

りにいかないときにどうするのか、代わりにどうするのかといったことへの準備ができていなかったことに気付かされる。それぞれの施設のマニュアルやルールの見直しにも応用できるはずである。

#### ・インセンティブとの連動

そして質の保証と質の向上を進めていくためには、やはりその取り組みと目標達成に向けてインセンティブとなる仕掛けを考えていかなければならない。アメリカにおいて JC の認証が CMS をはじめとする多くの保険者の支払いの条件になっていることや、取り組みの結果としての質の改善や向上の結果がインセンティブと連動していることは注目しておかなければならない。

#### <参考文献・引用文献>

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[www.ahcancal.org/facility\\_operations/disaster\\_planning/Pages/default.aspx](http://www.ahcancal.org/facility_operations/disaster_planning/Pages/default.aspx)
- ・ Joint Commission, [www.jointcommission.org/](http://www.jointcommission.org/)
- ・ Joint Commission International, [www.jointcommissioninternational.org/](http://www.jointcommissioninternational.org/)

## V 居住系サービスにおける検討課題と提言

以上 I～IV までの検討を踏まえ、居住系サービスにおける検討課題と提言について検討する。

- ①「集住」による効率のよい医療・介護サービスの提供を実現していく必要がある
- ②「元気な高齢者」から生活をスタートすることによって、これから老後を過ごす環境の適応を図っていく必要がある
- ③高齢者にとって必要になる様々な医療・介護・生活サービスを提供することにより、地域として「aging in place」を実現していく必要がある
- ④「高齢者医療」という専門領域の医療者による医療サービスの提供を推進していく必要がある
- ⑤「終末期延命拒否」の同意取得のあり方の検討と「看取り」の体制の充実を図っていく必要がある
- ⑥「住まい」「住まいの環境」について、医療・介護サービスの必要度、好みや資金力に応じて選択できるよう、様々なオプションを準備していく必要がある
- ⑦居住系サービスの質の向上と利用者の選択のために、評価結果を公開し共有していく仕組みが必要である
- ⑧今後は「地域のサービスの質の評価」についても検討していく必要がある
- ⑨ファイナンスに関するサポート体制を充実していく必要がある
- ⑩法的な問題に関するサポート体制を充実させていく必要がある
- ⑪選択のためのサポート体制を充実させていく必要がある
- ⑫取り組みと成果の達成に向けてインセンティブの働く仕掛けを検討していく必要がある

### ①「集住」による効率のよい医療・介護サービスの提供を実現していく必要がある

居住系サービスにおいて、集住は効率的な医療・介護サービスの提供に不可欠である。課題は、「それまでの暮らし」「それまでの場所」に執着する傾向にある日本人高齢者が、住みなれた地域を離れ、自宅を離れ、「幸せな集住」「積極的な集住」ができるか、である。先祖代々の土地・家屋を受け継いでいたのであれば、また「一戸建てを手に入れる」ことを人生の目標の一つにしていたのであればなおさらである。

しかし、社会のシステムとしての居住形サービスを考えていくとすれば、いくら住まいを改修し、訪問看護などの医療・介護の有料外付けサービスを受けることができるようにしたとしても、遠く離れている住宅間の訪問の行き来に時間をかけているようでは、効率

的なサービスを提供していくのは難しい。ひいては「適正な価格で質の高いサービス」を提供していくのは難しい。

では、どうしたら「日本型の集住」が実現できるだろうか。自宅の集まり具合によっては地域を単位にしたアメリカの CCRC や NORC の実現が可能ではないだろうか。また、自宅を離れることにはなっても住み慣れた地域に住まいを確保することで「幸せな集住」の実現が可能ではないだろうか。特に、すでに日本にも生まれている「図らずも集住」になっている地域については、アメリカの NORC が参考になる。

## ②「元気な高齢者」から生活をスタートすることによって、これから老後を過ごす環境への適応を図っていく必要がある

高齢化し、いよいよ医療・介護の必要度が高くなったところで、なじみのない環境に移ることは高齢者にとって大変なストレスである。independent living から assisted living への転居することになったとしても、そこが同じアリゾナの CCRC であり、同じニューヨークのビルの中、もしくは NORC の中であれば、環境は親しんだものであり、友人も介護者も親しんだ人たちである。実はこの早い段階からの集住が「これから老後を過ごす環境に適応していく」ことにつながっている。逆に言えば、結果として「早くからの集住」である「地域」とどまれるような高齢者の介護環境をつくっていくことが重要になる。

## ③高齢者にとって必要になる様々な医療・介護・生活サービスを提供することにより、地域として「aging in place」を実現していく必要がある

aging in place は日本の高齢者介護においても重要なコンセプトである。「in place」を「自宅」から「住み慣れた場所」「住み慣れた地域」とし、適切な医療・介護・生活サービスをできるだけ同じ場所・地域で受けていくようにするためには、CCRC に備えられているような高齢者に必要な医療・介護・生活サービスの整備を、サービス内容と給付形態の両面から検討していくことが必要になる。

諸外国と比較し多いとされる病床も、それらを有する医療・介護施設も、「地域」という視点から考えれば、「地域が有する貴重な資源」と考えることができる。そうした地域が有する貴重な資源を活用・転用しながら、CCRC の機能を参考にしつつ、また NORC の地域モデルとしての機能を参考にしつつ、どのように実際に「日本版 CCRC・NORC モデル」を作っていくことができるかの検討は、居住系サービス提供体制のあり方に様々な示唆に富んだ視点を提供してくれるはずである。

それぞれの地域にはそれぞれの地域の特性がある。地域住民とそのなかでの高齢者の居

住状況、「地域が有する資源」の特性、そしてそれぞれの地域の文化・風土なども視野に入れて検討していく必要がある。「日本版 CCRC・NORC モデル」の検討の先にあるのは、その地域の利用者の視点にたった「それぞれの地域の CCRC・NORC モデル」である。

「50 代からのアリゾナでの優雅な生活」が実現できるのはアメリカ人のなかでも極めて少数である。「近年、特にリーマンショック以降の景気の低迷のなかで、assisted living への入居者の平均年齢が上がってきているとともに、入居期間の平均年数が減少傾向にある」「Medicaid 利用者の割合が増えている」という施設関係者の話は、アメリカにおいても「できるだけ現状維持」でコスト軽減に努める高齢者の厳しい現状を表している。

先に述べたように、日本には活用しうる多くの「医療・介護資源」がある。CCRC のようなコミュニティを新たに作るのではなく、それぞれの地域がもつ医療・介護資源を活用し、「それぞれの地域の CCRC・NORC モデル」を実現していく必要がある。

#### ④「高齢者医療」という専門領域の医療者による医療サービスの提供を推進していく必要がある

生き方を考えることは終わり方を考えることでもある。acute-care、post-acute care、そして long term care をどのように行き来するかは、居住形サービスの提供体制を検討する重要な課題である。特に「高齢者の急変時」「高齢者の終末期」をどのように考えどのように向き合うか、高齢者医療といった専門領域の医療者とともに、医療の受け手も共に考えていかなければならない課題である。

既存の医療・介護施設を資源と考え、その資源を活用・転用しそれぞれの地域の CCRC・NORC モデルを実現していく必要があるとしたが、医療・看護施設というハードの活用・転用だけではなく、生き方と終わり方についてこれまでの日本人の意識を大きく変えることになるかもしれない。

#### ⑤「終末期延命拒否」の同意取得のあり方の検討と「看取り」の体制の充実を図っていく必要がある

「・・・これまでの日本人の意識を大きく変えることになるかもしれない」とした前項に続く課題である。居住系サービスのあり方を検討するにあたって、看取りの問題は重要な課題である。看取りに関する医療・介護者の負担を軽減する方法のひとつは、いざという時の処し方を利用者が決めて、医療・介護者との間で祖語のないよう決めておくことである。加えて、決めなければならない利用者、特に家族の負担を軽減する方法のひとつは、高齢者の終末期に対する理解を社会としてさらに深めることであろう。

胃ろうの造設についても、ようやく老年学会が「作らないことも選択肢のひとつ」であることをガイドラインのなかに記すこととなった。

アメリカでは「CCRCにおける入所時」が理解と決定のひとつの機会にもなっていたが、日本の地域包括ケアではどの段階がその機会となり得るのか。「Age-Friendly NYC initiative」においても課題になっているように、終末期医療に関する意思表示を得ることとして、advance directive（生前指示）として、instructive directive（延命処置の拒否、心肺蘇生の拒否や living will などの意思表示）を得ることや、healthcare proxy（本人が意思決定できなくなった場合に本人に代わり意思決定を行う者）を決めておくことなども、居住系サービスのあり方に関する課題のひとつであるとしておきたい。

#### ⑥「住まい」「住まいの環境」について、医療・介護サービスの必要度、好みや資金力に応じて選択できるよう、様々なオプションを準備していく必要がある

日本の場合、集住においてはいまなお「画一的な部屋に収容される」印象が強い。「隣りと違う」ことも大事な「我が住まい」のあり方ではないだろうか。集住においても、「個別化によるわが住まい化」のあり方も検討する必要がある。

住まいだけではない。アリゾナの CCRC のひとつである Arizona ALFA が「ベビーブーマー世代の高齢化のなかで利用者のニーズと希望にマッチした利用者を選ばれる環境」をこれからの高齢者ケアを考える要素として挙げていたように、日本においても高齢者のニーズは時代のなかで変化していく。これからは「世代間の価値観の違い」だけではなく「世代の中での多様な価値観」に対応していかなければならなくなることも心しておく必要がある。

なお、集住において、それまでそれぞれの生活環境で暮らしていたのがある日突然「まぜこぜ」の集住に放り込まれるようなあり方は快適だろうか。何かしらのかたちで同類化を図ることができる集住の方法や、入居者自身が同類化を選択の視点にするような考え方も、これからの居住系サービスのあり方に必要になってくるのではないだろうか。

#### ⑦居住系サービスの質の向上と利用者の選択のために、評価結果を公開し共有していく仕組みが必要である

日本の居住系サービスにおいても質の評価が必要である。そのためには、居住系サービスにおける「評価の指標」の検討も必要である。アメリカの nursing home が試行を重ねて質の評価システムを作り上げ、データベース化し、評価結果を診療報酬と連動させたり、評価結果を公開し情報の透明性を図ろうとしたりしていることは、大いに注目すべきであ

る。質の評価システムについては、指標の検討だけでなく、評価結果の活用まで含む大きなスキームで検討していく必要がある。

なお、指標については、すでに様々な取り組みを通してその活用の実績が積み重ねられつつ、例えば、「Safely Reduce Hospital Readmissions: (病院への再入院を安全に減らす)」「Increase Staff Stability: (スタッフの定着率を上げる)」「Increase Customer Satisfaction: (利用者の満足度を上げる)」「Safely Reduce the Off-Label Use of Antipsychotics: (抗精神病薬の適応外使用を安全に減らす)」など、CMS の指標などが参考になる。

アメリカが試行を重ねてきたように、質の評価方法や評価結果の活用方法に関する検討とモデル事業等を通じた実証事業を検討していく必要がある。

#### ⑧ 今後は「地域のサービスの質の評価」についても検討していく必要がある

「それぞれの地域の CCRC・NORC モデル」においては、構成するそれぞれの組織が評価されるだけでなく、地域としての評価が必要である。WHO のチェックリストや NORC の indicator の取り組みなどを参考にして、日本における「それぞれの地域の CCRC・NORC モデル」の評価方法も検討していく必要がある。

#### ⑨ ファイナンスに関するサポート体制を充実していく必要がある

高齢者にとって資金調達は切実かつ深刻な課題である。高齢者であることを配慮して、資金調達モデルのオプションのわかりやすい紹介と丁寧な説明をしてもらうことができるような、ファイナンスに関するサポート体制を整備していく必要がある。重ねて、難しいのは、いよいよ困ったときの当事者は高齢であり、若いころのようにてきぱき理解し決めていくことができないことが多いことである。これからのますますの高齢化社会に向けては、若いうちからある程度の計画を立てられるようになっていく必要もあろう。

住み慣れた土地を離れ、自宅を離れる覚悟ができたところで、次には、その土地と自宅の処分も課題となる。それらを資産として持ち続けるか（そのためには別途老後の資金を積み立てなければならないことになる）、手放して老後の資金もしくは資金の足しとするか、大きく二つの選択肢があることになるが、果たして手放して資金としていくアメリカのリロケーションのような方法が、日本人高齢者の資金調達方法となりえるか。

ちなみに、資金調達という点からの課題だけでなく、すでに離れざるを得なかったあとの空き地・空き家の問題もすでに地域によっては深刻な課題となりつつあることも認識しておく必要がある。

#### ⑩法的な問題に関するサポート体制を充実させていく必要がある

賃貸や自宅の維持・管理にも、住み慣れた土地を離れ、自宅を離れるにも、資金調達にも、法的な問題があれこれふりかかってくる。ファイナンスに関するサポート体制同様、法的な問題に関するサポート体制も整備していく必要がある。

#### ⑪選択のためのサポート体制を充実させていく必要がある

当然ながら、これだけのサービスに多様性があるとその選択のためのサポートも必要になってくる。アメリカでは、すでに選択のためのサポートはビジネスの一分野でさえある。「多少基本料金が高くても織り込まれている付帯サービスが手厚い体制」からスタートするか、それとも、「最初は基本料金を安くして必要に応じてピンポイントの有料外付けサービスでカバーしていく体制」でスタートするかなど、これからの生き方終わり方を決める環境を選択するという決断、そして多くの場合人生最後の資金投入先を選択するという決断であれば、早い段階からの適切なサポートを得た決断が必要になる。なお、独身・独居の高齢者が増えるなか、情報収集、意思決定、事務手続きなどが若い頃のようにてきぱきと遂行できるわけではないことが多い年齢での決断となれば、成年後見人のような制度の充実も併せて検討していく必要がある。

#### ⑫取り組みと成果の達成に向けてインセンティブの働く仕掛けを検討していく必要がある

質の保証と質の向上を進めていくためには、やはりその取り組みと目標達成に向けてインセンティブとなる仕掛けを考えていかなければならない。アメリカにおいてJCの認証がCMSをはじめとする多くの保険者の支払いの条件になっていることや、取り組みの結果としての質の改善や向上の結果がインセンティブと連動していることは注目しておかなければならない。診療報酬と連動というダイレクトなインセンティブばかりでなく、評価を公表し、利用者に選択できるようにしていくこともインセンティブのあり方である。

**資料1**

**Aged-Friendly NYC Initiatives**

**City Initiatives: Community and Civic Participation**

.....

**Employment & Economic Security**

- Provide job training and search assistance to older New Yorkers
- Increase the number of paid job opportunities for older New Yorkers
- Assist older New Yorkers short of work histories to obtain employment allowing them to be eligible for Social Security

**Volunteerism**

- Promote intergenerational volunteering and learning through partnerships with schools and nonprofit organizations
- Provide new volunteer opportunities and expand resources for older New Yorkers through timebanking and other initiatives

**Cultural & Recreational Activities**

- Establish citywide partnership between senior centers and libraries
- Recruit artists to conduct programs in senior centers
- Provide a guide of discounted arts/cultural events for older New Yorkers

**Information & Planning**

- Publicize citywide opportunities for older New Yorkers through new older adult-focused NYC & Co. website
- Redesign DFTA's website to be more user friendly and provide greater information about services
- Conduct local community assessments of neighborhoods to determine age friendliness
- Conduct cultural competency trainings on LGBT issues with the City's senior service providers



- .....
1. Employers and industries need assistance in recruiting, placing, and training older workers to meet the demands of today's economic environment.  
(Initiative): Provide job training and search assistance to older New Yorkers.
  2. Employment opportunities are important for the personal and financial well-being of older New Yorkers.  
(Initiative): Increase the number of paid job opportunities for older New Yorkers.
  3. A number of older New Yorkers, including recent immigrants and those whose employment histories are limited to informal work, are ineligible for Social Security.  
(Initiative): Assist older New Yorkers short of work histories to obtain employment allowing them to be eligible for Social Security.
  4. Many older adults live separately from their families and are at risk for social isolation; conversely, many younger adults lack contact with elders.  
(Initiative): Promote intergenerational volunteering and learning through partnerships with schools and nonprofit organizations.
  5. Older New Yorkers provide critical resources to the City and seek continued involvement in political and civic activities.  
(Initiative): Provide new volunteer opportunities and expand resources for older New Yorkers through time banking and other initiatives.
  6. Use of public libraries declines after age 50.  
(Initiative): Establish citywide partnership between senior centers and libraries.
  7. Many older adults are interested in cultural activities and desire greater access to them.  
(Initiative): Recruit artists to conduct programs in senior centers.
  8. New York offers many cultural opportunities, but affordability can be a challenge.  
(Initiative): Provide a guide of discounted arts/cultural events for older New Yorkers.
  9. Older adults want to pursue their interests and interact socially while staying active and busy.  
(Initiative): Publicize citywide opportunities for older New Yorkers through new older adult-focused NYC & Co. website.
  10. Older adults desire a "one-stop shop" for information about City services.  
(Initiative): Redesign DFTA's website to be more user-friendly and provide greater information about services.
  11. Older adults desire to be included in all levels of decision-making about their

communities' needs.

(Initiative): Conduct local community assessments of neighborhoods to determine age-friendliness.

12. Some older adults who are lesbian, gay, bisexual, or transgender (LGBT) do not feel welcome in trying to access City services.

(Initiative): Conduct cultural competency trainings on LGBT issues with the City's senior service providers.

**City Initiatives: Housing**

**Affordable Housing Development**

- Target housing funds and streamline process of building low income housing for older New Yorkers
- Examine parking requirements for affordable senior housing and amend the zoning code as necessary to facilitate construction of senior housing
- Provide loans for rehabilitation and new construction of affordable housing

**Homeowner & Renter Assistance**

- Provide loan assistance to older New Yorkers for home repairs
- Engage NYC home improvement contractors in best practices for the older adult market
- Improve access to SCRIE through transfer to Department of Finance
- Expand eviction prevention legal services for older New Yorkers

**Aging in Place**

- Provide additional supportive services to NORCs
- Target Section 8 vouchers to vulnerable older adults at risk of eviction
- Promote access to new models of housing that support aging in place

13. Demand for publicly-subsidized or financed low income senior housing (such as Section 202 units) far exceeds supply.

(Initiative): Target housing funds and streamline process of building low income housing for older New Yorkers.

14. Zoning requirements for parking may be an impediment to the development of new affordable housing.

(Initiative): Examine parking requirements for affordable senior housing and amend the zoning code as necessary to facilitate construction of senior housing.

15. Preserving innovative, affordable, and appropriate housing is an important determinant of health for older New Yorkers.

(Initiative): Provide loans for rehabilitation and new construction of affordable housing.

16. Many older homeowners are on fixed incomes and may not have the resources to make needed repairs to their homes.

(Initiative): Provide loan assistance to older New Yorkers for home repairs. The

17. Some older adult homeowners may have special needs and circumstances and could benefit from a contractor who is sensitive to these needs when they are seeking home repairs.

(Initiative): Engage NYC home improvement contractors in best practices for the older adult market.

18. Affordability of housing is a concern. Nearly half of all renters age 65 and older in NYC spent at least 35% of their income on rent in 2005.

(Initiative): Improve access to SCRIE through transfer to Department of Finance.

19. Older adults fear the costs of housing-related legal proceedings and often do not have the resources to defend themselves.

(Initiative): Expand eviction prevention legal services for older New Yorkers.

20. Older adults appreciate and benefit from living in close-knit micro-communities.

Social service programs within the City's NORCs should be expanded.

(Initiative): Provide additional supportive services to NORCs.

21. Frailty can lead to an inability to keep living independently in the community.

(Initiative): Target Section 8 vouchers to vulnerable older adults at risk of eviction.

22. While there is an increased demand for alternatives to nursing home care, such models can be prohibitively expensive to develop and difficult for older adults to access.

(Initiative): Promote development of and access to new models of housing that support aging in place.

**City Initiatives: Public Spaces and Transportation**

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**Accessible & Affordable Transportation**

- Improve elevator and escalator service and enhance accessibility of subway stations
- Improve efficiency of Access-A-Ride by equipping vehicles with GPS devices and implementing phone notification system
- Match accessible taxis with users who need them
- Develop model accessible taxi
- Develop taxi voucher program for older New Yorkers who are unable to use public transportation

**Safe & Age-friendly Public Spaces**

- Increase seating in bus shelters
- Install public restrooms at key locations Citywide
- Create new, pedestrian-friendly public spaces while calming traffic
- Redesign street intersections at key locations citywide to improve safety for older New Yorkers
- Identify age-friendly parks and encourage older adults to utilize them

**Planning for the Future**

- Provide environmental stewardship workshops and engage older New Yorkers in planting trees as part of *PlaNYC* and *MillionTreesNYC*
  - Conduct study to better address the mobility needs of older New Yorkers
  - Promote use of Universal Design Guidelines through education and awareness efforts
- .....

23. Half of New Yorkers regularly use mass transit, but not all subway stations are accessible. Older adults desire information regarding the status of elevators in subway stations before making a trip.

(Initiative): Improve elevator and escalator service and enhance accessibility of subway stations.

24. Some older adults have reliability and efficiency concerns regarding Access-A-Ride.

(Initiative): Improve efficiency of Access-A-Ride (AAR) by equipping vehicles with GPS devices and implementing phone notification system.

25. Many taxis are not wheelchair accessible or easy to get in and out of.

(Initiative): Match accessible taxis with users who need them.

26. A goal to strive for in the future is assuring that all taxis purchased for use in the City are wheelchair accessible.

- (Initiative): Develop model accessible taxi.
27. There are large sections of the City not well-served by bus or subway routes.  
(Initiative): Develop taxi voucher program for older adults who are unable to use public transportation.
28. Many bus stops lack seats or shelter.  
(Initiative): Increase seating in bus shelters.
29. Unexpected delays in transit and poor weather can make access to restroom facilities difficult for older adults.  
(Initiative): Install public restrooms at key locations citywide.
30. There are few places to sit and some sidewalks are crowded and have various obstacles.  
(Initiative): Create new, pedestrian-friendly public spaces while calming traffic.
31. Pedestrian safety is a concern for older New Yorkers.  
(Initiative): Redesign street intersections at key locations citywide to improve safety for older New Yorkers.
32. Some older adults feel that certain parks are at times too crowded and their programs geared to the younger population.  
(Initiative): Identify age-friendly parks and encourage older adults to utilize them.
33. More opportunities should be created for older adults to engage in volunteerism with issues they feel passionately about.  
(Initiative): Provide environmental stewardship workshops and engage older New Yorkers in planting trees as part of *PlaNYC* and *MillionTreesNYC*.
34. The needs of older people and individuals with disabilities should be incorporated into transportation and related planning efforts.  
(Initiative): Conduct study to better address the mobility needs of older New Yorkers.
35. Participation in the life of the City could be made easier with fewer architectural and physical barriers.  
(Initiative): Promote use of Universal Design Guidelines through education and awareness efforts.

**City Initiatives: Health and Social Services**

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**Wellness & Healthcare Planning**

- Increase HIV awareness and health literacy among older New Yorkers
- Redesign senior centers to focus on wellness and develop health outcomes
- Establish fitness club discount for older New Yorkers
- Increase awareness about health insurance options through DFTA's HIICAP program

**Assistance to At-Risk Older Adults**

- Implement citywide falls prevention initiative
- Provide free air conditioners to at-risk older New Yorkers
- Conduct outreach to older New Yorkers at risk of social isolation
- Add Silver Alert to Notify NYC
- Expand "Savvy Seniors" campaign to educate older New Yorkers about identity theft and fraud

**Access to Nutritious Food**

- Improve older New Yorkers' access to food stamps by implementing telephone application process and outreach campaign
- Implement NYC Green Cart program and form supermarket commission to address needs of neighborhoods underserved by supermarkets
- Provide bus service for older New Yorkers to access grocery stores
- Increase efficiency in the City's case management and home-delivered meals programs

**Caregiving & Long-Term Care**

- Provide counseling and support services to grandparents raising grandchildren
- Expand educational materials and supports available to family caregivers
- Explore policies that would allow more New Yorkers to take family leave when needed
- Conduct outreach and workshops on long-term care and caregiving resources for employers in NYC
- Increase access to community-based care
- Expand training opportunities and other supports for paid caregivers
- Promote awareness and education about long-term care insurance

**Palliative Care & Advance Directives**

- Promote palliative care
  - Expand existing HHC palliative care programs
  - Promote advance directives
  - Advocate for State legislation authorizing family members or domestic partners to act as surrogates to make health care decisions on behalf of an incapacitated adult
- .....

36. The number of older New Yorkers with HIV/AIDS is on the rise.

(Initiative): Increase HIV awareness and health literacy among older New Yorkers.

37. Studies show that older adults using senior centers desire a greater variety of programs and activities.

(Initiative): Redesign senior centers to focus on wellness and develop health outcomes.

38. A significant percentage of older adults does not engage in regular physical activity.

- (Initiative): Establish fitness club discount for older New Yorkers.
39. Older New Yorkers desire assistance with understanding the intricacies of various health plans.  
(Initiative): Increase awareness about health insurance options through DFTA's HIICAP program.
40. Falls are the leading cause of morbidity and mortality from unintentional injury among older individuals.  
(Initiative): Implement citywide falls prevention initiative.
41. Older New Yorkers are especially at risk for health problems related to heat.  
(Initiative): Provide free air conditioners to at-risk older New Yorkers.
42. A sizable percentage of older New Yorkers lives alone and nearly 17% are at risk for social isolation.  
(Initiative): Conduct outreach to older New Yorkers at risk for social isolation.
43. Alert systems should be adopted to protect vulnerable older adults.  
(Initiative): Add Silver Alert to Notify NYC.
44. Older adults are worried about being cheated or robbed in financial schemes.  
(Initiative): Expand "Savvy Seniors" campaign to educate older New Yorkers about identity theft and fraud.
45. Access to affordable and nutritious food is a concern among older New Yorkers.  
(Initiative): Improve older New Yorkers' access to food stamps by implementing telephone application process and outreach campaign.
46. About three million New Yorkers do not live near grocery stores. Older adults are concerned about the closing of affordable supermarkets as a significant loss to their neighborhoods and to their well-being.  
(Initiative): Implement NYC Green Cart program and form supermarket commission to address needs of neighborhoods underserved by supermarkets.
47. The need to travel for nutritious food is burdensome to older adults with disabilities.  
(Initiative): Provide bus service for older New Yorkers to access grocery stores.
48. An ever-increasing demand for home-delivered meals and other supports requires fine-tuning and streamlining delivery of services.  
(Initiative): Increase efficiency in the City's case management and home-delivered meals programs.
49. While the increasing role of grandparents as parents is a phenomenon that has gained visibility in recent years, their role is not well-acknowledged in some

social service systems.

(Initiative): Provide counseling and support services to grandparents raising grandchildren.

50. More than one million NYC residents provide care to older family members with chronic illnesses. Informal caregivers need more support in coordinating care for relatives.

(Initiative): Expand educational materials and supports available to family caregivers.

51. Many caregivers who are eligible for unpaid family leave and need to use it cannot afford to do so.

(Initiative): Explore policies that would allow more New Yorkers to take family leave when needed.

52. A majority of unpaid family caregivers work and have had to make some adjustments to their work life as a result of caregiving responsibilities. Conflicts with such responsibilities impact workplace productivity.

(Initiative): Conduct outreach and workshops on long-term care and caregiving resources for employers in NYC.

53. Most older adults prefer to “age in place” by receiving care in their homes and communities as an alternative to nursing home care.

(Initiative): Further increase access to community-based care.

54. There is a shortage of paid caregivers despite increasing demand. Direct care workers may not receive the training and support they need to perform their duties.

(Initiative): Expand training opportunities and other supports for paid caregivers.

55. Long-term care costs are rapidly increasing and many older adults are concerned about how they will afford care. Only a quarter of New York State residents age 50+ have purchased longterm care insurance.

(Initiative): Promote awareness and education about long-term care insurance.

56. Palliative care programs are often underutilized.

(Initiative): Promote palliative care.

57. More can be done to increase access to hospital-based palliative care, as 42% of hospitals in New York State still do not have such programs.

(Initiative): Expand existing HHC palliative care programs.

58. Many individuals do not make their wishes regarding what types of end-of-life care they would want to receive known. Only an estimated 15 to 25% of Americans complete advance directives.

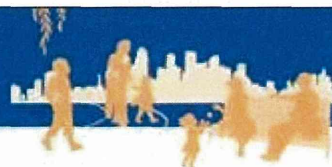
(Initiative): Promote advance directives.



59. Absent advance directives, a physically or mentally incapacitated person may not have health care decisions made by loved ones who best understand his/her wishes. (Initiative): Advocate for State legislation authorizing family members or domestic partners to act as surrogates to make health care decisions on behalf of an incapacitated adult.



World Health  
Organization



## Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

### Outdoor spaces and buildings

- Public areas are clean and pleasant.
- Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Cycle paths are separate from pavements and other pedestrian walkways.
- Outdoor safety is promoted by good street lighting, police patrols and community education.

- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

### Transportation

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.

- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.
- Roadways are free of obstructions that block drivers' vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected.

### **Housing**

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

### **Social participation**

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable, with no hidden or additional participation costs.

- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation.

#### **Respect and social inclusion**

- Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping.
- Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
- Older people are specifically included in community activities for "families".
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.

- Older people are recognized by the community for their past as well as their present contributions.
- Older people who are less well-off have good access to public, voluntary and private services.

#### **Civic participation and employment**

- A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well-promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.
- Training in post-retirement options is provided for older workers.
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.

#### **Communication and information**

- A basic, effective communication system reaches community residents of all ages.
- Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.