee first convened their sister agencies to introduce the concept of Health Across All Policies/Age-Friendly NY and to identify current and upcoming projects that were already incorporating this approach, as evidenced by their alignment with the 2013-2018 New York State Prevention Agenda priorities and focus areas and the WHO Eight Domains of Livability.

The agencies were asked to complete a detailed matrix indicating which of their programs were working to improve health and promote healthy aging. Projects supporting New York State's health and aging objectives were found within 14 state agencies, including NYSDOH, NYSOFA, Office of Parks, Recreation, and Historic Preservation (OPRHP), Office of Alcohol and Substance Abuse (OASAS), Department of Agriculture and Markets (NYSDAM), NYSDOS, Office of Mental Health (OMH), Office of Temporary Disability Assistance (OTDA), NYSERDA, Homes and Community Renewal (HCR), Office of Children and Family Services (OCFS), Office of General Services (OGS), Department of Environmental Conservation (DEC), and DOT.

Across the 14 agencies, 235 projects were working to address Prevention Agenda priorities and 332 projects were working to address the WHO Eight Domains. Of these projects, 12 were selected as models of effective implementation of Health Across All Policies/Age-Friendly NY by virtue of their promoting health equity and environmental sustainability; supporting intersectoral collaboration; benefiting multiple partners; engaging stakeholders; and creating structural or procedural change. These 12 projects are highlighted in the case studies at the end of this report.

Under the leadership of the Governor's Office and the Steering Committee, this group of agencies has been reconvened twice a year to provide updates on their respective projects and to coordinate the rollout and scaling of Health Across All Policies/Age-Friendly NY across State government.

* Public Health and Health Planning Council (PHHPC) has a broad array of advisory and decision-making responsibilities with respect to New York State's public health and health care delivery system. It is charged with adopting and amending the Sanitary Code and health care facility, home care agency, and hospice operating regulations. Public Health and Health Planning Council (PHHPC) also makes decisions concerning the establishment and transfer of ownership of health care facilities, home care agencies and hospice programs. It makes recommendations to the Commissioner of Health concerning major construction projects, service changes, and equipment acquisitions in health care facilities and home care agencies. It also advises the Commissioner on issues related to the preservation and improvement of public health.



Executive Order

As previously stated, in November 2018, Governor Cuomo issued Executive Order No. 190, *Incorporating Health Across All Policies into State Agency Activities*. The Executive Order formalizes Health Across All Policies/Age-Friendly NY by requiring state agencies and departments to incorporate New York State Prevention Agenda priorities, the World Health Organization's Eight Domains of Livability, and Smart Growth Principles into planning, regulation and policymaking, and procurement, where practicable and feasible, to leverage the momentum of ongoing health-promoting initiatives and to inspire new cross-sector activity. "Planning" refers to agencies submitting plans to the federal government, as well as state plans under the "applicable statutory and administrative criteria." "Regulation and policymaking" refers to consideration of the interrelated frameworks that comprise Health Across All Policies/Age-Friendly NY in new legislation and decision-making. "Procurement" refers to contract solicitations, requests for proposals, and grant opportunities, where price is not the determining factor.

Using the mechanisms above, the Executive Order affords agencies the flexibility to leverage their strengths and partnerships to achieve one or more of the following goals:

- Improve alignment and coordination of the Prevention Agenda and Age-Friendly programs and policies across State entities and among public and private partners;
- Enable individuals to continue living in their communities in a manner consistent with their abilities and values;
- Expand opportunities for civic engagement;
- Strengthen infrastructure for home and community-based services;
- Build toward a future in which every New Yorker can enjoy wellness, and quality of life in strong, healthy communities;
- Leverage technology, innovation, research, health care, and business to support healthy aging and the work of family caregivers;
- Include healthy and Age-Friendly communities' initiatives in programs that support community design, planning, zoning, and development;
- Promote caregiver support;
- Provide cost-effective, high-quality services to residents, especially older adults, adults with disabilities, and their caregivers; and
- Increase consumer accessibility to health and supportive services.

The Executive Order requires all state agencies and departments to appoint a "Health Across All Policies/Age-Friendly NY Coordinator" to serve as a liaison to the Steering Committee and ensure compliance. Through these liaisons, the Steering Committee will provide support to their sister agencies by reviewing and providing feedback on draft regulations, policies, and procurements, where appropriate, as well as monitor ongoing agency progress in advancing Health Across All Policies/Age-Friendly NY through services, current initiatives, future needs, and methods of performance evaluation. The Steering Committee and its liaisons will also work together to develop metrics to measure the impact of Health Across All Policies/Age-Friendly NY on health outcomes and Age-Friendly environments.

Finally, the Executive Order encourages implementation of Health Across All Policies/Age-Friendly NY at all other levels of government within New York State.



Next Steps for New York State

Through an extensive review of Health Across All Policies implementation within states and municipalities across the country, researchers have identified process outcomes, including stronger partnerships, especially between health and other sectors, as evidenced by more collaboration; an “increased willingness to learn and consider the perspectives of other sectors”; and more frequent participation of non-governmental stakeholders in decision-making. Feedback from agency representatives interviewed for this report indicates progress toward similar outcomes in New York State.

More effective intra- and cross-agency collaborations and an increased consideration of health and equity were noted by nearly all of the interviewees. For example, new intergenerational and affordable housing initiatives will have co-located medical services and Smart Growth features, such as accessible green spaces, as described in the Intergenerational Housing and Vital Brooklyn Case Studies. Additionally, through initiatives such as Adventure New York and the Long Term Care Planning Project, also detailed in the Case Studies, New York State agencies are leveraging local expertise and support from community-based organizations and other non-governmental stakeholders.

To spread and scale Health Across All Policies/Age-Friendly NY, in 2019, the Steering Committee will issue a request for applications for local implementation across the State. Through a public-private partnership with The New York Academy of Medicine, co-funded by the Health Foundation of Western and Central New York and the New York State Office for the Aging, grantees will receive technical assistance to support implementation, through a 12-month peer-to-peer learning collaborative. The learning collaborative will consist of both virtual and in-person convenings, as well as the creation of a website.

The Steering Committee will also promote opportunities for additional cross agency collaboration. For example, policy actions underway at several state agencies that support NYS Health Across All Policies/Age-Friendly NY were featured at the 2019 Population Health Summit. This was the first time that local health departments, hospitals and other local community agencies learned how working with other state agencies could support local community health improvement efforts.

In the future, New York State can look forward to system level policies, practices, and funding to support health and aging across all sectors, as well as strengthened partnerships and cross-agency relationships that reinforce collaboration and support more effective governance. To measure success, the development of process and outcome metrics, as well as accountability structures, will be a central task of the Steering Committee. Through improvements to the physical and social environment, new programs, greater efficiencies, and collective action, Health Across All Policies/Age-Friendly NY aspires to improve the health and quality of life for residents of all ages across New York State.



Case Studies

New York State Healthy Homes Pilot

“It is exciting to come to the table and work jointly despite different focus areas.”— NYSDOH representative

Brief Statement of Evidence Base

Poor housing conditions are associated with health conditions such as asthma and respiratory infections. Research demonstrates positive impacts on the health of children with asthma when multi-trigger, multicomponent health interventions that also address housing defects and support sustained environmental changes are made in the home. Research also demonstrates the positive health impacts of energy efficiency and the benefits to residents of the associated cost savings.

Initiative & Key Agency Partners

The New York State Healthy Homes Pilot is a joint pilot project between NYSEERDA and two offices from NYSDOH—the Asthma Control Program from the Office of Public Health and the Medicaid Redesign Team from the Office of Health Insurance Programs. The project also engages health care providers through Managed Care Organizations (MCOs).

Description

Using an integrated, comprehensive approach, the New York State Healthy Homes Pilot aims to reduce avoidable emergency department visits and hospitalizations; improve overall health, safety, and comfort; reduce carbon emissions; and provide energy cost savings for residents. The project will target high asthma burden regions of NYS to provide a coordinated suite of interventions, namely (1) home-based asthma services including in-home asthma self-management education and identification of environmental asthma triggers to be addressed through integrated pest management, provision of vacuums, asthma-friendly cleaning kits, mattress and pillow covers, and other asthma management tools; (2) energy efficiency, services such as assessment of possible health and safety issues, education, air sealing, insulation, HVAC improvements, and in-home education; (3) home injury prevention tools and services such as smoke alarms, carbon monoxide alarms, stair repair, and bathroom grab bars; and (4) training to support clinical providers, intervention service providers, and MCOs implementing the work at the local level through community-based partnerships. The pilot supports the State’s overall transition of the Medicaid program’s health care delivery system to a Value-Based Payment (VBP) model which expands opportunities to address the social determinants of health (SDH) impacting the root causes of poor health outcomes. The pilot project will contribute to the evidence base supporting innovative care models designed to address substandard housing as an SDH, improve quality of life and health outcomes for individuals and families, and reduce avoidable health care costs, consistent with the goals of Medicaid payment reform.

Process & Progress

Although NYSEERDA and NYSDOH have coordinated in the past, it was primarily for purposes of research and information sharing. The New York State Healthy Homes Pilot is the first co-developed initiative between the two agencies to maximize their impact on health, energy, and housing. Data sharing was a primary challenge in the



pilot design because of variations in protocols and requirements; legal teams from both agencies engaged to unify an approach for ensuring security of pilot participant data. The planning process also involved extensive outreach and input from stakeholders to inform the project and the evaluation criteria. Workload and scheduling complexities aside, both agencies have invested staff, time, and resources into the project which has contributed to a shared sense of satisfaction and purpose. A representative from the NYSDOH said, “It is exciting to come to the table and work jointly despite different focus areas.”

Sustainability is a key feature of the New York State Healthy Homes Pilot. This is a forward-thinking initiative that supports an expanded reach of residential energy efficiency, strong health outcomes, and Medicaid payment reform goals. The New York State Healthy Homes Pilot has been developed in tandem with the transition to VBP for Medicaid services so that it supports efforts that are already underway by payers, health care providers, and community-based organizations. NYSERDA was particularly keen on identifying a way to fund energy efficiency to reduce energy burden among low-income New Yorkers by demonstrating the cost effectiveness of weatherization and home modifications to the health care system through a reduction in emergency room visits and hospitalizations for asthma. (Energy Burden is a ratio that measures income to energy utility costs.) The NYS Healthy Homes Pilot was inspired by Governor Andrew Cuomo’s Health Across All Policies initiative and supports goals laid out in the New York State Roadmap for Medicaid Payment Reform. It is an incredible step toward cross-sector collaboration, where services that support energy efficiency, for example, improve outcomes in the health and human services domain, which is exactly the type of model and collaboration that VBP or payment reform seeks to facilitate. The pilot was also designed to address New York State Prevention Agenda priorities related to the built environment and chronic disease prevention and management.

The New York State Healthy Homes Pilot was planned with a rigorous evaluation component to demonstrate the value and impact of integrating residential energy efficiency, health and safety measures, and comprehensive health services within the VBP framework. For the NYSDOH, the pilot will establish protocols and practices for embedding functional bidirectional referral systems across clinical and community settings to support the coordination of services designed to address the SDH. At a granular level, the reality of the partnerships necessary for such a multicomponent intervention is a tremendously challenging logistical undertaking. As a continuation of this work, NYSERDA is looking at how to build health considerations into the Authority’s work across sectors. The planning, implementation, and evaluation of NYS Healthy Homes will be accomplished over three to four years. The pilot is expected to launch in 2019.

Advice for municipalities considering a similar project

“Build in the time to develop relationships. A project like this is more than the sum of its parts. It takes a group of people with varying expertise. Cooperation and collaboration are key.” – NYSERDA representative

“Don’t give up. A lot of work goes into the startup and the planning, but it is extremely rewarding. Bringing the right partners to the table is vital. Even though agencies have different perspectives, you can find opportunities for alignment to achieve shared goals.” – NYSDOH representative



Advance Care Planning Initiative

“Health Across All Policies continues to help us look outside the box about who we should be approaching to work with. It has made us look outside the agency if we can. Even internally, we are branching out and considering how other departments can interact with what we are doing.” – NYSDOH representative

Brief Statement of Evidence Base

Research shows that advance care planning, defined as having an advance directive, durable power of attorney or having discussed preferences for end-of-life care with a next-of-kin, is associated with improved quality of care at the end of life, including increased use of hospice and fewer in-hospital deaths.

Initiative & Key Agency Partners

The Advance Care Planning Initiative led by the Aging and Long Term Care Team at New York State Department of Health (NYSDOH), charged with finding innovative policy solutions for aging and long-term care to improve quality of life for New Yorkers. In this intragency project, the team partnered with other NYSDOH bureaus and offices including Emergency Medical Services, Legal, and the Office of Minority Health.

Description

The 2018 Governor’s State of the State address committed NYSDOH to launch an educational campaign on advance care planning to encourage New Yorkers and their health care providers to have conversations about end of life care preferences and to encourage people to utilize advance care directives, such as Health Care Proxies, Living Wills, Do Not Resuscitate (DNR) orders, and Medical Orders for Life Sustaining Treatment (MOLST). The Advance Care Planning Initiative also includes a redesign of the relevant section of the NYSDOH website with the goal of helping providers and the public learn more about advanced care planning, why the conversation is important, and how to broach it. The initiative’s target population is the public over the age of 18—all of whom should have a Health Care Proxy in place. In addition to improved quality of care at the end of life, advance care planning can impact retirement, financial planning, health care, and safety and security issues for New Yorkers. “Our goal is to encourage people to have these conversations now rather than engaging in crisis management due to lack of planning,” said a NYSDOH representative.

Process & Progress

The team has been researching best ways to encourage people to talk with their health care providers about advance care planning. To start, a Request for Information was solicited from hospitals, community-based organizations, and health care providers to understand the current landscape of advance care planning in New York State. To collect and aggregate the best available resources, the team focused on developing relationships and communications with partners at the local level, utilizing a bottom-up/top-down approach. They also reached out to other states and municipalities that have instituted similar initiatives.

New York State has very low hospice utilization rates—ranking 48th out of 50 in the US in 2015. This is one metric that the team will be tracking to determine whether an impact has been made. Achieving buy-in from the health care sector is another key strategy of this initiative. The initial launch of the initiative was to employees of the Department of Health to encourage them to have end-of-life conversations with their families and loved ones. The educational initiative is ongoing.



Advice for municipalities considering a similar project

“Think outside the box. There are so many moving parts and pieces that come together. You think a health system is a hospital but then you have insurance companies and community organizations, home care—health is not just about medical.” – NYSDOH representative

Adventure New York

“Having a personal connection to our mission that includes getting people healthy keeps you going.”
—DEC representative

Brief Statement of Evidence Base

Proximity to parks and green space is associated with increased physical activity and lower rates of obesity. Some evidence suggests that increasing access to parks and green space may lead to higher rates of participation in physical activity and improved physical fitness among community members.

Initiative & Key Agency Partners

Adventure New York is an initiative by DEC. The New York State Department of Environmental Conservation (DEC) is the state agency charged with protecting natural resources. The agency is the largest land-owner in New York State. In addition to regulating and conserving natural resources, DEC promotes recreational use of public lands and green space statewide. The DEC works with OPRHP on this initiative.

Description

Through Adventure New York, DEC is improving recreational infrastructure and facilities to make them more accessible and user-friendly, and hosting programs to encourage New Yorkers to get outdoors, get active, and try something new. To leverage resources and broaden outreach, DEC has collaborated with OPRHP, community-based organizations, local outdoor clubs, and municipal agencies on projects including the First Time Camper Program (a guided weekend camping experience for families), Outdoors Day (introductions to archery, fishing, and other outdoor recreation), and I Bird NY (to encourage everyone, regardless of age or location, to try bird watching). This ongoing initiative was launched in 2017 with the opening of the Five Rivers Environmental Education Center in Delmar, New York.

Process & Progress

Launched in 2017, the initiative is pushing the agency in a new direction, focused on user experience, proactive public engagement and partnerships. Because outdoor recreation crosses several divisions at DEC, improving intragency communication has been an important tactic. With the new focus on partnerships, DEC spent considerable effort achieving buy-in at the local and municipal levels. That coordination has also led to leveraging resources with private sector partners, particularly regarding outreach and promotion. Adventure New York is one way that DEC is being more proactive with the public.



Adventure New York is expected to expand access to healthy active outdoor recreation, connect people with nature and the outdoors, protect natural resources, and boost local economies. The majority of DEC's land is open and does not have formal entrances, so tracking usage can be challenging. An evaluation of the First Time Camper program revealed that 100 percent of participants planned to go camping again, and many already did before the summer ended. DEC has a goal to bring their programs to new and diverse populations, including older adults, multi-generational families, and urban and suburban communities. At nearly a dozen Outdoors Day events across the State, DEC reached nearly 3,000 New Yorkers in the inaugural year of the event. Through Adventure New York, new partners have contacted DEC about working together and providing input on recreational facility improvements.

Advice for municipalities considering a similar project

“Be persistent and be positive. Implementing initiatives like Adventure New York can be both challenging and rewarding. Having a personal connection to our mission that includes getting people healthy keeps you going. There is never a shortage of ideas, but resources are finite. Partners can help fill in gaps when we are not able to do so.”

– DEC representative

Vital Brooklyn: Affordable Housing RFPs

“Do not diminish the importance of community input. Empower the hopeful recipients of the project to define what health means to them—whether that means increasing access to healthy foods, exposure to daylight, a medical facility on the first floor, or something else. It is imperative that they are at the table at the outset.”

– HCR representative

Brief Statement of Evidence Base

Decisions made about community development are directly related to the health and well-being of community residents. This growing awareness has led developers, planners, and health professionals to embrace a more holistic approach to building neighborhoods. Research shows that the design, maintenance, affordability, location, and community setting of housing stock can impact physical and mental health.

Initiative & Key Agency Partners

Vital Brooklyn is a multi-agency project with eight integrated areas of investment: Affordable Housing; Community-based Health care; Open Space and Recreation; Healthy Food; Education; Economic Empowerment; Community-based Violence Prevention; and Resiliency. The project represents a new model for community development, health, and well-being. The New York State Department of Health (NYSDOH) and HCR are leading the effort in cooperation with ESDC, and OTDA, OMH, and OPRHP. They are also working in partnership with local hospitals and health care organizations, elected officials, and community residents. These State investments in affordable health care and housing are part of a comprehensive, holistic, place-based strategy to improve wellness for the entire community.



Description

Central Brooklyn is one of the most disadvantaged areas of the State in terms of rent burden, chronic disease, limited access to healthy foods and opportunities for physical activity, high rates of violence and crime, high rates of unemployment and poverty, as well as inadequate access to high-quality health care and mental health services. Through Vital Brooklyn, which began in 2017, new affordable housing is being built on hospital land with co-located health and wellness amenities and Age-Friendly features. This development is subject to a Request for Proposal (RFP) review process that includes priorities put forth by the residents of Central Brooklyn. This is the first time that HCR has conducted RFPs for affordable housing prior to commencing development. Vital Brooklyn aims to improve the quality of life for residents of Central Brooklyn by creating more opportunities for health and well-being and increasing access to safe, affordable rental housing.

Process & Progress

In the year prior to the announcement of Vital Brooklyn, NYSDOH held community listening sessions regarding health care in Central Brooklyn. In response, the Governor's Office encouraged assembly districts to convene community advisory committees to put forth their individual priorities at the start of Vital Brooklyn. Some of these priorities included maximizing the number of units, affordability for all, accessible green space, and creating housing for populations such as older adults, people with disabilities, and people who were formerly homeless or incarcerated. The development proposals were scored and weighted heavily toward addressing community priorities and green spaces.

This is a new collaboration and a notable example of many agencies working together toward a place-based approach to Health Across All Policies/Age-Friendly NY. Office of Recreation Parks and Historic Preservation (OPRHP) provided input on how to best incorporate green space. Offices of Temporary and Disability Assistance (OTDA) and OMH contributed to the planning and delivery of supportive services. Empire State Development Corporation (ESDC) is facilitating the development of the largest affordable housing site, which is being financed by HCR. The Governor's Office and NYSDOH have provided strategic leadership and played a significant role in the project development and implementation.

Achieving buy-in from stakeholders and other agencies was a key strategy for Vital Brooklyn. State agencies are not always accustomed to focusing on very specific geographic areas. Using data and research to emphasize the benefits and necessity of incorporating wellness-related amenities into affordable housing has been useful in the project's cross-agency communication efforts. The New York State Health Department (NYSDOH) and HCR have worked hard to ensure they are meeting the needs of the community while accomplishing the goals of the program.

Although Vital Brooklyn is targeted in one geographic area, there are hopes that the community-informed RFP process, if successful, will be incorporated into future work around the State. Additionally, New York State now acknowledges health as both a driver and an outcome of housing policy and development.

Advice for municipalities considering a similar project

"Obtain leadership support from the highest levels and have ongoing communications among state agencies. Assemble a team with a common goal. Have ongoing and incessant communication with the local community. The earlier that begins, the easier the collaboration and more seamless the project will be. Clear communication and effective leadership are key." – NYSDOH representative



Intergenerational Housing Initiative

“I am hopeful that this will be the first of many types of intergenerational communities that the State of New York will undertake to improve the lives of individuals and communities. This is one of the most exciting things I have done in my career.” – OCFS representative

Brief Statement of Evidence Base

Neighborhoods are comprised of both physical and social features that shape health behaviors, contribute to stress, and, ultimately, impact health outcomes. Research shows that people who live in places with more social cohesion, as indicated by high levels of social inclusion, social capital, and social diversity, are more likely to report good health.

Initiative & Key Partners

The Intergenerational Housing Initiative will design and establish a planned community of older adults, families that commit to adopting children from foster care, and individuals with intellectual and/or developmental disabilities in mixed income housing with onsite support services. The initiative is a cooperative effort by OCFS, NYSOFA, Office for People with Developmental Disabilities (OPWDD), HCR, the developer, Beacon Communities Development LLC, and two service providers, Northern Rivers Family of Services and the Center for Disability Services.

Description

The goal of the Intergenerational Housing Initiative is to create a supportive, multigenerational, affordable housing community that encourages independent living, aging in place, and mutual support. The site will be in Guilderland, Albany County, located within walking distance to a library, YMCA community center, and public transportation. The project is expected to include 65 housing units, including 80 percent for adults aged 55 and older, 10 percent for foster parents moving toward adoption, and 10 percent for persons with disabilities. Residents will be encouraged to provide service to the individuals residing in the community each week, such as helping with grocery shopping, snow shoveling, changing lightbulbs, or providing homework help. The anticipated benefits for both older adults and residents with development disabilities include a reduced risk for social isolation and increased ability to live independently. The project also strives to provide increased stability and social cohesion to support foster children and their families.

Process & Progress

This health-supportive model of mixed income housing draws from the World Health Organization’s Eight Domains of Age-Friendly Communities as well as Smart Growth Principles such as walkability, spaces designed for personal interaction, and transportation access. Developing cross-sector relationships and buy-in with other agencies and stakeholders in the town of Guilderland have been key. The interagency team held meetings to synchronize their messaging to improve the quality and utility of local media stories covering the project. The team also met with local leaders to showcase the project and anticipated outcomes ahead of any requisite approvals. They also cite the helpfulness of having a public-private partnership with an experienced senior housing developer. Although this team does not have any specific projects other than Intergenerational Housing planned, one participant noted that gathering to work from a Health Across All Policies/Age-Friendly NY perspective has created alignment among human services agencies and deepened insights into the needs of the various populations they serve.



In addition to overall well-being, health status, and social cohesion, some of the factors and metrics under consideration for evaluating the success of the initiative include education and adoption outcomes for foster children; maintenance of independence, reduced need for assisted living among older adults, and delayed transition to nursing care; the ability of adults with developmental disabilities to gain employment; and the prevalence of community members providing assistance to each other.

Advice for municipalities considering a similar project

“Identify everyone who should have a role in your project, invite them early and often, and make sure you have really clear lines of communication about roles and responsibilities. Hold yourself accountable to the targets you set. Don’t give up and don’t take no for an answer. At every impasse, consider what it will take to keep moving forward and get the project done.” – OCFS representative

“High-level support is important but it also critical to engage county and local-level stakeholders to utilize their expertise and coordinate resources.” – NYSOFA representative

Age-Friendly Health Systems Initiative

“The Health & Age Across All Policies framework has helped us look beyond the Department of Health to think about who we should be approaching to work with on projects. Even internally, we are branching out to see what other divisions are doing and how it interacts with the work we are doing.” - NYSDOH representative

Brief Statement of Evidence Base

During hospital stays, many older adults face complex health issues, resulting from multiple chronic conditions or negative effects of drug interactions, that can be compounded by the social and emotional experience of aging. Research and practice show adopting the tenets of an Age-Friendly Health System—improving patient satisfaction, reducing unnecessary medication, addressing mental health needs, and ensuring opportunities for mobility to reduce fall-related injuries among older adults—can lead to fewer and shorter hospital stays, fewer adverse drug events, cost savings, and better health outcomes.

Initiative & Key Agency Partners

New York State’s Age-Friendly Health Systems initiative is an evidence-based patient-centered care model that aims to achieve better health outcomes for older adults through a partnership between NYSDOH, the Institute for Health care Improvement (IHI), and the John A. Hartford Foundation. According to AARP, 90 percent of New York residents surveyed say they want to retire in New York. Age-Friendly Health Systems strives to help ensure they receive the best care as they age.

Description

With the baby boom generation entering older adulthood, there are currently over 7.3 million people over the age of 50 in New York State, and this number is projected to grow past 8.2 million by 2040. In Governor Cuomo’s 2018 State of the State address, he expressed the goal of having at least half the State’s health systems designated as Age-Friendly by 2023. An Age-Friendly Health System is one that improves quality of care and decreases negative



outcomes for the older adults that are served. The Age-Friendly Health Systems Initiative uses the evidence-based 4M Model of Care:

- What Matters: align care with special health outcome goals and care preferences;
- Medication: ensure that all medications are necessary and do not interfere with what matters;
- Mentation: prevent, identify, and treat depression, dementia, and delirium across settings of care; and
- Mobility: ensure each older adult moves safely every day to maintain function and ability to do ‘what matters.’

Over the next five years, the Age-Friendly Health Systems team, led NYSDOH, will educate hospitals and other health care organizations about what it means to be Age-Friendly and support the implementation of the “4Ms” Framework of Age-Friendly Care.

Process & Progress

Implementing an awareness strategy was the first phase of the project. The New York State Department of Health (NYSDOH) created webpages with resources and webinars to make information about the initiative publicly available. Engaging the first wave of stakeholders has been relatively easy given the high level of interest in the project and a demonstrated eagerness to participate. However, NYSDOH foresees buy-in being a bigger issue in the second year of the project when they begin branching out to organizations that may not have an established interest in Age-Friendly health solutions.

Since it began in August 2018, 15 New York State organizations have joined the IHI National Action Community to pursue recognition as an Age-Friendly Health System. Emergency departments can also elect to specifically pursue geriatric accreditation through the American College of Emergency Departments. Using a Plan-Do-Study-Act model for improvement, the Action Community will pilot the effort and help develop measures to scale up over the next five years to include more health care providers. The New York State Department of Health (NYSDOH) is currently working to secure funding to establish an NYS-specific Action Community.

Advice for municipalities considering a similar project

“It is important to think outside the box. There are so many moving parts and pieces that need to come together. For example, you might think a health system is just a hospital, but there are also insurance companies and community organizations that need to be considered as part of the system of providing health care. You need to consider whether the health care system is interacting with homecare and caregivers as well.” – NYSDOH representative

Aging Innovation Challenge

“It’s not just the Department of Health that needs to focus on issues related to health – we need to bring in different sectors. We approached this project with a different mindset than we’ve used in the past and forged partnerships to try something new.” – NYSDOH representative

Brief Statement of Evidence Base

Recent research has demonstrated that design contests can be an effective way to solicit innovative solutions for health problems, while also raising awareness of issues and expanding community engagement. Developing new products may help older New Yorkers to remain in their communities as their needs change.



Initiative & Key Agency Partners

The Aging Innovation Challenge (the Challenge), a product design contest aimed at inspiring young people to develop new ideas to support the health and daily activities of older adults, was a partnership between NYSDOH and crowdsourcing technology company HeroX, in collaboration with the State University of New York (SUNY) and ESDC.

Description

Governor Cuomo's 2017 State of the State address included a proposal to leverage technology to accommodate the needs of New York's aging population. The Challenge incentivized young people to design creative new products for independent living to support older adults and their caregivers. The Challenge targeted students from New York's colleges and universities, including students from the SUNY system. HeroX assisted in designing the challenge, managed the crowdsourcing platform, and played a role in advertising the Challenge and attracting submissions for the competition. The ESDC and FuzeHub, a non-profit organization that supports manufacturing partnerships, provided guidance for prototype development. Thirty-five eligible entries were received, and out of 24 semi-finalists, five teams were selected by representatives from NYSDOH and NYSOFA to showcase their work at the SUNY Global Center in New York City. Two winners from Corning Community College and Syracuse University were selected to share a \$25,000 prize equally. The winning inventions were GripM8 (pronounced Grip Mate), a hand-held device that allows users to better grip eating utensils, writing implements and personal care items, and Pneu-Strength, an inflatable seat cushion, a mobility device that provides help moving from sitting to standing positions.

Process & Progress

The Challenge marked the first time NYSDOH, ESDC, and SUNY worked together with a crowdsourcing organization like HeroX. The project required a cross-sector communications strategy to make the goals and benefits clear to each of the partners, who were coming from very different backgrounds and perspectives —economic development, technology and manufacturing, crowdsourcing, and education, as well as health and aging. The project team embraced a forward-thinking mindset and developed memos that focused on alignment and common interests to move the project forward. Engaging diverse partners in new ways also came with some inherent complexities. Different goals and visions, for example, made alignment across sectors sometimes challenging. Coordinating schedules around competing priorities to meet the tight project deadlines was difficult at times. The team remedied these issues by keeping all partners regularly updated and maintaining flexibility with one another to achieve their objectives.

At the conclusion of the contest, New York State Health Commissioner Howard Zucker said, "This year's event showcased some of the best young entrepreneurial minds New York's college and universities have to offer. It was an honor to name GripM8 and Pneu-Strength as the co-winners of the Aging Innovation Challenge for their creative and far-reaching solutions to improving the quality of life of aging New Yorkers and their caregivers."

Advice for municipalities considering a similar project

"It is important to understand that it always takes longer than you expect. I attribute a lot of our success to getting high level buy-in from state agencies and having a really organized project manager on staff." – NYSDOH representative



Long Term Care Planning Project

“Through this project, NYSOFA and NYSDOH hope to further recognize the role of home- and community-based long-term care services in helping older adults maintain autonomy and stay better connected to their communities.”

– NYSOFA representative

Brief Statement of Evidence Base

Over half a million people currently use long-term care in New York State; 84 percent are aged 65 and over, and 40 percent are aged 85 and over. By 2030, it is projected that more than 5.3 million New Yorkers will be over the age of 60. One study found that of people turning age 65 now, 70 percent will need assistance with activities of daily living for an average of three years (3.7 for women and 2.2 for men).

Initiative & Key Agency Partners

The Long Term Care Planning Project is an initiative led by NYSDOH and NYSOFA.

Description

Long-term care under this project refers to those services that support individuals and their caregivers in the home, in the community or in a facility. They are a mix of social and medical services that assist with activities and instrumental activities of daily living, such as bathing, dressing, eating, shopping, preparing meals, bill paying, etc., as well as home-delivered and congregate meals, adult day services, health insurance counseling, benefits and application assistance and transportation services.

New York State’s Long Term Care Planning Project (LTCPP) will inform policymakers about the projected and desired needs of older adults in New York by examining the State’s long-term care system. The LTCPP includes a comprehensive public survey and five public meetings on topics sourced from survey data and stakeholder input. Recommendations from older adults, caregivers, health professionals, and others who are involved in long-term care will be used to determine the most cost-effective, evidence-based interventions to include in a strategic Long Term Care Plan to shape policies and programs over the next decade.

Process & Progress

Although the collaboration between NYSOFA and NYSDOH builds upon previous cross-agency work, the LTCPP is a new way of exploring the issues and engaging the public. The 2018 statewide community survey gathered information from service providers from the health and social service sectors, users of services and caregivers. The survey also served as an outreach tool to help achieve buy-in and announce the project.

Throughout 2019, NYSOFA and NYSDOH will coordinate resources to co-host public LTCPP meetings on the following topics:

1. Aging and Long-Term Care Services – Improving Coordination, Communication and the Consumer Experience;
2. Evidence-Based Interventions in Aging and Long-Term Care;
3. Family Caregiving Support;
4. Analyzing, Expanding and Supporting the Long-Term Care Workforce; and
5. Financing Alternatives to Public Programs, including Medicaid.



The LTCPP is innovative in its incorporation of non-medical home and community-based long-term care services to address the social determinants of health for older adults. This focus on improving social determinants of health aligns with the agency goals of both NYSDOH and NYSOFA. As a result, the cross-agency Long Term Care Planning Project has not encountered any implementation issues.

The LTCPP is expected to benefit caregivers and older New Yorkers by improving long-term care policies and programs, enhancing workforce capacity, promoting caregiver support, and increasing access to cost-effective, high-quality services that enable individuals to continue living in their communities in a manner consistent with their abilities and values.

Advice for municipalities considering a similar project

“Acknowledge that creating 10 year policy recommendations can sometimes be challenging when stakeholders are focused on the present and near term—and include this in your plans.” – NYSDOH representative

“Your outreach should amplify the voices and concerns of patients, families, and communities.”
– NYSOFA representative

Downtown Revitalization Initiative

“Downtown revitalization is more than quality of life amenities and community beautification . It is the future of local and regional economic development.” – NYSDOS representative

Brief Statement of Evidence Base

Many small and mid-sized cities have struggled because their local economies were built around a single industry; when those companies left, their economies were devastated. While it is still critically important to attract major employers to replace these lost jobs and create a new economy, there is also an emerging and complementary shift toward place-based approaches to revitalization that support jobs, businesses, and quality of life. Indeed, many companies are locating in or near vibrant downtowns because that is where their talent pool wants to live.

Initiative & Key Agency Partners

Governor Cuomo’s Downtown Revitalization Initiative (DRI) has provided \$100 million annually for downtown community development and revitalization in all regions of the State. Each year, 10 communities are selected (one in each region of the State) to receive \$10 million each to develop a Strategic Plan that identifies projects to be funded with the award and then for project implementation. The program is coordinated by NYSDOS, which houses the state planning operations, in close partnership with DHCR as well as ESDC; several other agencies participate in project implementation. More specifically, the DRI is a project of the Office of Planning, Development and Community Infrastructure, one of four divisions at NYSDOS under the umbrella of the Office of Community Transformation, focused on cross-cutting inter-disciplinary work that supports sustainable and equitable community development.



Description

The Downtown Revitalization Initiative (DRI) is transforming downtown neighborhoods into attractive and walkable communities for residents of varying ages, incomes, abilities, mobility and cultural backgrounds. The DRI award criteria incorporates many of the Eight Domains of Livability, Smart Growth Principles, and opportunities to improve public health, consistent with the New York State Prevention Agenda. Applicants are also expected to leverage other public and private investments to catalyze more projects and continued, sustained revitalization.

To apply, communities submit narrative-based applications to the by Regional Economic Development Council (REDC) in which they are located. Regional Economic Development Councils (REDC) are multi-disciplinary regional entities comprised of appointees from business, academia, local government, and non-governmental organizations. Governor Cuomo established the REDC in 2011, five years before the 2016 launch of the Downtown Revitalization Initiative. These regional councils allow the State to be flexible and responsive to the unique and diverse needs of each region of the State.

Once the REDCs select the 10 regional winners, NYSDOS and HCR provide planning support to develop a strategic investment plan and identify and develop key catalytic projects. Tremendous emphasis is placed on public outreach and engagement during the planning process to ensure community support for the plan and its component projects. Toward that goal, the projects and strategies are ultimately chosen by a Local Planning Committee, composed of community leaders and stakeholders. (Note: Downtowns that do not receive a DRI award can still receive priority funding for downtown revitalization projects through other state grant programs.) This place-based, community-informed approach to planning seeks to capture the market of both millennials and baby boomers, who both have shown a preference for living in downtown areas.

Process & Progress

The DRI is not just a big money drop. Starting with the application process, municipalities are encouraged to take stock of their achievements in everything from Age-Friendly communities to innovations in storm water management, and to share their narrative vision for the future. The lead agencies provide support, advice and technical assistance on strategic planning, procurement, and implementation to ensure that projects support one another and the overall community vision for community revitalization. This holistic, integrative approach creates synergies among housing affordability, job creation, recreation, infrastructure and other areas, and finds opportunities to leverage outside investment.

The Department of State, HCR, and ESDC remain involved throughout the DRI implementation to assist with developing relationships, achieving buy-in, and coordinating resources. The New York State Department of State (NYSDOS) is the lead agency for many of the public projects, HCR works on housing efforts, and ESDC leads economic development and job creation plans. Other state agencies pitch in with technical assistance and resources along the way. As part of their Downtown Revitalization Initiatives, communities must also establish local planning committees with stakeholders, civic leaders, business owners, activists, and artists. Hence, working partnerships and relationships are formed both locally and regionally.

Advice for municipalities considering a similar initiative

“Communities applying for DRI should demonstrate that they’ve conducted significant public outreach and engagement on the projects and strategies they wish to advance. Public input and buy-in are critical to the program’s success.” – NYSDOS representative



Complete Streets

“Complete Streets are streets for everyone.” – DOT representative

Legislative Foundation and Initiative

The New York State Complete Streets Act (Chapter 398, Laws of 2011) was signed into law by Governor Cuomo in 2011. Pursuant to the statute, consideration must be provided for complete street design features for projects undertaken by DOT, municipalities and public authorities that receive both State and federal funding and/or are subject to DOT oversight. Specifically, any State agencies, municipalities or public authorities subject to the Act are required to consider convenient access and mobility on roadways by all users, including, pedestrians, bicyclists, motorists and public transportation users through the use of Complete Streets design features in the planning, design and construction of projects.

Key Agency Partners

The New York State Department of Transportation (DOT) works directly with the New York State Association of Town Superintendents of Highways (NYSAOTSOH); the New York State County Highways Superintendents Association (NYSCHSA); the Cornell Local Roads Program (CLRP) and individual municipalities on the implementation of the Act as well as the development of local Complete Streets initiatives. The New York State Department of Transportation (DOT) also partners with NYSDOH, the New York State Education Department (NYSED) and the NYSDOS on supporting Complete Streets efforts through programs such as Creating Healthy Schools and Communities and the Downtown Revitalization Initiative. In addition, DOT developed checklists, tools and information to guide and support State and locally-administered projects that are subject to the law.

Defining Complete Streets

Complete Streets are streets for everyone. They are designed and operated in a way that enables safe access for all users, including pedestrians, bicyclists, motorists and public transportation users of all ages and abilities. There is no singular design method for Complete Streets projects; each one is unique and should conform to its community context. A Complete Streets project may include: sidewalks, bicycle lanes or wide paved shoulders, special bus lanes, comfortable and accessible public transportation stops, frequent and safe crossing opportunities, median islands, accessible pedestrian signals, curb extensions, narrower travel lanes, roundabouts, and more. In evaluating specific Complete Streets activities, project sponsors should assess potential alternatives early in the planning process to properly consider appropriateness, safety and costs for a specific location.

Process & Progress

In support of Complete Streets project sponsors, DOT has developed guidance, checklists, plans, toolkits, and funding information to support municipalities in their efforts to improve streetscapes and provide transportation options at the local level. This information may be found on DOT's Complete Streets website. This information is updated regularly to include community best practices.

The New York State Department of Transportation (DOT) cites working across sectors and with partners as the cornerstone of successful Complete Streets initiatives. A representative from NYSDOH remarked that schools are essential partners because they advance and demonstrate the value of Complete Streets, in terms of walkability, pedestrian safety, and providing ways to support physical activity. The Creating Healthy Schools and Communities grant opportunity administered by NYSDOH focuses on increasing opportunities for physical activity as inactivity is a risk factor for almost every chronic disease.



The New York State Prevention Agenda 2019-2024 recommends the adoption of Complete Streets resolutions, policies, or ordinances to support active transportation and recreational physical activity for people of all ages and abilities. More than 130 municipalities across the State have adopted Complete Streets policies, with more considering such policies in the future.

Advice for municipalities considering a similar initiative

“Establishing both local level and cross-sector partnerships are critical to the success of implementing Complete Streets policies. A variety of street-level changes can be implemented in one to three years, whereas more significant projects may take five to 10 years for implementation to be complete.” – NYSDOH representative

Vital Brooklyn Food Box

“We are learning how schools and health care systems can work well with the existing food programs around New York State. These cross-sectoral partnerships are needed, replicable, and timely.” – NYSDAM representative

Brief Statement of Evidence Base

When healthy food is inaccessible, people may opt for unhealthier alternatives that are often high-calorie and lack nutritional value. Diets consisting of these kinds of foods are associated with higher rates of health issues like obesity, cardiovascular disease, and Type 2 diabetes.

Initiative & Key Agency Partners

Vital Brooklyn is a multi-agency project with eight integrated areas of investment: Affordable Housing; Community-Based Health care; Open Space and Recreation; Healthy Food; Education; Economic Empowerment; Community-Based Violence Prevention; and Resiliency. The project represents a new model for community development, health, and well-being. Through Vital Brooklyn, NYSDAM is working to improve access to healthy food by investing \$1.2 million in four key initiatives: 1) Mobile Markets Grant Program, 2) Food Insecurity Screening Pilot Program, 3) UFT Community Learning School Youth Markets, and 4) a Food Hub feasibility study. These initiatives provide economic benefits to New York State farmers and food businesses and health benefits to New York residents. NYSDAM’s key partners in the Vital Brooklyn initiative include GrowNYC, the United Federation of Teachers (UFT), and SUNY Downstate Medical Center (SUNY Downstate).

Description

Mobile Markets Grant Program

To address the high rates of chronic disease and food insecurity among residents in Central Brooklyn, NYSDAM is making healthy food more accessible and available. In 2018, NYSDAM’s Mobile Markets Grant Program funded five organizations to operate 31 mobile farmer’s markets located in 12 Brooklyn neighborhoods. Through local partnerships, the mobile markets concentrate outreach specifically to customers from public housing, senior centers, Women, Infants, and Children (WIC) Program offices, and shelters to provide affordable, fresh, locally sourced food to these high-need populations.



Food Insecurity Screening Pilot Program

The goal of NYSDAM's Food Insecurity Screening Pilot Program is to integrate food security assessments into the broader health care system. Through community input, food insecurity among older adults was identified as a priority for Central Brooklyn. In this pilot program, older adults are screened for food insecurity during routine visits to their health care providers. As needed, they are given direct benefits to purchase fresh food at farmer's markets and referred for dietary counseling. NYSDAM is initially partnering with health care providers at SUNY Downstate and hopes to expand the program further.

UFT Community Learning School Youth Markets

The New York State Department of Agriculture & Markets (NYSDAM) has set up Youth Markets at UFT Community Learning Schools (CLS) to teach students how to manage and operate farm stands—providing them with entrepreneurial skills and increasing access to fresh, local food for community residents. UFT Community Learning Schools (CLS) are public schools with embedded services for health, safety, and other needs as well as extra-curricular programming that serves the needs of the community. Through a partnership with Grow-NYC and the UFT, NYSDAM is operating Youth Markets in 12 Central Brooklyn schools. During the winter, which is off-season for the markets, the CLS participants run a food box program, in which consumers pay wholesale prices for a box of freshly packed seasonal produce, each week. These Food Box program sites are open to anyone within the local community of the school and individual sites will accept Supplemental Nutrition Assistance Program (SNAP) benefits to purchase boxes.

Food Hub Feasibility Study

NYSDAM has awarded funds to a local community-based organization to conduct a feasibility study regarding the potential of a food hub in Central Brooklyn to improve the food supply chain infrastructure and increase access to healthy foods for residents and local businesses.

Process & Progress

NYSDAM's efforts were developed in tandem with the community and locally elected officials through the Vital Brooklyn community engagement process. The agency notes that local partnerships have been critical to the successful planning and implementation of these projects and initiatives. UFT was instrumental in the identification of school sites to host the youth markets. NYSDAM's Food Hub Feasibility Study was developed out of community recommendations to use healthy food as a platform for economic development and workforce capacity. Engaging health care professionals and educators in addressing food insecurity is fairly new for the agency but something they hope to learn from and replicate in other high-need communities around New York State.

Advice for municipalities considering a similar project

"Integrating community input is extremely helpful for understanding the needs in a certain area. One of the most important takeaways from this process was that broad, undifferentiated services are not always able to serve everyone we are trying to reach. Instead, specific populations, like seniors or perinatal mothers, need targeted programming to have their needs adequately met." – NYSDAM representative



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Special Thanks to:

Diane Kolack, Senior Policy Associate, Community Partnerships and Policy Solutions
Lindsay Goldman, Director, Healthy Aging, Community Partnerships and Policy Solutions
The New York Academy of Medicine, 1216 Fifth Avenue | New York, NY 10029

Funded by the Age-Friendly Grant from the NYS Health Foundation #14-1274



ONEIDA COUNTY AGE-FRIENDLY/LIVABLE
COMMUNITIES INITIATIVE

CONSUMER & PARTNER SURVEY DATA REPORT 2019



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ONEIDA COUNTY AGE FRIENDLY/LIVABLE COMMUNITIES INITIATIVE

*Consumer & Provider Survey
Data Report from 2019*

INTRODUCTION

The analysis is generated from the Consumer Survey and Partner Survey data that was distributed between November, 2017 and July, 2018. The two surveys provide a very general insight on age-friendliness in Oneida County.

The AARP defines age-friendly communities as: “Age-friendly or livable communities have walkable streets, housing and transportation options, access to key services and opportunities for residents to participate in community activities.” The Consumer and Partner Surveys attempted to obtain baseline data that will help gauge the level of “livability” in Oneida County.

THE CONSUMER SURVEY

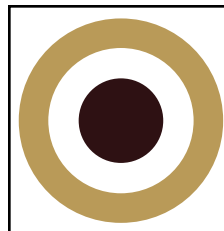
The intention of the Consumer Survey was to get the perceptions of livability from Oneida County residents. “Livability” as defined by the World Health Organization (WHO) and AARP is made up of community amenities that help people of all ages live as they age.

Livable community amenities outlined by the WHO and AARP are broken up into the eight different categories called “*The Eight Domains of Livability*” or “*Domains*”. These Domains include: Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Inclusion; Civic

Participation and Employment; Communication and Information; and Community and Health Services.

Residents were surveyed to start the process of assessing how livable Oneida County and all the municipalities within it are. The survey asked questions related to the Domains to develop baseline data. New survey data would be collected once a plan is developed and implemented. The baseline data could then be compared to the new data to determine the positive or negative affects of actions taken by the Livable Communities Initiative.

The baseline data was analyzed by utilizing demographic data collected through the survey. These demographics include: Age, Gender, Community, Marital Status, Disabilities, Race, Household Language, and Education. The demographic data was also compared to Oneida County 2017 5-Year ACS Census Data and 2016 5-Year Census Data. This comparison was made to determine if the survey results would reflect the existing population in Oneida County, and to see if the target population was adequately represented. Any interesting observations or data highlights are posited as “*Issues for further consideration*”.



TARGET POPULATION: COUNTY RESIDENTS 18 & OVER

The target population of this study was Oneida County residents age 18 and older. These people are identified as *Consumers* or *Residents*. This population was classified as all those most likely to utilize livability amenities defined within the Domains. These amenities can be provided by either public or private entities. There were approximately 182,000

Oneida County residents that qualified to take the survey at the time it was distributed.

There were 1,609 respondents (residents) to the survey. One survey response was removed from the data analysis, as the respondent was under the age minimum.



AGE: YOUNGER VS. OLDER RESIDENTS

Amongst the target population identified for the

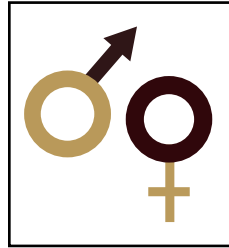
Consumer Survey, older residents were the primary focus of the study. **“Older residents”** are defined in this survey as those 50 and over. Older residents are typically those who are retired or are thinking about retiring, so their needs may be different compared to **“younger residents”** who are defined as residents between the ages of 18 and 49 identified as being *49 and under* in the data analysis. The younger population in Oneida County was assumed to still be in the workforce and not necessarily thinking about life in retirement.

Among the target population in Oneida County, roughly half (49%) are age 50 or older and the rest are 49 and under. The results from the survey show that:

- Three out of four survey respondents (75%) were age 50 or older;
- The remaining (25%) were between the ages of 18 and 49; and
- The average age of the respondents was 63.

Based on these results, the survey was successful in acquiring the perspective of older residents, despite

not reflecting the demographic make-up provided by the Census Data. One issue for further consideration is, “are the needs and perceptions collected from older residents going to be the same for those 49 and under as they age?”



GENDER: MALE VS. FEMALE

Residents were asked to identify if they were either male or female. The county, overall, is evenly split where it is half male and half

female (50/50). Among younger residents males make up a larger portion of the population (52%), but then make up less of the population of those 50 and over (47%). Here are the Census demographics:

- Target population: 50% male and 50% female
- 49 and under: 52% male and 48% female
- 50 and over: 47% male and 53% female

Survey respondents were heavily skewed towards female respondents. The survey results were:

- Target Population: 30% male and 70% female
- 49 and under: 35% male and 65% female
- 50 and over: 29% male and 71% female

Typically, as the population ages, women are the larger demographic group between males and females, but the survey results contradict this because the number of respondents were heavily female.

One consideration is that the survey was distributed at community centers that had large groups of female participants. Another issue for further consideration is the subject of gender identity. Will gender needs for people as they age change or be affected by people’s opportunities to gender identify or physically transition? Will resources for these individuals be

necessary to making communities more livable? This survey did not collect data on this subject and it may be worth investigating in future studies.



**COMMUNITIES:
RURAL VS. URBAN**

Respondents were asked to identify the name of their community. The responses were categorized as being

either **“rural”** or **“urban”** (Fig. 1). It is assumed that those in rural communities have different needs than

those in urban communities. Those living in a rural community may not be as concerned about parks, but more concerned about transportation to doctor appointments, where the converse may be true for people living in urban communities.

According to the 2017 5-Year ACS data, Oneida County has a majority of its population living in rural communities (54%). Most of the rural population is older residents (60%), where a majority of the urban population are younger residents (52%). The Census shows that:

- Target Population: 54% rural and 46% urban;
- 49 and under: 48% rural and 52% urban; and
- 50 and over: 60% rural and 40% urban.

The survey results do not reflect the demographic make-up in Oneida County. A majority of the surveys were from residents who live in urban communities (55%). Over three in five (65%) of younger residents were from urban communities and a little over half (52%) of older residents were from urban communities. Here are the results form the survey:

- Target Population: 45% rural and 55% urban
- 49 and under: 35% rural and 65% urban
- 50 and over: 48% rural and 52% urban

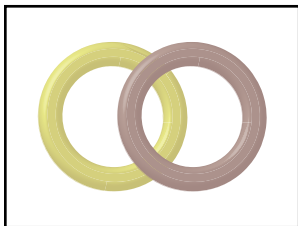
The heavily urban representation is most likely due to where the survey was distributed and how many attendees were at the event. Most community/ senior facilities are located in urban environments and more likely to get attendees who live nearby. Most of the well-attended events where this survey was distributed were held at urban facilities.

TOWNS	<u>RURAL COMMUNITIES</u>
Annsville	Vienna
Augusta	Western
Ava	Westmoreland
Boonville	Whitestown
Bridgewater	VILLAGES
Camden	Barneveld
Deerfield	Boonville
Florence	Camden
Floyd	Clayville
Forestport	Clinton
Kirkland	Holland Patent
Lee	Oneida Castle
Marcy	Oriskany
Marshall	Oriskany Falls
New Hartford	Remsen
Paris	Sylvan Beach
Remsen	Vernon
Sangerfield	Waterville
Steuben	
Trenton	
Vernon	
Verona	
	<i>*Barneveld has been dissolved but was included in 2016 ACS data.</i>
<u>CITIES</u>	<u>URBAN COMMUNITIES</u>
Rome	VILLAGES
Sherrill	New Hartford
Utica	New York Mills
	Whitesboro
	Yorkville

Fig. 1 Rural and Urban Breakouts

Rural surveying events were less frequent and often not as well attended. One issue may be the availability of transportation to the event(s). These rural events may have had issues with advertising. This might be the result of Internet access or how the notifications were distributed.

An issue for consideration as research continues is, “are people looking to stay in place as they age?” Are younger residents looking to live in urban environments? Are people looking to stay in Oneida County when they retire? If not, why?



MARITAL STATUS: MARRIED VS. NOT MARRIED

The Consumer Survey requested respondents

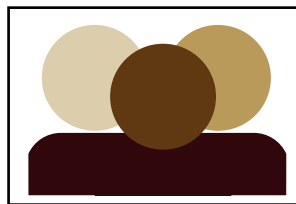
to report their marital status. The responses were sorted into two categories for analytic purposes. Those who answered “Married” were placed into the **“Married”** category. All other responses were put into the **“Not Married”** category. The Census Bureau reports that in Oneida County, a majority people over 18 are single (54%). Those 49 and under were less likely to be married (36%) compared to those 50 and over who were more likely to be married (56%). The Demographic make-up according to the Census shows that:

- Target Population: 46% married and 54% not married;
- 49 and under: 36% married and 64% not married; and
- 50 and over: 56% married and 44% not married.

Survey results are very similar to what is presented in the census data. The survey shows that:

- Target Population: 42% married and 58% not married;
- 49 and under: 38% married and 62% not married; and
- 50 and over: 43% married and 57% not married.

The main difference occurs in the population that identifies as being 50 and over. Older residents that completed the survey were more likely to identify as not married. A majority of older residents indicated that they were not married because of being widowed (53%), where the Census Data shows only 37% of older residents are not married due to being widowed. Why was there such a large showing of respondents identifying as being widowed? Is this an indication that senior facilities/events are important to this population?



RACE: WHITE VS. ALL OTHER RACES

Race as a demographic characteristic has been separated into two categories:

“White” and **“Non-White”**.

A vast majority of the population in Oneida County identifies as white only (88%). This is true for both older and younger resident population groups. This trend made it necessary to place all non-white populations into a single category for comparative purposes. According to the Census Data the Demographic information shows:

- Target Population: 88% white and 12% non-white;
- 40 and under: 84% white and 16% non-white; and
- 50 and over: 92% white and 8% non-white.

Survey results do not necessarily reflect the demographics presented by the Census. The respondents to the Consumer Survey were twice as likely to be non-white (26%) compared to the non-

white population in the Census (12%). This deviation may be due to the concerted effort made to collect surveys from urban areas and surveying efforts at the Mohawk Valley Resource Center for Refugees (MVRRCR).

This effort is what most likely led to the following demographic breakdown of the survey:

- Target Population: 74% white and 26% non-white;
- 40 and under: 67% white and 33% non-white; and
- 50 and over: 76% white and 24% non-white.

Another explanation is where the data was collected. Since there were more urban surveying events, it most likely increased the probability that non-white residents would attend and respond to the survey. Another issue for consideration is, “do non-white refugees have different needs as they age?” Should there be a comparison between native born non-white populations and non-white refugee populations? Do white refugees have the same issues or perceptions that non-white refugees have?



DISABILITIES: DISABLED VS. NOT DISABLED

Living with a disability, handicap, or chronic disease presents challenges to all

those involved, whether you are the one with the disability or if you are the spouse or caregiver. For example, those living with visual impairments are more likely to be concerned with housing layouts and street crossing signals. People with physical restrictions are more likely to be concerned with adequate handicapped parking or wheel chair accessibility. These are just a few of the considerations as to why the respondents were sorted into either

those **“With Disabilities”** and those **“Without Disabilities”**. Respondents who answered with one of the following were placed into the “With Disabilities” category and they are: “Yes, myself”; “Yes, my spouse or partner”; “Yes, both me and my spouse or partner”. Anyone that marked “No” were sorted into “Without Disabilities.”

Fewer than one in five Oneida County residents have a disability. Younger residents are less likely to have or live with someone who has a disability (11%) compared to older residents where one quarter (25%) of the population in Oneida County has a disability.

According to Census Demographics:

- Target Population: 18% disabled and 82% not disabled
- 49 and under 11% disabled and 89% not disabled
- 50 and over: 25% disabled and 75% not disabled

The Consumer Survey results does not reflect the Census Demographics. Survey respondents were more likely to identify as being disabled compared to the Census results. The Survey Results show:

- Target Population: Disabled (33%) and not disabled (67%);
- 40 and under: Disabled (12%) and not disabled (88%); and
- 50 and over: Disabled (39%) and not disabled (61%).

The survey results for the disabled were nearly double the census demographics for Oneida County. This result is most likely due to an effort made by the steering committee to obtain surveys that adequately represented disabled populations in Oneida County. The method used to do this was through the distribution of surveys to residents who receive Home

Delivered Meal (HDM) services. HDM clients typically receive these services due to some physical disability or other health limitations.



EDUCATION: HIGH SCHOOL EDUCATED VS. COLLEGE EDUCATED

Respondents to the
Consumer Survey

were asked their educational level. Education is often related to socio-economic status. This can be correlated to employment, volunteerism, and access to information.

The results of the educational level survey question were placed into one of two categories. The first category is **“High School Educated”** (HS Educated), which includes all those who have achieved a high school education or equivalent and those who have not. The second category is **“College Educated”**. This category includes all those who have graduated high school and have achieved some other form of higher education. The category includes those who have completed some college courses, post high school training, college degrees, etc.

County-wide younger residents have achieved higher levels of education than those 50 and over. This may be attributed to changes in educational policy and changes in job market employment requirements. The county-wide census shows that:

- Target Population: HS Educated (45%) and College Educated (55%);
- 40 and under: HS Educated (41%) and College Educated (59%) ; and

- 50 and over: HS Educated (49%) and College Educated (51%).

The Consumer Survey results do not reflect the demographics of the county where a majority of the surveys were completed by those who were college educated (68%). The results show:

- Target Population: HS Educated (32%) and College Educated (68%);
- 40 and under: HS Educated (29%) and College Educated (71%) ; and
- 50 and over: HS Educated (32%) and College Educated (68%).

This deviation from the county census data could be the result of where the survey was distributed. Did the type and location of an event attract educated people? Another question to consider is, “Are surveys more likely to be completed by people with a higher educational level?”



LANGUAGE PREFERENCE: ENGLISH VS. PRIMARY LANGUAGE

Language barriers
are a major obstacle
to many non-English

speaking populations in the United States. Language preference and fluency can affect access to employment, entertainment, community events, and public services. It is with this consideration that the Consumer Survey asked questions related to language preference.

The Census Data indicated that a majority of residents speak English Only (89%). Based on this information, the data was separated into two categories. They are

“English Preferred” or **“Primary Preferred”**. The county-wide census shows that:

- Target Population: English preferred (89%) and Primary Language (11%);
- 40 and under: English preferred (88%) and Primary Language (12%); and
- 50 and over: English preferred (90%) and Primary Language (10%).

The Consumer Survey results were similar to the demographic data provided by the Census. One minor difference is younger residents were slightly more likely to prefer their primary language (16%) in the Consumer Survey compared to the Census (12%). This result is likely skewed by the surveys acquired at MVRCC. The survey also showed:

- Target Population: English preferred (91%) and Primary Language (9%) ;
- 40 and under: English preferred (84%) and Primary Language (16%); and
- 50 and over: English preferred (93%) and Primary Language (7%).

DEMOGRAPHIC SUMMARY

The Consumer Survey was successful in obtaining the preferences of older residents in Oneida County to aid in the planning stages of the Oneida County Age-friendly/Livable Community Initiative. While reviewing the results of the survey, please consider that:

- The survey was primarily completed by older residents, which does not reflect the age demographics presented in the census data;
- Females are more represented than men in the Consumer Survey (71% female vs. 29% male). This does not reflect the gender demographics county-wide;

- The Consumer Survey respondents are more likely to be from urban communities as opposed to rural communities, which is the opposite case in the census data;
- Older residents are less likely to be married in the Consumer Survey than what shows in the census;
- Survey respondents are more educated; and
- Survey respondents are primarily English Speaking.

THE PARTNER SURVEY

The Partner Survey was sent out to governmental, Nonprofit Organizations (NPO), For Profits, Senior Centers, and Social Organizations/Clubs that are located in Oneida County and provide some services to seniors. One goal of this survey was to gather “expert” opinions on the importance and availability of amenities that add to the livability of communities as described by AARP and the WHO.

The second goal was to use the results to identify

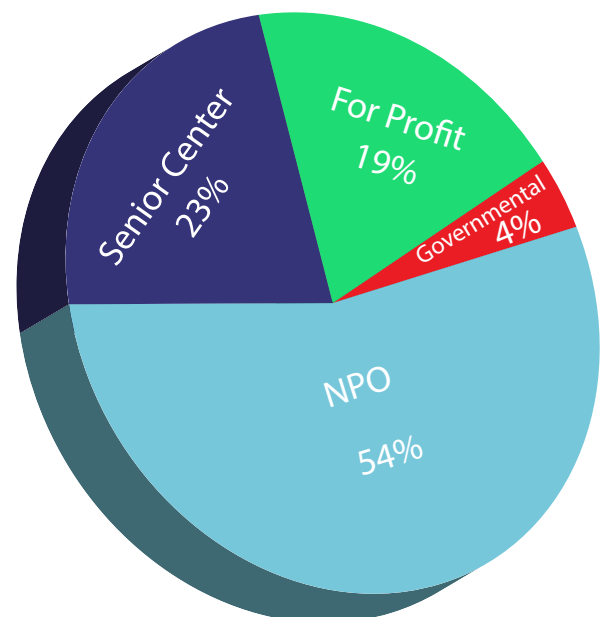


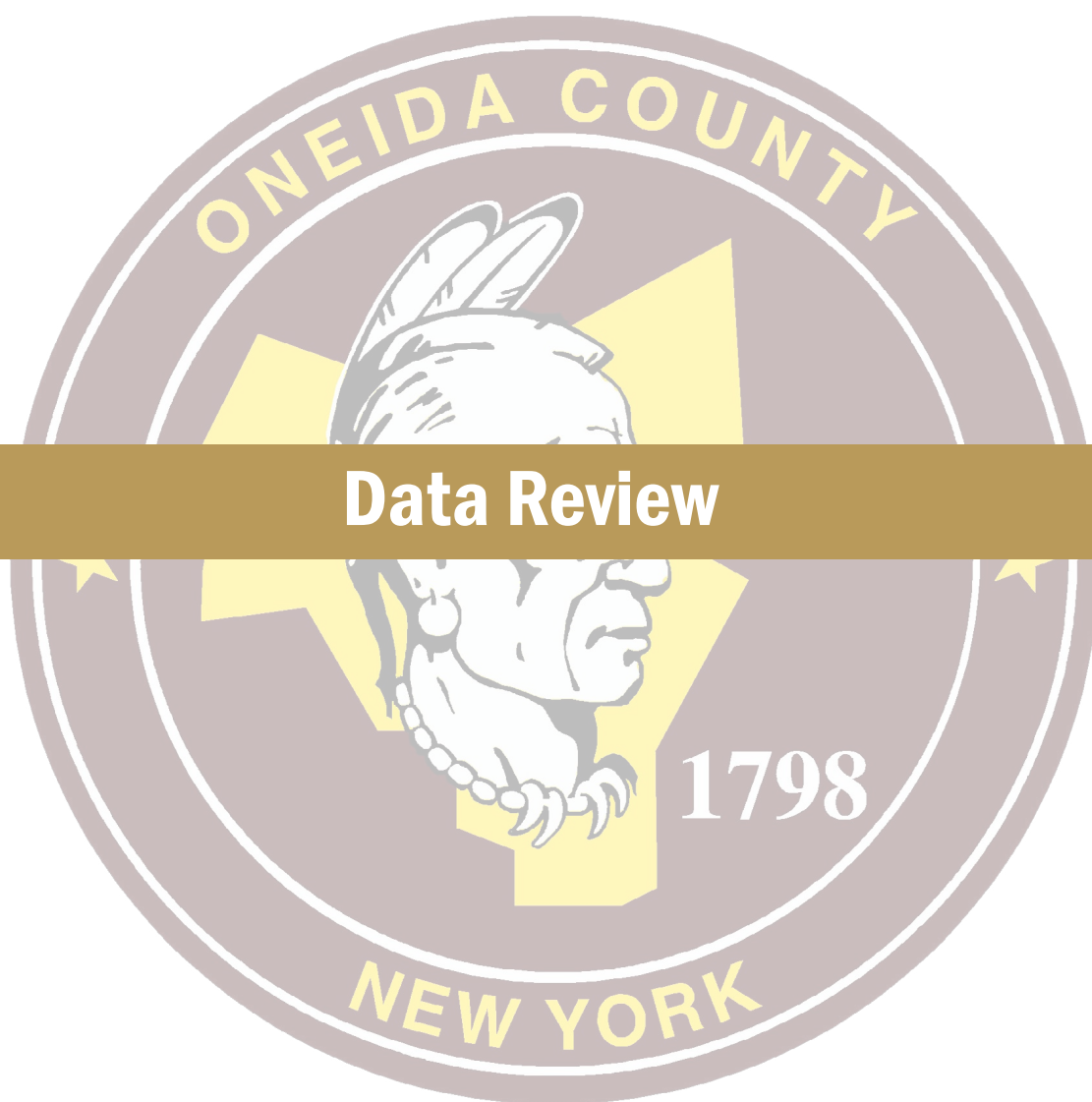
Fig. 2 Responses by Organizational Type

any potential service gaps in Oneida County through comparisons with the Consumer Survey.

The survey asked general questions such as: the name of the organization, primary contact, the location of the agency, and type of organization. The remaining questions were categorized based on the *Eight Domains of Livability* similar to the Consumer Survey responses. Most domain-related questions were formulated to ask, “How important is a specific service” and “Do you have the service”. An example question is, “*How important is it to have enforced speed limits?*” Then another question would ask “*Does your community where your organization is located have enforced speed limits?*” These answers were then analyzed by reviewing if the respondent answered with either “Very Important” or “Extremely Important” responses. These responses were grouped together and will be noted as “Very Important” responses. Then the “do you have” questions were grouped by “No” responses and will be noted as such. Using the “Very Important” and “No” responses together may help communities identify priority areas.

Partner Surveys were distributed to over 100 agencies with a total of 28 responses. This resulted in a response rate of 27%. Roughly 80% of the agencies have existed in Oneida County for 20 years or more. Out of the 28 responses, no senior-based social organizations/clubs responded. Over 50% came from NPOs and fewer than 25% were from senior centers (Fig. 2).

The provider survey data is not a large sampling of senior organizations that exist in Oneida County, however, the feedback used in conjunction with the Consumer Survey may provide some insight on age-friendly livability in the county.



Data Review

Perceptions of County-wide Livability

1

CONSUMER SURVEY

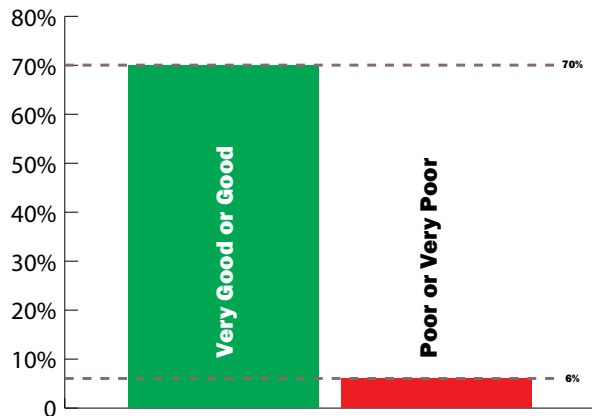


Fig. 3 "Very Good" or "Good" Responses vs. "Poor" or "Very Poor" responses

The purpose of the Consumer Survey was to obtain a broad view of the respondents perception of the livability of their community as they age. Seven out of Ten respondents (70%) rated their **community** as either "Good" or "Very Good" as they age. Less than 10% had a "Poor" or "Very Poor" response (Fig 3).

- Those who prefer to speak languages other than English were more likely to view their community favorably (75%) than those who prefer English (70%)
- Those who did not pursue education beyond high school were the most likely to rate their community as a "Good" or "Very Good" place to live as you age (76%)

The greatest disparity between demographic groups was between those younger residents (63%) and older residents (72%).

PARTNER SURVEY



Fig. 4 "Excellent" or "Very Good" County Responses

The Partner Survey asked representatives from local Senior Agencies how their **community**, and also how their **county**, is as place for their clients to live as they age.

One-third (32%) of the agencies answered that their **community** was an "Excellent" or "Very Good" place to live as their clients age (Fig. 4).

- Four percent of agencies view their community as a "Poor" or "Very Poor" place for their clients to live as they age

Almost two-thirds (64%) of respondents answered that the county was an average place for their clients to live as they age.

Issues for Consideration

- Partner agencies are half as likely to view their community as a place for people to age in place, when compared to respondents to the Consumer Survey. Why might this be?
- Those that prefer to speak languages other than English had the highest rate of "Very Good" or "Good" responses. Is this result due to a focus on acquiring respondents from the Mohawk Valley Resource Center for Refugees (MVRRCR), where four in five respondents (82%) from MVRRCR view their community favorably?
- Younger respondents to the Consumer Survey had a slightly less favorable view of their communities. What aspects of a community influences their response?

CONSUMER SURVEY

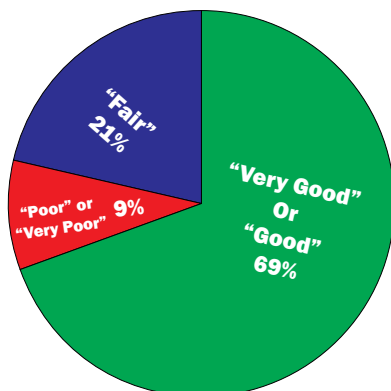


Fig. 5 Outdoor Spaces Ratings Pie Chart

There was only one question in the Consumer Survey related to outdoor spaces. The purpose was to determine “how age-friendly outdoors spaces” are in the target population’s communities. On average, 69% of respondents had a favorable opinion of outdoor spaces in their community, compared to 9% of people who had an unfavorable opinion (**Fig. 5**).

The highest rating of outdoor spaces came from rural residents where nearly three-quarters (73%) rated outdoor spaces as “Good” or “Very Good” compared to 63% of Urban residents.

The greatest disparity between demographic groups that view Outdoor Spaces favorably was between:

- 50 and over (72%) and 49 and under (60%) ;
- Rural (73%) and Urban (66%); and
- Without Disabilities (71%) and With Disabilities (65%).

PARTNER SURVEY

Amenities	“Extremely” or “Very Important”
1. Well-maintained and accessible sidewalks.	96%
2. Well-maintained and accessible public restrooms.	89%
3. Well-maintained and accessible public buildings and facilities.	89%

Fig. 6 Most Important Outdoor Spaces Amenities

The Partners were asked availability of local outdoor space amenities and how important each are to the “livability” of their community.

The most available amenities based on “Yes” responses were:

- Well-maintained and accessible public buildings and facilities (81%);
- Well-maintained and accessible safe parks within walking distance (68%); and
- Public parks with enough benches (45%).

The least available amenities based on “No” responses were:

- Well-maintained and accessible sidewalks (83%);
- Well-maintained and accessible public restrooms (80%); and
- Separate pathways for bicyclists and pedestrians (80%).

Issues for Consideration

- Based on Figure 6 two out of the three most important amenities related to livability are also two of the least available amenities. How would Partners respond if asked the same Consumer Survey question “how age friendly are outdoor spaces in your community?” Would they have the same rating as consumers?
- Age appears to affect the rating of Outdoor Spaces. Could this be influenced by where these age groups live and the availability of amenities identified in the Partner Survey?

CONSUMER SURVEY

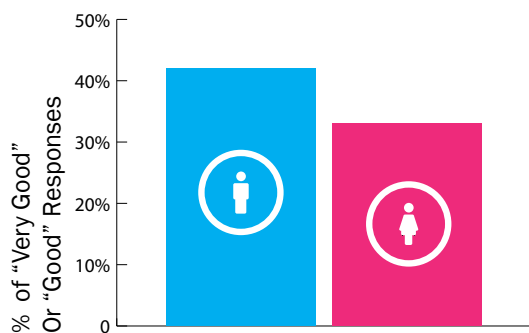


Fig. 7 Transportation Male vs. Female "Very Good" or "Good Responses

Respondents were only asked one question regarding transportation, and that pertained to how "age-friendly public transportation was" in their communities.

Overall, 36% of respondents rated public transportation as being age-friendly ("Good" or "Very Good"). Older residents were slightly less impressed with public transportation—only 35% indicated that they felt it was "Good" or "Very Good", compared to 40% of younger respondents.

The largest disparities between demographic groups that viewed public transportation favorably were between:

- College Educated (31%) and HS Educated (50%) ;
- Whites (33%) and Non-Whites (44%); and
- English Preferred (35%) and Non-English Speakers (52%).

PARTNER SURVEY

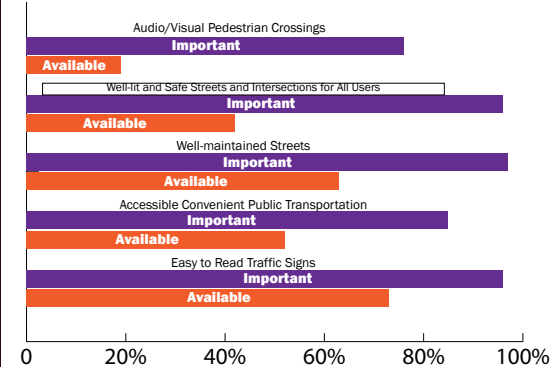


Fig. 8 Transportation Disparity Chart Between Importance and Availability

Partners were asked how seniors got to their facility or meeting place. More than 40% indicated that their clients arrived independently, either by walking or riding a bicycle (17%), or driving themselves to the service site (24%).

More than half said that their clients arrived either through ride sharing (44%) or public transportation (12%).

Among 14 transportation amenities the top five ranked priority areas based on (Fig. 8) were:

- Audio/Visual Crossings;
- Well-lit and Safe Streets and Intersections for All Users;
- Well-maintained Streets;
- Accessible and Convenient Public Transportation;
- Easy to Read Traffic Signs.

Issues for Consideration

- Older people don't see public transportation as being as age-friendly as younger people. Neither do females (Fig. 7). Is there a relationship between these two characteristics of potential users of these services?
- Non-White residents, as well as non-English speaking respondents, rate public transportation as being more favorable. This most likely reflects the urban over-representation among respondents. However, it also likely reflects a more accurate sample of those who rely more on public transportation—namely urban dwellers. Should their positive responses be viewed any differently?
- Given that nearly 30% of seniors get to partner service sites either by walking, riding a bike, or by using public transportation, what priority needs would help these more vulnerable pedestrians the most?

CONSUMER SURVEY

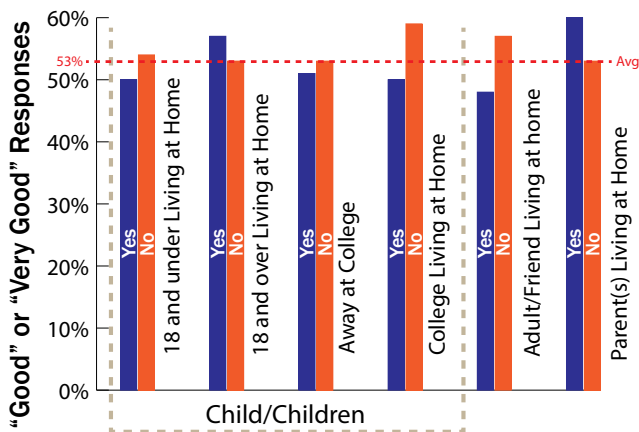


Fig. 9 Living Situation

Respondents were asked, “How age accommodating (senior-friendly) is the housing in your community?”

Overall, 53% of respondents rated housing age-friendly (“Good” or “Very Good”). Those that have parents or children over 18 that living together viewed age-friendly housing in their community more favorably (**Fig 9**).

The largest disparities between demographic groups that viewed housing favorably were between:

- College Educated (50%) and HS Educated (64%);
- 49 and under (45%) and 50 and over (56%); and
- Rural (50%) and Urban (56%).

PARTNER SURVEY

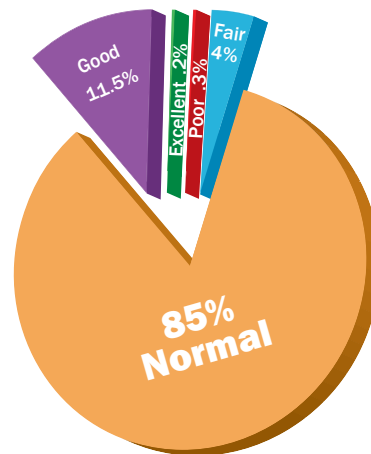


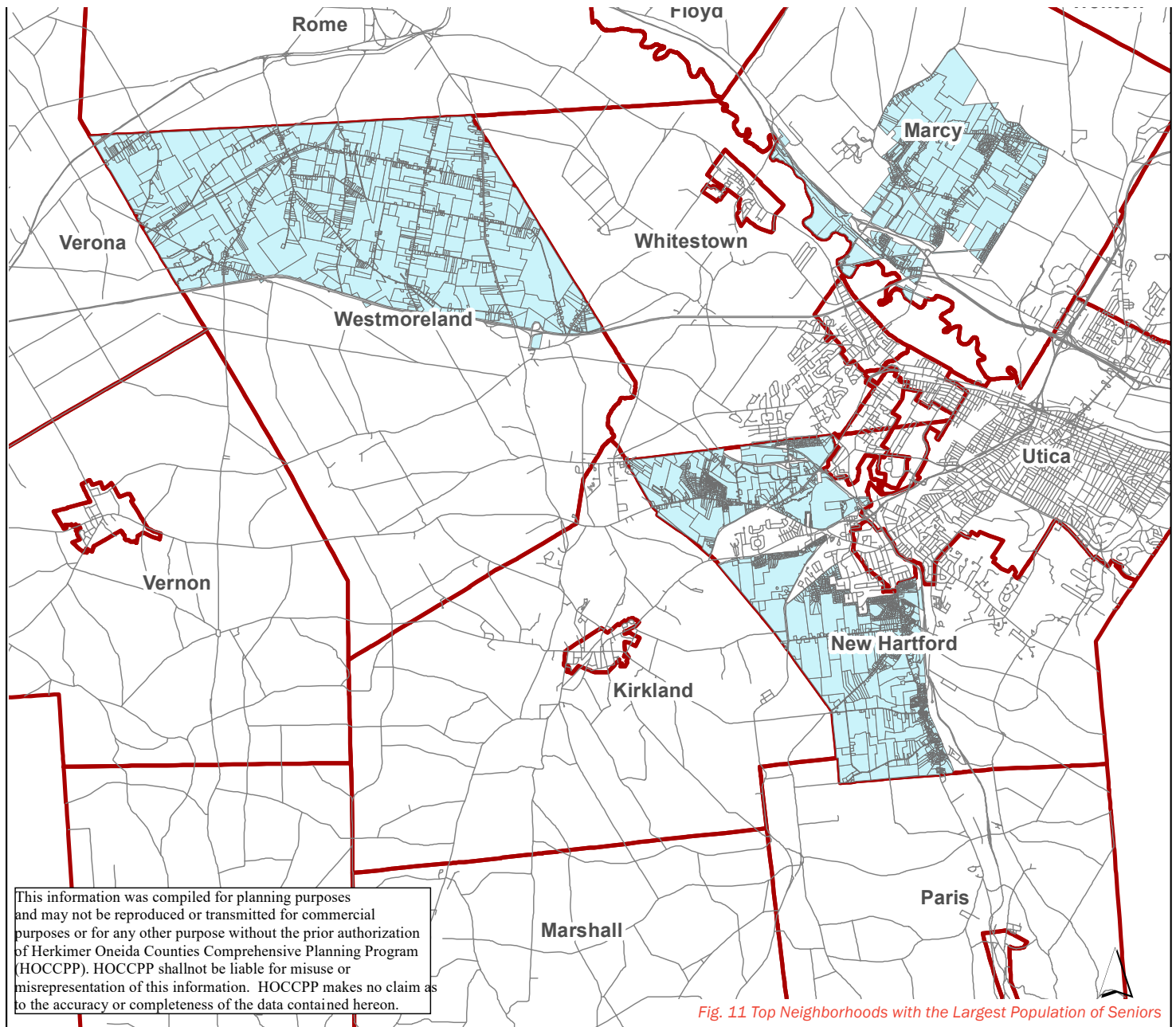
Fig. 10 % of Housing Conditions in the Neighborhoods with the Largest Population of Residents 50 and Over

Partners rated how important seven different housing-related amenities were to age-friendly livability. Every amenity had nine in ten respondents rate each amenity as important to being age-friendly (“Very Important” or “Extremely Important”). Well maintained homes and affordable homes were rated as the most important (96%).

One in ten houses county-wide are rated as either “Poor” or “Fair” by Oneida County Assessors. “Poor” means that the house is not livable, and fair means the house is usable but clearly requires differed maintenance. Comparing this housing conditions with Census Block Group Data. The areas with the greatest total population of residents 50 and over live where 5% of housing stock is rated as either “Poor” or “Fair” (**Fig. 10**) which is slightly better than county-wide conditions.

Issues for Consideration

- Safe and Affordable housing was tied as one of the top most “important” housing amenities with 96% of Partner respondents rating it as either “Very Important” or “Extremely Important”. Would it be worth locating affordable housing in Oneida County and compare it to local crime statistics?
- Living situations appear to influence the perception of age-friendly housing (**Fig. 9**). Residents with their parents living at home had one of the highest “Good” or “Very Good” response rates (60%). Is this worth investigating further?
- Since the available data from the surveys, nor the assessors data, provide availability of age-friendly housing in Oneida County, should there be a study that assesses age-friendly housing stock based on AARP standards?



Issues for Consideration

- Note: The above map uses Census Block Group Data to geographically locate populations that have the largest total number of senior residents (50 and over). The housing condition information is gathered by assessors and they conducted a condition assessment on 3,400 residential homes out of a possible 4,400 in the neighborhoods highlighted in **blue**. These condition assessments are subjective and may not be an accurate depiction.
- Would Geo-locating the top senior neighborhoods in each municipality within the county be worthwhile to help partner organizations provide important housing amenities within their market area?

CONSUMER SURVEY

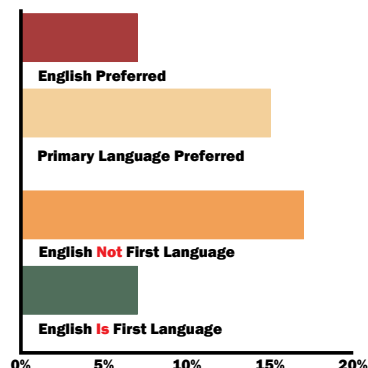


Fig. 12 Less than Once Per Month Responses by Language

Across all demographics reviewed, most residents have some sort of interaction with friends, family, or neighbor where a majority (91%) answered that they socialize at least once a week. Overall only 1% of residents said they never socially interact with others.

Those who participate at the Mohawk Valley Resource Center for Refugees (MVRRCR) are the least likely to socialize at least once a week (82%) compared to Whites and Caucasians, who engage the most on a weekly basis (92%).

The largest disparities between groups that engage in social interaction weekly are:

- English Preferred (91%) and All Others (85%);
- White or Caucasian (92%) and Non-white (87%); and
- 50 and over (91%) and 49 and under (87%).

PARTNER SURVEY

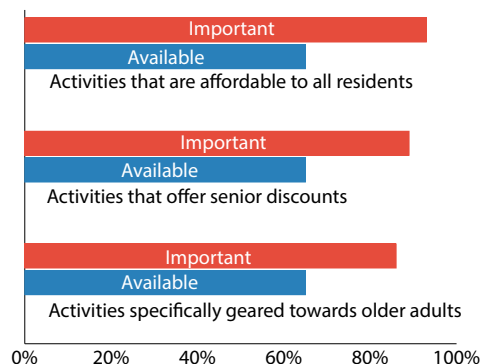


Fig. 13 Top Three Social Participation Amenities by Importance

The Partners were asked about availability of social amenities, such as social clubs, continuing education, and social activities. They were also asked how important each is to the “livability” of their community.

The most available social amenities based on “Yes” responses were:

- Continuing Education Classes (75%)
- Social clubs such as books, gardening, crafts, or hobbies (73%); and
- Activities specifically geared towards older adults (65%).

The least available amenities based on “No” responses are:

- A variety of cultural activities for diverse populations (59%);
- Local schools that involve older adults in events and activities (59%); and
- Accurate and widely publicized information about social activities (45%).

Issues for Consideration

- Only 1% of the target population answered that they “Never” engage in social interaction. Is this number because social media was included in the engaged responses? Should social media usage be asked as a separate question?
- The most important amenities according to Fig. 13 are not the most available. What can be done to improve the availability of what is important to seniors?
- Language status appears to influence social interaction frequency (Fig. 12). According to Partners, one of the least available social amenities is “A variety of cultural activities for diverse populations”. Could improving the availability of this amenity improve the social engagement of diverse populations?

CONSUMER SURVEY

Location Responses	Percentage
Faith Community Religious Community	32%
Local Organizations or Businesses	25%
Senior Center	19%
Community Center	9%
University Community College	5%
The Internet	5%
National Programs	3%
Department of Parks and Recreation	3%

Fig. 14 County-wide Volunteerism by Organization

Consumers were asked where they volunteer. Senior Centers appear to be dependent on two factors: race and age. Those 49 and under or Non-white are less likely to volunteer at Senior Centers (6%) and more likely to volunteer at colleges, community centers, or local businesses, compared to county-wide averages (Fig. 14).

Younger residents are more likely to volunteer (70%) compared to older residents (59%). On average, those who have children at home or in college are more likely to volunteer (73%) compared to those who don't have kids at home or away at college (60%).

The largest disparities between groups that engage in volunteerism are:

- Not Disabled (68%) and Disabled (48%);
- College Educated (67%) and HS Educated (50%); and
- No Married (55%) and Married (70%).

PARTNER SURVEY

Amenities	"Extremely" or "Very Important"
1. Opportunities for older adults to participate in decision making bodies such as community councils or committees	85%
2. Easy to find information on available local volunteer opportunities	79%
3. Transportation to and from volunteer activities for those who need it	79%

Fig. 15 Top Three Volunteerism Amenities by Importance

The Partners were asked the importance and availability of volunteer amenities and opportunities in their communities (Fig. 15). Overall, 77% of the Partners felt that each volunteer survey item was important. The availability of most amenities or opportunities related to volunteerism averages to be a 50/50 split.

The least available amenities/opportunities based on "No" responses are:

- Volunteer training opportunities to help people perform better in their volunteer roles (68%);
- Easy-to-find information on available local volunteer opportunities (56%); and
- Opportunities for older adults to participate in decision-making bodies such as community councils or committees (40%).

Issues for Consideration

- Those who have children in college and live away from home are the most likely residents to volunteer (77%). Is this a result of trying to fill newly available time, or a way to cope with an empty nest?
- Those who are married tend to volunteer more. What is the barrier to those who are not married?
- Education also appears to influence how likely someone is to volunteer. Is this because of transportation, training, or the opportunity to be on a board or council?
- Availability of transportation to and from volunteer activities was not gathered. This could influence other domains, as well as identify service gaps or barriers to volunteering.

CONSUMER SURVEY

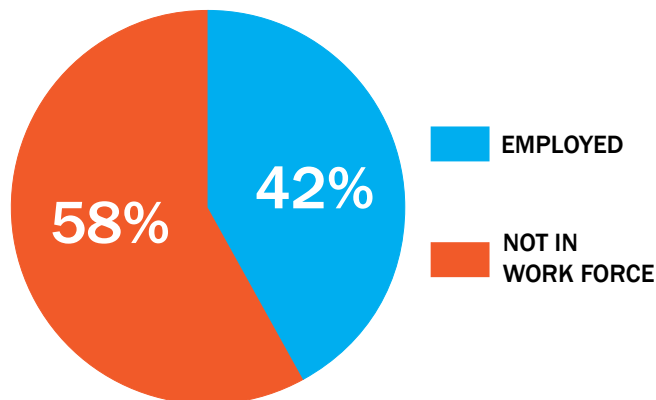


Fig. 16 County-wide Employment Status

Consumers were asked about their current employment status. Over half the residents surveyed said they are not in the work force (**Fig. 16**). Out of these responses younger residents are more likely to be employed (79%) compared to older residents (29%).

Younger residents (49 and under) are also more likely to stay in the workforce longer, as 85% said that they are likely to work past retirement age compared to older residents (50 and over), where only three in ten (30%) said they are likely to work past retirement age.

The largest disparities between groups that are employed full or part-time are:

- 49 and under (79%) and 50 and over (48%);
- Not Disabled (51%) and Disabled (18%); and
- College Educated (49%) and HS Educated (21%).

PARTNER SURVEY

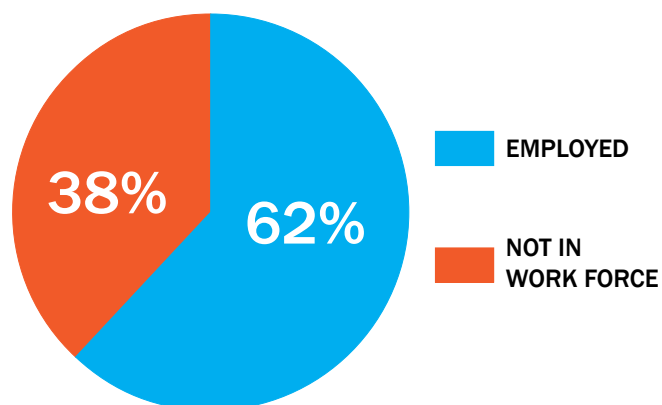


Fig. 17 ACS 2017 Five Year Work Status Estimates

There were no Partner Survey questions related to employment. According to the American Community Survey (ACS) 2017 Five Year Estimates, a majority of the working population 18 and over in Oneida County was employed (**Fig 17**). Younger residents were more likely to be employed (77%) compared to older residents (46%).

A 2017 study conducted by the United States Bureau of Labor Statics (BLS) projects that by 2024 the labor force will be 164 million. Over 25% (41 million) of which will be 55 and over. The labor work force rate for those 65 and over will see the fastest growth at roughly four to six percent more than any other labor force demographic.

Issues for Consideration

- The employment rates for the disabled status, non-English speaking people, marital status, and educational level, are most likely a result of the over-representation of seniors and urban populations. Yet, these might also be reflective of groups that face employment barriers. Would it be worthwhile to survey these groups differently?
- People are staying in the workforce because of better healthcare, better education, changes to retirement, and social security benefits. Will this trend cause issues with those between 16 and 25 entering into the workforce?
- If people are working longer, will this put a greater emphasis on senior employee education and training?

CONSUMER SURVEY

Resource	Most Utilized By (%)	Least Utilized By (%)	Avg. Resp.
AARP	Post High School Ed. (81%)	All Others (34%)	51%
Faith Based Organization	Female (62%)	All Others (52%)	58%
Family and Friends	≤49 (92%)	High School Ed. (85%)	89%
Healthcare Provider	Post High School Ed. (81%)	All Others (63%)	77%
Internet	≤49 (83%)	All Others (44%)	65%
Library	≤49 (56%)	All Others (28%)	47%
Local Area Agency on Aging	Post High School Ed. (70%)	All Others (40%)	62%
Local Government	Rural (83%)	All Others (45%)	61%
Local Not for Profit	≤49 (71%)	High School Ed. (50%)	63%
Phone Book	Disabled (43%)	All Others (20%)	35%
Senior Centers	Post High School Ed. (76%)	All Others (57%)	69%

Fig. 18 Information Resource Utilization Chart

The Consumer Survey asked if people search for information about their community and what resources they use when searching (Fig. 18). Overall, seven in ten (70%) respondents answered that they search for information about their community. Those with more education are 26% more likely to research information than those with a high school education or less.

The largest disparities between groups that search for information about their community are:

- College Educated (81%) and HS Educated (55%);
- English (75%) and All Others (63%);
- Married (78%) and Not Married (68%).

PARTNER SURVEY

Amenities	Not Available
1. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home.	69%
2. Clearly displayed and printed community information with large lettering.	65%
3. Access to community information in one central source.	60%

Fig.19 Information Accessibility Availability Table (Based on "No" Responses)

The Partner Survey asked how important 11 different information resources are. The top three most important resources based on "Extremely Important" or "Very Important" responses are:

- Your doctor or other health care professional (96%);
- Family and Friends (93%); and
- Local Senior Centers (89%).

They were also asked the availability of six other information amenities that were related to accessibility of information (Fig. 19). The most accessible amenities by

"Yes" Responses are:

- Free access to computers and the Internet in public places such as the library, senior centers or government buildings (79%);
- An automated community information source that is easy to understand like a toll-free telephone number (55%);
- Community information that is available in a number of different languages (41%).

Issues for Consideration

- Out of the 11 informations resources, those who speak other languages besides English at home, were the least likely to utilize 9 of those resources. Is language a barrier to utilization?
- Residents 50 and over were not the top utilizer of any informational resource. Why? Based upon the Partner Survey results, would community information delivered in person help get information to this demographic?
- Libraries are one of these least utilized sources of information. Would designating this entity as a central source of community information help with their utilization rate?

Information Resource Utilization Response Tables

AARP		
Group	Yes	No
Total	53%	47%
Female	55%	45%
Male	49%	51%
≤49	50%	50%
≥50	54%	46%
Rural	52%	48%
Urban	54%	46%
Not married	51%	49%
Married	56%	44%
Not Disabled	52%	48%
Disabled	55%	45%
Non-white	46%	54%
White	55%	45%
English	56%	44%
All Others	34%	66%
College Educated	59%	41%
HS Educated	40%	60%

Faith Based Organizations		
Group	Yes	No
Total	59%	41%
Female	62%	38%
Male	53%	47%
≤49	53%	47%
≥50	61%	39%
Rural	57%	43%
Urban	61%	39%
Not married	58%	42%
Married	62%	38%
Not Disabled	61%	39%
Disabled	55%	45%
Non-white	60%	40%
White	59%	41%
English	59%	41%
All Others	52%	48%
College Educated	62%	38%
HS Educated	53%	47%

Faith Based Organizations		
Group	Yes	No
Total	90%	10%
Female	90%	10%
Male	89%	11%
≤49	92%	8%
≥50	89%	11%
Rural	90%	10%
Urban	89%	11%
Not married	88%	12%
Married	92%	8%
Not Disabled	91%	9%
Disabled	88%	12%
Non-white	86%	14%
White	91%	9%
English	91%	9%
All Others	86%	14%
College Educated	92%	8%
HS Educated	85%	15%

Healthcare Professional		
Group	Yes	No
Total	78%	22%
Female	79%	21%
Male	75%	25%
≤49	79%	21%
≥50	78%	22%
Rural	78%	22%
Urban	78%	22%
Not married	78%	22%
Married	78%	22%
Not Disabled	80%	20%
Disabled	77%	23%
Non-white	80%	20%
White	72%	28%
English	80%	20%
All Others	63%	37%
College Educated	81%	19%
HS Educated	73%	27%

Internet		
Group	Yes	No
Total	66%	34%
Female	66%	34%
Male	66%	34%
≤49	83%	17%
≥50	60%	40%
Rural	68%	32%
Urban	65%	35%
Not married	59%	41%
Married	75%	25%
Not Disabled	70%	30%
Disabled	58%	42%
Non-white	60%	40%
White	68%	32%
English	70%	30%
All Others	44%	56%
College Educated	75%	25%
HS Educated	46%	54%

Library		
Group	Yes	No
Total	49%	51%
Female	50%	50%
Male	47%	53%
≤49	56%	44%
≥50	46%	54%
Rural	49%	51%
Urban	49%	51%
Not married	49%	51%
Married	49%	51%
Not Disabled	51%	49%
Disabled	45%	55%
Non-white	51%	49%
White	48%	52%
English	51%	49%
All Others	28%	72%
College Educated	54%	46%
HS Educated	35%	65%

Information Resource Utilization Response Tables Con't

Local Area Agency on Aging

Group	Yes	No
Total	65%	35%
Female	68%	32%
Male	57%	43%
≤49	54%	46%
≥50	68%	32%
Rural	64%	36%
Urban	65%	35%
Not married	64%	36%
Married	64%	36%
Not Disabled	63%	37%
Disabled	69%	31%
Non-white	55%	45%
White	68%	32%
English	67%	33%
All Others	40%	60%
College Educated	70%	30%
HS Educated	51%	49%

Local Government

Group	Yes	No
Total	60%	40%
Female	62%	38%
Male	57%	43%
≤49	61%	39%
≥50	60%	40%
Rural	83%	17%
Urban	74%	26%
Not married	57%	43%
Married	64%	36%
Not Disabled	60%	40%
Disabled	62%	38%
Non-white	53%	47%
White	63%	37%
English	62%	38%
All Others	45%	54%
College Educated	64%	36%
HS Educated	53%	47%

Local Not For Profit

Group	Yes	No
Total	64%	36%
Female	65%	35%
Male	61%	39%
≤49	71%	29%
≥50	61%	39%
Rural	59%	41%
Urban	67%	33%
Not married	60%	40%
Married	68%	32%
Not Disabled	65%	35%
Disabled	60%	40%
Non-white	65%	35%
White	63%	37%
English	64%	36%
All Others	57%	43%
College Educated	69%	31%
HS Educated	50%	50%

Phone Book

Group	Yes	No
Total	37%	63%
Female	38%	62%
Male	34%	66%
≤49	27%	73%
≥50	40%	60%
Rural	36%	64%
Urban	38%	62%
Not married	40%	60%
Married	32%	68%
Not Disabled	34%	66%
Disabled	43%	57%
Non-white	33%	67%
White	38%	62%
English	38%	62%
All Others	20%	80%
College Educated	37%	63%
HS Educated	37%	63%

Senior Center

Group	Yes	No
Total	71%	29%
Female	73%	27%
Male	64%	36%
≤49	70%	30%
≥50	71%	29%
Rural	69%	31%
Urban	72%	28%
Not married	70%	30%
Married	71%	29%
Not Disabled	71%	29%
Disabled	70%	30%
Non-white	63%	37%
White	73%	27%
English	73%	27%
All Others	54%	43%
College Educated	76%	24%
HS Educated	59%	41%

CONSUMER SURVEY

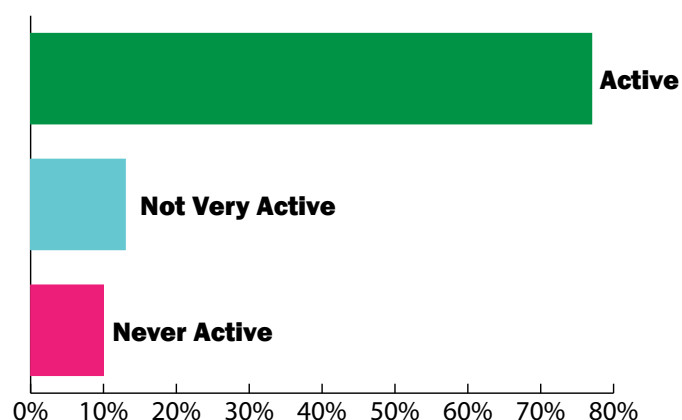


Fig. 20 Physical Activity County-wide

The Consumer Survey asked residents how active they were. Most groups answered that they were “active”, where 77% answered that they exercised at least once a week or more (**Fig 20**). Those who are “never” active are those who identify as being disabled (17%), High School Educated or less (14%), and 50 and over (11%).

Language preference may have some impact on frequency of exercise where those who speak English at home were less likely to exercise 77% percent of English speaking residents answered that they are active compared to those who speak other languages at home, who had 82% answer that they were physically active.

The largest disparities between groups that identify as physically active are:

- Not Disabled (84%) and Disabled (64%);
- 49 and under (85%) and 50 and over (75%); and
- College Educated (80%) and HS Educated (72%).

PARTNER SURVEY

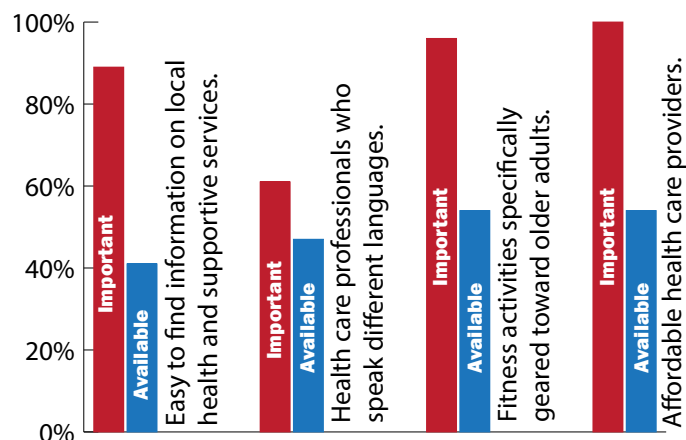


Fig.21. The Least Available Health Amenities Based on “Yes” Responses

The Partners were asked how active seniors at their facilities were. They were also asked if they promote physical activity in their facility or activities at other organizations. Most Partners (81%) answered that their seniors are physically active and their seniors participate in at least some physical activity (100%). Seven in ten Partners reported that they do not provide activities that promote a senior lifestyle and seven in ten Partners promote other organizations that focus on physical activity.

Partners were also asked the importance and availability of health amenities. On average, 92% of Partners rated each of the surveyed amenities as extremely or very important. On average, these amenities had 62% of Partners say that they were available in their community. The top available amenities were:

- Respectful and helpful hospital/clinic staff (81%);
- Well-maintained hospitals/healthcare facilities (76%); and
- Home care services (71%).

Issues for Consideration

- Physical disabilities appear to impact physical activity. Are there programs that are available and affordable for the disabled population in Oneida County?
- Oneida County appears to be highly active. This may be due to the very basic criteria outlined by the survey (30 minutes a day of activity). Should the definition of active or the activities be reviewed?
- Partners did not list multilingual healthcare professionals as an important amenity to have (**Fig. 21**). Should this be investigated further by surveying non-English speaking populations?

The data collected from the Consumer and Partner Surveys was intended to have a few uses. First this information can assist focus groups with developing questions and action items as the plan develops. Second, it can be used to gauge the progress of each community after certain “age-friendly” projects/actions have been implemented. Based on the responses these surveys were successful in providing the necessary data to take the next steps in the Age-Friendly/Livable Communities Initiative. Though the less than the 1% responses rate for the Consumer Survey and the low number of Partner Survey responses do not meet a threshold necessary to conduct extensive statistical analysis. It is still a useful tool for the next steps of the Age-friendly/Livable Communities Initiative.

LESSONS LEARNED

The surveys were successful in achieving the original intent, however there are a few areas of improvement that are possible for future research. One area is question and answer clarity. Many questions mentioned “age-friendly” for example: “How age-friendly is public transit in your community/municipality?” The question did not clarify what is considered “age-friendly”. This is also the case for the rating. There was no clarification on the differences in qualities that made certain outdoor spaces “Very Good” opposed to “Good”. Adding clarity in these areas may take the interpretation out of the responses. Making the data more meaningful when assessing age-friendly livability.

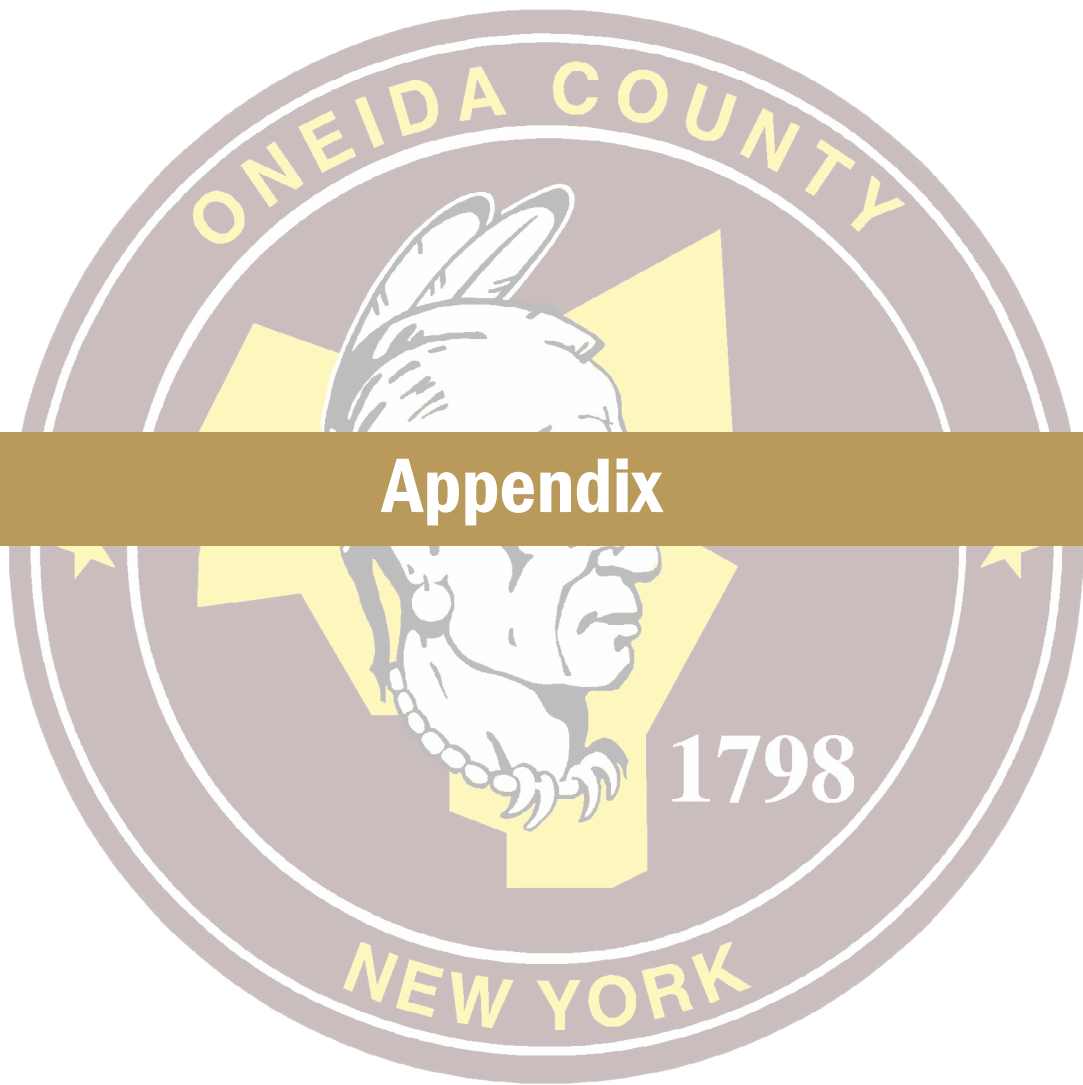
The survey were not an “apples-to-apples” comparison. The Consumer and Partner Surveys addressed the same domains however they did not ask the same questions. The Consumer Survey was geared more towards subjective opinion opposed to the Partner Survey that was crafted to ascertain the importance of certain amenities and their availability. It could be helpful when drafting priority areas to distribute the same survey to the general public and partner agencies that gathers data on the importance of age-friendly amenities and the availability of those amenities in their community.

POTENTIAL NEXT STEPS

The Age-friendly/Livable Communities Initiative will work to refine preferences and priority areas through focus group research and workgroup meetings. Domain related workgroups that will review the survey report and focus group research to establish actions for the Oneida County Age-friendly/Livable Communities Action Plan. The following are recommended potential actions following this report.

- Distribute the data report to the domain working groups to assist in the development of actions for the Age-friendly/Livable Communities Initiative;
- Distribute the data report to focus group researchers to develop studies that will inform the workgroups during the development of the action plan;

- Potential Research areas:
 - Short-term priorities: target older residents and clarify what amenities are important to them, what is available, and determine how well their community does at providing those amenities;
 - Potential Question: “What would you like your community to accomplish in the next year, five years, and ten years?”
 - Long-term: target residents 50 and forty nine. Clarify what amenities are important to them, what is available, and determine how well their community does at providing those amenities;
 - Potential Question: “What would you like your community to accomplish in the next five years, ten, and fifteen years?”
- Domain Workgroups create a list of actions based on the priorities identified during the survey and workgroup research.
 - Actions will be categorized under short-term and long-term actions.



Appendix



ONEIDA COUNTY AGE-FRIENDLY/ LIVABLE COMMUNITY



Final Summary REPORT

as of:
9/17/18

Outreach Events

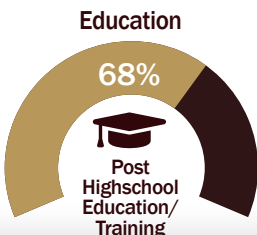
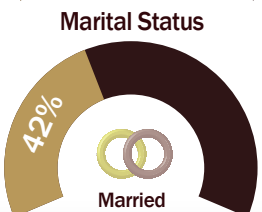
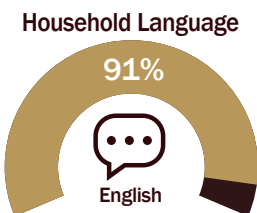
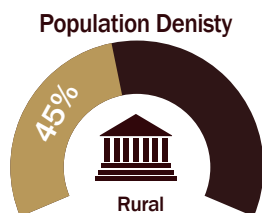
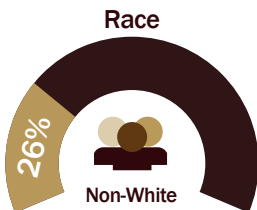
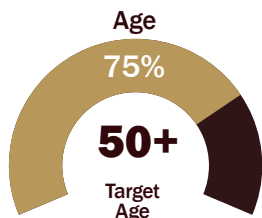
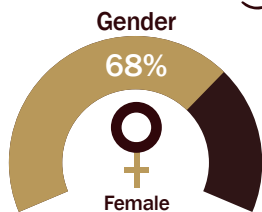
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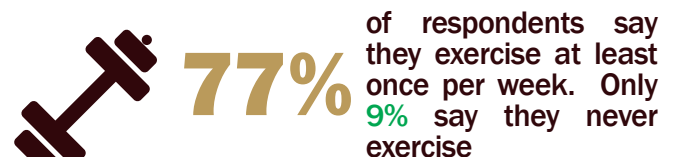
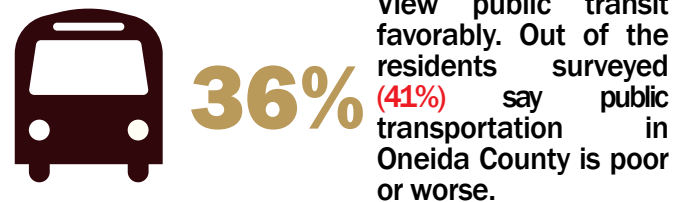
Partner Surveys

28

Demographics



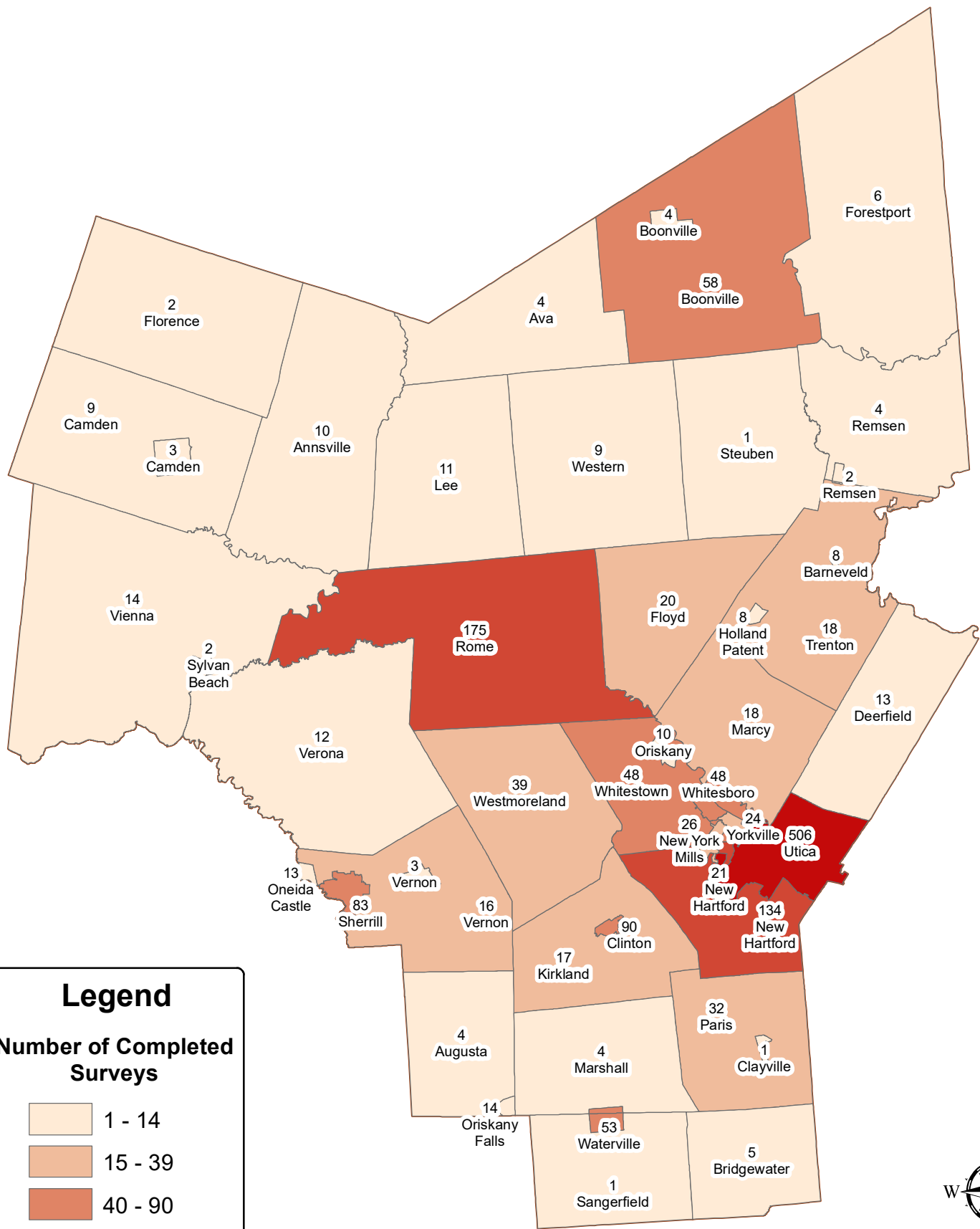
Notable Findings



Concern



Low Partner
Feedback



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1 inch = 6 miles

Livable Communities Consumer Survey Distribution

0 1.5 3 6
Miles

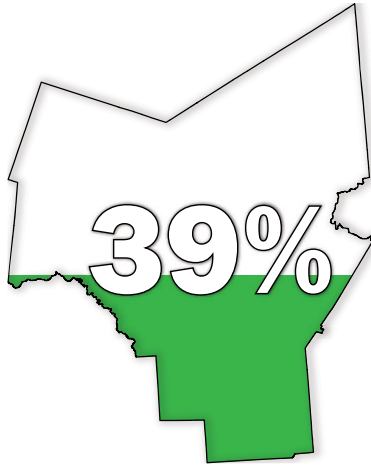
October 14th, 2017 to July 17th, 2018

Map Date: **Page 11** 9



Oneida County Age-friendly/Livable Communities Initiative Partner Survey Data Summary

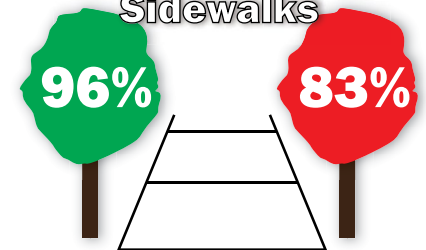
COUNTY-WIDE RESPONSES



Out of 28 responding Partner Agencies, over one-third (39%) said that Oneida County was an excellent place to live as you age. Roughly one-third (33%) of these agencies said that the community where they were located was an excellent place to live as you age.

OUTDOOR SPACES

Well-maintained Sidewalks



Almost all (96%) of Agencies responded that sidewalk maintenance is extremely important and 83% said their community did not have well-maintained sidewalks.

TRANSPORTATION

AV Pedestrian Crossings



Only 2 in 10 partners (20%) claim that they have Audio/Visual (AV) intersections, and roughly half say they have safe, well-lit streets for pedestrians, bicyclists, and cars.

HOUSING

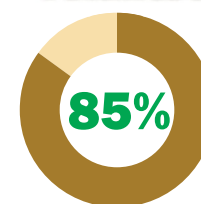
Property Maintenance



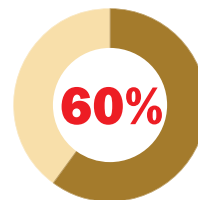
Well-maintained, safe, and available maintenance services were listed as the top three areas of importance for low-income families and older adults. The survey did not ask the availability of these amenities.

CIVIC ENGAGEMENT

Volunteer Opportunities



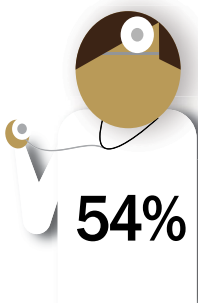
Opportunities to be on a volunteer board was most important to partner agencies



Only 60% say there is the opportunity in their community.

HEALTH & WELLNESS

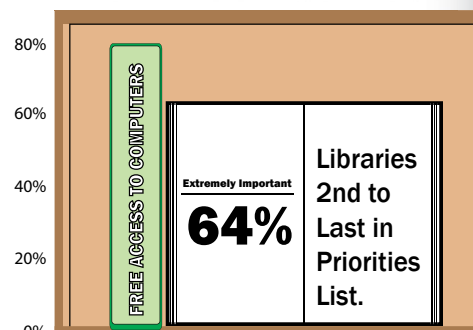
Affordable Home-care Providers



Affordable home-care providers are the most important but just over half of partners say they are available. These supportive services in general were the hardest to find.

INFORMATION

Information Sources



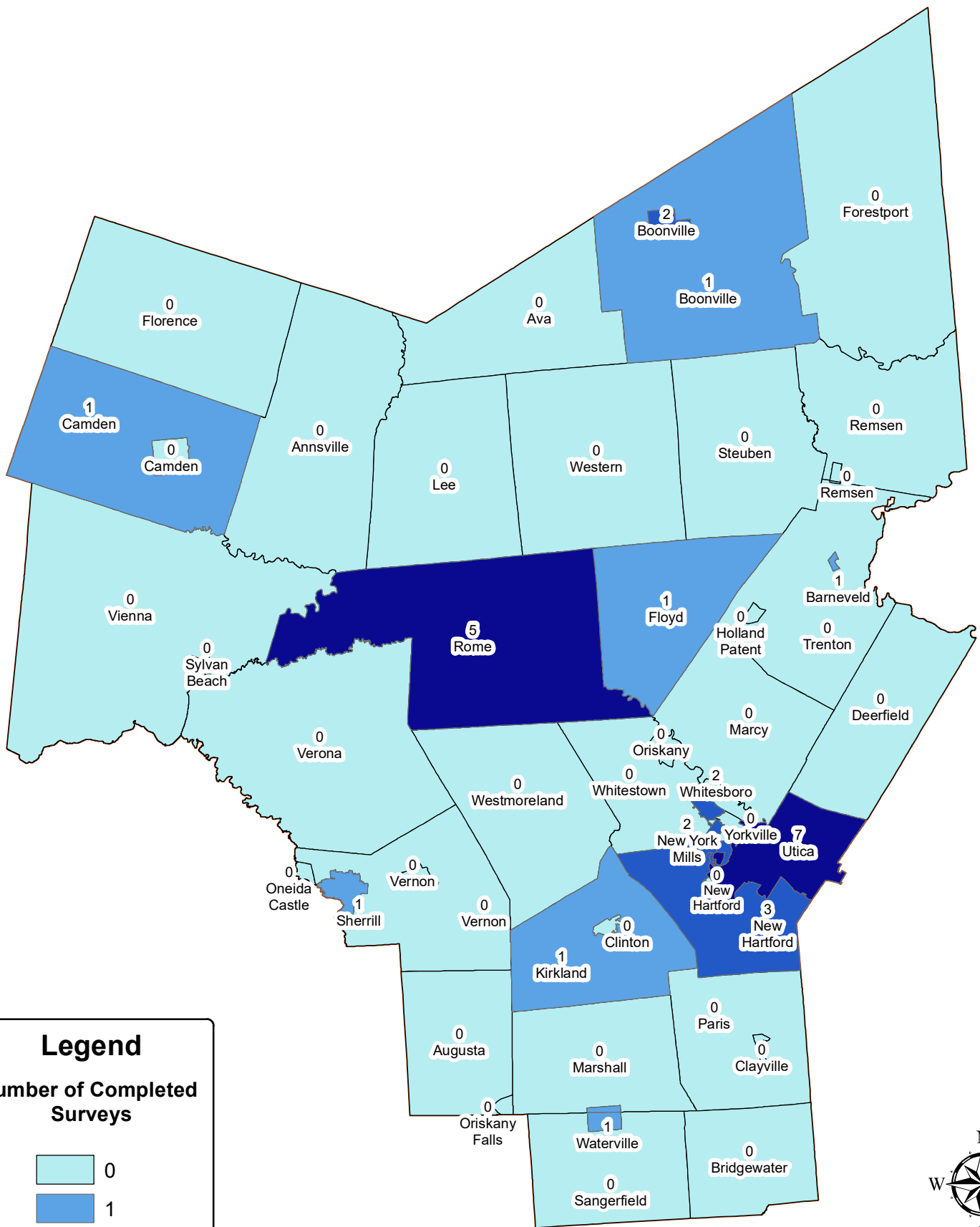
Most (60%) agencies say that there is no central source of information. Are libraries the answer?

SOCIAL PARTICIPATION

Cultural Activities



Affordable activities for all residents was the most important amenity for partners (93%). It is also one of the most available, where 65% said it was available in their community



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1 inch = 6 miles

0 1.5 3 6
Miles

Partner Survey Response Distribution

November 6th, 2017 to July 30th, 2018

Map Date: **Page 19**

ONEIDA COUNTY AGE-FRIENDLY/ LIVABLE COMMUNITY Metrics Report



Oneida County (OC) does not report to **14%** of the sources used in rating **Housing**. Note only **53%** of housing respondents viewed age-friendly housing as “good” or “very good”.



Only **25%** of the sources used to calculate the **Transportation** Category was reported to by Oneida County. This category scores the lowest in the Consumer Survey results at **36%** of respondents have a favorable perception of transportation in the County.



Reporting to only **60%** of the sources used to score **Neighborhoods**. **70%** of Survey respondents to the Consumer Survey view their community as “Good” at being age-friendly or “Very Good” at being age-friendly.



Environment is viewed favorably in Oneida County. Over **65%** of residents perceived Outdoors Spaces as “Good” or “Very Good”.

Currently Oneida County does not report to **33%** of the data metric sources. This may be mitigated by the 4 alternative data identified by the OC Planning Department



Opportunity is one of the best metrics reported to by OC. it reports to **100%** of the metrics in the Opportunity Score! One of the challenges however is the **jobs per worker metric**. Better local data will be required to measure “reality”.

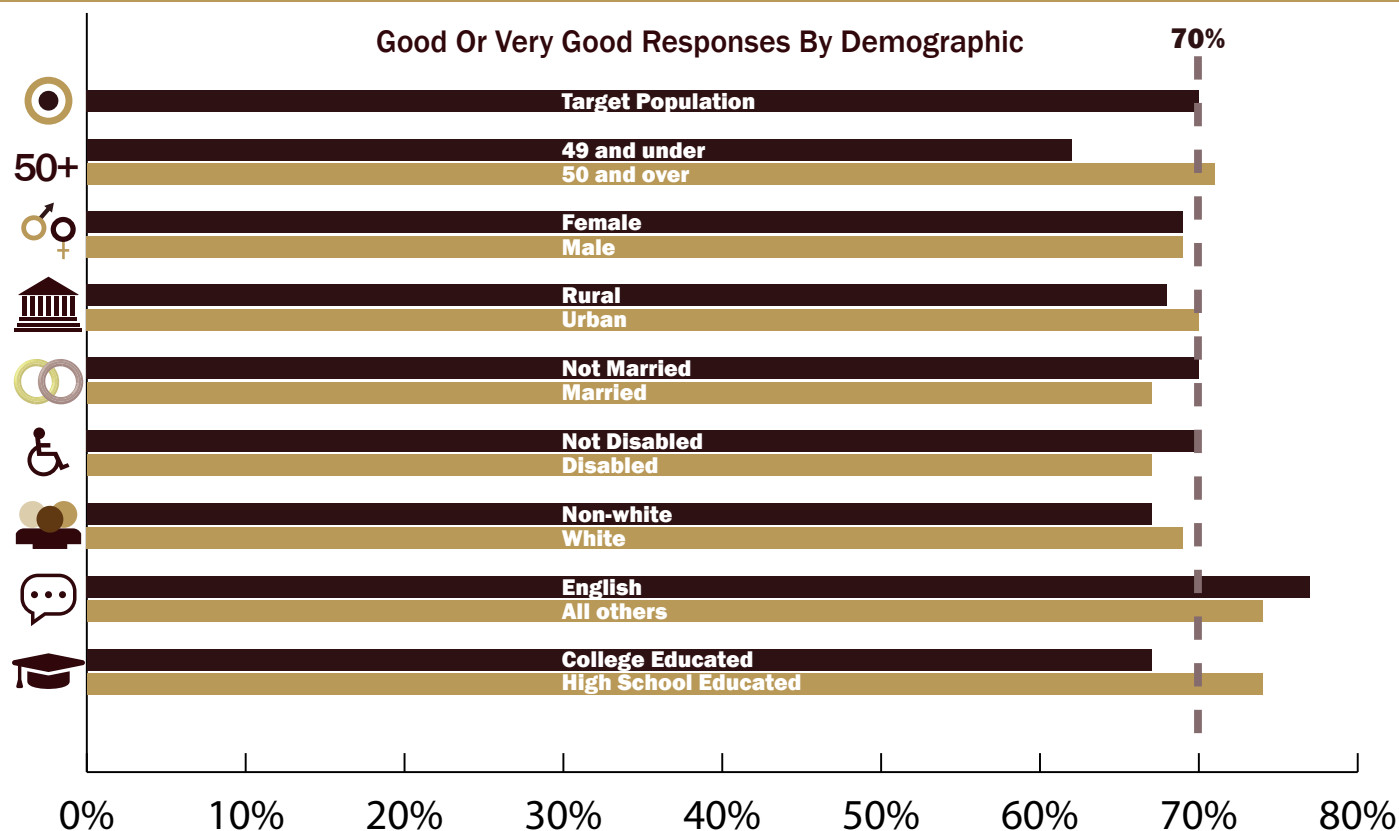


Oneida County is highly social. OC reports to **100%** of the **Engagement** sources and over **91%** of respondents socialize weekly.

OC reports to **66%** of the sources used to determine the **Health** score, however this category has the most identified alternative local data sources at **15** sources.



Perceptions of County-wide Livability



Total Responses		
Row Labels	Count	%
Fair	376	24%
≥Good	1104	70%
≤Poor	94	6%
Grand Total	1574	100%

Gender		
Row Labels	Count	%
Female	1083	70%
Fair	263	24%
≥Good	755	70%
≤Poor	65	6%
Male	465	30%
Fair	108	23%
≥Good	331	71%
≤Poor	26	6%
Grand Total	1548	100%

Age		
Row Labels	Count	%
49 and under	340	22%
Fair	107	31%
≥Good	213	63%
≤Poor	20	6%
50 and over	1183	78%
Fair	258	22%
≥Good	857	72%
≤Poor	68	6%
Grand Total	1523	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	698	45%
Fair	176	25%
≥Good	487	70%
≤Poor	35	5%
Urban	869	55%
Fair	197	23%
≥Good	615	71%
≤Poor	57	7%
Grand Total	1567	100%

Perceptions of County-wide Livability

Married vs. Not Married		
Row Labels	Count	%
Not Married	904	58%
Fair	200	22%
≥Good	647	72%
≤Poor	57	6%
Married	644	42%
Fair	170	26%
≥Good	441	68%
≤Poor	33	5%
Grand Total	1548	100%

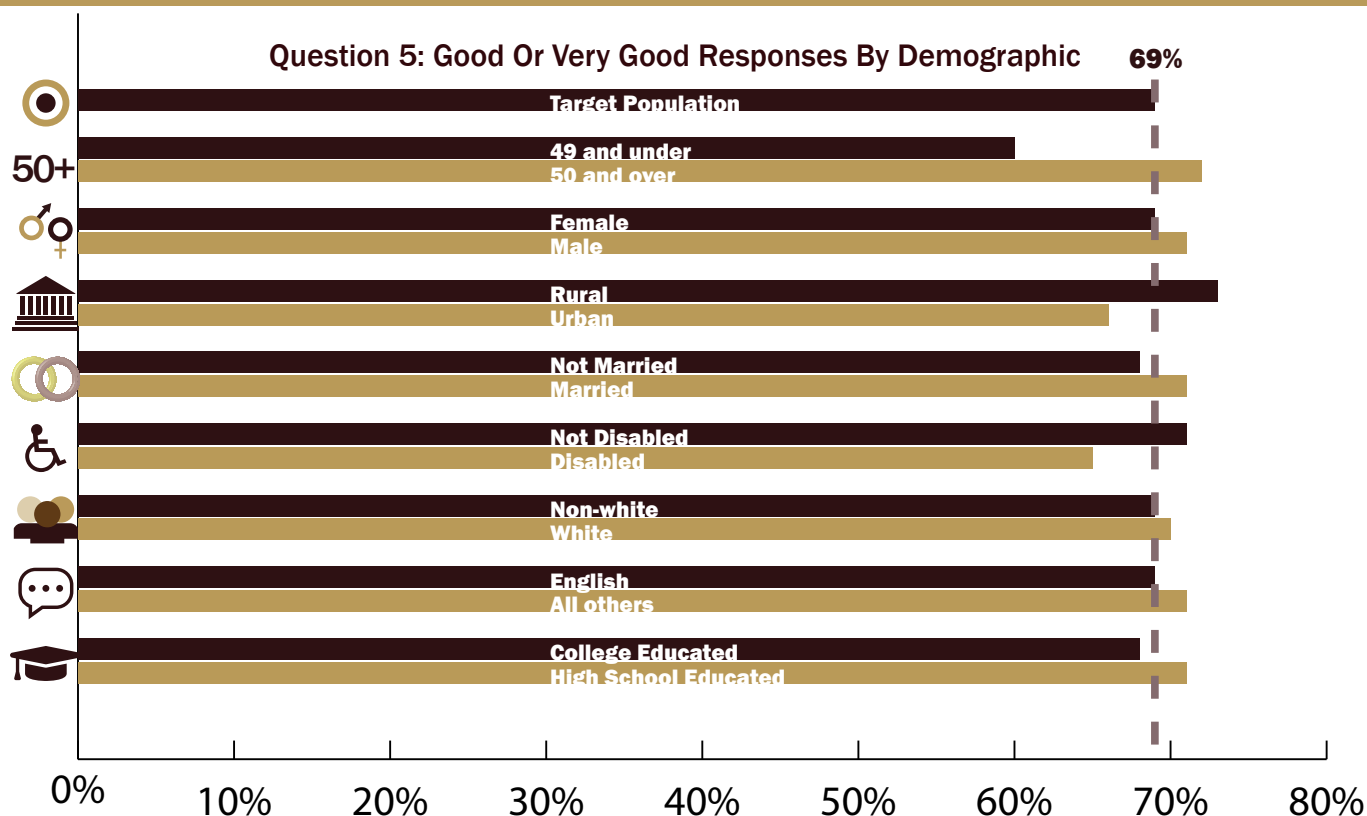
Language Preference		
Row Labels	Count	%
English Preferred	1219	91%
Fair	296	24%
≥Good	854	70%
≤Poor	69	6%
Primary Language	127	9
Fair	24	19%
≥Good	95	75%
≤Poor	8	6%
Grand Total	1346	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	993	67%
Fair	231	23%
≥Good	714	72%
≤Poor	48	5%
Yes	486	33%
Fair	119	24%
≥Good	329	68%
≤Poor	38	8%
Grand Total	1479	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	1016	68%
Fair	255	25%
≥Good	696	69%
≤Poor	65	6%
High School Educated	471	32%
Fair	91	19%
≥Good	356	76%
≤Poor	24	5%
Grand Total	1487	100%

Race		
Row Labels	Count	%
Non-white	423	27%
Fair	100	24%
≥Good	295	70%
≤Poor	28	7%
White or Caucasian	1151	72%
Fair	276	24%
≥Good	809	70%
≤Poor	66	6%
Grand Total	1574	100%

Perceptions of Outdoor Spaces



Total Responses		
Row Labels	Count	%
Fair	325	21%
≥Good	1061	69%
≤Poor	144	9%
Grand Total	1594	100%

Gender		
Row Labels	Count	%
Female	1052	70%
Fair	233	22%
≥Good	721	69%
≤Poor	98	9%
Male	455	30%
Fair	86	19%
≥Good	325	71%
≤Poor	44	10%
Grand Total	1571	100%

Age		
Row Labels	Count	%
49 and under	334	23%
Fair	85	25%
≥Good	199	60%
≤Poor	50	15%
50 and over	1149	77%
Fair	226	20%
≥Good	832	72%
≤Poor	91	8%
Grand Total	1544	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	686	45%
Fair	131	19%
≥Good	504	73%
≤Poor	51	7%
Urban	837	55%
Fair	193	22%
≥Good	555	66%
≤Poor	89	11%
Grand Total	1587	100%

Perceptions of Outdoor Spaces

Married vs. Not Married

Row Labels	Count	%
Not Married	912	58%
Fair	183	21%
≥Good	588	68%
≤Poor	92	11%
Married	659	42%
Fair	136	21%
≥Good	459	71%
≤Poor	49	8%
Grand Total	1571	100.00%

Language Preference

Row Labels	Count	%
English Preferred	1189	91%
Fair	259	22%
≥Good	817	69%
≤Poor	113	10%
Primary Language	122	9%
Fair	20	16%
≥Good	87	71%
≤Poor	15	12%
Grand Total	1366	100%

Disability or Chronic Disease

Row Labels	Count	%
No	1006	67%
Fair	200	20%
≥Good	693	71%
≤Poor	84	9%
Yes	490	33%
Fair	106	23%
≥Good	298	65%
≤Poor	53	12%
Grand Total	1496	100%

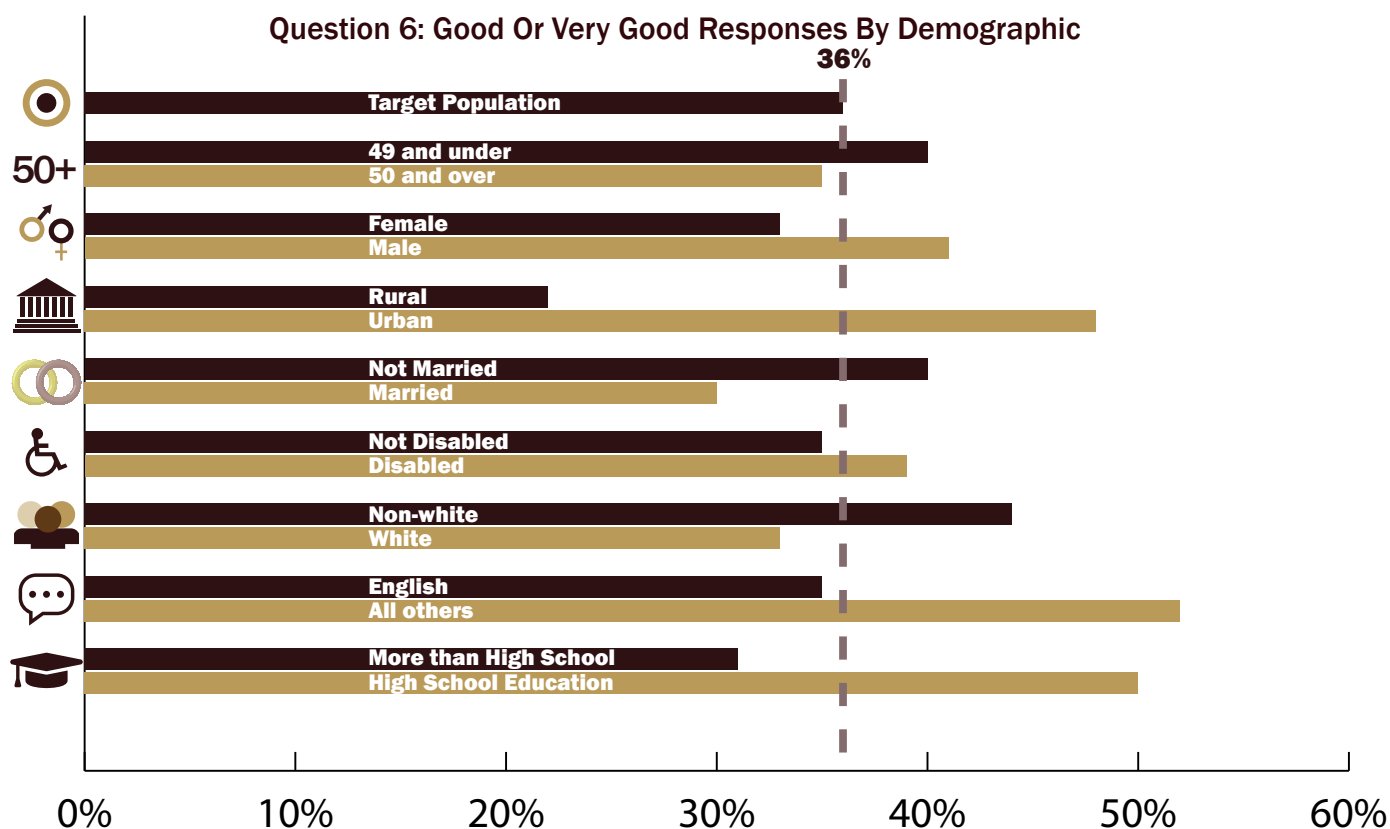
College Educated vs. High School Educated

Row Labels	Count	%
College Educated	1031	69%
Fair	223	22%
≥Good	678	68%
≤Poor	96	10%
High School Educated	476	31%
Fair	85	19%
≥Good	321	71%
≤Poor	44	10%
Grand Total	1507	100%

Race

Row Labels	Count	%
Non-white	422	28%
Fair	97	23%
≥Good	290	69%
≤Poor	35	8%
White or Caucasian	1108	72%
Fair	228	21%
≥Good	771	70%
≤Poor	109	10%
Grand Total	1594	100%

Perceptions of Transportation



Total Responses		
Row Labels	Count	%
Fair	256	23%
≥Good	406	36%
≤Poor	461	41%
Grand Total	1123	100%

Gender		
Row Labels	Count	%
Female	748	68%
Fair	165	22%
≥Good	246	33%
≤Poor	337	45%
Male	356	32%
Fair	88	25%
≥Good	148	42%
≤Poor	120	34%
Grand Total	1104	100%

Age		
Row Labels	Count	%
49 and under	249	23%
Fair	73	29%
≥Good	99	40%
≤Poor	77	31%
50 and over	836	77%
Fair	176	21%
≥Good	290	35%
≤Poor	370	44%
Grand Total	1085	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	499	45%
Fair	89	18%
≥Good	108	22%
≤Poor	302	61%
Urban	619	55%
Fair	166	27%
≥Good	298	48%
≤Poor	155	25%
Grand Total	1118	100%

Perceptions of Transportation

Married vs. Not Married		
Row Labels	Overall	%
Not Married	651	59%
Fair	162	25%
≥Good	259	40%
≤Poor	230	35%
Married	452	41%
Fair	90	20%
≥Good	137	30%
≤Poor	225	50%
Grand Total	1103	100%

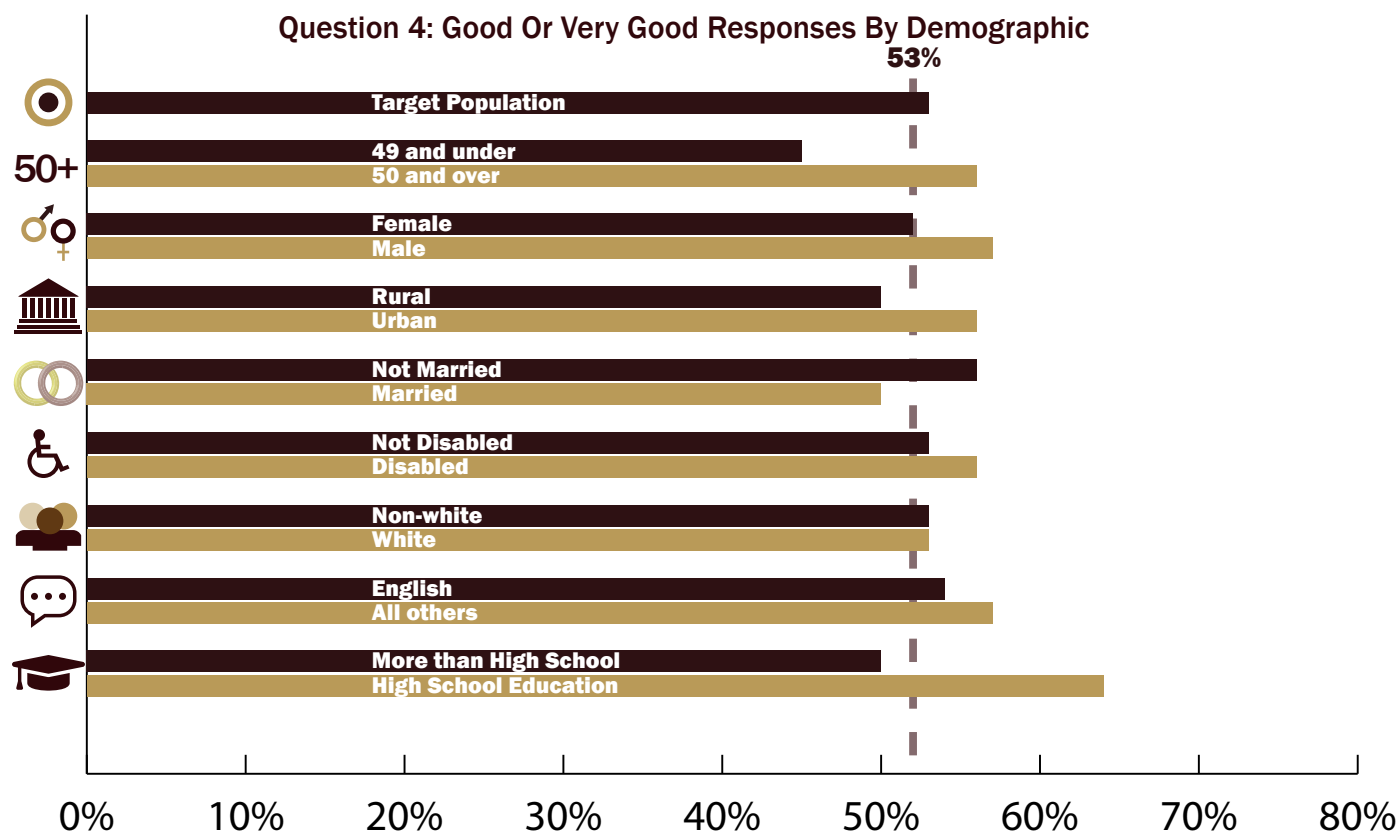
Language Preference		
Row Labels	Overall	%
English Preferred	877	91%
Fair	203	23%
≥Good	303	35%
≤Poor	371	42%
Primary Language	86	9%
Fair	17	20%
≥Good	45	52%
≤Poor	24	28%
Grand Total	963	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	719	68%
Fair	173	24%
≥Good	254	35%
≤Poor	292	41%
Yes	341	32%
Fair	73	21%
≥Good	132	39%
≤Poor	136	40%
Grand Total	1060	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	732	69%
Fair	177	24%
≥Good	227	31%
≤Poor	328	45%
High School Educated	332	31%
Fair	66	20%
≥Good	168	50%
≤Poor	98	30%
Grand Total	1064	100%

Race		
Row Labels	Count	%
Non-white	320	28%
Fair	66	21%
≥Good	142	44%
≤Poor	112	35%
White or Caucasian	803	72%
Fair	190	24%
≥Good	264	33%
≤Poor	349	43%
Grand Total	1123	100%

Perceptions of Housing



Total Responses		
Row Labels	Count	%
Fair	485	32%
≥Good	821	53%
≤Poor	230	15%
Grand Total	1536	100%

Gender		
Row Labels	Count	%
Female	1050	69%
Fair	338	32%
≥Good	548	52%
≤Poor	164	16%
Male	463	31%
Fair	139	30%
≥Good	262	57%
≤Poor	62	13%
Grand Total	1513	100%

Age		
Row Labels	Count	%
49 and under	333	22%
Fair	121	36%
≥Good	151	45%
≤Poor	61	18%
50 and over	1153	78%
Fair	348	30%
≥Good	645	56%
≤Poor	160	14%
Grand Total	1486	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	674	44%
Fair	225	33%
≥Good	339	50%
≤Poor	110	16%
Urban	855	56%
Fair	258	30%
≥Good	480	56%
≤Poor	117	14%
Grand Total	1529	100%

Perceptions of Housing

Married vs. Not Married		
Row Labels	Count	%
Not Married	875	58%
Fair	264	30%
≥Good	487	56%
≤Poor	124	14%
Married	638	42%
Fair	214	34%
≥Good	322	50%
≤Poor	102	16%
Grand Total	1513	100%

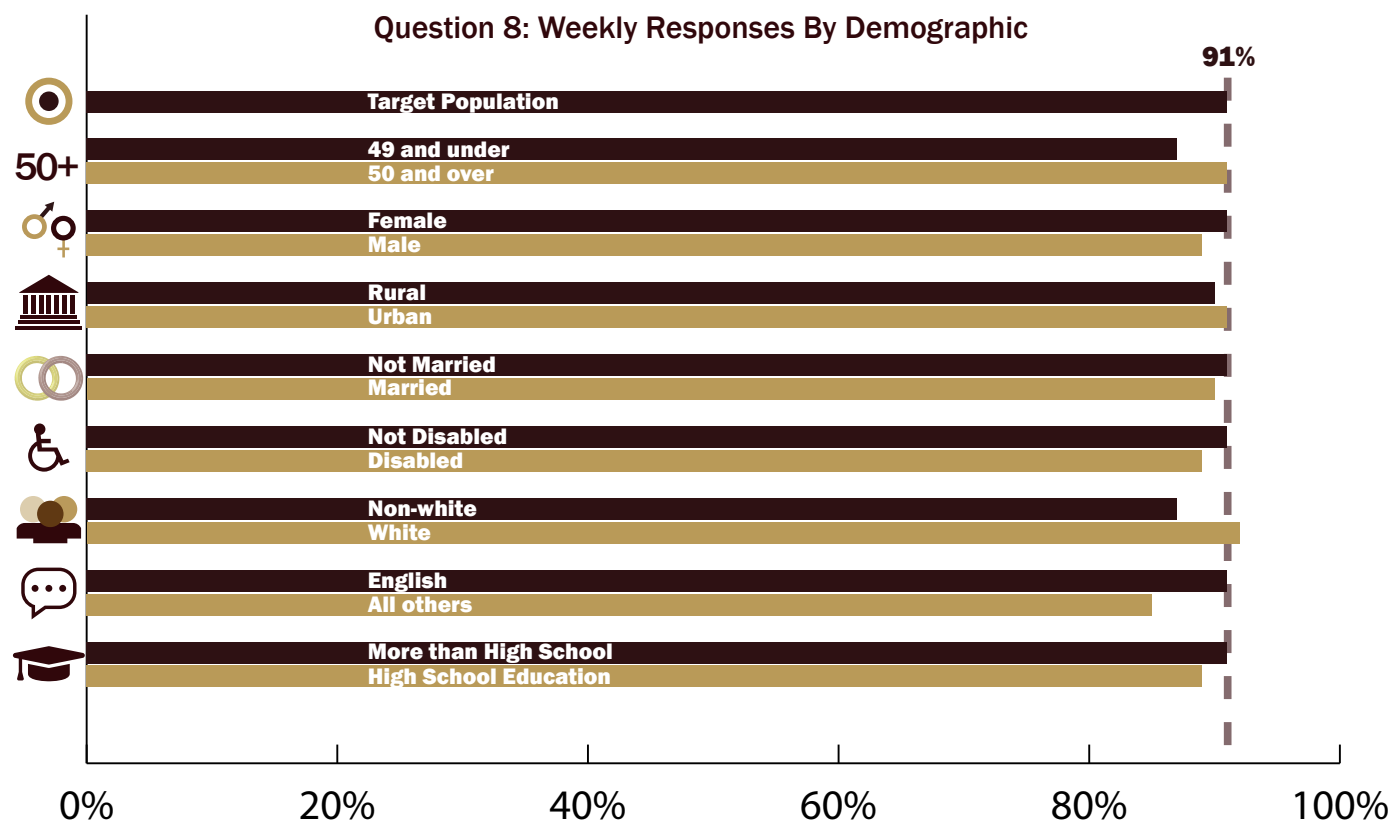
Language Preference		
Row Labels	Count	%
English Preferred	1194	91%
Fair	377	32%
≥Good	639	54%
≤Poor	178	15%
Primary Language	122	9%
Fair	30	25%
≥Good	70	57%
≤Poor	22	18%
Grand Total	1316	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	970	67%
Fair	315	32%
≥Good	514	53%
≤Poor	141	15%
Yes	471	33%
Fair	133	28%
≥Good	266	56%
≤Poor	72	15%
Grand Total	1441	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	992	68%
Fair	333	34%
≥Good	494	50%
≤Poor	165	17%
High School Educated	459	32%
Fair	114	25%
≥Good	292	64%
≤Poor	53	12%
Grand Total	1451	100%

Race		
Row Labels	Count	%
Non-white	414	27%
Fair	129	31%
≥Good	221	53%
≤Poor	64	15%
White or Caucasian	1122	73%
Fair	356	32%
≥Good	600	53%
≤Poor	166	15%
Grand Total	1536	100%

Social Participation & Inclusion



Total Responses		
Row Labels	Count	%
Every month or less	127	8%
Weekly	1429	91%
Never	22	1%
Grand Total	1578	100%

Gender		
Row Labels	Count	%
Female	1084	70%
Every Month or Less	89	8%
Weekly	988	91%
Never	7	1%
Male	472	30%
Every Month or Less	37	8%
Weekly	420	89%
Never	15	3%
Grand Total	1556	100%

Age		
Row Labels	Count	%
49 and under	343	22%
Every Month or less	36	10%
Weekly	300	87%
Never	7	2%
50 and over	1187	78%
Every Month or less	86	7%
Weekly	1086	91%
Never	15	1%
Grand Total	1530	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	704	45%
Every Month or less	60	9%
Weekly	636	90%
Never	8	1%
Urban	867	55%
Every Month or less	66	8%
Weekly	787	91%
Never	14	2%
Grand Total	1571	100%

Social Participation & Inclusion

Married vs. Not Married		
Row Labels	Count	%
Not Married	904	58%
Every Month or less	67	7%
Weekly	819	91%
Never	18	2%
Married	652	42%
Every Month or less	59	9%
Weekly	589	90%
Never	4	1%
Grand Total	1556	100%

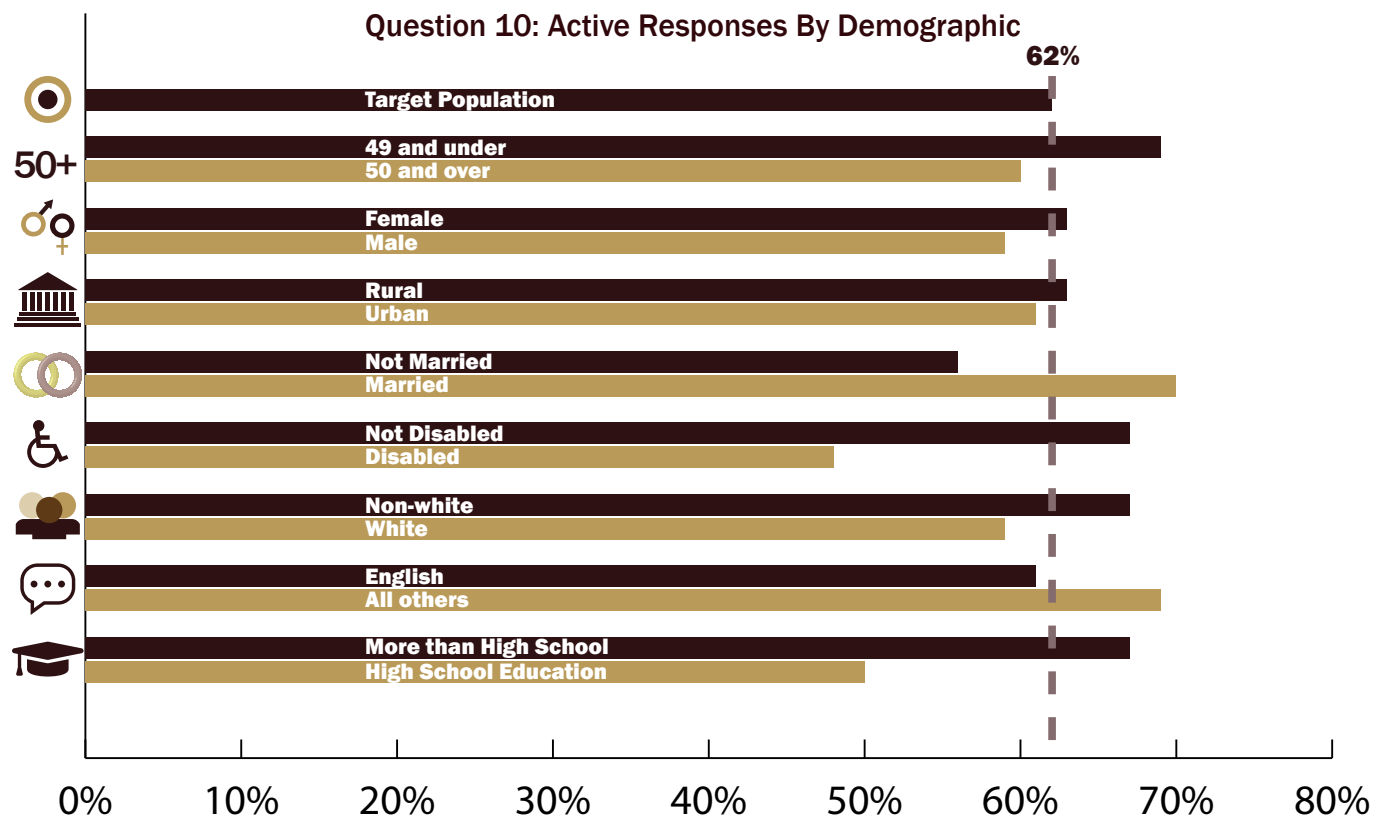
Language Preference		
Row Labels	Count	%
English Preferred	1234	91%
Every Month or less	87	7%
Weekly	1126	91%
Never	21	2%
Primary Language	126	9%
Every Month or less	19	15%
Weekly	107	85%
Never	0	0%
Grand Total	1360	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	1005	67%
Every month or less	78	8%
Weekly	914	91%
Never	13	1%
Yes	484	33%
Every month or less	44	9%
Weekly	431	89%
Never	9	2%
Grand Total	1489	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	1021	68%
Every Month or Less	79	8%
Weekly	930	91%
Never	12	1%
High School Educated	471	32%
Every Month or Less	42	9%
Weekly	420	89%
Never	9	2%
Grand Total	1492	100%

Race		
Row Labels	Count	%
Non-white	420	27%
Every Month or Less	48	11%
Weekly	367	87%
Never	5	1%
White or Caucasian	1158	73%
Every Month or Less	79	7%
Weekly	1062	92%
Never	17	1%
Grand Total	1578	100%

Volunteerism and Oneida County



Total Responses		
Row Labels	Count	%
Active	584	62%
Not Active	602	38%
Grand Total	1571	100%

Gender		
Row Labels	Count	%
Female	1082	70%
Active	417	63%
Not Active	402	37%
Male	469	30%
Active	163	59%
Not Active	193	41%
Grand Total	1551	100%

Age		
Row Labels	Count	%
49 and under	342	22%
Active	152	69%
Not Active	103	30%
50 and over	1185	78%
Active	421	60%
Not Active	481	40%
Grand Total	1527	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	703	45%
Active	292	63%
Not Active	259	37%
Urban	861	55%
Active	289	61%
Not Active	343	39%
Grand Total	1564	100%

Volunteerism and Oneida County

Married vs. Not Married		
Row Labels	Count	%
Not Married	904	58%
Active	277	56%
Not Active	403	45%
Married	649	42%
Active	303	70%
Not Active	194	30%
Grand Total	1553	100%

Language Preference		
Row Labels	Count	%
English Preferred	1223	91%
Active	475	61%
Not Active	476	39%
Primary Language	127	9%
Active	43	69%
Not Active	39	31%
Grand Total	1350	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	996	67%
Active	412	67%
Not Active	323	33%
Yes	484	33%
Active	146	48%
Not Active	251	52%
Grand Total	1480	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	1023	69%
Active	433	67%
Not Active	334	33%
High School Educated	465	31%
Active	129	50%
Not Active	233	50%
Grand Total	1488	100%

Race		
Row Labels	Count	%
Non-white	420	27%
Active	141	67%
Not Active	139	33%
White or Caucasian	1151	73%
Active	443	59%
Not Active	463	40%
Grand Total	1571	100%

Question 11: Where do you volunteer?

Total Responses		
Row Labels	Count	%
Faith Community Religious Community	371	32%
Local Organizations or Businesses	287	25%
Senior Center	219	19%
Community Center	102	9%
University Community College	59	5%
The Internet	55	5%
National Programs	36	3%
Department of Parks and Recreation	33	3%
Grand Total	1162	100%

Volunteerism and Oneida County

Age		
Row Labels	Count	%
49 and under	272	24%
Community Center	30	11%
Department of Parks and Recreation	9	3%
Faith Community Religious Community	72	26%
Local Organizations or Businesses	79	29%
National Programs	9	3%
Senior Center	16	6%
The Internet	21	8%
University Community College	36	13%
50 and over	855	76%
Community Center	71	8%
Department of Parks and Recreation	23	3%
Faith Community Religious Community	290	34%
Local Organizations or Businesses	203	24%
National Programs	27	3%
Senior Center	194	23%
The Internet	28	3%
University Community College	19	2%
Grand Total	1127	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	540	47%
Community Center	43	8%
Department of Parks and Recreation	12	2%
Faith Community Religious Community	169	31%
Local Organizations or Businesses	146	27%
National Programs	15	3%
Senior Center	108	20%
The Internet	24	4%
University Community College	23	4%
Urban	614	53%
Community Center	58	9%
Department of Parks and Recreation	21	3%
Faith Community Religious Community	200	33%
Local Organizations or Businesses	138	22%
National Programs	21	3%
Senior Center	109	18%
The Internet	31	5%
University Community College	36	6%
Grand Total	1154	100%

Gender		
Row Labels	Count	%
Female	843	73%
Community Center	74	6%
Department of Parks and Recreation	19	2%
Faith Community Religious Community	275	24%
Local Organizations or Businesses	217	19%
National Programs	22	2%
Senior Center	163	14%
The Internet	34	3%
University Community College	39	3%
Male	308	27%
Community Center	28	2%
Department of Parks and Recreation	14	1%
Faith Community Religious Community	91	8%
Local Organizations or Businesses	68	6%
National Programs	14	1%
Senior Center	53	5%
The Internet	20	2%
University Community College	20	2%
Grand Total	1151	100%

Married vs. Not Married		
Row Labels	Count	%
Not Married	658	58%
Community Center	63	10%
Department of Parks and Recreation	16	2%
Faith Community Religious Community	180	27%
Local Organizations or Businesses	150	23%
National Programs	20	3%
Senior Center	148	22%
The Internet	32	5%
University Community College	49	7%
Married	485	42%
Community Center	38	8%
Department of Parks and Recreation	15	3%
Faith Community Religious Community	188	39%
Local Organizations or Businesses	134	28%
National Programs	15	3%
Senior Center	65	13%
The Internet	21	4%
University Community College	9	2%
Grand Total	1143	100%

Volunteerism and Oneida County

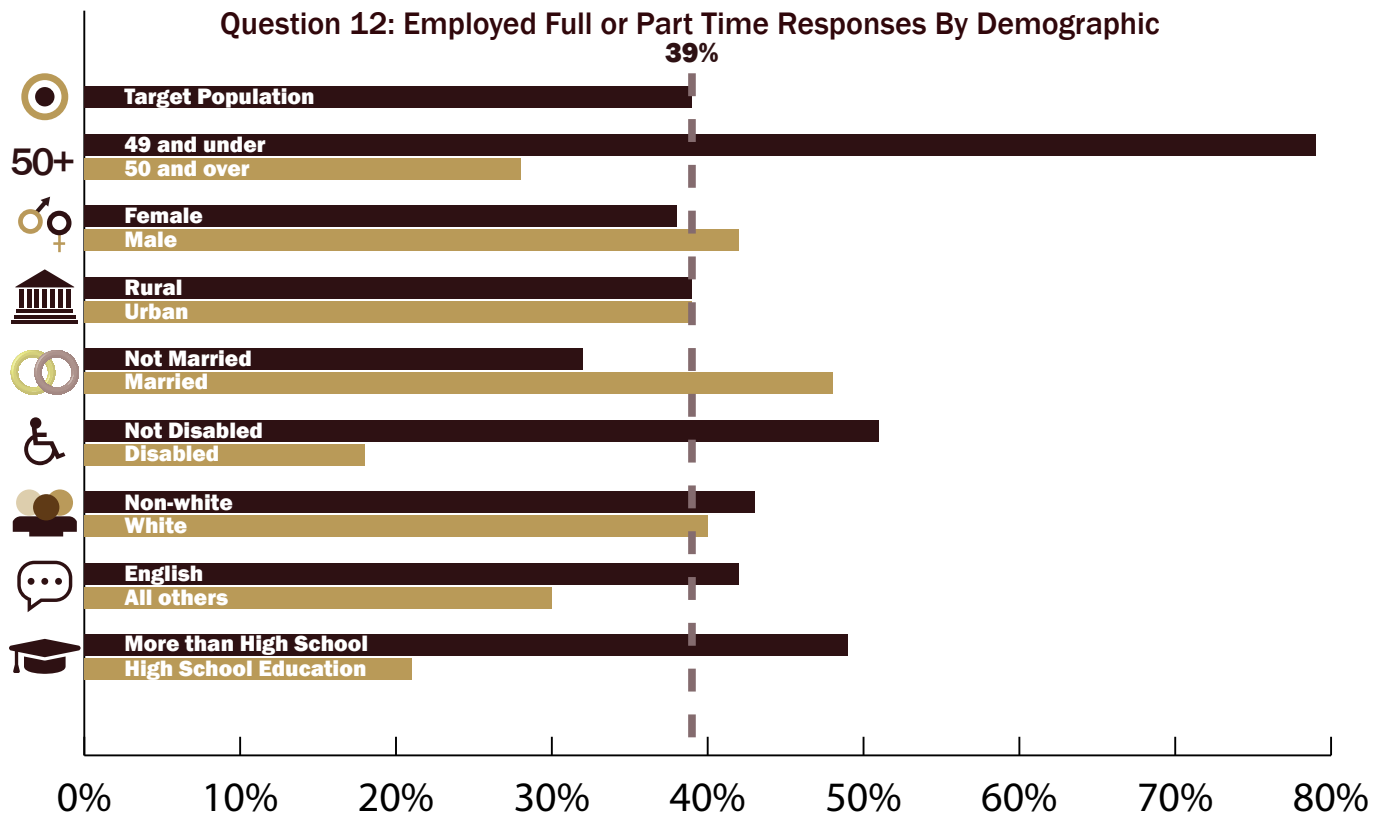
Disability or Chronic Disease		
Row Labels	Count	%
No	807	75%
Community Center	66	8%
Department of Parks and Recreation	24	3%
Faith Community Religious Community	262	32%
Local Organizations or Businesses	209	26%
National Programs	25	3%
Senior Center	137	17%
The Internet	35	4%
University Community College	49	6%
Yes	267	25%
Community Center	25	9%
Department of Parks and Recreation	7	3%
Faith Community Religious Community	83	31%
Local Organizations or Businesses	55	21%
National Programs	10	4%
Senior Center	62	23%
The Internet	16	6%
University Community College	9	3%
Grand Total	1074	100%

Language Preference		
Row Labels	Count	%
English Preferred	931	93%
Community Center	78	8%
Department of Parks and Recreation	29	3%
Faith Community Religious Community	290	31%
Local Organizations or Businesses	239	26%
National Programs	28	3%
Senior Center	178	19%
The Internet	45	5%
University Community College	44	5%
Primary Language	74	7%
Community Center	7	9%
Department of Parks and Recreation	1	1%
Faith Community Religious Community	31	42%
Local Organizations or Businesses	10	14%
National Programs	6	8%
Senior Center	6	8%
The Internet	3	4%
University Community College	10	14%
Grand Total	1005	100%

Race		
Row Labels	Count	%
Non-white	102	11%
Community Center	15	15%
Department of Parks and Recreation	4	4%
Faith Community Religious Community	42	41%
Local Organizations or Businesses	12	12%
National Programs	3	3%
Senior Center	6	6%
The Internet	6	6%
University Community College	14	14%
White or Caucasian	847	89%
Community Center	66	8%
Department of Parks and Recreation	22	3%
Faith Community Religious Community	268	32%
Local Organizations or Businesses	220	26%
National Programs	25	3%
Senior Center	170	20%
The Internet	36	4%
University Community College	40	5%
Grand Total	949	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	858	77%
Community Center	69	8%
Department of Parks and Recreation	25	3%
Faith Community Religious Community	273	32%
Local Organizations or Businesses	236	28%
National Programs	35	4%
Senior Center	139	16%
The Internet	34	4%
University Community College	47	5%
High School Educated	250	23%
Community Center	28	11%
Department of Parks and Recreation	8	3%
Faith Community Religious Community	77	31%
Local Organizations or Businesses	33	13%
National Programs	1	0%
Senior Center	72	29%
The Internet	19	8%
University Community College	12	5%
Grand Total	1108	100%

Employment in Oneida County



Total Responses		
Row Labels	Count	%
Employed FT or PT	611	39%
Not working	958	61%
Grand Total	1569	100%

Gender		
Row Labels	Count	%
Female	1082	70%
Employed FT or PT	406	38%
Not working	676	62%
Male	469	30%
Employed	197	42%
Not working	272	58%
Grand Total	1551	100%

Age		
Row Labels	Count	%
49 and under	341	22%
Employed FT or PT	268	79%
Not Working	73	21%
50 and over	1188	78%
Employed FT or PT	331	28%
Not Working	857	72%
Grand Total	1529	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	704	45%
Employed FT or PT	277	39%
Not employed	427	61%
Urban	858	55%
Employed FT or PT	332	39%
Not employed	526	61%
Grand Total	1562	100%

Employment in Oneida County

Married vs. Not Married		
Row Labels	Count	%
Not Married	903	58%
Employed FT or PT	292	32%
Not Working	611	68%
Married	648	42%
Employed FT or PT	312	48%
Not Working	336	52%
Grand Total	1551	100%

Language Preference		
Row Labels	Count	%
English Preferred	1233	91%
Employed FT or PT	524	42%
Not working	709	58%
Primary Language	125	9%
Employed FT or PT	37	30%
Not working	88	70%
Grand Total	1358	100%

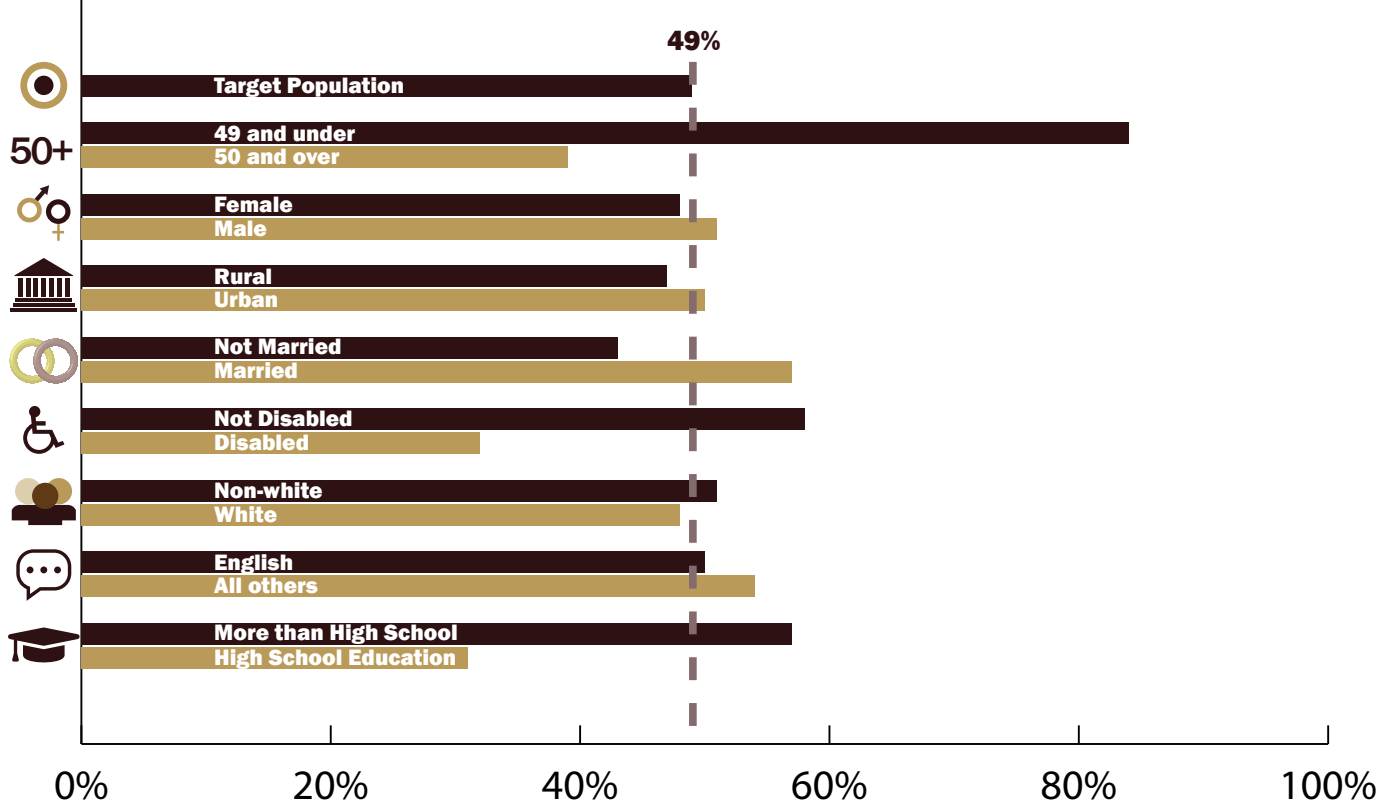
Disability or Chronic Disease		
Row Labels	Count	%
No	1003	67%
Employed FT or PT	507	51%
Not Working	496	49%
Yes	484	33%
Employed FT or PT	89	18%
Not Working	395	82%
Grand Total	1487	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	1021	69%
Employed FT or PT	496	49%
Not working	525	51%
High School Educated	467	31%
Employed FT or PT	97	21%
Not working	370	79%
Grand Total	1488	100%

Race		
Row Labels	Count	%
Non-white	157	12%
Employed FT or PT	67	43%
Not working	90	57%
White or Caucasian	1163	88%
Employed FT or PT	467	40%
Not working	696	60%
Grand Total	1320	100%

Employment in Oneida County

Question 13 “Likely” to Work Past Typical Age of Retirement Responses By Demographic



Total Responses		
Row Labels	Count	%
Likely	641	49%
Not Very Likely	679	51%
Grand Total	1320	100%

Gender		
Row Labels	Count	%
Female	909	70%
Likely	432	48%
Not Likely	477	52%
Male	394	30%
Likely	201	51%
Not Likely	193	49%
Grand Total	1303	100%

Age		
Row Labels	Count	%
49 and under	281	22%
Likely	237	84%
Not Likely	44	16%
50 and over	1003	78%
Likely	390	39%
Not Likely	613	61%
Grand Total	1284	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	608	46%
Likely	283	47%
Not Likely	325	53%
Urban	706	54%
Likely	355	50%
Not Likely	351	50%
Grand Total	1314	100%

Employment in Oneida County

Married vs. Not Married		
Row Labels	Count	%
Not Married	735	56%
Likely	313	43%
Not Likely	422	57%
Married	569	44%
Likely	322	57%
Not Likely	247	43%
Grand Total	1304	100%

Language Preference		
Row Labels	Count	%
English Preferred	1053	92%
Likely	530	50%
Not Likely	523	50%
Primary Language	93	8%
Likely	50	54%
Not Likely	43	46%
Grand Total	1146	100%

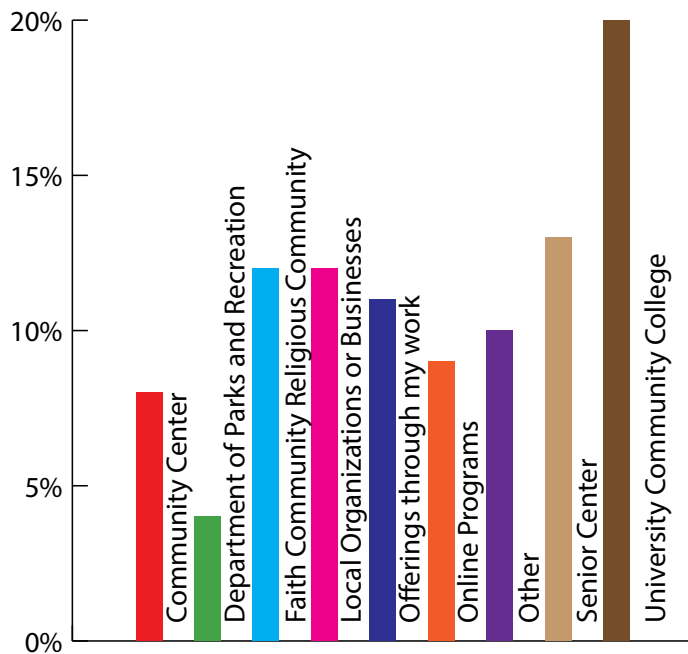
Disability or Chronic Disease		
Row Labels	Count	%
No	849	68%
Likely	493	58%
Not Likely	356	42%
Yes	401	32%
Likely	127	32%
Not Likely	274	68%
Grand Total	1250	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	898	72%
Likely	508	57%
Not Likely	390	43%
High School Educated	357	28%
Likely	111	31%
Not Likely	246	69%
Grand Total	1255	100%

Race		
Row Labels	Count	%
Non-white	329	25%
Likely	167	51%
Not likely	162	49%
White or Caucasian	991	75%
Likely	474	48%
Not likely	517	52%
Grand Total	1320	100%

Access and Sources of Information

Where people go for continuing education, question 9.



Age

Row Labels	Count	%
49 and under	500	25%
Community Center	42	8%
Department of Parks and Recreation	12	2%
Faith Community Religious Community	33	7%
Local Organizations or Businesses	69	14%
Offerings through my work	61	12%
Online Programs	59	12%
Other	58	12%
Senior Center	9	2%
University Community College	157	31%
50 and over	1477	75%
Community Center	110	7%
Department of Parks and Recreation	59	4%
Faith Community Religious Community	207	14%
Local Organizations or Businesses	174	12%
Offerings through my work	151	10%
Online Programs	122	8%
Other	152	10%
Senior Center	255	17%
University Community College	247	17%
Grand Total	1977	100%

Total Responses

Row Labels	Count	%
Community Center	154	8%
Department of Parks and Recreation	74	4%
Faith Community Religious Community	251	12%
Local Organizations or Businesses	252	12%
Offerings through my work	219	11%
Online Programs	190	9%
Other	213	10%
Senior Center	273	13%
University Community College	415	20%
Grand Total	2041	100%

Gender

Row Labels	Count	%
Female	1537	76%
Community Center	115	7%
Department of Parks and Recreation	58	4%
Faith Community Religious Community	196	13%
Local Organizations or Businesses	199	13%
Offerings through my work	166	11%
Online Programs	133	9%
Other	151	10%
Senior Center	218	14%
University Community College	301	20%
Male	478	24%
Community Center	38	8%
Department of Parks and Recreation	15	3%
Faith Community Religious Community	52	11%
Local Organizations or Businesses	51	11%
Offerings through my work	51	11%
Online Programs	52	11%
Other	61	13%
Senior Center	50	10%
University Community College	108	23%
Grand Total	2015	100%

Access and Sources of Information

Rural vs. Urban

Row Labels	Count	%
Rural	927	46
Community Center	55	6%
Department of Parks and Recreation	33	4%
Faith Community Religious Community	117	13%
Local Organizations or Businesses	111	12%
Offerings through my work	114	12%
Online Programs	100	11%
Other	89	10%
Senior Center	128	14%
University Community College	180	19%
Urban	1103	54%
Community Center	98	9%
Department of Parks and Recreation	40	4%
Faith Community Religious Community	132	12%
Local Organizations or Businesses	140	13%
Offerings through my work	105	10%
Online Programs	89	8%
Other	123	11%
Senior Center	142	13%
University Community College	234	21%
Grand Total	2030	100%

Married vs. Not Married

Row Labels	Count	%
Not Married	1092	54%
Community Center	99	9%
Department of Parks and Recreation	39	4%
Faith Community Religious Community	131	12%
Local Organizations or Businesses	130	12%
Offerings through my work	76	11%
Online Programs	76	9%
Other	113	10%
Senior Center	181	13%
University Community College	247	20%
Married	920	46%
Community Center	53	6%
Department of Parks and Recreation	32	3%
Faith Community Religious Community	117	13%
Local Organizations or Businesses	120	13%
Offerings through my work	140	15%
Online Programs	111	12%
Other	99	11%
Senior Center	87	9%
University Community College	161	18%
Grand Total	2012	100%

Disability or Chronic Disease

Row Labels	Count	%
No	1443	75%
Community Center	108	7%
Department of Parks and Recreation	52	4%
Faith Community Religious Community	170	12%
Local Organizations or Businesses	187	13%
Offerings through my work	168	12%
Online Programs	138	10%
Other	150	10%
Senior Center	160	11%
University Community College	310	21%
Yes	488	25%
Community Center	34	7%
Department of Parks and Recreation	18	4%
Faith Community Religious Community	64	13%
Local Organizations or Businesses	49	10%
Offerings through my work	41	8%
Online Programs	46	9%
Other	57	12%
Senior Center	93	19%
University Community College	86	18%
Grand Total	1931	100%

Race

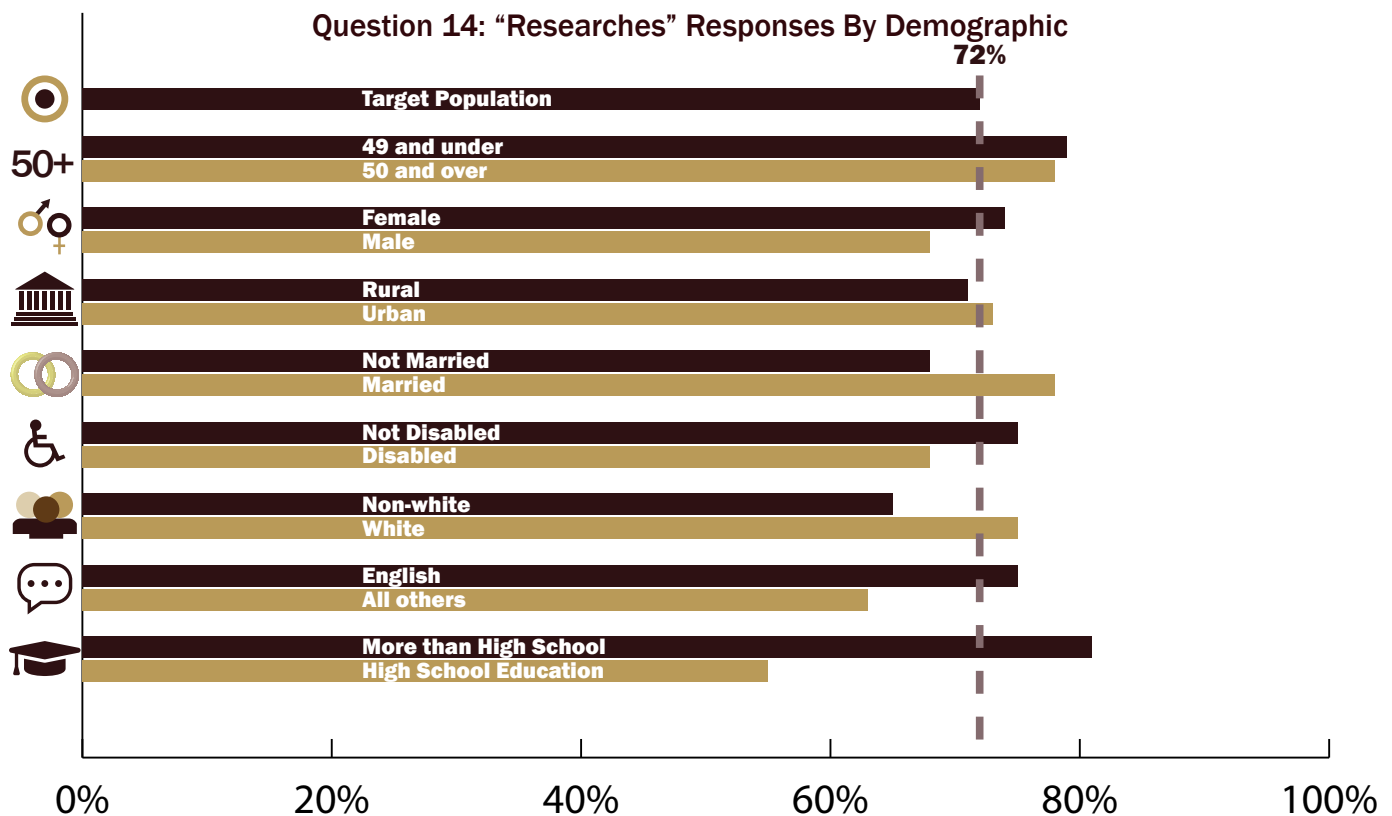
Row Labels	Count	%
Non-white	210	12%
Community Center	27	13%
Department of Parks and Recreation	6	3%
Faith Community Religious Community	15	7%
Local Organizations or Businesses	24	11%
Offerings through my work	14	7%
Online Programs	16	8%
Other	57	27%
Senior Center	7	3%
University Community College	44	21%
White or Caucasian	1533	88%
Community Center	102	7%
Department of Parks and Recreation	57	4%
Faith Community Religious Community	194	13%
Local Organizations or Businesses	201	13%
Offerings through my work	176	11%
Online Programs	154	10%
Other	131	9%
Senior Center	221	14%
University Community College	297	19%
Grand Total	1743	100%

Access and Sources of Information

Language Preference		
Row Labels	Count	%
Prefer English	1631	92%
Community Center	111	7%
Department of Parks and Recreation	63	4%
Faith Community Religious Community	203	12%
Local Organizations or Businesses	214	13%
Offerings through my work	192	12%
Online Programs	164	10%
Other	136	8%
Senior Center	208	13%
University Community College	340	21%
Primary Language	149	8%
Community Center	18	12%
Department of Parks and Recreation	2	1%
Faith Community Religious Community	11	7%
Local Organizations or Businesses	11	7%
Offerings through my work	8	5%
Online Programs	10	7%
Other	55	37%
Senior Center	12	8%
University Community College	22	15%
Grand Total	1780	100%

College Educated vs. High School Educated		
Row Labels	Count	%
College Educated	1590	81%
Community Center	109	7%
Department of Parks and Recreation	56	4%
Faith Community Religious Community	196	12%
Local Organizations or Businesses	199	13%
Offerings through my work	191	12%
Online Programs	170	11%
Other	132	8%
Senior Center	181	11%
University Community College	356	22%
High School Educated	376	19%
Community Center	39	10%
Department of Parks and Recreation	15	4%
Faith Community Religious Community	42	11%
Local Organizations or Businesses	41	11%
Offerings through my work	20	5%
Online Programs	15	4%
Other	73	19%
Senior Center	84	22%
University Community College	47	13%
Grand Total	1966	100%

Access and Sources of Information



Total Responses		
Row Labels	Count	%
Researches	1110	72%
Less Frequent (Monthly)	650	59%
Frequent (Weekly)	460	41%
Does not research	429	28%
Grand Total	1539	100%

Age		
Row Labels	Count	%
49 and under	335	22%
Researches	263	79%
Less Frequent (Monthly)	144	55%
Frequent (Weekly)	119	45%
Does not research	72	21%
50 and over	1169	78%
Researches	825	71%
Less Frequent (Monthly)	494	60%
Frequent (Weekly)	331	40%
Does not research	344	29%
Grand Total	1504	100%

Gender		
Row Labels	Count	%
Female	1056	69%
Researches	781	74%
Less Frequent (Monthly)	457	59%
Frequent (Weekly)	324	41%
No	275	26%
Male	468	31%
Researches	318	68%
Less Frequent (Monthly)	188	59%
Frequent (Weekly)	130	41%
Does not research	150	32%
Grand Total	1524	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	682	45%
Researches	485	71%
Less Frequent (Monthly)	310	64%
Frequent (Weekly)	175	36%
Does not research	197	29%
Urban	850	55%
Researches	619	73%
Less Frequent (Monthly)	336	54%
Frequent (Weekly)	283	46%
Does not research	231	27%
Grand Total	1532	100%

Access and Sources of Information

Married vs. Not Married

Row Labels	Count	%
Not Married	881	58%
Researches	600	68%
Less Frequent (Monthly)	336	56%
Frequent (Weekly)	264	44%
Does not research	281	32%
Married	643	42%
Researches	499	78%
Less Frequent (Monthly)	310	62%
Frequent (Weekly)	189	38%
Does not research	144	22%
Grand Total	1524	100%

Language Preference

Row Labels	Count	%
English Preferred	1212	91%
Researches	907	75%
Less Frequent (Monthly)	522	58%
Frequent (Weekly)	385	42%
Does not research	305	25%
Primary Language	124	9%
Researches	78	63%
Less Frequent (Monthly)	51	65%
Frequent (Weekly)	27	35%
Does not research	46	37%
Grand Total	1336	100%

Disability or Chronic Disease

Row Labels	Count	%
No	979	67%
Researches	737	75%
Less Frequent (Monthly)	429	58%
Frequent (Weekly)	308	42%
Does not research	242	25%
Yes	487	33%
Researches	330	68%
Less Frequent (Monthly)	193	58%
Frequent (Weekly)	137	42%
Does not research	157	32%
Grand Total	1466	100%

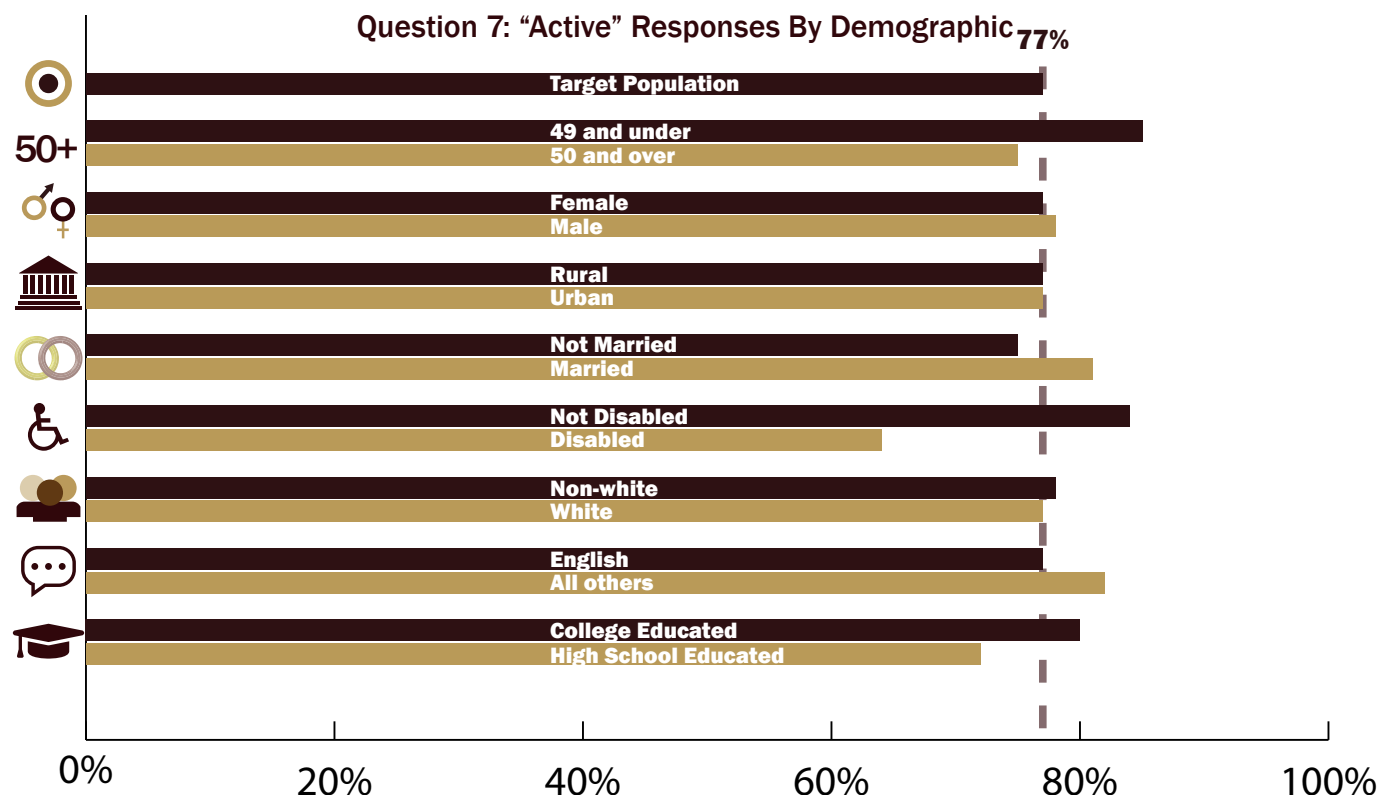
College Educated vs. High School Educated

Row Labels	Count	%
College Educated	1007	69%
Researches	813	81%
Less Frequent (Monthly)	467	57%
Frequent (Weekly)	346	43%
Does not research	194	19%
High School Educated	453	31%
Researches	251	55%
Less Frequent	155	62%
Frequent	96	38%
Does not research	202	45%
Grand Total	1460	100%

Race

Row Labels	Count	%
Non-white	397	26%
Researches	257	65%
Less Frequent (Monthly)	152	59%
Frequent (Weekly)	105	41%
Does not research	140	35%
White or Caucasian	1142	74%
Researches	853	75%
Less Frequent (Monthly)	498	58%
Frequent (Weekly)	355	42%
Does not research	289	25%
Grand Total	1539	100%

Health and Wellness



Total Responses		
Row Labels	Count	%
Less Active (Monthly)	208	13%
Active (Weekly)	1214	77%
Never	149	9%
Grand Total	1571	100%

Gender		
Row Labels	Count	%
Female	1079	70%
Less Active (Monthly)	147	14%
Active (Weekly)	831	77%
Never	101	9%
Male	470	30%
Less Active (Monthly)	59	13%
Active (Weekly)	365	78%
Never	46	10%
Grand Total	1549	100%

Age		
Row Labels	Count	%
49 and under		
Less Active (Monthly)	42	12%
Active (Weekly)	289	85%
Never	11	3%
50 and over		
Less Active (Monthly)	159	13%
Active (Weekly)	890	75%
Never	132	11%
Grand Total	1523	100%

Rural vs. Urban		
Row Labels	Count	%
Rural	707	45%
Less Active (Monthly)	97	14%
Active (Weekly)	547	77%
Never	63	9%
Urban	858	55%
Less Active (Monthly)	110	13%
Active (Weekly)	662	77%
Never	86	10%
Grand Total	1565	100%

Health and Wellness

Married vs. Not Married		
Row Labels	Count	%
Not Married	897	58%
Less Active (Monthly)	120	13%
Active (Weekly)	671	75%
Never	106	12%
Married	653	42%
Less Active (Monthly)	85	13%
Active (Weekly)	528	81%
Never	40	6%
Grand Total	1550	100%

Language Preference		
Row Labels	Count	%
English Preferred	1226	91%
Less Active (Monthly)	169	14%
Active (Weekly)	949	77%
Never	108	9%
Primary Language	127	9%
Less Active (Monthly)	14	11%
Active (Weekly)	104	82%
Never	9	7%
Grand Total	1353	100%

Disability or Chronic Disease		
Row Labels	Count	%
No	1003	68%
Less Active (Monthly)	108	11%
Active (Weekly)	840	84%
Never	55	5%
Yes	480	32%
Less Active (Monthly)	91	19%
Active (Weekly)	308	64%
Never	81	17%
Grand Total	1483	100%

College Educated vs High School Educated		
Row Labels	Count	%
College Educated	1016	68%
Less Active (Monthly)	131	13%
Active (Weekly)	815	80%
Never	70	7%
High School Educated	468	32%
Less Active (Monthly)	65	14%
Active (Weekly)	339	72%
Never	64	14%
Grand Total	1484	100%

Race		
Row Labels	Count	%
Nonwhite	415	26%
Less Active (Monthly)	49	12%
Active (Weekly)	325	78%
Never	41	10%
White or Caucasian	1156	74%
Less Active (Monthly)	159	14%
Active (Weekly)	889	77%
Never	108	9%
Grand Total	1571	100%

