

To: Manhattan Community Board 3, Health and Human Services Committee
From: Mariana Rich, 2014 – 2015 FCNY Community Planning Fellow
Date: December 9th 2014
Re: Community Accessibility Study

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I. INTRODUCTION

- **Executive Summary:**

The community planning fellow, Mariana Rich, will work on a pilot project to measure the accessibility of goods (e.g. fresh food access, groceries stores, pharmacies) and services (e.g. recreation services, health assistance, friendly visiting), the public right of way (sidewalks and street crossings) and housing typologies (e.g. tenement houses, high rise buildings)¹ in a selected geographic area for populations with mobility disabilities and seniors aged 75 and older.

- **Project Description:**

The study will analyze the accessibility in a specific geographic area of CD3 in order to improve the quality of life and to address current and future accessibility issues focusing on the needs and concerns of populations with mobility disabilities and seniors aged 75 and older. The pilot project aims to create a model that can be conducted in other applicable areas of the community district and potential recommendations and actions steps will be given to Community Board 3's Health and Human Services Committee in May 2015

- **Approach:**

Phase 1 / Literature Review and Assessment:

- Literature Review on community accessibility to identify important themes.
- Review of the community district needs and analysis of existing conditions.
- Compilation and analysis of relevant data, identify if new data is necessary.

¹ New construction does not require "elevator in facilities that are less than 3 stories or have less than 3,000 square feet per story (the typical NYC lots has an average of 2,500 sq. ft.) unless the building is a shopping center, a shopping mall, or the professional office of a health care provider." (Americans for Disabilities Act).

The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications new multifamily housing with four or more units must be designed and built to allow access for persons with disabilities.

- Identification of potential areas of study and selection criteria.

Phase 2 / Geographic Area of Study:

- Once the geographic area has been selected, collect new data and information identified in phase 1 and look if any new information might be needed (given its geographic location and/or community services). Determine methodology (potential survey)
- Identify gaps in accessibility to local goods and services.
- Possible solutions and recommendations

II. LESSONS LEARNED FROM LITERATURE REVIEW

Global Trends:

- In less than 10 years, for first time in history, the number of older adults will exceed the number of children (Withnall, 2012).
- In 2010 older adults comprised 11% of the world population and projections estimate it will get to 22% by 2050 (World Economic Forum, 2012).
- The economic costs of providing life dependency and medical needs will rise as the number of older adults continues to increase (Johnson, Toohey, & Wiener, 2007).

United States:

- “By 2030 the number of Americans aged 65 or older will exceed 70 million comprising 20 percent of the population in the U.S.” (U.S. Census Bureau, 2012).
- Older adults in the United States have considerable late-life disability and care needs according national data from 2011 National Health and Aging Trends Study (NHATS) (Freedman and Spillman, 2014).

New York City and CD3:

- Among older adults, those 80.6 and older, life expectancy is higher in NYC than in the rest of the country which means the city should prepare and expect a growth of older senior residents in their 80’s and 90’s (Maltz et al., 2014).
- With a population of 8.2 million residents, more than 1 million are older adults. In the next 20 years the population over 60 will increase by a 50 % (Age Friendly NYC, 2012).
- The number of senior citizens will increase more rapidly than any other age group over the next three decades (NYC Department of City Planning, 2006)
- According NYC Department of Aging and the U.S. Census there are 22,847 seniors in CB 3, which is approximately 14% of the total population. (District Needs Statement for Fiscal Year 2016, p.7)
- 13,281 seniors (65+) in CB3 are below the poverty line, which is approximately 58% of seniors in the district. (District Needs Statement for Fiscal Year 2016, p.8)
- 70% of CB 3’s seniors are foreign born – the second highest ranking district in Manhattan.
- “23% of seniors speak Spanish and 43% speak Chinese. Roughly 59% of people over 60 years old reported speaking English “less than very well” according 2010-2012 ACS”².
- The district needs to look for new funding sources for its public senior centers, which are sensitive to its diverse community and in proximity to so many seniors' homes.

NOTE: The term older adult usually refers to population 65 and older unless it specifies.

² From “District Needs Statement for Fiscal Year 2016” by Community Board 3 2014, P.8

III. FINDINGS

The following data analyses the concentration of older adults (75+) and population (75+) with ambulatory difficulties³ at three levels: New York City, Manhattan and Community District 3

- 1) The first finding suggests that the percent share of older adults (75+) is the same at the three levels being 6% share of the total population. See figure 1.

Older Adults (75+) Population			
	NYC	Manhattan	CD3
75+ Population	461,697	98,784	12,558
% Share of Total Population	6%	6%	8%

Figure 1: Older Adults 75+ Population
Source: U.S. Census Bureau, 2010

- 2) The percent share of the total population with ambulatory difficulties in New York City and Manhattan is 7% while in Community District 3 is slightly higher being of 9%. See figure 2 to 4.

Population in NYC with Ambulatory Difficulties

Without Difficulties With Difficulties

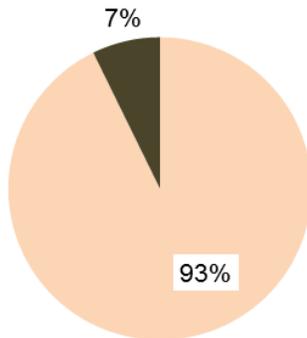


Figure 2: Population in NYC with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Population in Manhattan with Ambulatory Difficulties

Without Difficulties With Difficulties

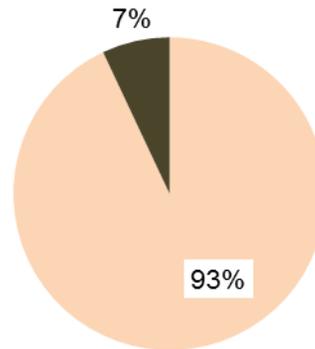


Figure 3: Population in Manhattan with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

³ The term "ambulatory difficulties" is a technical definition from the U.S. Census that refers to ambulatory disabilities. The ACS asks for specific disabilities such as: hearing disabilities, visual disabilities, cognitive disabilities, ambulatory disabilities, self-care disabilities, and independent living disabilities.

Population in CD3 with Ambulatory Difficulties

Without Difficulties With Difficulties

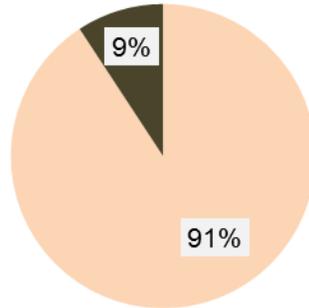


Figure 4: Population in CD3 with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

3) While the percent share of the total population with ambulatory difficulties at the three levels is not relatively high, when analyzing the percentage share among the older adult (75+) groups the percent share has a significant increase and varies among gender. Once again the percent share of NYC and Manhattan are very similar being 32% and 30% of older male adults (75+) with ambulatory difficulties respectively, and in Community District 3 it is once again higher with a 39% share. See figure 4 to 6.

Men 75+ in NYC with Ambulatory Difficulties

Without Difficulties With Difficulties

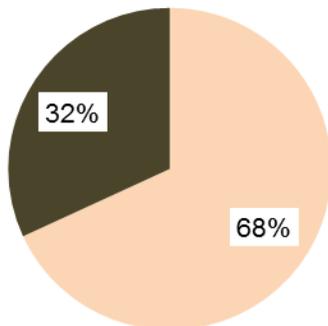


Figure 5: Men 75+ in NYC with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Men 75+ in Manhattan with Ambulatory Difficulties

Without Difficulties With Difficulties

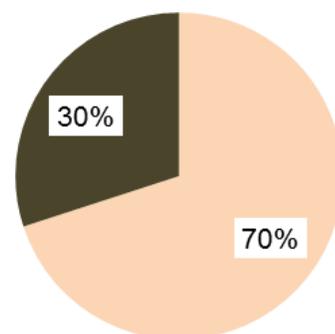


Figure 6: Men 75+ in Manhattan with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Men 75+ in CD3 with Ambulatory Difficulties

Without Difficulties With Difficulties

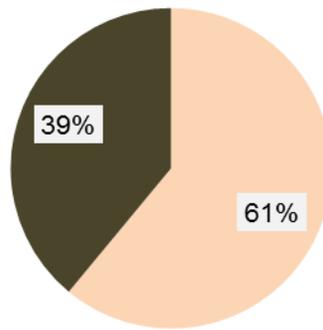


Figure 7: Men in CD3 with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Findings also suggest that the percent share of ambulatory difficulties is higher in women than men being of 44% in NYC, 41% in Manhattan and 49% in CD3. See figures 7 to 9.

Women 75+ in NYC with Ambulatory Difficulties

Without Difficulties With Difficulties

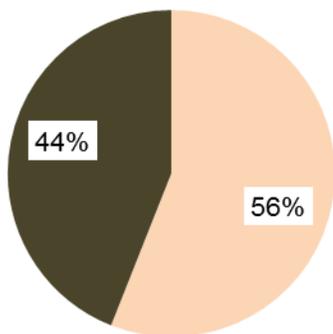


Figure 8: Women 75+ in NYC with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Women 75+ in Manhattan with Ambulatory Difficulties

Without Difficulties With Difficulties

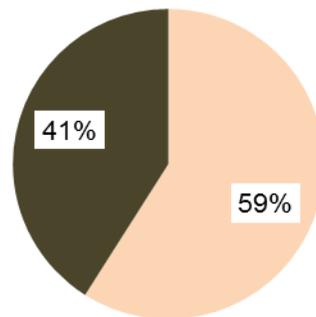


Figure 8: Women 75+ in Manhattan with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

Women 75+ in CD3 with Ambulatory Difficulties

■ Without Difficulties ■ With Difficulties

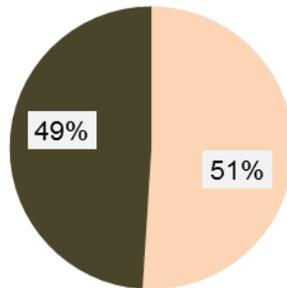


Figure 9: Women 75+ in CD3 with Ambulatory Difficulties
Source: U.S. Census Bureau, ACS 2008 - 2012

For more detailed tables about ambulatory difficulties by age group please see Appendix A.

IV. SUGGESTED GEOGRAPHIC AREAS FOR STUDY

Findings suggest three potential areas of study highlighted in red in the following map. They are Census Tracts 8, 16 and 18.

Suggested Areas for Study



Source: NYC Department of City Planning

The criterion for selection was based on the following:

- High concentrations of older adult population (75+). See Appendix B
- High concentrations of older adults (65+) with low median household income. See Appendix C.
- High concentrations of population with ambulatory difficulties (75+). See Appendix D
- Good mix of housing typologies that is looking not only for 20 story buildings but also tenement buildings which do not have elevators. See Appendix E and F.
- Complicated intersections, wide roadways and high concentration of collisions. See Appendix G.

V. NEXT STEPS

- Start with Phase 2 of this study that will require:
 - Field surveys to identify physically conditions and gathering of data (e.g. conditions of housing, sidewalks, crossings, ramps, bus stops..)
 - Create focus groups to identify the selected population major life activities and needs (e.g. access of recreation areas, retail, fresh food, pharmacies, libraries) and if they are physically accessible.
 - Identify accessibility gaps
 - Analyze case studies
 - Make potential recommendations to bridge accessibility gaps

Thank you.

VI. APPENDIX

Appendix A

NYC Ambulatory Difficulties

	With	Without	% of Population with Difficulties
5 to 17	10,014	1,236,527	1.0%
18 to 34	23,161	2,223,201	1.0%
35 to 64	210,814	2,931,279	7%
65 to 74	96,788	434,001	18%
75 and over	174,502	265,444	40%
TOTAL	515,279	7,090,452	7%

Manhattan Ambulatory Difficulties

	With	Without	% of Population with Difficulties
5 to 17	1,531	157,206	1.0%
18 to 34	3,743	517,052	1.0%
35 to 64	37,185	579,417	6%
65 to 74	18,590	96,596	16%
75 and over	34,737	60,223	37%
TOTAL	95,786	1,410,494	7%

Male

	With	Without	% of Population with Difficulties
5 to 17	5,629	629,736	1%
18 to 34	10,692	1,073,976	1%
35 to 64	82,765	1,398,306	6%
65 to 74	33,682	193,262	15%
75 and over	51,018	110,423	32%
	183,786	3,405,703	5%

Female

	With	Without	% of Population with Difficulties
5 to 17	4,385	606,791	1%
18 to 34	12,469	1,149,225	1%
35 to 64	128,049	1,532,973	8%
65 to 74	63,106	240,739	21%
75 and over	123,484	155,021	44%
	331,493	3,684,749	8%

* This numbers are subject to margins of errors that make this numbers approximations and not precise calculations.

Source: U.S. Census Bureau, ACS 2008 - 2012 Sex by Age by Ambulatory Difficulty

Male

	With	Without	% of Population with Difficulties
5 to 17	746	79,682	1%
18 to 34	1,618	238,519	1%
35 to 64	13,742	285,301	5%
65 to 74	6,372	42,978	13%
75 and over	10,604	25,400	30%
	33,082	671,880	5%

Female

	With	Without	% of Population with Difficulties
5 to 17	785	77,524	1%
18 to 34	2,125	278,533	1%
35 to 64	23,443	294,116	7%
65 to 74	12,218	53,618	19%
75 and over	24,133	34,823	41%
	62,704	738,614	8%

* This numbers are subject to margins of errors that make this numbers approximations and not precise calculations.

Source: U.S. Census Bureau, ACS 2008 - 2012 Sex by Age by Ambulatory Difficulty

CD3 Ambulatory Difficulties

	With	Without	% of Population with Difficulties
5 to 17	302	15,959	2%
18 to 34	483	56,615	1%
35 to 64	4,845	60,595	7%
65 to 74	2,793	9,977	22%
75 and over	5,518	6,623	45%
TOTAL	13,941	149,769	9%

	With	Without	% of Population with Difficulties
Male			
5 to 17	205	8,184	2%
18 to 34	118	27,381	0.4%
35 to 64	2,188	30,074	7%
65 to 74	963	4,877	16%
75 and over	1,774	2,770	39%
	5,248	73,286	7%

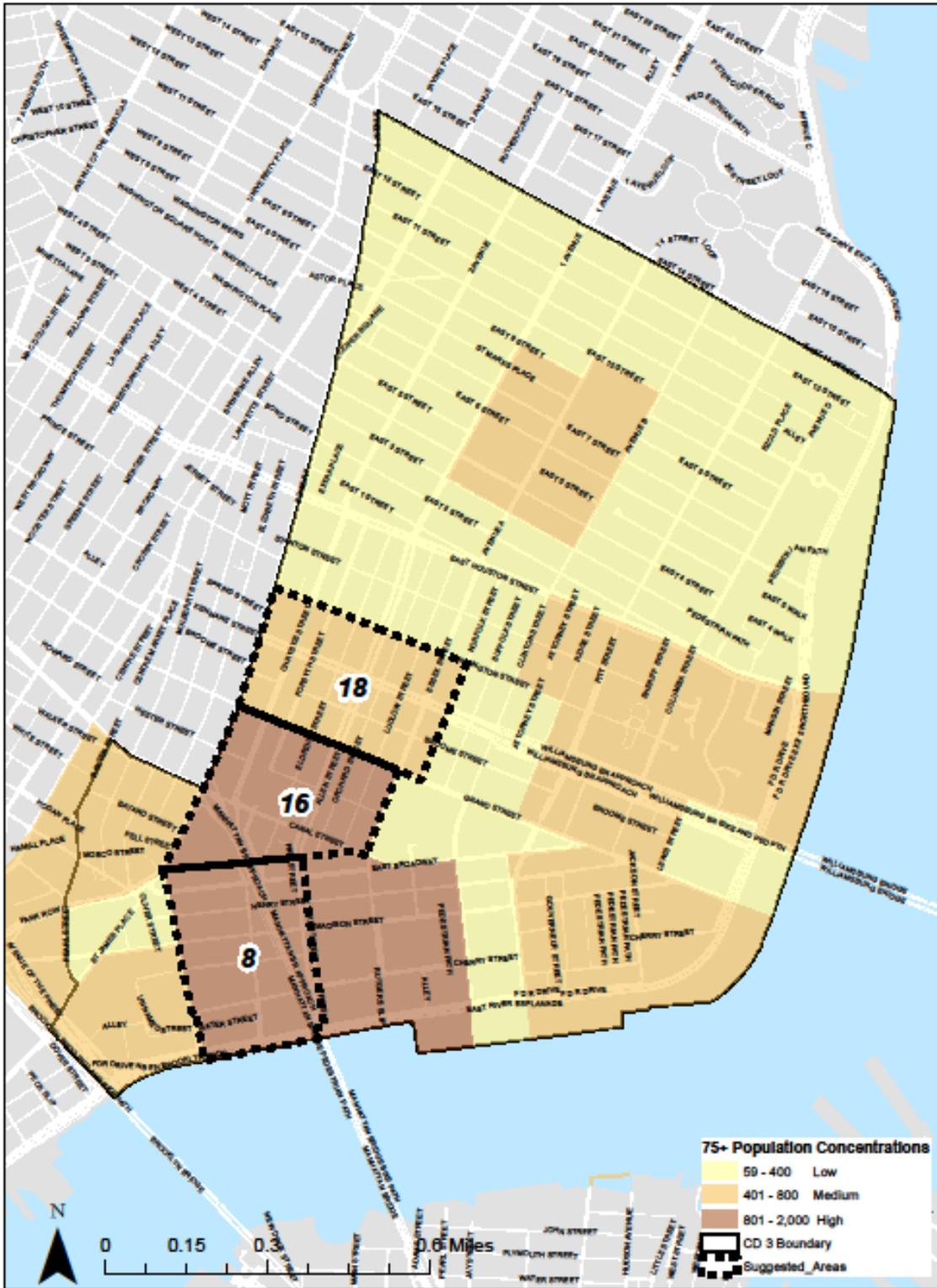
Female			
5 to 17	97	7,775	1%
18 to 34	365	29,234	1%
35 to 64	2,657	30,521	8%
65 to 74	1,830	5,100	26%
75 and over	3,744	3,853	49%
	8,693	76,483	10%

* This numbers are subject to margins of errors that make this numbers approximations and not precise calculations.

Source: U.S. Census Bureau, ACS 2008 - 2012 Sex by Age by Ambulatory Difficulty

Appendix B

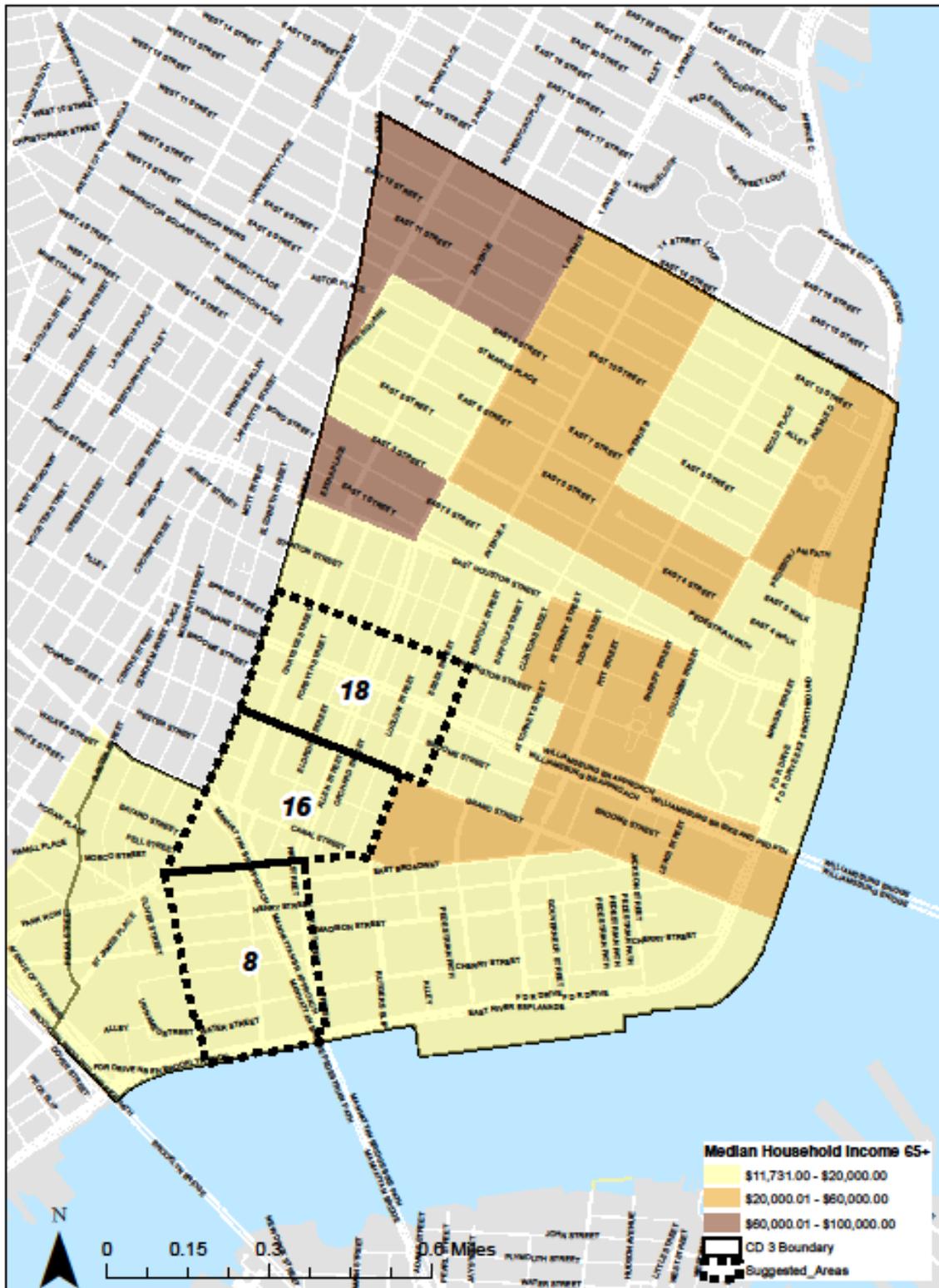
Older Adult (75+) Population Concentrations



Source: U.S. Census Bureau 2010

Appendix C

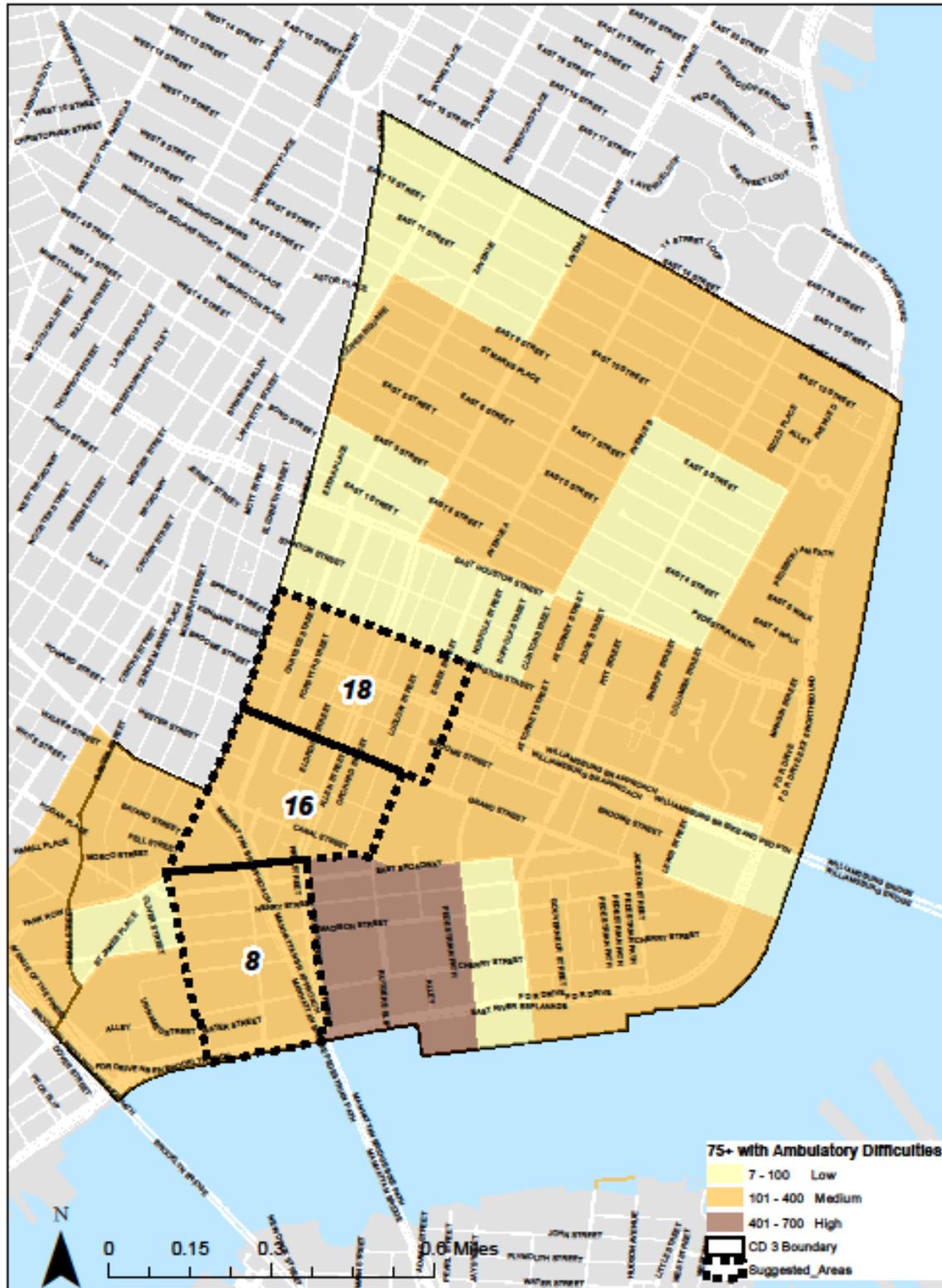
Older Adult (65+) Median Household Income



Source: U.S. Census Bureau, ACS 2008 - 2012

Appendix D

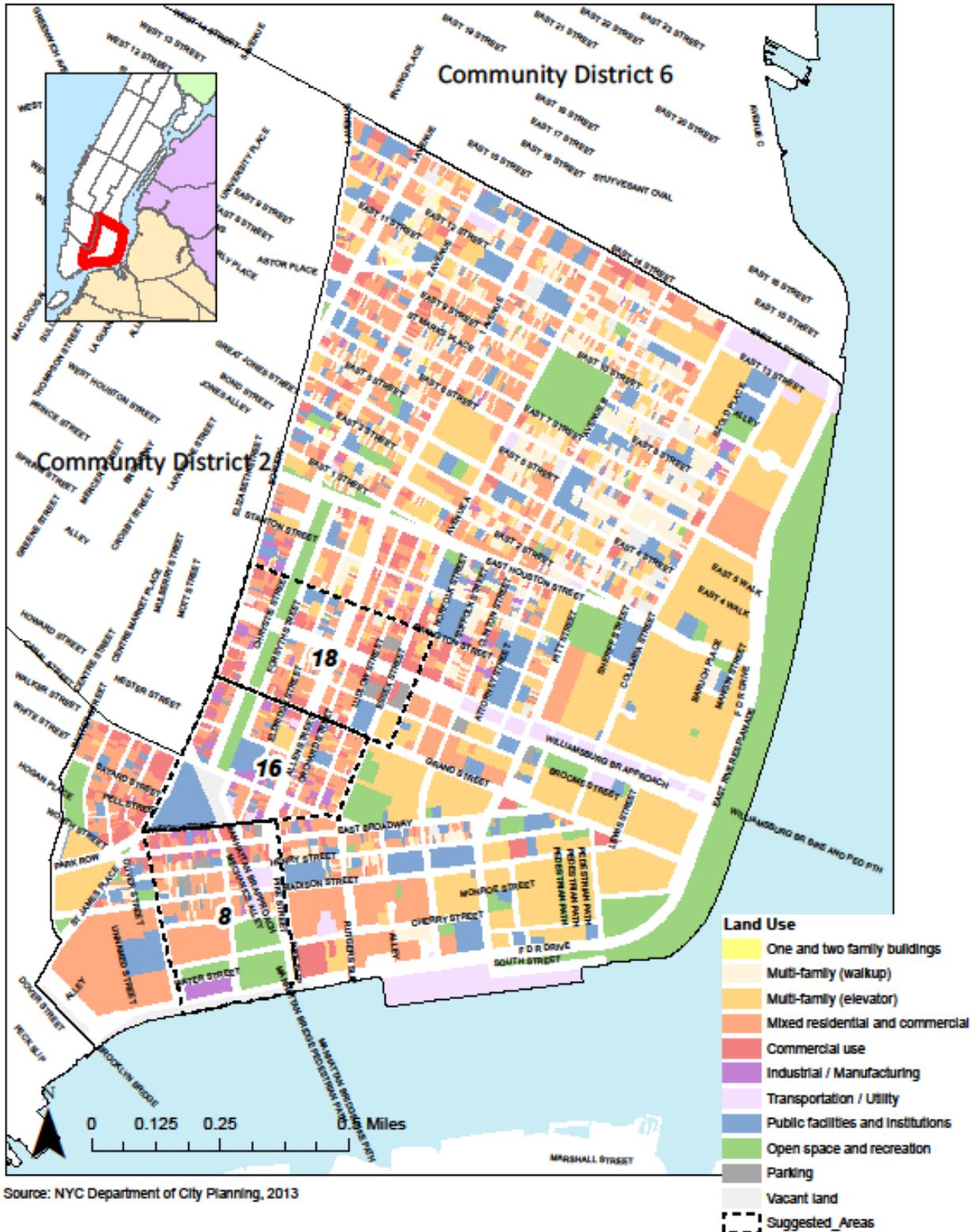
Older Adult (75+) Population with Ambulatory Difficulties



Source: U.S. Census Bureau, ACS 2008 - 2012

Appendix E

Land Uses Community District 3 Manhattan



Source: NYC Department of City Planning, 2013

Appendix F

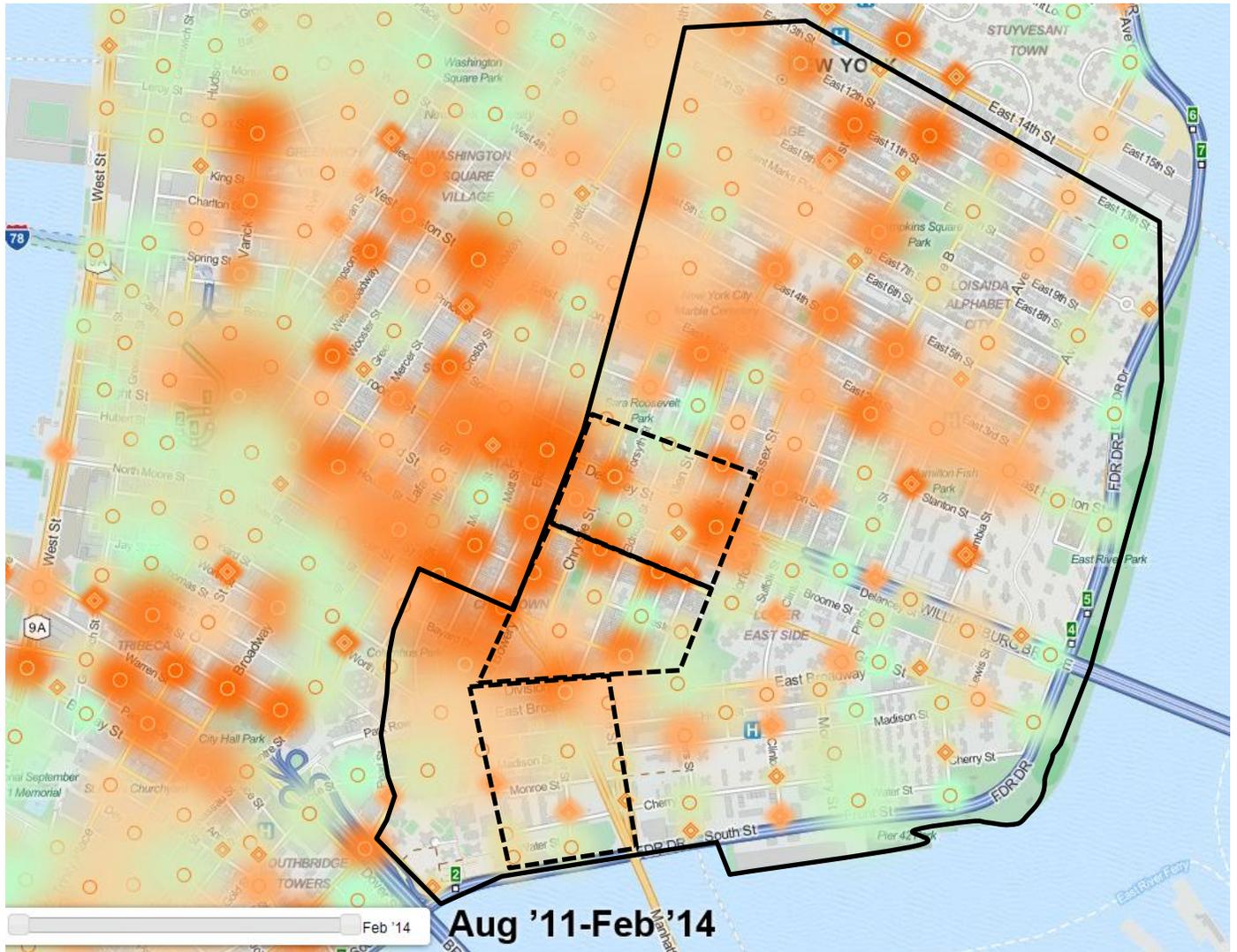
NYCHA Housing Developments



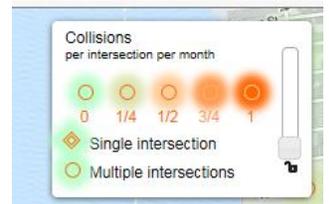
Source:
<http://maps.nyc.gov/nycha/im/wmp.do;jsessionid=8DAAC117296E698FDCE0B6B41CE86B18?>

Appendix G

Pedestrian Collisions per Intersection per Month



Source: nyc.crashmapper.com



Appendix H

Senior Centers

SENIOR CENTERS

NYC = 255
Manhattan = 63
CD 3 = 12

NOTE: CD3 Highest number in Manhattan, CDs 11 & 12 are in second place.

NORCS

Number of NORCs in Manhattan = 13
Number of NORCs in CD 3 = 4



Source: nycitymap.gov

- NORC
- ♥ Senior Center