



Joan & Alan Bernikow
Jewish Community Center
of Staten Island

**Naturally Occurring Retirement Community (NORC) in
Stapleton/Rosebank
Data Analysis and Report
November 2019 – June 2020**

**Data Analysis and Report Provided by
Staten Island Partnership for Community Wellness**



Table of Contents

Executive Summary	page 2
I. Introduction	pages 7-9
II. Description of the Needs Assessment Questionnaire	pages 9-10
III. Demographics of Questionnaire Respondents	pages 10-18
IV. Services Currently Being Utilized	pages 18-19
V. Daily Activities of Concern	pages 19-23
VI. Relationship between services currently being utilized <u>and</u> daily activities of concern	pages 23-25
VII. Suggestions for next steps & future programming	pages 25-26
Sources Cited	page 26
Appendix A: Community Needs Assessment Questionnaire	pages 26-29

Contact:

Amelia Winter, MPS, ATR-BC, LCAT

Director of Senior Centers

P: 718.475.5238

F: 718.475.5201

awinter@sijcc.com

EXECUTIVE SUMMARY

What are the goals of the program?

The Joan and Alan Bernikow Jewish Community Center of Staten Island (JCC) received NYC Council Discretionary Funding in the amount of \$100,000 to support the creation of the first ever Naturally Occurring Retirement Community (NORC) on Staten Island, named GO KOSSAH (Keeping Our Seniors Safe and Healthy). The NORC is considered to be a supplementary service provider to the JCC's Stapleton Neighborhood Senior Center. The primary goal of this funding was to complete a community needs assessment to determine the greatest needs of the older adults who reside in the Staten Island communities of Stapleton and Rosebank. A Program Coordinator was hired to conduct the assessment surveys throughout the prescribed geographical areas at numerous locations, including senior centers, places of worship, community centers, food pantries, and other service provider locations. The surveys were completed between November 2019 and February 2020 resulting in a total of 245 that were used for data analysis. The intended use of the results are for the creation of program and service offerings to best meet the critical needs of adults aged 60+.



What specific activities were completed with the grant funding to achieve this goal?

The JCC's Director of Senior Centers, who supervises the NORC program, worked with Staten Island Partnership for Community Wellness to create a survey tool that both captured needed demographic data, current service usage data, as well as needed services data.

The JCC hired a Program Coordinator, Linda Huff, who is familiar with the area in which the NORC was identified. Ms. Huff conducted outreach in the community informing and educating older adult residents and programs that serviced older adults about the intentions of the survey and the JCC's NORC program. She visited over 30 locations in the Stapleton/Rosebank community and met hundreds of individuals who were eager to participate and share their thoughts about what services they felt they needed most. Additionally, Linda planned and implemented monthly educational special events that were open to all seniors to continue to gather survey data and to inform them about the potential services that were to be offered. Individuals who required assistance with completing the survey were provided with same. Translation services were also offered in Spanish and Tagalog (the languages requested).

In addition to the programming and outreach conducted with individuals, community partnerships with other CBOs and service providers were formed and strengthened. A community partnership meeting was held where providers who service older adults in the community were able to share their perspectives and thoughts on the needed resources for seniors. Barriers to receiving these services and available benefits were discussed.

Overall, a sense of community was fostered, with professionals at every level committing to increasing the access to services for older adults in Stapleton.

Through the completion of the surveys, Linda learned that numerous individuals were in need of case assistance, or assistance with benefits and

entitlements such as SNAP applications, Medicare applications, and the like. These individuals were referred to the Stapleton Senior Center, where case assistance is an available service. Just by offering the survey, we learned that many residents remained in need of help to obtain services in the community. These individuals, along with many others, were enrolled in the senior center where they could not only benefit from the case assistance services, but also from daily breakfast and lunch, educational programs, and evidence based physical wellness services.

Unfortunately, due to the world-wide health concerns of COVID-19, programming ceased as of March 16, 2020 as did the additionally planned community partner meetings. Focus groups, which would have provided additional subjective elements to supplement the information obtained from the surveys, were also cancelled. Despite this, we feel confident in the results of the surveys completed.



Results

The JCC achieved its goal by learning about the most crucial needs of older adults who reside in the Stapleton/Rosebank area of Staten Island. This information will be used to help the JCC develop and implement services

and programs that will best meet the health and well-being needs of older adults in the community.

The needs assessment confirmed that issues related to health insurance, physical health, and transportation are at the forefront.

Despite significant services in place to address these needs, it appears that the current offerings are either not widely enough available or that they are not accessible to all. During the completion of the surveys, Ms. Huff learned firsthand that individuals were often confused by the health insurance options available to them and did not find any of the available resources to have met their needs fully. Survey participants requested individualized help and counseling to navigate through the health insurance world and not only during open enrollment windows.

The data retrieved from both demographic information and access to healthcare shows us that there still remains a racial divide regarding the assessment of need for routine physical care. Finding creative and innovative ways to educate all demographics on the importance of ongoing routine medical/physical care is obviously needed. Anecdotal information provided through the completion of the surveys demonstrates the desire for individuals to receive care from someone who looks and sounds like they do. This preference often prohibits individuals from seeking out care and following up with recommendations.

Lastly, is the issue of transportation. While some participants receive transportation for medical appointments that was characterized as “reliable,” many others spoke about and indicated the difficulties they have with other transportation resources, such as Access-a-Ride and public transportation via the MTA. Older adults need a reliable, safe means of travel not only to medical appointments, but also to social engagements and to stores for shopping of all kinds. The topic of neighborhood safety was brought up during survey completion, and the desire for there to be available transportation means that are specific to older adults was strongly expressed. Many of the older adults who completed the surveys reported

that they do not leave their homes after dark due to the lack of available safe transportation in the area.



Future Planning

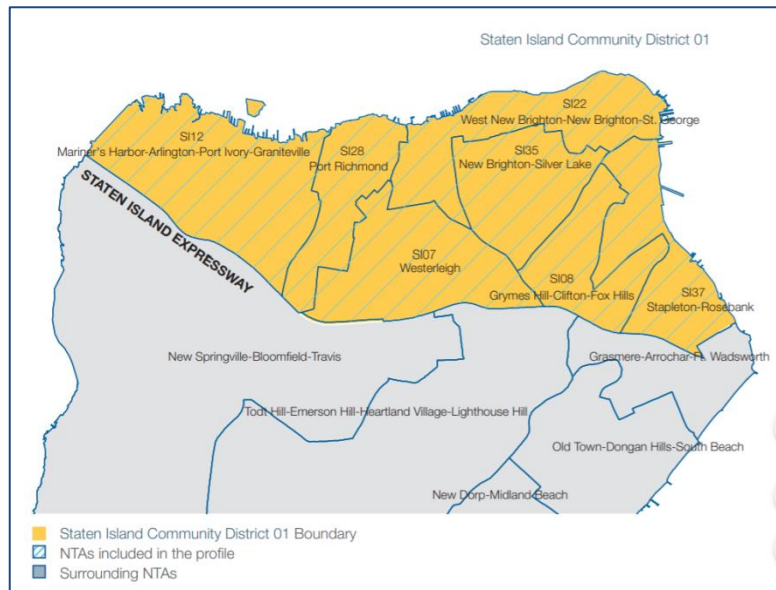
Due to the Worldwide Pandemic of COVID-19, all in-person NORC programming was cancelled. Ms. Huff continues to reach out daily to participants to ensure that their needs, such as food, access to healthcare and mental health are being met. Linda also spends time speaking with everyone to combat loneliness and isolation, newly emerging needs of the community. The North Shore of Staten Island contains some of the most devastatingly impacted areas of Staten Island by COVID-19. The demographics of the individuals who reside in this area, including those who identify as Black and/or African American, and the significant poverty levels, have left the residents, especially those over the age of 60, in critical need of services; these include ongoing mental and physical health support, continued access to nutritionally appropriate food, and the opportunity to participate in safe social interactions.

As the GO KOSSAH NORC continues to shape its services and program offerings, we would be remiss not to include the newly emerging needs in these available services. We will continue to work with our community partners to develop accessible and comprehensive programs for seniors who rely on these services to age in place safely.

I. Introduction

A Naturally Occurring Retirement Community, or a NORC, is a designation for housing developments or neighborhoods that may not have originally been designed with the needs of older adults in mind, but has over time, become home to a significant number of older adults. A key feature of both traditional and neighborhood NORCs is that they provide supportive service programs to meet the needs of older adults by supplementing the health and social services available in the community, and in some cases, establishing new resources to meet community needs. NORCs exist all over the world. In New York City, housing developments and neighborhoods that meet specific criteria can be recognized by the NYC Department for the Aging and the NYS Office for the Aging to receive funding to support NORC residents through many needed services. First, a needs assessment is used to determine and understand the needs of a community. To date, there are no NORCs on Staten Island, although the JCC of Staten Island is working to develop a NORC to serve as a supplemental service provider to the existing JCC Neighborhood Senior Center in Stapleton with no duplication of services. For example, individuals may receive services such as meals, recreation services, and case assistance from the Senior Center, while also receiving transportation and health assessment services from the NORC. The programs will run separately, but will complement one another. The JCC of Staten Island conducted a community needs assessment to better understand the health and social service needs of the older adults currently served by the JCC Neighborhood Center in Stapleton. Support for this needs assessment was provided by discretionary funding from the New York City Council with support from Councilwoman Debi Rose and Councilwoman Margaret Chin.

The Stapleton neighborhood is located in the northeastern section of Staten Island, right alongside the waterfront of Upper New York Bay. Stapleton is roughly bounded on the north by Tompkinsville at Grant Street, on the south by Clifton at Vanderbilt Avenue, and on the west by St. Paul's Avenue and Van Duzer Street, which form a border between Stapleton and Grymes Hill. Stapleton is home to an ethnically rich



and culturally diverse community of working class families, as well as a sizable population of older adults. According to recent census data, the Stapleton-Rosebank Neighborhood Tabulation Area (NTA) consists of 26,247 residents, of which 12.3%, or approximately 3,228, are age 65 and older.^{[1] [2]} In terms of Stapleton-Rosebank’s racial breakdown, over a third of residents identify as White (36.6%), followed closely by Hispanic/LatinX (32.4%). Black or African American (19.4%) and Asian (8.8%) residents round out the last major racial groups, with 2.2% identifying as biracial and 0.6% describing themselves as another race. Nearly 32% of Stapleton-Rosebank’s residents are foreign-born, with the most common languages other than English being Spanish or Spanish Creole, Chinese, and Russian; the most common country of birth among the foreign born is Mexico, followed by China and Poland.

¹ Neighborhood Tabulation Areas (NTAs) are citywide geographical units within community districts that are useful for describing the characteristics of specific NYC neighborhoods. Describing local data at the NTA geographic level offers a good compromise between the very detailed data for census tracts (2,168) and the broad strokes provided by community districts (59). Looking at community indicators by NTAs provides an understanding of how parts of a large community can vary from one another, helps community leaders focus strategies and campaigns in a specific geographic area, and allows for a more manageable assessment of outcomes.

² The Stapleton-Rosebank NTA consists of two distinct neighborhoods – Stapleton and Rosebank – that are dissimilar in many ways, including both demographically and socioeconomically. Nonetheless, this NTA-level analysis still offers the finest level of detail for the Stapleton population that we are interested in.

The median household income in Stapleton-Rosebank is \$53,120, nearly \$8,000 less than the North Shore average of \$60,746. There is a higher percentage of families (19.5%) and individuals (22.4%) in poverty compared to the North Shore averages (17.3% and 20.4%, respectively). Residents are relying on needs-based government benefits like Medicaid (42.6%) and SNAP benefits (26.9%) at higher rates than the North Shore averages (32.5% and 20.6%, respectively).

Additionally, Stapleton-Rosebank is behind the North Shore average in several key indicators of neighborhood health and wellbeing, including: 1) percent of residents with health insurance (87.8% compared to 90.6%), 2) percent of residents with disability (13.7% compared to 12.5%), and 3) preventable hospitalizations per 100,000 residents (2,098 per 100,000 compared to 1,746 per 100,000). Despite the concentration of existing social services and community resources already in the North Shore, these neighborhood-level health indicators speak to a need for additional resources to support the most vulnerable individuals and families here in Stapleton-Rosebank and in the larger North Shore community.

II. Description of the Needs Assessment Questionnaire

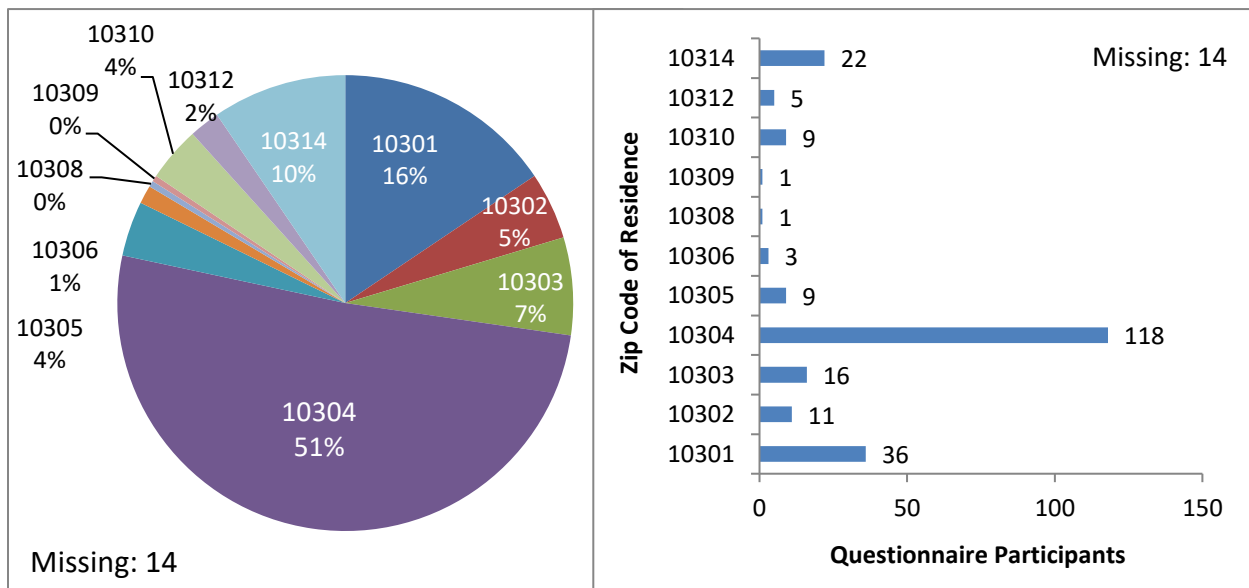
This Community Needs Assessment was designed to better understand the health and social service needs of older adults in the Stapleton community. With the support of the Staten Island Partnership for Community Wellness, the JCC of Staten Island developed a survey questionnaire that would ask older adults in the Stapleton community about services they are currently receiving for housing, transportation, insurance, nutrition, health, as well as other services and supports, and whether they had any concerns about accessing these services in their community.

Data collection was conducted by a JCC Program Coordinator between November 2019 and February 2020. Over the course of four months, the Program Coordinator conducted several survey interviews with older adults in various community settings, including churches, soup kitchens, libraries, and events at hosted by local community organizations like City Harvest and Project Hospitality. Several of the interviews were also conducted at the JCC Neighborhood Senior

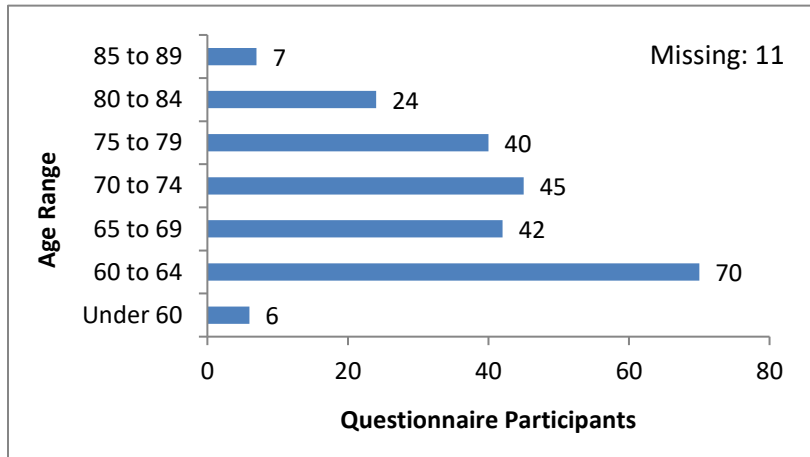
Center in Stapleton, which provides a variety of services, including health management and care coordination, education, arts & cultural enrichment, physical exercise & fitness, recreation, transportation services, technology, meal program, and health insurance enrollment, to older adults age 60 and up. Working alongside additional support staff that helped to facilitate Spanish and Tagalog language translations, the Program Coordinator completed a total of 245 surveys over the data collection period in English, Spanish, and Tagalog. (See Appendix A for a copy of the survey questionnaire.)

III. Demographics of Questionnaire Respondents

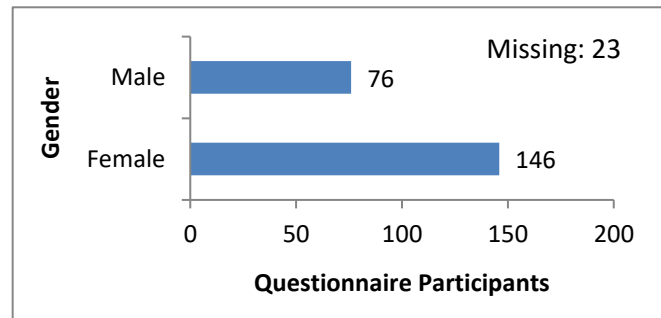
All questionnaire respondents reported Staten Island zip codes, with a majority of respondents (51%, or 118 of 231 responses) reporting 10304 as their residential zip code. The 10304 zip code consists geographically of Stapleton in its entirety, as well as parts of Park Hill and Grymes Hill neighborhoods in the North Shore, as well as Todt Hill in the Mid-Island. The 10301 zip code (36 respondents, or 16%) is also well represented, as it covers the St. George, and Silver Lake, and Grymes Hill neighborhoods that are immediately to the north and west of Stapleton. The 10314 zip code (22 respondents, or 10%) had the third most respondents, and is geographically located southwest of the Stapleton area. 14 questionnaire respondents did not answer this question.



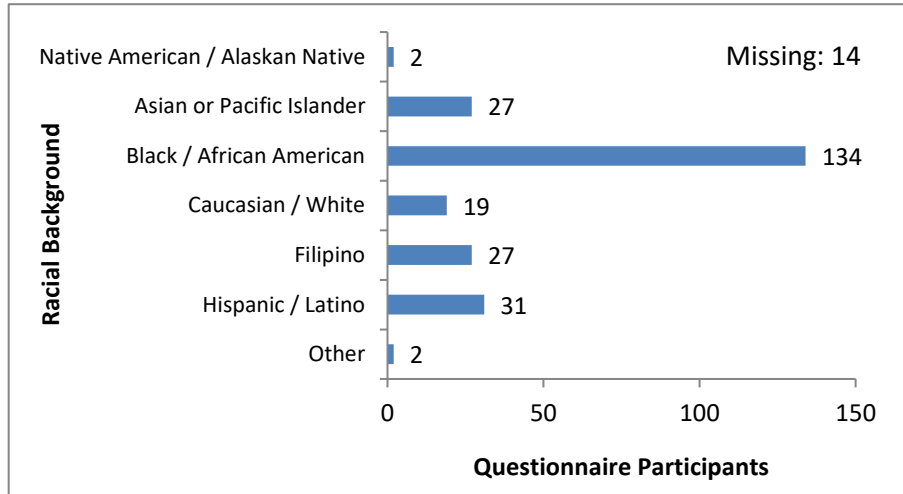
The average age of respondents is 70.58 years old, with the youngest respondent at 51.73 years old and the oldest respondent at 89.08 years old. By grouping respondents into 5 year age brackets, it becomes apparent that over a quarter of all respondents (30%, or 70 of 234 respondents) are from the 60 to 64 age bracket. The 65 to 69, 70 to 74, and 75 to 79 age brackets each make up roughly 20% of the total responses. 11 questionnaire respondents did not answer this question.



The majority of survey respondents identified as female with 146 responses from women and 76 responses from men. Females are represented in these responses at a nearly 2 to 1 ratio, while in the general Stapleton-Rosebank population, it is much closer to a 1 to 1 ratio (females 51%, males at 49%). 23 questionnaire respondents did not answer this question.



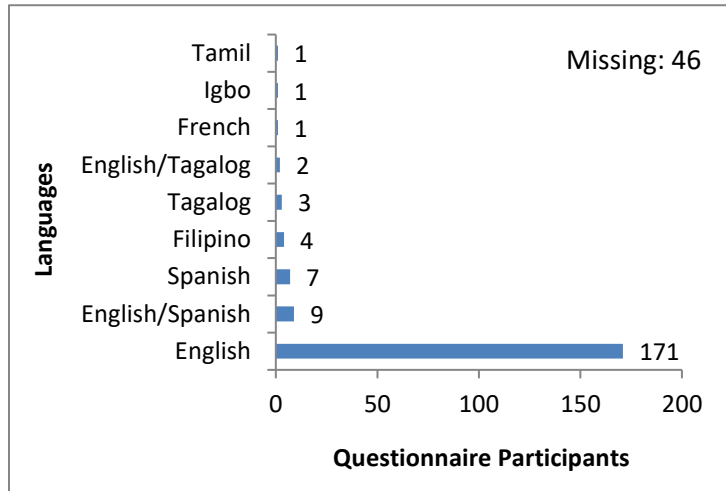
Respondents were asked to indicate their race and ethnicity – responses for race were multiple choice, and respondents were encouraged to select all categories that applied, whereas ethnicity was an open-ended question. A majority of respondents (58%, or 134 of 231) identified racially as Black or African American.



Hispanic/Latino, Asian or Pacific Islander, and Filipino respondents each made up between 11% and 13%. Early on in the questionnaire development process, the Filipino population in the Stapleton community was identified as an often overlooked community for which there was a need to better understand, and so, the decision was made to include this as a potential response for this question. This classification provided finer differentiation within the more typical Asian or Pacific Islander category, although it should be noted that 6 of the 7 bi-racial responses were from respondents selecting both the Asian or Pacific Islander category and the Filipino category. This suggests that there may be a response validity issue with the question design that led to inconsistencies in the way certain respondents answered this question – some Filipino respondents may have just selected Filipino as their response, while others may have selected both Asian or Pacific Islander and Filipino, and others could have only selected Asian or Pacific Islander. The open-ended responses for ethnicity provided opportunities for respondents to share their ethnic backgrounds and their families’ national origins, which included several Caribbean island nations like Jamaica and Trinidad, European nations like Germany, Italy, and Ireland, as well as African nations like Liberia and Nigeria, in addition to the Philippines, which was described earlier. Although the racial makeup of the respondents does not necessarily align with the makeup of Stapleton-Rosebank’s residents as a whole (as described in the Introduction section on the larger community’s demographics), this distribution

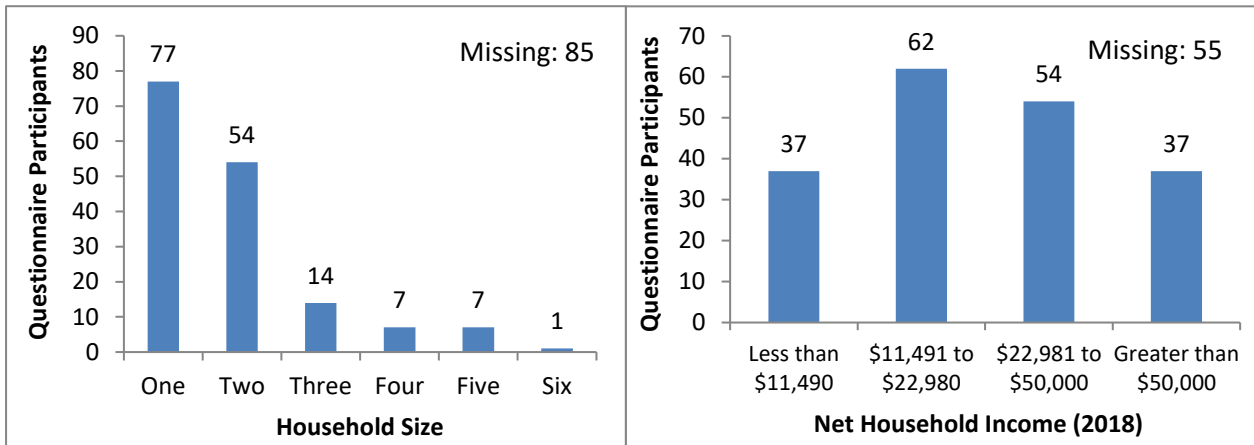
may more accurately represent the racial and ethnic demographics of the older adult population that are seeking and receiving supportive services in this neighborhood.

Nearly 86% of respondents (171 of 199 respondents) identified their primary language as English. An additional 6% reported that they were bilingual in English and another language (9 who were fluent in both English and Spanish, and 2 who were fluent in both English and Tagalog). Naturally, a number of respondents also identified Spanish (4%) and Filipino/Tagalog (4%) as their primary language. French, Igbo, and Tamil were also languages that were listed by respondents.



Interestingly, Chinese and Russian, which are the second and third most spoken non-English languages in Stapleton-Rosebank, respectively, are not represented in this population of survey respondents. 46 questionnaire respondents did not answer this question. It should also be noted that although data collection was completed mostly in English, the data collection team did have fluent Spanish and Filipino/Tagalog speakers available when working with respondents who did not speak English.

Respondents were asked to provide their household size and annual net household income in 2018. These responses were intended to be used to determine whether these respondents were considered impoverished according to federal poverty thresholds, which are determined by looking at a combination of variables, including the age of the head of household, the total number of family members living in the household, and whether any of those family members are related children under the age of 18. The data collected as part of this questionnaire does not provide enough information to accurately make that



determination since information on whether the respondent is the head of household and information on who their other household members are in relation to them (spouse, child, and/or related child under the age of 18) were not collected in full. Some of this collected information can still be used in making some approximations.

Nearly half of all respondents reported that they lived alone, indicating a household size of one (48%, or 77 of 160 respondents). Approximately a third (34%, or 54 of 160 respondents) reported living with just one other person, indicating a household size of two. No one reported living in a household of more than six people. 85 questionnaire respondents did not answer this question.

Roughly 20% of respondents (37 of 190 respondents) reported an annual net household income of less than \$11,490, which is approximately 95% of the federal poverty level in 2018 for a single individual over the age of 65. (In 2018, the poverty threshold for a single person under the age of 65 was \$13,064 and

the poverty threshold for a single person over the age of 65 was \$12,043.) The second income bracket of \$11,491 to \$22,980 was meant to capture the income level that is 100 - 200% of the federal poverty level. Nearly a third of all respondents (62 of 190 respondents) identified themselves as falling under this income bracket (33%, or 62 of 190). 28% (54 of 190 respondents) reported having household incomes between \$22,981 and \$50,000. Finally, 20% of respondents reported annual household incomes of over \$50,000. 55 questionnaire respondents did not answer this question.

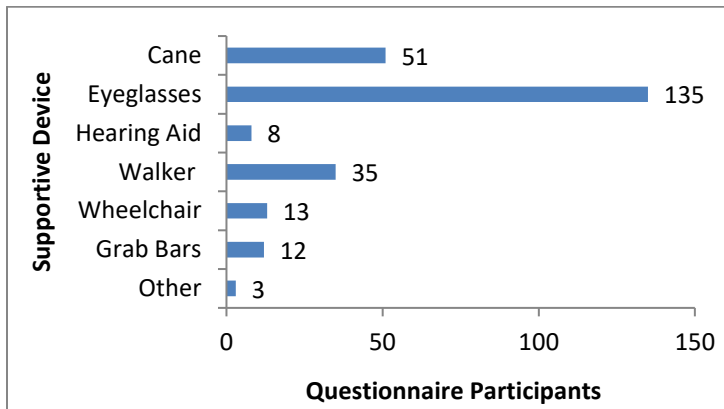
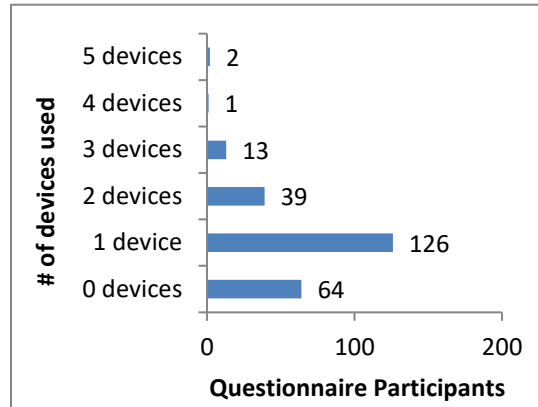
For the 135 respondents that answered both the Household Size question and the Annual Household Income question, a cross-tabulation table

		Annual Net Household Income				Total
		<\$11,490	\$11,491-\$22,980	\$22,981-\$50,000	>\$50,000	
Household Size	1	17	22	15	15	69
	2	6	10	16	11	43
	3	3	4	4	2	13
	4	--	4	1	1	6
	5	--	1	2	1	4
Total		26	41	38	30	135

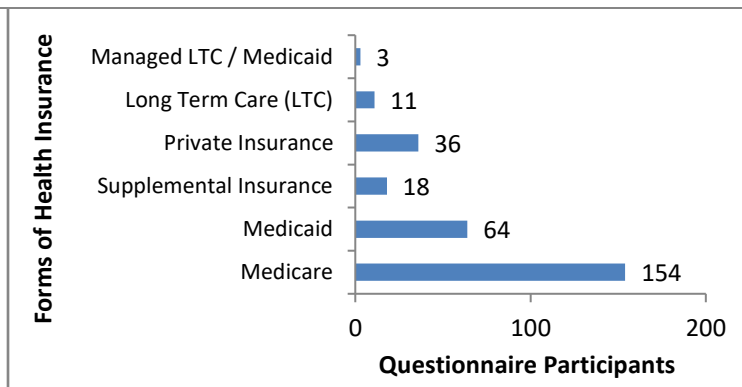
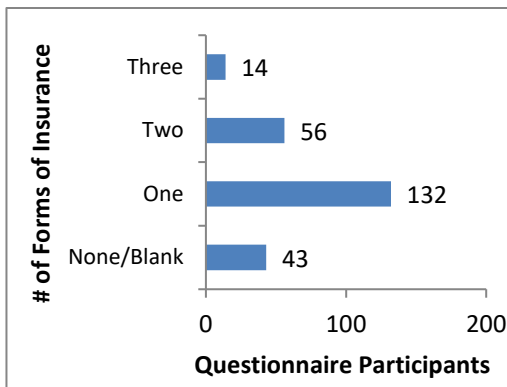
was created. Among one-person households, the distribution of respondents' annual net household income is fairly even across all four income distribution categories. Among two-person households, the annual net household income skews towards the higher end. Low numbers of respondents in the data cells for larger households makes it inadvisable to draw any further conclusions.

Questionnaire participants were asked to identify any supportive devices that they used to assist in their daily living from a list of several devices that included a cane, eyeglasses, hearing aid, walker, wheelchair, grab bars, and any other devices that may not be listed. Nearly three-quarters of respondents reported using at least one device (74%, or 181 of 245 respondents), with 70% of those respondents using just one device (126 of 181), 22% using two devices (39 of 181), 7% using three devices (13 of 181), <1% using 4 devices (1 of 181), and 1% using 5 devices (2 of 181). Of the listed devices, a majority (55%, or 135 of 245 respondents) reported utilizing eyeglasses, followed distantly, by canes (21%, or 51 of 245) and walkers (14%, or 35 of 245). Among respondents that reported utilizing two or more of these supportive devices, the most common pairings

involved canes and eyeglasses, which made up 31 of those 55 participants. 17 of 55 participants reported using a pairing of eyeglasses and walkers, and 11 of 55 participants reported using a pairing of canes and walkers. A total of 8 respondents reported using all three of these most utilized devices – the eyeglasses, cane, and walker.

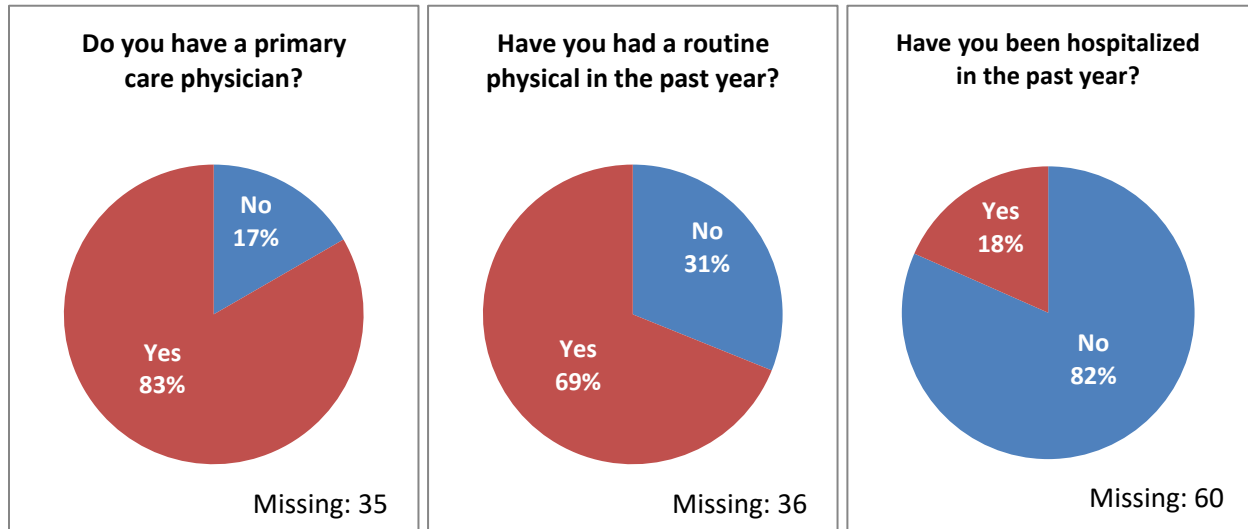


Questionnaire participants were asked to identify their health insurance status, which revealed that approximately 18% of the respondents, 43 of 245, did not have health insurance. Among those who did have health insurance, 65% (132 of



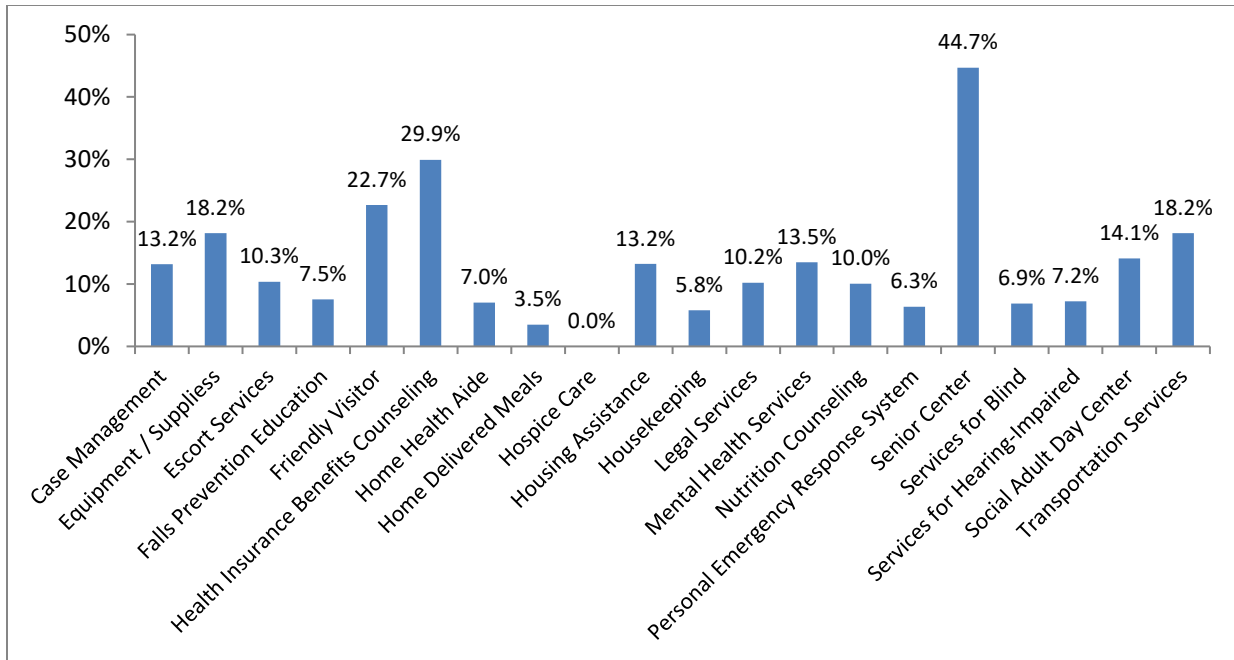
202 respondents) have just one form of health insurance, 28% have two forms of health insurance, and 7% have three forms of health insurance. Among those respondents who reported having health insurance, Medicare was the most common type of insurance (76%, or 154 of 202 participants), followed by Medicaid (32%, or 64 of 202 participants), private insurance (18%, or 36 of 202 participants), supplemental insurance (9%, or 18 of 202 participants), long term care insurance (5%, or 11 of 202 participants), and finally managed long term care & Medicaid insurance (2%, or 3 of 202 participants). Since respondents can have more than one type of insurance, these percentages will add up to more than 100%. 36 respondents reported having both Medicare and Medicaid, whereas 20 respondents identified having both Medicare and private insurance.

Respondents were also asked questions about whether or not they had a primary care physician, whether or not they had a routine physical exam in the past year, and whether or not they had been hospitalized in the past year. 83% (175 of 210 respondents) reported that they had a regular primary care physician, 69% (144 of 209 respondents) they had a routine physical exam in the past year, and 18% (34 of 185 respondents) reported that they had been hospitalized within the past year.



IV. Services Currently Being Utilized

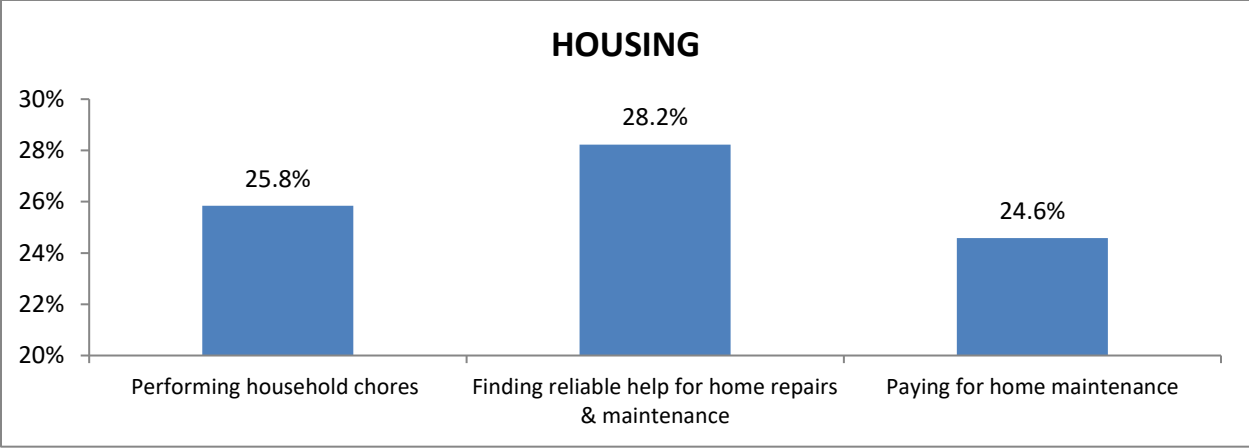
Item by item, questionnaire respondents were asked to identify any programs and services they were currently utilizing from among a selection of twenty programs and services commonly provided or organized by senior centers. Given that several of these questionnaire interviews were conducted at a senior center, it is not surprising that it was the most commonly utilized service reported (45%, or 125 of 226). On the opposite end, hospice care, was the least utilized service reported (0%, or 0 of 226). Other top utilized services includes health insurance benefits counseling (30%, or 157 of 224), friendly visitor (23%, or 174 of 225), equipment/supplies (18%, or 42 of 231), transportation services (18%, 40 of 220), and social adult day center (14%, or 31 of 220).



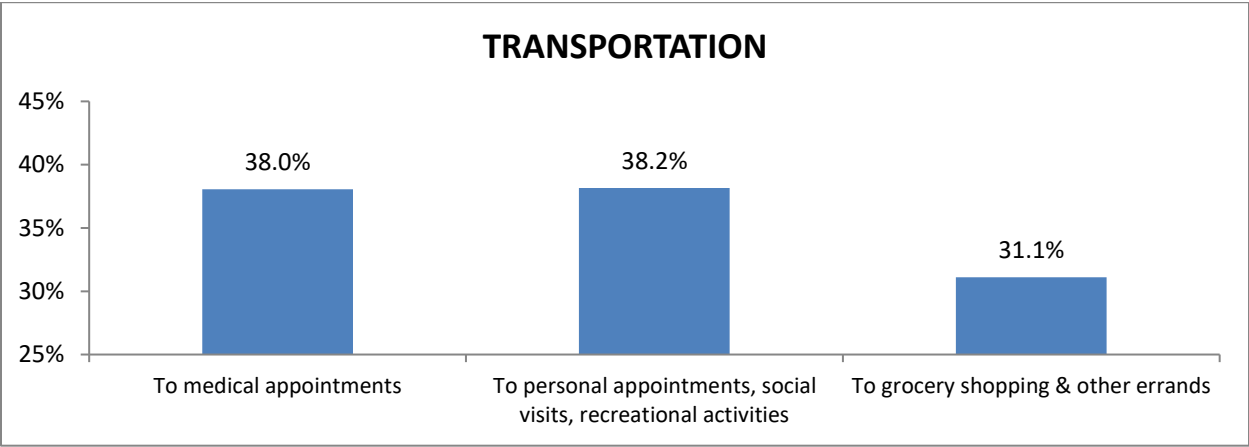
V. Daily Activities of Concern

Respondents were asked about several routine daily living activities belonging to several domains (housing, transportation, nutrition, insurance, health, and services & support), and whether or not completing these activities were a concern for them.

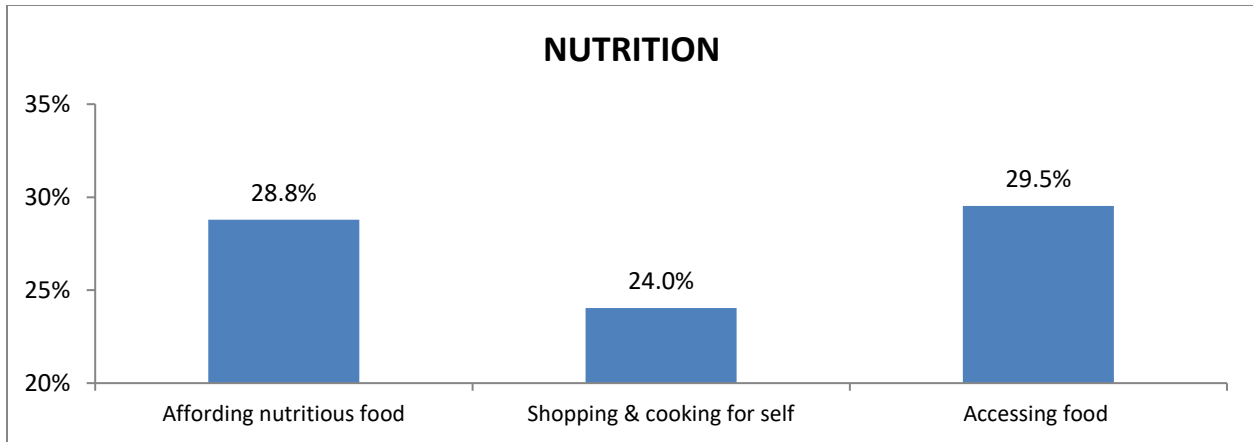
Approximately a quarter of all respondents answering the Housing questions identified these particular housing activities as concerns – performing household chores (26%, or 54 of 209), finding reliable help for home repairs & maintenance (28%, or 59 of 209), and being able to pay for home maintenance (25%, or 44 of 179).



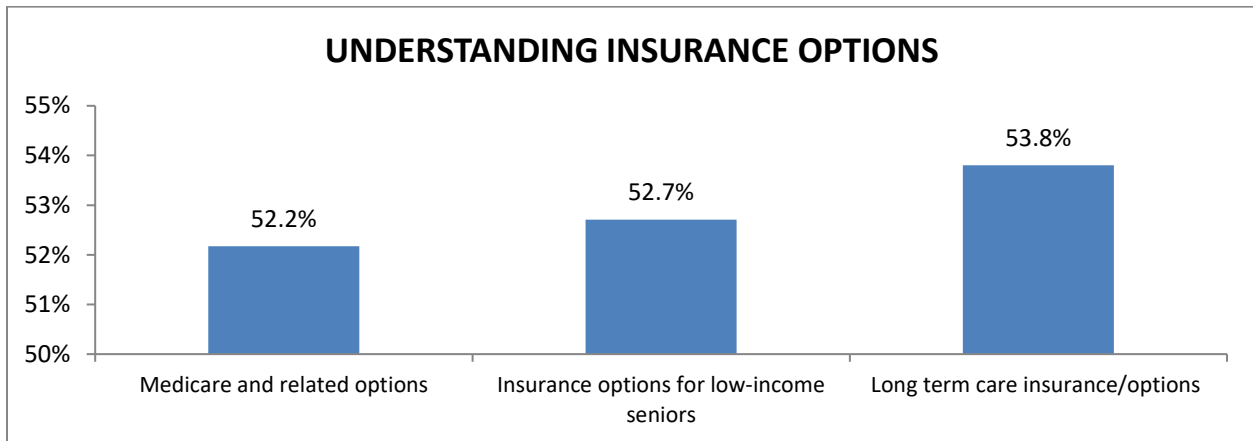
Nearly 40% of all respondents answering the Transportation questions identified getting to their medical appointments (38%, or 78 of 205) and getting to personal appointments like social visits and recreational activities (38%, or 79 of 207) to be concerns. Transportation for grocery shopping and completing other errands is comparatively less of a concern (31%, or 56 of 180).



Approximately a quarter of all respondents answering the Nutrition questions identified these particular nutrition activities as concerns – having enough money to purchase nutritious food (29%, or 59 of 205), being able to shop and cook for themselves (24%, or 50 of 208), and accessing food (30%, or 57 of 193).

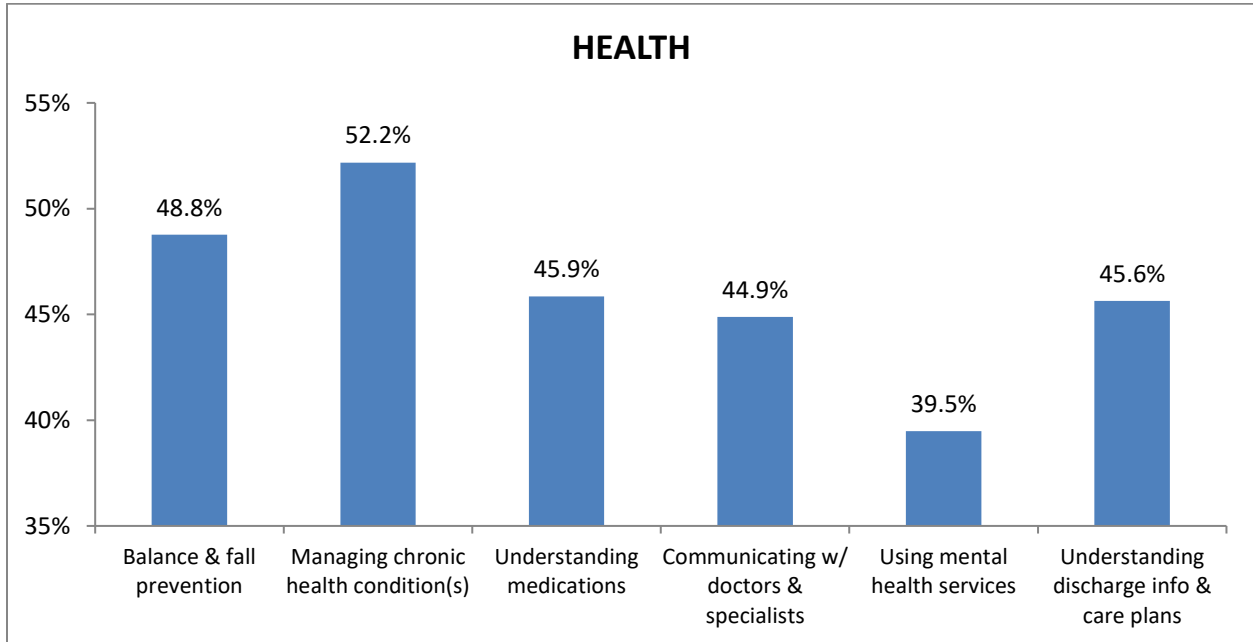


More than half of all respondents acknowledged that Understanding Insurance Options were particularly concerning for them – 52%, or 108 of 207, reported that understanding Medicare and related options was a concern; 53%, or 107 of 203, reported that understanding insurance options for low-income seniors was a concern; and 54%, or 92 of 171, reported that understanding long term care insurance and related options was a concern.

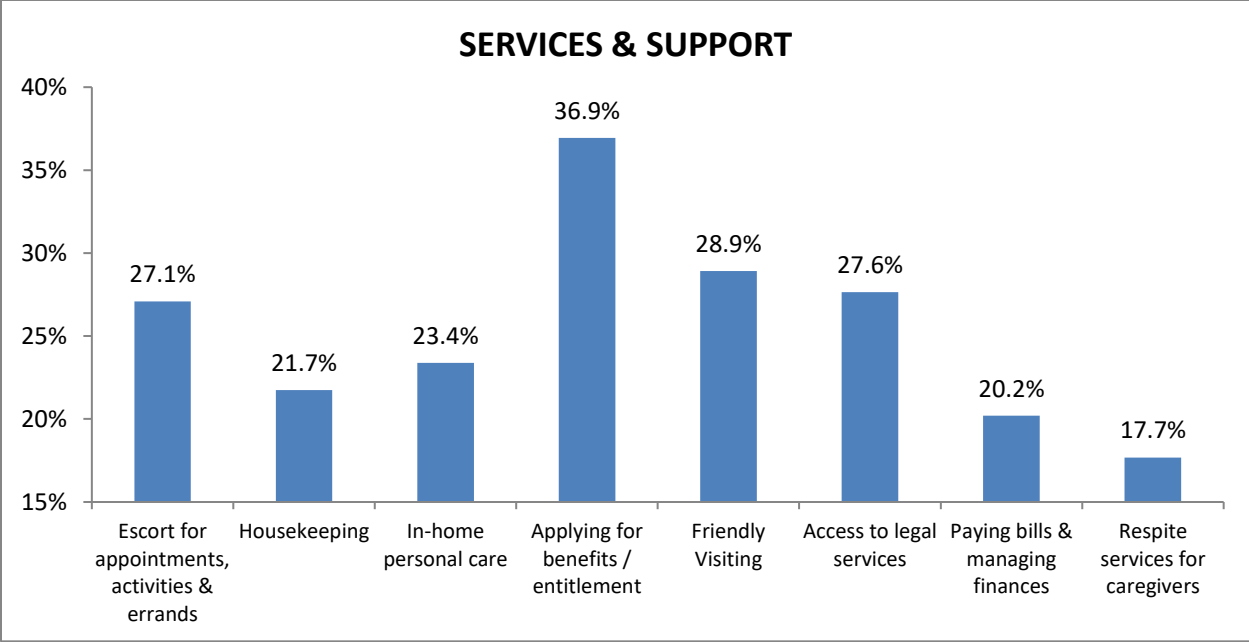


For several Health-related tasks, nearly half of all respondents reported particular concern in accomplishing these tasks. 49%, or 99 of 203, expressed concerns about knowing what to do for balance & fall prevention. Over half of respondents (52%, or 108 of 207) expressed concerns about managing their own chronic health condition(s), while just under half of all respondents expressed concerns about communicating with doctors and specialists (45%, or 92 of 205), understanding discharge information and care plans (46%, or 89 of 195), and understanding their prescribed medications and how to take them (46%, or 94 of

205). Nearly 40% of respondents reported concerns about utilizing mental health services (40%, or 77 of 195).



Among the tasks in the Services & Support category, the most concerning task identified was applying for benefits and entitlements, which 37% of respondents (75 of 203) reported as a concern. Over a quarter of respondents also identified friendly visiting (29%, 59 of 204), having access to legal services (28%, or 55 of 199), and having an escort for medical appointments, community activities, and other errands (27%, or 55 of 123) as concerns. In-home personal care (23%, or 47 of 201), housekeeping (22%, or 45 of 207), paying bills & managing finances (20%, or 41 of 203), and respite services for caregivers 18%, or 32 of 181) were not ranked as high as concerns for the group.



VI. Relationship between services currently being utilized and daily activities of concern

Among the daily activities of greatest concern, it appears that issues of insurance, health, and transportation are the ones that respondents have prioritized as the most concerning. Interestingly, health insurance benefits counseling and transportation services are also among the services that are currently already being utilized the most (second and fifth, respectively, among the twenty services described). Similarly, access to healthcare seems fairly robust with 83% of respondents reporting having a primary care physician and 69% of respondents reporting receiving a routine physical in the past year.

A closer look at some of the demographic differences related to service utilization, however, reveals that utilization of these critical services differs sharply along racial lines. For example, utilization of health insurance benefits counseling services (30%, or 157 of 224) seems to be largely driven by the Black or African American group (34%, or 41 of 120) and the Hispanic group (36%, or 10 of 28). Another example is how although 83% of all respondents (175 of 210) reported having a primary care physician, only 79% of Black and African American respondents (94 of 119) reported having a primary care physician, which is the lowest among all racial groups (American Indian/Alaskan Natives were excluded from this analysis due to small sample size). Similarly, even though 69% of respondents (144 of 209) said that they received a physical in the past year, only 59% of Black and African Americans (71 of 121) reported receiving a physical last year; all other groups had more than 75% of its respondents say they

received a physical in the past year. When it comes to hospitalizations in the past year, which was 18% for the entire respondent cohort (34 of 185), Asian Americans (29%, or 5 of 17), Filipinos (39%, or 7 of 18), and

Daily Activities of Concern (comparison of Black or African Americans to others)	Black or African American	Non-Black/ African American
Balance and fall prevention	45.5%	53.8%
Managing chronic condition(s)	49.6%	55.4%
Understanding medications	40.5%	52.8%
Communicating w/ doctors & specialists	39.5%	51.6%
Using mental health services	36.6%	43.4%
Understanding discharge info & care plans	40.6%	51.7%

Hispanic/Latinos (23%, or 6 of 26) appear to be experiencing greater burdens of these hospitalizations than their Black (13%, or 13 of 100) and White (6%, or 1 of 17) counterparts. It is interesting that even though Black and African American respondents seem to have less utilization of these preventative healthcare resources in the community, there is not a greater burden of hospitalizations among this group. Similarly, a look at the health activities of concern by race indicates that the Black or African American group consistently found these health-related activities to be less of a concern to them compared to non-Black, non-African Americans. While it is a good sign that this group is relatively unconcerned about these health-related activities compared to other racial groups, it would be interesting to uncover how this is connected, if at all, to this group's lower percentages of having a primary care physician and lower

percentages of receiving a physical in the past year. Historical trends of mistrust among the Black and African American community towards the medical community, and the pervasive cultural stigma around seeking certain health services could factor into these dynamics. Topics like this could be worth investigating in future qualitative data collection efforts through focus groups with older adults in the community.

VII. Suggestions for next steps & future programming

Given the current uncertainty of what a post-COVID world will look like, data collection efforts like this one are more important than ever to understanding the needs of our most vulnerable communities. Large-scale, community-based data collection efforts so often overlook these communities — for example, as of May 2020, the two Stapleton area census tracts have some of the lowest self-response rates of all Staten Island census tracts for the Census 2020 campaign, ranging from 25.0% (Tract 27) to 36.4% (Tract 29) compared to a 56.3% response rate, which is the average response rate for the entirety of Staten Island.³ Part of this challenge is connected to how COVID-19 has impacted the planned door-to-door and community-based efforts to collect Census data, but the challenge is also related to issues of internet access/availability in these neighborhoods as well. Navigating electronic data collection is even harder among a population of older adults, who may not be as comfortable as their younger counterparts in responding to surveys and questionnaires online. The data captured through this community needs assessment has been valuable in highlighting the needs of this often under-represented community of older adults in this often under-represented neighborhood of Stapleton. Although many of these community needs have likely evolved in different, unexpected ways as a result of the new COVID landscape, the findings identified here will offer a starting point for future explorations of community need as the Stapleton community looks to emerge from this new landscape stronger than before.

³ The Census 2020 response rate data reported here is accurate as of May 24, 2020. Data will be updated daily through May 31, at which point the data release schedule will be modified to update less frequently.

The JCC of Staten Island has already mobilized a network of more than 50 community partners to draw upon for their expertise and support to meet the needs of the older adult population here in Stapleton. These partners include several community-based organizations and non-profits that are working to improve the health and wellbeing of the larger Staten Island population. Nearly half of these community partners are healthcare providers and managed care organizations that can provide support in the areas identified to be of greatest concern by the needs assessment respondents, primarily the health-related and insurance-related concerns. The findings from this quantitative needs assessment will help to focus future data collection efforts to better understand some of the resource & services utilization patterns captured here – perhaps, qualitative data collection through focus groups and key informant interviews will be helpful to better understand why some services are being utilized more by some groups than others, and also why some daily activities are more concerning for some groups than others. All of this data will be helpful in focusing future efforts to refine existing services and bring in additional resources that will help to supplement the community assets that already exist in the Stapleton community.

Sources Cited:

- <https://www1.nyc.gov/assets/cidi/downloads/pdfs/SI01-CPP-Profile-ACS-CIDI.pdf>
- <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- <https://2020census.gov/en/response-rates.html>

Community Needs Assessment Questionnaire

Today's Date: _____

Part I. Client Information (Optional)

Client Name: _____

Zip Code: _____

Phone:	Home: () -	Email: _____
	Cell: () -	

Part II. Client Demographic Information (Optional)

Date of Birth: _____ Primary Language: _____

Ethnicity: _____ Gender: _____

Race (please select all that apply):

- American Indian/Alaskan Native
 Asian or Pacific Islander
 Black/African American
 Caucasian/White
 Filipino
 Hispanic/Latino
 Other: _____

Do you use any of the following devices? (check all that apply)
 Cane
 Eyeglasses
 Hearing Aid
 Walker
 Wheelchair
 Grab bars
 Other: _____

Part III. Household Composition

Size of Household (Number of People): _____

Annual Net Household Income in 2018:
 <11,490
 \$11,491-\$22,980
 \$22,981-\$50,000
 >\$50,000

Health Insurance

What type of Health Insurance do you have? Select all that apply:
 Medicare
 Medicaid
 Supplemental
 Private Insurance
 Long Term Care Insurance
 Managed Long Term Care/Medicaid
 None

Health Insurance Provider? _____

Please indicate which Formal Service(s) you receive(d), the service provider, and how often you receive(d) this service.

Formal Services (Care Receiver)	Receiving Service (Y/N)	Organization/ Service Provider	How Often?
Case Management	<input type="checkbox"/> Y <input type="checkbox"/> N		
Equipment/Supplies (Like the ones listed above, or other ones)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Escort Services for medical appts, errands, and/or social activities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Falls Prevention Education	<input type="checkbox"/> Y <input type="checkbox"/> N		

Friendly Visitor	<input type="checkbox"/> Y <input type="checkbox"/> N		
Health Insurance Benefits Counseling (including LTC)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Home Health Aide	<input type="checkbox"/> Y <input type="checkbox"/> N		
Home Delivered Meals	<input type="checkbox"/> Y <input type="checkbox"/> N		
Hospice Care	<input type="checkbox"/> Y <input type="checkbox"/> N		
Housing Assistance (obtaining affordable housing)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Housekeeping	<input type="checkbox"/> Y <input type="checkbox"/> N		
Legal Services	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mental Health Services	<input type="checkbox"/> Y <input type="checkbox"/> N		
Nutrition Counseling	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Emergency Response System (PERS)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Senior Center	<input type="checkbox"/> Y <input type="checkbox"/> N		
Services for Blind	<input type="checkbox"/> Y <input type="checkbox"/> N		
Services for Hearing-Impaired	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Adult Day Ctr.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Transportation Services	<input type="checkbox"/> Y <input type="checkbox"/> N		

Survey

Please indicate if each of the following activities **IS a concern** for you or **NOT a concern** for you.

HOUSING	IS a concern	NOT a concern
1. Being able to perform household chores (cleaning, etc.)		
2. Finding reliable help for home repairs/maintenance		
3. Being able to pay for home maintenance		
TRANSPORTATION	IS a concern	NOT a concern
1. To medical appointments		
2. To personal appointments/social visits/recreational activities		
3. To grocery shop and other errands		
INSURANCE	IS a concern	NOT a concern
1. Understanding Medicare and related options		
2. Understanding insurance options for low-income seniors		
3. Understanding long term care options and insurance		

HEALTH	IS a concern	NOT a concern
1. Balance and preventing falls		
2. Managing a chronic health condition		
3. Understanding medications and how to take them		
4. Knowing how to communicate with doctors & specialists		
5. Using mental health services		
6. Understanding care plans, discharge information, medical instructions		
NUTRITION	IS a concern	NOT a concern
1. Having enough money to purchase nutritious food		
2. Being able to shop & cook for myself		
3. Having access to food		
SERVICES & SUPPORT	IS a concern	NOT a concern
1. Escort for medical community activities/appointments and errands like shopping		
2. Housekeeping		
3. In-home personal care		
4. Applying for benefits/entitlement		
5. Friendly Visiting		
6. Access to legal services		
7. Bill paying/money management		
8. Respite services for caregivers		
S	YES	NO
Do you have a primary care physician?		
Have you had routine physical exam in the past year?		
Have you been hospitalized in the past year?		
Suggestions for future programs/or needs:		