The Age-inclusivity of New Haven and Connecticut

A pilot of *Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators* by the World Health Organization Centre for Health Development

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written by Mary Buchanan and Mark Abraham of **DataHaven**
with support from **Connecticut's Legislative Commission on Aging**

About the author

DataHaven is a non-profit organization with a 25-year history of public service to Greater New Haven and Connecticut. Our mission is to improve quality of life by compiling, sharing, and interpreting public data for effective decision making. DataHaven is a formal partner of the National Neighborhood Indicators Partnership of the Urban Institute in Washington, DC.

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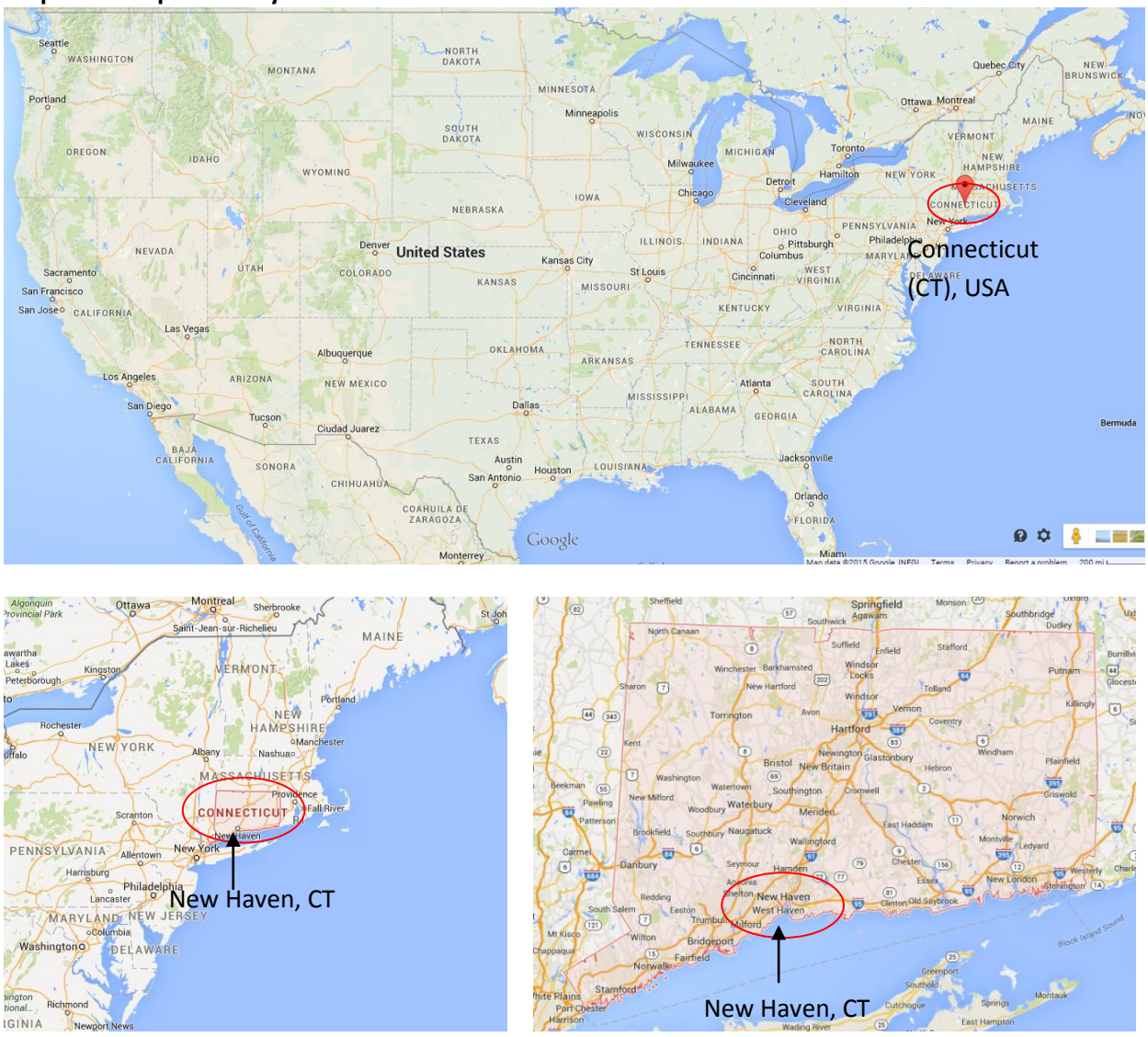
Background Information and Local Context

Study Area

New Haven ("the City"), Connecticut, United States, is the second largest city in the State of Connecticut, with a population of 130,000. The City is the densely-populated urban center of the New Haven metropolitan area, which has a regional population of nearly 900,000. For the purposes of this report, New Haven will sometimes be compared to a subset of the New Haven metropolitan area, Greater New Haven (which includes New Haven and twelve immediately surrounding suburbs[i]) as well as to the state of Connecticut as a whole.

Graphic 1: Maps of Study Area



Consistent with worldwide trends, the city and state are undergoing transformative demographic changes as the population is aging. Connecticut is the 7th oldest state in the United States, with the 3rd longest-lived constituency.[ii] 20% of Connecticut and 14% of New Haven residents are 60 years and over, and 5% and 3% respectively are 80 and over.[iii] The percentage of residents 60 years and over will grow by 44% statewide and 33% in the City from 2013 to 2025, and the share of 80-and-over residents will

grow by 19% and 7% respectively.[iv] (See Table 1) Nationally, about 9 in 10 older adults want to "age in place," or stay in their homes and communities as they grow older, a lifestyle choice that has important political, developmental, economic, and social implications for the region and state.[v]

Table 1: Age Demographics

	New Haven	Greater New Haven	Connecticut
2013: Total Population	130,338	464,771	3,583,561
2013: 60 and over, percent	14%	21%	20%
2013-25: 60 and over, percent change	+33%	+39%	+44%
2013: 80 and over, percent	3%	4%	5%
2013-25: 80 and over, percent change	+7%	+22%	+19%
2013: Median Age, years	31.0	39.1	41.5

Demographic Characteristics

A majority (71%) of Connecticut residents identify as white non-Hispanic, with 10% and 14% identifying as black and Hispanic of any race, respectively. New Haven is more racially and ethnically diverse than the state: 33% of residents identifies as white non-Hispanic, 35% black, and 26% Hispanic. Connecticut's statewide median household income is $69,461 and 10% of the population lives in poverty. On average, the City's population is less economically secure: its 2013 median household income is $50,056 and 27% of the population lives below the federal poverty line. In the state and City, slightly more than half of the population is female. From 2000 to 2013 New Haven was the fastest growing city in the state, with a population growth rate of 5.5%, compared to a statewide growth rate of 4.9%.

The City and state older adult populations are currently less racially diverse than the overall population, though diversity will increase over time, consistent with national trends. The City and state older adult populations are also less likely to live in poverty than the overall population. A larger share of older people (roughly 60% in both geographies) is female. In general, the overall and the older populations in New Haven are more racially and ethnically heterogeneous and less affluent than their regional and state counterparts, a demographic trend that is reflected in other cities across the state.

Table 2: Other Demographics

	New Haven		Greater New Haven		Connecticut	
	Total	65+	Total	65+	Total	65+
Race and Ethnicity						
2013: White, percent	33%	54%	66%	84%	71%	87%
2013: Black, percent	35%	31%	16%	10%	10%	6%
2013: Hispanic, percent	26%	12%	13%	4%	14%	5%
Gender						
2013: Female, percent	53%	59%	52%	58%	51%	58%
2013: Male, percent	48%	41%	48%	42%	49%	42%
Income						
2013: Poverty, percent	27%	15%	12%	7%	10%	7%
2013: 300%+ FPL, percent	37%	40%	63%	57%	64%	58%

Physical, Social, and Political Characteristics of the Study Area

Connecticut is in the Northeast of the United States, in the New England region. It has a seasonal climate, marked by hot, humid summers and cold winters with moderate snowfall. The southern third of the state and the northern center are mostly urban and suburban while the northeastern and northwestern corners of the state are mostly rural.

New Haven is located south-centrally in Connecticut, along Long Island Sound and the New Haven Harbor and with three rivers running through it. Because of its proximity to waterways, New Haven has a long history of industry and manufacturing.

As the primary urban center of its region, New Haven is highly connected to the state and surrounding region. The regional public transit system, CTTransit, provides bus services to the City and surrounding towns and operates additional systems in metropolitan areas around the state; an extensive passenger train network connects to New York City, Hartford, Boston, and Washington DC as well as to Connecticut towns along the shoreline; the city is located along the I-95 corridor, which runs through many major Eastern US cities; flights leave from Tweed-New Haven Airport, Bradley International Airport in Hartford, and from nearby New York, Massachusetts, and Rhode Island airports.

Connecticut is the 4th most population-dense state in the United States (739 people/sq mi. The state's major metropolitan areas are each comprised of dense urban cores with surrounding suburban towns. For example, New Haven is urban and population-dense (6,500 people/sq mi). The Downtown neighborhood possesses many urban characteristics, including a grid layout; high walkability; commercial sites; educational, governmental, and health-related institutions; and some residential units, most of which are multi-family.[vi] City neighborhoods spread outwards from Downtown and are mostly residential with a mix of single-family and multi-family homes; but most City neighborhoods surrounding Downtown are also considered walkable with a variety of stores, businesses, and public parks. The surrounding towns of GNH are less population-dense and suburban, overwhelmingly comprised of residential areas with single-family homes and more dispersed commercial corridors. Smaller, urban town centers and mixed-use developments are present in these areas. Statewide and in New Haven, costs of living and housing are higher than national averages.[vii]

Connecticut has seven national representatives in the US Congress. The state executive branch, headed by Governor Dannel Malloy, and legislative branch, the General Assembly, are housed in the capital city of Hartford. A mayor-council system governs New Haven. Its elected officials are Mayor Toni Harp and 30 Alders, each representing a geographic area of the. The municipal government allocates services to its constituents through its many departments. New Haven is a member of the South Central Regional Council of Governments.

New Haven calls itself the "Cultural Capital of Connecticut," because of its density of restaurants, shops, festivals, museums, theaters, and other cultural institutions. City parks make up 17% of the total land area. It is a renowned center of education, with Albertus Magnus College, Gateway Community College, Southern Connecticut State University, and Yale University located in New Haven and three additional institutions in neighboring suburbs. Yale is a large regional employer, and the Yale-New Haven Hospital serves doubly as a large employer and a prolific regional health-care provider.

Current status of age-inclusive initiatives

Connecticut has already recognized the urgency to begin planning for aging communities, passing a state law called An Act Concerning Livable Communities, which became effective July 1, 2013. The law empowered Connecticut's Legislative Commission on Aging to spearhead Connecticut for Livable Communities, a statewide initiative that convenes, engages, inspires, and supports local and regional efforts to shape more livable communities for residents of all ages. The Legislative Commission on Aging is a non-partisan public policy and research office of the General Assembly. Among many efforts, in September 2014, they convened over 50 experts representing more than 30 stakeholder organizations to discuss a framework for measuring and assessing livability in Connecticut. They referenced the World

Health Organization's (WHO) progress in creating indicators to measure community livability. They have also used the WHO's domains to inform the creation of their own framework for looking at issues of livability. (See Graphic 2)

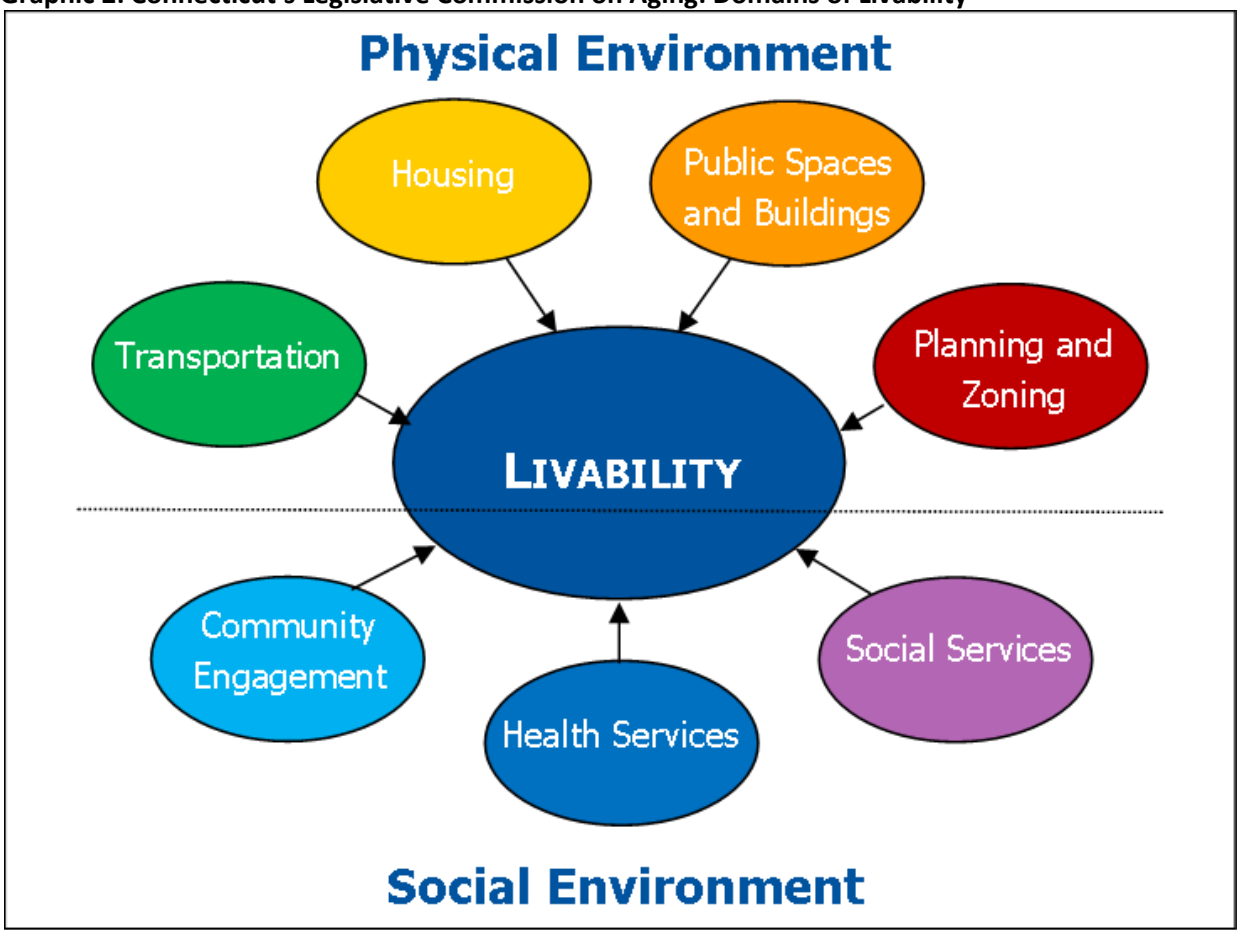
Connecticut's Legislative Commission on Aging is a leading promoter of aging policy, comprised of 21 volunteer members and 4 professional staff. The Commission on Aging leads wide-ranging, aging-related initiatives, partnerships and coalitions: these include the Connecticut Elder Action Network, the Long-Term Care Advisory Council, and the Money Follows the Person Workforce Development Subcommittee. Through comprehensive research and analysis of best practices, national trends, and cost-optimizing strategies, the Commission regularly makes recommendations to the General Assembly and the Governor on aging-related policies and practices.

The Commission on Aging's livable communities initiative has nearly 50 strategically cultivated organizational partners (with the list growing) and many additional informal partners. All are organizations that are committed in some manner to improving inclusiveness for people across the lifespan (see Table 8 in Annex for full partner list). By way of just one of many possible examples, the Connecticut Council for Philanthropy supports the Funders in Aging Affinity Group, which considers how philanthropy can positively impact issues related to Connecticut's older adult population. A full discussion of the many, broad-ranging ways in which each partner in contributing to enhancing livability in Connecticut is beyond the scope of this report.

Statewide, a number of indicators and standards are used to evaluate an area's age-inclusiveness, or livability. Connecticut's Legislative Commission on Aging is required annually to report on the progress of its livable communities initiative to the Connecticut legislature. Its 2014 annual report, Connecticut for Livable Communities, is a foundational policy guide that includes best practices, goal areas, and characteristics of livable communities.[viii] As part of its statutory charge, the Commission on Aging also maintains a website, www.livablect.org, that provides information and resources to municipalities, including a list of assessments that community leaders may wish to use in determining their readiness to support an aging population. Some of the listed assessments include the Vital Communities Assessment, the AARP Survey of Community Residents Ages 50 and older, the Sustainable Communities Indicators, and the World Health Organization Checklist of Essential Features of Age-friendly Cities, among others, listed with direct links on the "Assessment" page of the Commission on Aging's livable communities website portal.

Consistent with the World Health Organization's evolving framework, Connecticut's Legislative Commission on Aging has identified the following domains, or areas of intervention for community leaders and their partners: planning and zoning, public spaces and buildings, housing, transportation, community engagement (which includes support and connectivity, civic engagement, and opportunities for both employment and recreation), health services, and social services.

Graphic 2: Connecticut's Legislative Commission on Aging: Domains of Livability



In June 2015, DataHaven will administer its statewide Community Wellbeing Survey (see Table 10 in the Annex), which can be used to evaluate age-inclusiveness of every community in Connecticut. DataHaven plans to adjust the survey to align it more closely with the WHO framework, as determined appropriate by this pilot study. Connecticut's Legislative Commission on Aging plans to use data from the Community Wellbeing Survey to create a snapshot of age-inclusiveness for policymakers and community leaders.

The data garnered from the DataHaven Community Wellbeing Survey will complement US Census data and other objective indicators. Some of these additional data, can be accessed from AARP's Livability Index, a new interface to existing nationally available data sources, to be launched this spring. Data for every locality in the US will be available, including those in Connecticut.

With respect to transportation initiatives, Connecticut is currently making unprecedented investments in its transportation systems, even in a challenging fiscal climate. These include major investments in commuter rail and "bus rapid transit" service. In February 2015, in a speech to the state legislature, Connecticut Governor Dannel Malloy outlined a 30-year vision for a best-in-class transportation system. Just a few months earlier, the Connecticut Department of Transportation issued a policy statement, articulating that, as a condition of funding, Complete Streets must be considered.

With respect to housing, Connecticut is using a variety of creative tools to expand its stock of housing options. For example, in 2007, the state legislature established a program known as the Incentive

Housing Zone (IHZ) Program, now known as HOME Connecticut, codified in Sections 8-13m through 8-13x of the Connecticut General Statutes. The overall purpose of the program is to help municipalities plan for and create mixed-income housing. Funding is available for municipalities to create IHZs in eligible locations, such as near transit facilities, areas of concentrated development, or areas that are otherwise suitable for development because of existing, planned or proposed infrastructure.

IHZs are one strategy for producing age-diverse communities, which take into account the housing needs of the myriad of professionals necessary to support older adults and persons with disabilities. This critical workforce may also need affordable housing themselves. And communities with housing for diverse ages create economic vibrancy and enhanced opportunities for intergenerational connectivity. In short, successful aging in place demands growing housing choices for people of all ages.

Over the past 60 years, changing land use patterns have eviscerated the sustainability and cohesiveness of some of Connecticut's town and village centers. But numerous thought leaders throughout Connecticut have actualized strategic investments to shape a number of new public spaces and buildings across the state, especially in downtown areas. These places—ranging from green spaces to places of civic engagement to places of commerce—can help foster a sense of community and mutual caring, and contribute to regional economic sustainability. They are designed and built to provide a foundation for true neighborhoods and opportunities for intergenerational connectivity, and they accommodate users of all ages and abilities.

With respect to planning and zoning, in Connecticut, municipal planning commissions are each required to adopt a local plan of conservation and development at least once every 10 years, and then regularly review and maintain that plan. In 2013, the Legislative Commission on Aging shepherded the passage of Public Act 13-250, now codified in Section 8-23(e)(1)(I) of the Connecticut General Statutes. It requires municipal planning commissions to consider incorporating elements into their plans that allow older adults and persons with disabilities to live in their homes and communities whenever possible. These elements are broad-ranging, but illustrative elements outlined in the statute include home-sharing in single-family zones for older adults and persons with disabilities who receive supportive services in their home; the allowance of accessory dwelling units for older adults, persons with disabilities, or their caregivers; and focusing development and revitalization in areas with existing or planned physical infrastructure, including connectivity to transit.

With respect to health services, Connecticut's state Department of Public Health is working to implement its *Healthy Connecticut 2020 State Health Improvement Plan*, one of whose focus areas is environmental risk factors and health, which includes the promotion of healthy communities. The plan's specific goal is to "increase the number of local planning agencies and others making land-use decisions that incorporate a 'health-in-all-policies' approach." Policies, practices and other strategies that promote healthy communities inherently also create places that can support residents across the lifespan. Accordingly, Connecticut's Legislative Commission is partnering with the state Department of Public Health, local public health professionals, and other key health organizations in the state to advance the goal of healthy placemaking.

With respect to social services, there is a national effort in the US to "rebalance" the system, making greater investments in home and community-based services, as opposed to institutionally-provided long-term services and supports. The rebalancing effort recognizes the importance of allowing adults and persons with disabilities to retain choice, independence and dignity regarding how and where they receive long-term services and supports. The State of Connecticut, through its state Department of

Social Services (DSS), is leading a number of major rebalancing initiatives. Initiatives that are being led with funds from and/or involvement by the US government include the Medicare-Medicaid Enrollee Demonstration for Integrated Care (though the project would no longer receive funding under the Governor's current proposed budget), the Money Follows the Person Program, the Balancing Incentive Program, Community First Choice, and the Demonstration Grant for Testing Experience and Functional Assessment Tools. Major state-funded home and community-based services for older adults and persons with disabilities include but are not limited to the Connecticut Home Care Program for Elders, the State-funded Assisted Living Services and Pilots, the Connecticut Homecare Program for the Disabled, other Medicaid home and community-based services waivers (administered by DSS), and Older Americans Act Programs, and the Connecticut Statewide Respite Care Program (administered by the State Department on Aging).[ix]

Locally, the City of New Haven Department of Elderly Services, staffed by seven professionals, provides information and coordinates services for New Haven residents 55 and over. The Department of Disability Services ensures that residents and visitors with disabilities have equal access to the City's programs, services, and activities. There are three ~~s~~enior centers throughout the City, which offer exercise classes, activities, meals, services, and other opportunities for community engagement. The New Haven Free Public Library provides free financial, professional, and social counseling for adults 50 years and over through its 50+ Transition Center.

In New Haven, the proposed city budget for Fiscal Year 2016 would create a bilingual specialist in the Elderly Services department. A number of initiatives to increase walkability and transportation options are underway in the City, including a study focused on feasibility of alternative transportation options – the Hill-to-Downtown project – that will improve walkability and alternative transportation. The City of New Haven Complete Streets Design manual is a model for other Connecticut cities in improving the walkability of city streets, especially for those who cannot drive.

We conclude this section by noting that the projects, initiatives, programs and policies listed here are illustrative but by no means comprehensive in capturing the many state, regional and local efforts to shape livability in Connecticut.

Process Used for Pilot Study

Key partners, roles and responsibilities

DataHaven (the researchers) is the lead research agency for this study. DataHaven gathered contextual information on aging in the City, collected data points corresponding to the WHO Guide, *Measuring the Age-friendliness of Cities: A Guide to Using Core Indicators*. The researchers worked with experts and policymakers to determine the relevance of the WHO Guide. Connecticut's Legislative Commission on Aging consulted on this project, working with the researchers to generate relevant local indicators and to identify regional policies and resources. The Connecticut Council for Philanthropy, the Connecticut Community Foundation, and a private donor generously provided financial support for this process.

DataHaven and Connecticut's Legislative Commission on Aging identified and reached out to aging policy experts locally and statewide ("local experts") for their comments and suggestions on the WHO Guide. A diverse group of stakeholders engaged in the process, attending a forum held in New Haven on age-inclusive livability and in conversations with the researchers. A full list of engaged local experts can be found in Table 9 in the Annex Section.

Timeline of activities and major milestones

In December 2014, the researchers reviewed the WHO Guide. With guidance from Connecticut Legislative Commission on Aging, DataHaven identified other guides to livability in aging communities and examined additional research on age-inclusive environments, focusing on local or regional sources. Additional guides and studies that were informative include Grantmakers in Aging's *Community AGEnda: Improving America for all Ages*,[x] The City of New York's *Age Friendly NYC*,[xi] Connecticut's *State Plan on Aging,*[xii] and the Commission's *Connecticut for Livable Communities*.

The researchers created a list of locally- prioritized indicators to collect in addition to the WHO Guide and then identified data sources for all relevant indicators. Throughout January 2015, the researchers collected and analyzed data for WHO and locally-prioritized indicators and produced a first draft. Throughout February 2015, DataHaven and the Legislative Commission on Aging collaborated to refine the draft report. In March 2015, DataHaven and the Commission engaged the community and local experts on the topics of age-inclusive livability, local and regional efforts towards livability, and the relevance of the WHO Guide. This effort culminated in an age-inclusivity forum attended by community members and local experts and held at the New Haven Public Library. At the end of March the final evaluations of the WHO Guide were submitted in a final report; the process and resulting report will be referenced to inform age-inclusive initiatives in New Haven and Connecticut in the future.

Methods used to collect and analyze indicator data

The researchers examined the relevance of the WHO Guide in three areas: New Haven, Greater New Haven (GNH), and Connecticut. Under the leadership of the Commission on Aging, in 2013 Connecticut policymakers started to evaluate the state's age-inclusiveness, using WHO standards and other frameworks. At present, Connecticut as a whole and municipalities across the state are poised to advance planning for aging communities. The researchers compared indicator values for New Haven and Connecticut, as well as Greater New Haven, as statewide data were sometimes unavailable. Generally speaking, the region and state are demographically similar and therefore statistically similar when compared on the basis of most population indicators.

Working with the Legislative Commission on Aging, DataHaven identified data sources from which to collect the WHO and locally-prioritized indicator data for the study areas. There was significant overlap across the 2012 Greater New Haven Wellbeing Survey, which contains subjective quality of life data for the region, and the WHO Guide indicators and among locally-prioritized indicators.[xiii] The Community Wellbeing Survey was first fielded in 2012 by DataHaven and a collaborative of government, community, health care, and university partners and contains data (based on 1,300 phone interviews) for the City and GNH region; it will be expanded statewide in 2015. The researchers used the Census Bureau's 2008 Current Population Survey (CPS)[xiv] and the 2009-13 American Community Survey (ACS), which is the most recent and accurate national census for the study area, to collect many objective indicators.[xv] The databases of numerous state and local governmental agencies were also used to collect data points. For more information about the datasets, see Table 10 in the Annex.

Guided by the Legislative Commission on Aging, DataHaven aligned age-inclusive indicators from the WHO Guide with available data points, ensuring that indicator values were appropriately matched to indicator definitions. For example, the definition of the WHO's Engagement in Sociocultural Activity indicator is the proportion of older people who report participating in sociocultural activities "at least once a week," so the researchers used the proportion of older adults who answered "very often" to that question in the Wellbeing Survey. For the Wellbeing Survey and most Census data, DataHaven collected data for a sample of adults 60 years and over, in accordance with the WHO standards. When a sample of

population 60 years and over was not available, the researchers used data on other age groups according to availability.

To determine the equity of livability in the study area, DataHaven also collected demographic data for different subpopulations: gender – male or female; race/ethnicity – white, black, Hispanic, or other; and annual household income – less than $30,000, $30,000 to $50,000, $50,000 to $75,000, or more than $75,000. The researchers selected these subpopulations based on social stratifications in the study area, the availability of data, and the size of sub-sample. The researchers looked at subpopulations in Greater New Haven and Connecticut, because the sample sizes for the New Haven subpopulations were not large enough to be significant.

Da taHaven applied the methodology for population attributable risk (PAR) and ratio of inequality between reference groups, as described in the WHO Guide. For PAR, DataHaven compared the overall 60-and-over rate to the 60-and-over subpopulation that reported the "worst" experience with the indicator. The most-at risk group's rate was subtracted from the overall population rate to obtain the population attributable risk. Table 6 reports the PAR percentage, which is the population attributable risk divided by the overall population rate.

PAR = Overall population rate – most at-risk group rate
PAR percentage = PAR / Overall population rate

For example, 42% of the 60-and-over population in GNH strongly agreed that neighborhood streets and sidewalks were safe (this represents the overall population rate). 34% of Hispanic residents of GNH over 60 years had safe streets and sidewalks (most at-risk group rate).

42% – 34% = 8% → population attributable risk (PAR)
8% / 42% = 19% → population attribute risk percentage (PAR percentage)

For the inequality ratio, DataHaven compared the subgroup with the "best" experience per indicator to the subgroup with the "worst" experience. Not to count individual responders more than once in the analysis, DataHaven only compared genders to each other, income groups to each other, and race groups to each other for inequality measures. The most at-risk group rate was subtracted from the least at-risk group rate to obtain the inequality difference. The least at-risk group rate was divided by the most at-risk group rate to obtain the inequality ratio. Table 7 reports the inequality ratio.

Equity Difference = Least at-risk group rate – most at-risk group rate
Equity Ratio = Least at-risk group rate / most at-risk group rate

For example, 62% of black residents of GNH over 60 years said they had safe streets and sidewalks in their neighborhood (least at-risk group). 34% of Hispanic residents of GNH over 60 years had safe streets and sidewalks (most at-risk group).

62% - 34% = 28% → Inequality Difference
62% / 34% = 1.8 → Inequality Ratio

The researchers elected not to conduct additional surveys to collect WHO Guide indicator data for which it could not locate a source. Instead, DataHaven determined the relevance of indicators, including those that could not collected, by comparing them to other studies on aging and by following the counsel of aging experts.

Reporting on Indicators

Table 3: Core Indicators

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City | GNH | CT			Data Source	Year of Data	Population or Sample	Additional Comments
Neighborhood Walkability	(1) Proportion of streets in the neighborhood that have pedestrian paths	Walk Score: Walkability of all addresses in given geographic unit.	65 out of 100			Walk Score[xvi]	2014	City of New Haven	Walk Score determines walkability of any address, analyzing walking routes to nearby amenities. See complete methodology at https://www.walkscore.com/methodology.shtml
	(2) Proportion of older people who report that their neighborhood is suitable for walking, including for those who use wheelchairs and other mobility aids.	Proportion of older people who "strongly agree" that there are safe sidewalks and crosswalks on most of the streets in my neighborhood.	57% =(52/91)	42% =(258/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that a lack of adequate sidewalks does not present difficulties in getting to public transit.	77% =(70/91)	66% =(402/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Accessibility of public transportation vehicles	(1) Proportion of public transport vehicles with designated places for older people or people who have disabilities.	Proportion of CTTransit vehicles that are handicap accessible.	100%	100%		CTTransit[xvii]	2014	All buses serving City of New Haven	All vehicles are handicap-accessible, with kneeling capacity to lower the step to mount the bus and wheelchair lifts or ramps. Most mobility devices (wheelchairs, 3-wheel scooters, and walkers) can be accommodated inside the bus with securing devices near the front of the bus. Residents who cannot access the standard

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
									transportation vehicles can apply to use the Greater New Haven Transit District, a paratransit service.
Accessibility of public transportation stops	(2) Proportion of older people who report that public transportation stops are too far from home.	Proportion of older people who report that "far distance" presents a difficulty in getting to public transit.	13% =(12/90)	31% =(191/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that it would take "more than 10 minutes" to walk from home to the nearest bus stop or train station.	16% =(13/83)	43% =(238/562)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that crossing busy streets presents difficulties in getting to public transit.	31% =(28/91)	30% =(184/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that they rode public transit on average "5 or more times" in a month.	8% =(7/87)	6% =(33/603)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who "strongly" or somewhat disagree" that public transit can generally get them where they need to go.	9% =(8/90)	27% =(167/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Affordability of	(1) Proportion of older	Same definition.	50%		59%	American	2009-	Household	

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
housing	people who live in a household that spends less than 30% of their equalized disposable income on housing.		=(5894/11684)		=(261018/440640)	Community Survey	2013	ers, 60 and older	
	(2) Proportion of older people who report that housing in their neighborhood is affordable.	Proportion of older people who report that affordability to live in their town is "Excellent" or "Good."	30% =(27/90)	29% =(174/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Positive social attitude toward older people	(1) Number of reported cases of maltreatment of older persons (as a proportion of the total number of older people).	Rate per 10,000 of Elderly Abuse in CT			64.3 =(4700/731037) *10000	CT State Plan on Aging	2012	Population, 60 and older	
	(2) Proportion of older people who report feeling respected and socially included in their community.	Proportion of older people who report that support for elderly citizens is "Excellent" or "Good."	39% =(35/89)	50% =(302/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Engagement in volunteer activity	(2) Proportion of older people who report engaging in volunteer activity in the last month on at least one occasion.	Proportion of older people reporting that since Sept. 1 of last year they have done some volunteer activity.	49% =(44/90)	46% =(278/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that since September 1 of last year they have volunteered at children's schools or youth organizations.	9% =(4/47)	6% = (19/332)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Paid	(1) Proportion of older	Same definition.	28%		31%	American	2009-	Population,	

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
Employment	people who are currently employed		=(5081/18277)		=(224428/731037)	Community Survey	2013	60 and older	
	(2) Proportion of older people who report having opportunities for paid employment.	Proportion of older people who report having had a paid job in the last 30 days.	25% =(23/91)	24% =(146/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
		Proportion of older people who report that the ability of residents to obtain suitable employment is "Excellent" or "Good."	12% =(11/91)	12% =(74/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Engagement in socio-cultural activity.	(1) Proportion of older people who report participating in socio-cultural activities at their own discretion at least once in the last week.	Proportion of older people who report having utilized arts and culture resources, such as arts activities or performances "very often."	16% =(14/90)	13% =(79/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Participation in local decision making.	(1) Proportion of eligible older voters who voted in the most recent local election or legislative initiative.	Proportion of older people who were registered to vote in 2008 elections			86% =(378,000/441,000)	Current Population Survey	2008	US citizens, 65 and older	
		Proportion of older people who voted in 2008 elections			76% =(336,000/441,000)	Current Population Survey	2008	US citizens, 65 and older	
	(2) Proportion of older people who report being involved in	Proportion of older people who report being registered to	90% =(83/91)	92% =(562/61		Greater New Haven Wellbeing	2012	Population, 60 and older	

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
	decision-making about important political, economic and social issues in the community. .	vote in the November 2012 election.		0)		Survey			
		Proportion of older people who report having "great" or "moderate" ability to influence local decision making.	25% =(24/88)	29% =(177/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Availability of information	(1) Availability of local sources providing information about health concerns and service referrals, including by phone.	A local source providing information about health concerns and service referral is available by phone.			Yes	CT 2-1-1[xviii]	2015	n/a	CT 2-1-1 provides information on local services, including utility assistance, food, housing, child care, after school programs, elder care, and crisis intervention. It is available by phone and online.
Availability of social and health services.	(1) Number of older persons with personal care or assistance needs receiving formal (public or private) home-based services.	Percent of Connecticut Medicaid Long-Term services and Supports (LTSS) Dollars for Home and Community-based Services vs. institutional care (HCBS)			45%	CT's Legislative Commission on Aging [xix]	2014	CT Medicaid LTSS Dollars	
		Percent of CT Medicaid LTSS Enrollees who receive HCBS vs. institutional care			59%	CT's Legislative Commission on Aging	2014	CT Medicaid LTSS Enrollees	
Economic Security	(1) Proportion of older people living in a household with a disposable income above the risk-of-poverty threshold.	The ratio of household income to poverty over the past 12 months is greater than 300%.	40% =(1992/5005)	57% =(21468/37597)	58% =(169782/290638)	American Community Survey	2013	65 and older, poverty status determined	Income at 300% or greater than the federal poverty level is considered "middle class" or "self sufficient."[xx]
	(2) Proportion of older	Proportion of older	28%	35%		Greater New	2012	Population,	

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
	people who report having had enough income to meet their basic needs over the previous 12 months without public or private assistance.	people who report that they are managing financially to "live comfortably" these days.	=(25/90)	=(214/610)		Haven Wellbeing Survey		60 and older	
Quality of Life	(1) Healthy Life Expectancy at birth	Same definition.			80.8 years	Measure of America 2013-14 [xxi]	2010	Total Population	
	(2) Proportion of older people who rate their overall Quality of Life as 'very good' or 'good' on a scale ranging from 'very poor' to 'very good.'	Proportion of older people who report that they are satisfied with the city or area where they live.	74% =(67/89)	83% =(505/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	

Table 4: Supplementary Indicators

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
Accessibility of priority vehicle parking.	(1) Proportion of priority parking spaces at new and existing public facilities that are designated for older people or people with disabilities.	Proportion of public parking spaces in the Downtown Center that are designated specifically for older people or people with disabilities	2.1%			City of New Haven	2015	All parking spots in Downtown New Haven	The City also designates meters that do not have time limits as handicap parking meters, although these no-time-limit spots are not limited exclusively to handicap drivers.
Accessibility of housing	(1) Proportion of new and existing houses that have wheelchair-accessible entrances.	Ratio of housing units specifically designated for older people or people with disabilities to population of older people	0.143 =3443/24147			City of New Haven	2015	Population, 55 and older	The number of units specifically for older people or people with disabilities was compiled by the New Haven Department of Elderly Services and includes private and public management groups. The age minimum for these units varies. The lowest age

Indicator	Definitions in the Guide	Actual Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
									minimum is 55 and older for New Haven Housing Authority managed-units.
		Proportion of housing that is not 1-unit, detached units.	79% =(45337/57433)	47% =(91267/1965413)	41% =(592118/1486995)	American Community Survey	2013	Total housing units	Housing policy experts believe alternative housing options, aside from the standard single-family, large-lot homes, should be available for older adults. Single family homes may require more maintenance for elderly people or may be more expensive than alternative housing options.[xxii]
Physical Activity	(2) Proportion of older people who report participating in group physical activities in their leisure time.	Proportion of older people who report that they engage in moderate physical activity or exercise for a total of 30 minutes or more, at least three days or more per week.	60% =(53/89)	62% =(371/601)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Internet Access	(1) Proportion of older people living in a household with internet access at home	Proportion of older people who have a computer with internet subscription in their household.	38% =(5441/14362)		65% =(339285/519056)	American Community Survey	2013	Population in households 65 and older	
	(2) Proportion of older people who report having access to internet at home.	Same definition.	56% =(50/91)	64% =(388/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	

Table 5: Locally Prioritized Indicators

Indicator	Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
Access to goods	Proportion of older people who "strongly" or	67%	54%		Greater New	2012	Population,	

Indicator	Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
and services.	"somewhat agree" that many stores, banks or ATMs, markets, or places to go are within easy walking distance of home.	=(62/92)	=(326/610)		Haven Wellbeing Survey		60 and older	
Public Safety	Serious and Violent Crime Rate per 10,000	611.2 =(7949/129898) *10000	367.3 =(17026/463551) *10000	244.4 =(87744/3.59 mil) *10000	New Haven Police Department, CT Dept of Public Safety[xxiii]	2012	Total Population	Serious and Violent crime includes murder, rape, assault, robbery, burglary, theft and arson.
	Proportion of older people who "strongly" or "somewhat disagree" that they do not feel safe to go on walks in their neighborhood at night.	36% =(33/91)	51% =(309/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Proportion of older people who report that worries about personal safety do not present difficulties in getting to public transit.	65% =(59/91)	71% =(433/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Community Cohesion	Proportion of older people who "strongly agree" that people in their neighborhood can be trusted.	32% =(28/89)	49% =(296/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Number of senior community centers	3			City of New Haven[xxiv]			City sponsored, offering exercise classes, activities, meals, services, and other opportunities for community engagement
	Proportion of older people who report having worked with other people from their neighborhood to fix a problem or improve a condition in their community or elsewhere worked since September 1 of last year.	44% = (40/90)	39% =(235/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Family Structure	Proportion of older adults who are responsible for "own" grandchildren under 18 years	2.20% =(402/18277)		1.00% =(7310/731037)	American Community Survey	2013	Population, 60 and older	"Own" refers to persons under 18 who are the biological, adopted, or step-grandchildren of the older adult.
	Proportion of older adults who live alone	54% =(6321/1		42% =(1846	American Community Survey	2013	Population, 60 and older	

Indicator	Definition Used	Indicator Value City	GNH	CT	Data Source	Year of Data	Population or Sample	Additional Comments
		1684)		28/440 640)				
Health and Mental Health	Proportion of older adults who report that their overall health is "excellent" or "very good"	43% =(38/89)	46% =(278/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Proportion of older adults who report that during the last month they have “fairly often” or “very often” been bothered by feeling down, depressed, or hopeless.	10% =(9/90)	8% =(50/610)		Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Proportion of adults who are disabled.	38% =(4823 /12577)	33% =(21939/ 65843)	32% =(160688/497 521)	American Community Survey	2013	Population, 65 and older	

Table 6: Population Attributable Risk (PAR) Percentage Indicators

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
Population attributable risk (PAR): Neighborhood Walkability	Ratio of PAR of Hispanics’ and all older people who self-report having safe neighborhood sidewalks.	.19 =(.08/.42)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	Population attributable risk (PAR) percentage: PAR= Overall rate – most at-risk group rate PAR percentage = PAR/overall rate Overall rate= 42% Most at-risk rate= 34% Hispanic 60+ pop. 42% - 34% = 8% = PAR 8%/42% = 19% = PAR percentage
	Ratio of PAR of income earners $50-75K and all older people who self-report that there are adequate sidewalks between their homes and trans. stops.	.09 =(.06/.66)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR:	Ratio of PAR of Hispanic and all older people who self-	.12	Greater New	2012	Population,	

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
Accessibility of Public Trans. stops	report that distance is a problem in getting to stops.	=(.04/31)	Haven Wellbeing Survey		60 and older	
	Ratio of PAR of income earners $30-$50K and all older people who self-report that the walking distance is at least 10 mins. between home and trans. stops.	.12 =(.05/.43)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of Hispanic and all older people who self-report that busy streets are a problem in getting to stops.	.66 =(.20/.30)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of income earners >$75K and all older people who self-report riding public trans. at least 5 times per month	1.00 =(.06/.06)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of blacks and all older people who self-report that public trans. can get them where they need to go.	.75 =(.15/.2)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Affordability of Housing	Ratio of PAR of income earners $30-50K and all older people who self-report that housing is affordable.	.31 =(.09/.29)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Positive Social Attitude Toward Older People	Ratio of PAR of blacks and all older people who self-report that there is excellent or good support for elderly citizens.	.23 =(.115/.5)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Volunteer activity	Ratio of P AR of income earners <$30K and all older people who self-report volunteering over the past year.	.24 =(.11/.46)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of Hispanic and all older people who self-report volunteering at youth organizations or schools.	.40 =(.024/.06)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Paid Employment	Ratio of PAR of income earners <$30K and all older people who self-report having a job.	.46 =(.11/.24)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners $30-$50K and all older people who self-report that the ability of residents to obtain suitable employment is excellent or good.	.28 =(.03/.12)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Engagement in socio-cultural activities	Ratio of PAR of income earners <$30K and all older people who self-report often participating in socio-cultural activities.	.61 =(.079/.13)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Participation in	Ratio of PAR of Hispanics and all older people who self-report registering to vote in the November 2012	.06	Greater New Haven Wellbeing	2012	Population, 60 and	

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
local decision making	election.	=(.06/.92)	Survey		older	
	Ratio of PAR of income earners <$30K and all older people who self-report who self-report having influence in local decision making.	.26 =(.07/.29)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Economic Security	Ratio of PAR of income earners <$30K and all older people who self-report living comfortably.	.56 =(.196/.35)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Quality of Life	Ratio of PAR of life expectancy of blacks and all older people.	.04 (CT) =(3/80.8)	Measure of America 2013-14	2010	Total Population	The data for are for the state of Connecticut.
	Ratio of PAR of blacks and all older people who self-report satisfaction with the town in which they live.	.09 (CT) =(8.9/.83)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	The data for are for the state of Connecticut.
PAR: Physical Activity	Ratio of PAR of income earners less than $30K and all older people who self-report exercising at least 3 times a week.	.32 =(.196/.62)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Internet Access	Ratio of PAR of blacks and all older people who self-report having home internet access.	.38 =(.24/.64)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Access to goods and services	Ratio of PAR of income earners >$75K and all older people who self-report that many places to go are within easy walking distance of home.	.10 =(.055/.54)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Public Safety	Ratio of PAR of Hispanics and all older people who self-report feeling safe in their neighborhood at night.	.33 =(.17/.51)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of blacks and all older people who self-report worries about personal safety present difficulty in getting to public trans.	.19 =(.26/.49)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Community Cohesion	Ratio of PAR of blacks and Hispanics compared to all older people who self-report trusting people in their neighborhood.	.54 =(.26/.49)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of Hispanics and all older people who self-report working with neighbors to solve a problem over the past year.	.31 =(.12/.39)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
PAR: Health	Ratio of PAR of income earners less than $30K and all older people who self-report having good or excellent health.	.35 =(.162/.46)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of PAR of income earners less than $30K and all older people who self-report fairly or very often feeling	.695	Greater New Haven Wellbeing	2012	Population, 60 and	

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
	down or depressed.	=(.057/.082)	Survey		older	
	Ratio of PAR of women and all older people with disabilities.	.070 =(.027/.383)	American Community Survey	2013	Population, 65 and older	

Table 7: Inequality Ratio Indicators

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
Inequality of Neighborhood Walkability	Ratio of the share of Blacks compared to Hispanics who self-report having safe neighborhood sidewalks.	1.8 =(.62/.34)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	Equity Ratio Least-at risk group rate / most at-risk group rate Least-at risk rate= 62% Black 60+ pop Most at-risk rate= 34% Hispanic 60+ pop. 62% / 34% = 1.8
	Ratio of the share of blacks compared to whites who self-report that there are adequate sidewalks between their homes and trans. stops.	1.16 =(.74/.64)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Accessibility of Public Trans. stops	Ratio of the share of blacks compared to whites who self-report that distance is a problem in getting to stops.	.43 =(.15/.35)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of blacks compared to whites who self-report that the walking distance is at least 10 mins. between home and trans. stops.	.40 =(.19/.47)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of whites compared to Hispanics who self-report that busy streets are a problem in getting to stops.	.54 =(.27/.50)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of Hispanics compared to whites who self-report riding public trans. at least 5 times per month	7.67 =(.23/.02)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners >$75K compared to <$30K who self-report that public trans. can get them where they need to go.	3.75 =(.30/.08)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality:	Ratio of the share of income earners >$75K compared to	1.75	Greater New	2012	Population,	

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
Affordability of Housing	$30-50K who self-report that housing is affordable.	=(.35/.20)	Haven Wellbeing Survey		60 and older	
Inequality: Positive Social Attitude Toward Older People	Ratio of the share of whites compared to blacks who self-report that there is excellent or good support for elderly citizens.	1.33 =(.52/.39)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Volunteer activity	Ratio of the share of whites compared to Hispanics who self-report volunteering over the past year.	1.33 =(.48/.36)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Volunteer activity	Ratio of the share of men compared to women who self-report volunteering at youth organizations or schools.	2.00 =(.08/.04)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Paid Employment	Ratio of the share of income earners >$75K compared to <$30K who self-report having a job.	3.19 =(.42/.13)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of Hispanics compared to whites who self-report that the ability of residents to obtain suitable employment is excellent or good.	2.27 =(.25/.11)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Engagement in socio-cultural activities	Ratio of the share of income earners >$75K compared to <$30K who self-report often participating in socio-cultural activities.	4.45 =(.23/.05)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Participation in local decision making	Ratio of the share of whites compared to Hispanics who self-report registering to vote in the November 2012 election.	1.08 =(.93/.86)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners >$75K compared to <$30K who self-report who self-report having influence in local decision making.	1.75 =(.38/.22)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Economic Security	Ratio of the share of income earners >$75K compared to <$30K who self-report living comfortably.	4.38 =(.67/.15)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Quality of Life	Ratio of the share of life expectancy of Hispanics compared to blacks.	1.07 (CT) =(83.1/77.8)	Measure of America 2013-14	2010	Total Population	The data for are for the state of Connecticut.
	Ratio of the share of income earners >$75K compared to <$30K satisfaction with the town in which they live.	1.15 (CT) =(.91/.79)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	The data for are for the state of Connecticut.
Inequality: Physical Activity	Ratio of the share Hispanics compared to blacks who self-report exercising at least 3 times a week.	1.30	Greater New Haven Wellbeing	2012	Population, 60 and	

Indicator	Definition Used	Indicator Value (GNH)	Data Source	Year of Data	Population or Sample	Additional Comments
		=(.65/.50)	Survey		older	
Inequality: Internet Access	Ratio of the share of income earners >$75K compared to <$30K who self-report having home internet access.	2.12 =(.89/.42)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Access to goods and services	Ratio of the share blacks and Hispanics compared to whites who self-report that many places to go are within easy walking distance of home.	1.51 =(.73/.49)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Public Safety	Ratio of the share of income earners >$75K compared to <$30K who self-report feeling safe in their neighborhood at night.	1.59 =(.65/.41)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners >$75K compared to <$30K who self-report worries about personal safety present difficulty in getting to public trans.	1.33 =(.85/.64)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Community Cohesion	Ratio of the share of whites compared to blacks who self-report trusting people in their neighborhood.	2.39 =(.55/.23)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners >$75K compared to <$30K who self-report working with neighbors to solve a problem over the past year.	1.90 =(.55/.29)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
Inequality: Health	Ratio of the share of income earners >$75K compared to <$30K who self-report having good or excellent health.	2.31 =(.69/.30)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of the share of income earners >$75K compared to <$30K who self-report “fairly” or “very often” feeling down or depressed.	.216 =(.030/.139)	Greater New Haven Wellbeing Survey	2012	Population, 60 and older	
	Ratio of men compared to women who have disabilities	.837 =(.346/.410)	American Community Survey	2013	Population, 65 and older	

General Discussion of Indicators

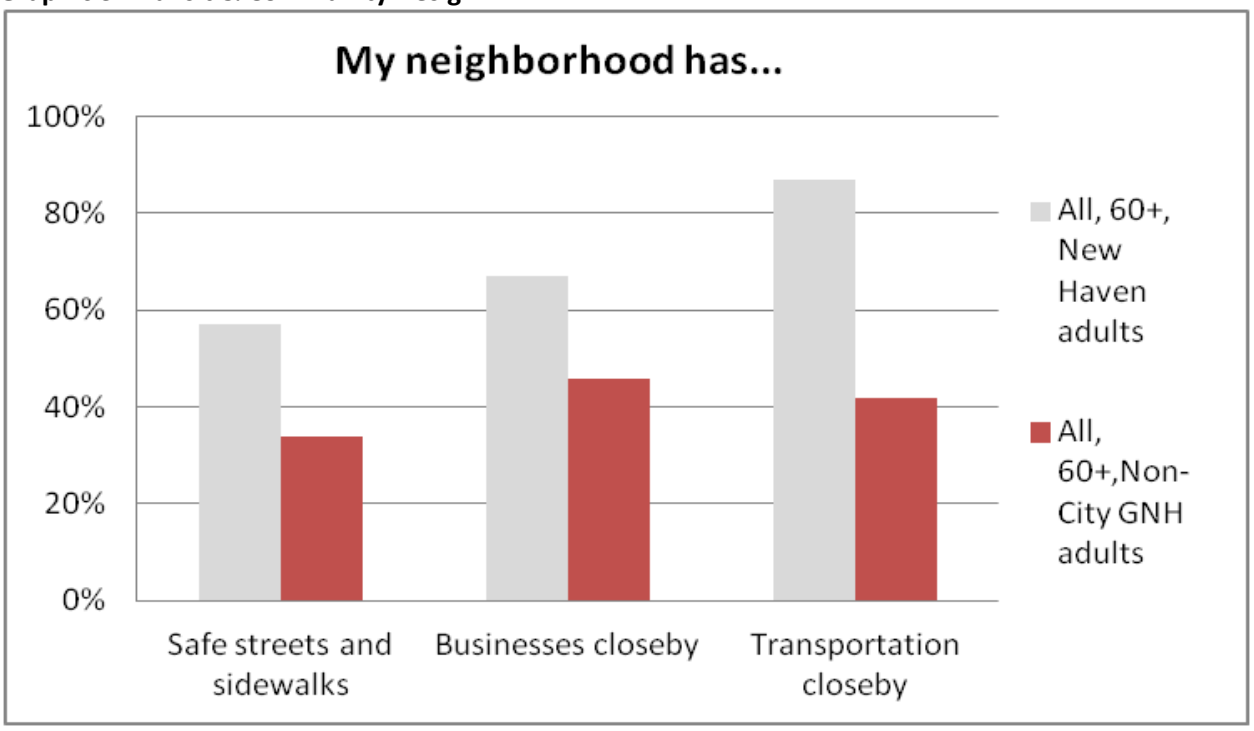
Indicator Results

To evaluate the results, indicators were divided into three broad categories. See Table 11 in the Annex for a list of indicators by category.

(1) Transit & Community Design indicators evaluated accessibility of the physical environment, including indicators related to walkability, transportation, public spaces, and housing;
(2) Community Vitality indicators measured the social environment – attitudes, activities, civic engagement – and social issues dependent on the physical environment – community cohesion, public safety; and
(3) Health & Basic Needs indicators addressed matters of personal wellbeing, including indicators related to health and mental health, income, employment, and overall quality of life.

The **Transit & Community Design indicators** suggest that older residents (60 years and over) of Greater New Haven would generally find the physical environment to be accessible. About three-quarters of all residents 60 and over reported that public transit can get them where they need to go, and all CTTransit buses are accessible. More than half of GNH older residents said that neighborhood streets and sidewalks are safe and that businesses are within walking distance of their homes.

Graphic 3: Transit & Community Design



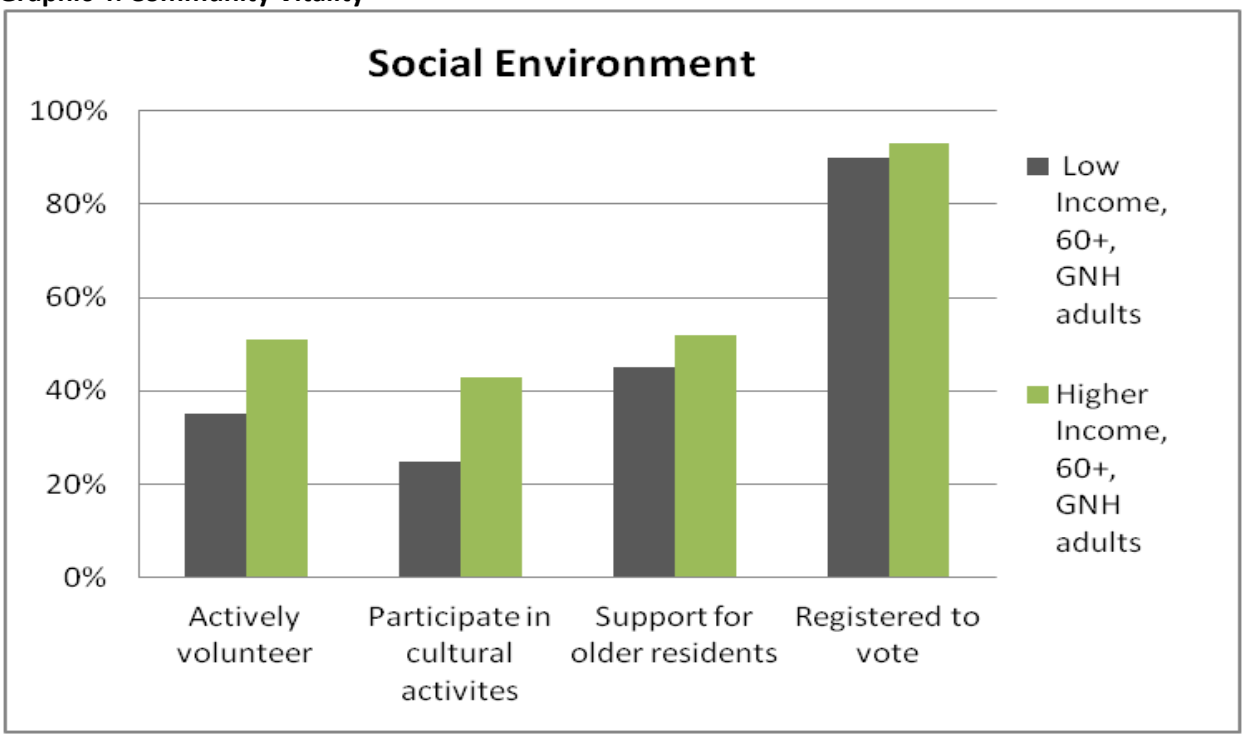
Among residents 60 and over, indicators suggest that the physical environment is more challenging to residents of the suburban Greater New Haven towns than it is to City residents. With each of the indicators presented above, non-City GNH residents 60 years and over had lower rates of access compared to 60-and-over City residents (see Graphic 3). The population density of the City warrants infrastructural features – sidewalks, public transit, and proximity of homes to businesses – that likely

help people with limited physical mobility or who do not drive to get around independently.[xxv] There are also higher shares of non-single family homes and affordable housing in the City compared to suburbs. The researchers found disparities in Transit & Community Design factors are most dependent on place of residence (suburban or urban), although place of residence was not evaluated in this study's equity section. To become a more accessible region for all people, planners could develop physical features that improve walkability and transportation options, especially in suburban and rural areas.

Although not presented here, our data sources also suggested that the oldest group of residents, those 80 years or over, faces additional difficulty in accessing or using their physical environment as they age, and for example, are less likely to report that streets are safe to cross than are older adults age 60 to 79. These disparities would not necessarily emerge in aggregate data on all residents 60 and over.

The **Community Vitality indicators** related to the social environment demonstrated that a large but non-majority share of older adults participates in social activities and believes that community support for older adults is sufficient. Of GNH adults 60 years and over, 46% volunteered in the past month, 38% often use arts and culture resources, and 50% believe that support for older residents is excellent or good. About 9 in 10 older adults are registered to vote. While these findings indicate that voter participation among older adults is high, they also suggest that at least half of older adults may have lower levels of engagement in their communities.[xxvi]

Graphic 4: Community Vitality



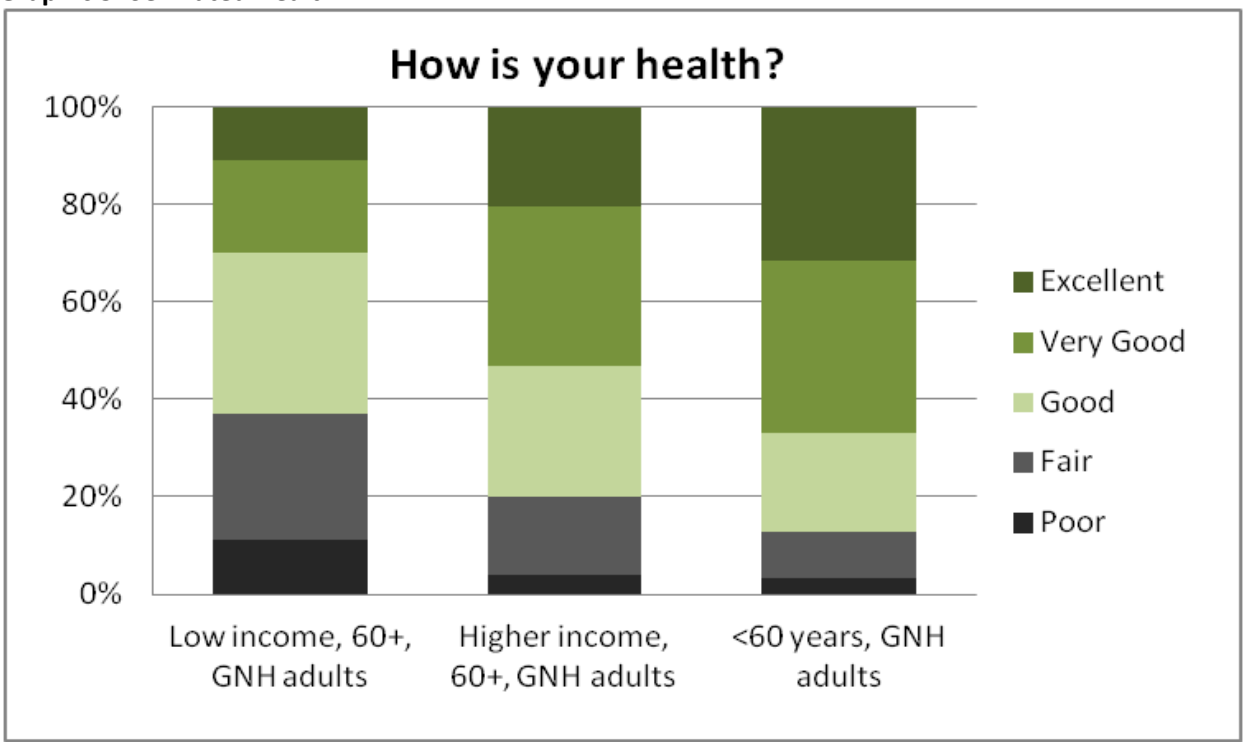
Support for older adults was the only social environment assessment that differed significantly between urban and suburban residents: of the population 60 years and over, 39% of City and 57% of non-City residents rated support as excellent or good. The equity indicators also revealed significant differences in social engagement according to household income for GNH adults 60 years and over: low-income adults (annual household income less than $30,000) had lower rates of livability for all indicators compared to higher-income individuals (annual household income over $30,000, see Graphic 4).

The livability rates for social-physical factors, including public safety and neighborhood cohesion, were lower for older New Haven residents compared to older non-City GNH residents. Of residents 60 years and over, 36% of City residents, compared to 60% of non-City residents, felt safe walking around their neighborhood at night; 32% of City residents versus 60% of non-City residents trusted their neighbors. According to equity analyses, low-income adults had the lowest rates of livability for these factors. The urban-suburban disparity may reflect that urban characteristics negatively impacting social-physical environment factors, or that low-income adults, who are more prevalent in the City, experience lower rates of livability for these factors. Efforts to engage everyone in the social environment and to improve feelings of safety and trust should focus on lower-income adults.

The **Health and Basic Needs indicators** demonstrate that a majority of older adults in Greater New Haven are satisfied with where they live (83%); nevertheless, low-income older adults are by far the most at-risk in terms of personal wellbeing. The indicators also reflect the negative relationship between health and age: self-rated health was poorer among older adults 60 years and over compared to younger adults. However, overall fewer older adults struggled with feelings of depression compared to younger age groups.

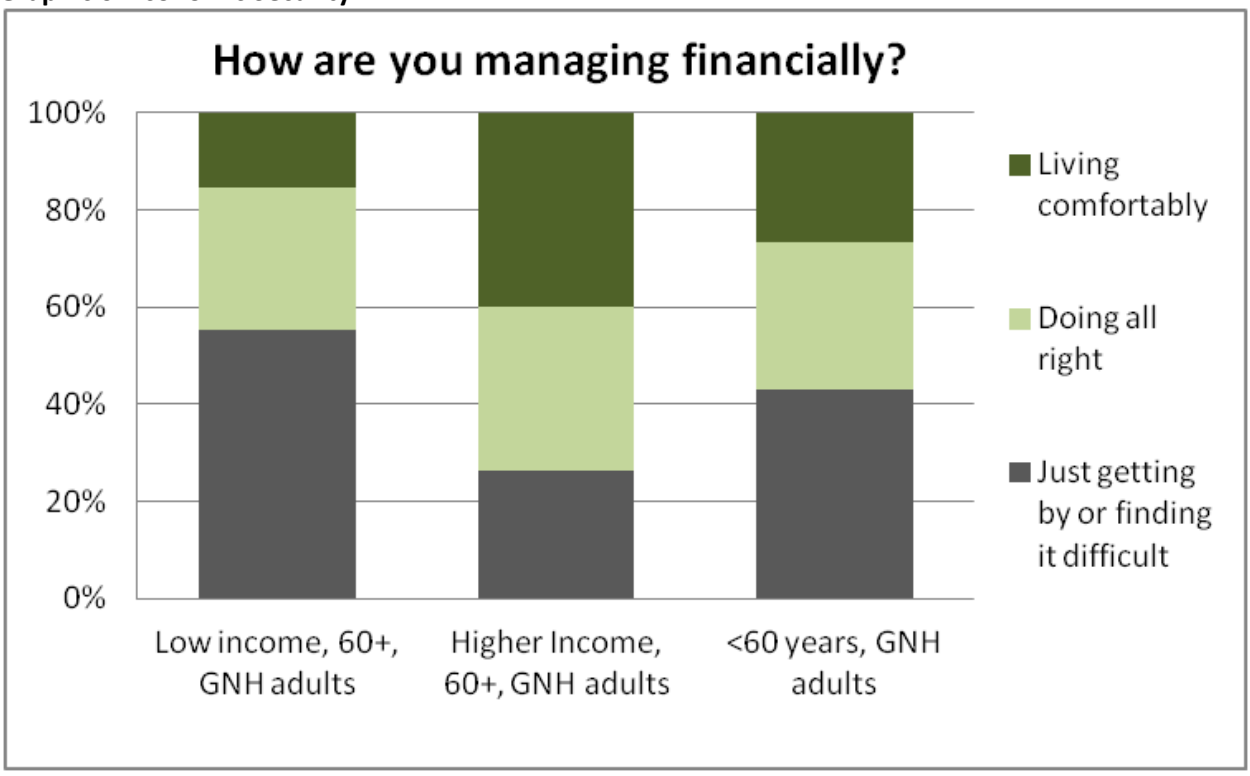
In the GNH region, the population of low-income older adults experienced the worst overall health compared to higher-income older adults and others (see Graphic 5). 14% of low-income older adults and 6% of higher-income older adults were often bothered by feeling down, depressed, or hopeless, compared to 12% of all younger adults. On average, City residents 60 and over experienced slightly worse health and mental health than non-City older residents, a disparity that we believe primarily reflects the larger shares of low- income older adults in the City.

Graphic 5: Self-rated Health



Overall, adults 60 years and over had more financial security than other age groups. But low-income older people were much less likely to work and had lower financial security than higher-income older people: of all GNH residents 60 years and over, 13% of low-income residents and 29% of higher-income residents were employed; 15% of low-income residents compared to 46% of higher-income residents reported that their financial situations allowed them to live comfortably (see Graphic 6). Low-income older people were also less likely to have internet access than higher-income 60-and-over GNH adults (42% and 74%), an indicator that demonstrates both inequities of basic need access and social connection. To achieve greater livability for all groups, programs to improve health, financial security, and access to needs should target low-income older adults.

Graphic 6: Economic Security



Feedback on Indicators

In general, the collected indicators provided a basic framework for evaluating livability in Connecticut and New Haven; the framework addressed, to some degree, all issue areas vital to improving livability across the lifespan. The WHO indicators reflect most local priorities and initiatives and would likely be adopted as a framework for measuring age-inclusive livability in the Connecticut and New Haven communities. However, to best serve the regions as a livability framework, the indicator list could be expanded and the existing indicators tweaked. Suggested changes to the indicators are summarized in Table 12 in the Annex section.

In addition to the WHO framework indicators, DataHaven collected data points for other metrics of livability in communities. Some of the indicators were similar to WHO indicators but provided deeper insight into specific aging issues. For example, many factors make public transportation accessible, in addition to distance from home to stops (the WHO Accessibility of public transportation stops indicator), such as if busy streets prevent people from accessing bus stops, or if transit routes do not connect

people with their destinations (locally-prioritized Accessibility of public transportation stops indicators). The researchers also included key indicators in areas that were not addressed in the WHO Guide: access to goods and services, community cohesion, family structure, public safety, and health. According to our understanding of our region and suggestions from local experts, social cohesion, health, and public safety greatly influence an individual's wellbeing, and we highly recommend that these measures be included in the WHO framework. After the data collection period, local experts identified additional necessary measures to include in a future local framework that were not addressed during data collection: Resources for Older People and Access to Care.

Local experts thought that many of the WHO indicators could assess age-related issues more deeply. The framework could include follow-up measures as well as existing indicators to measure age-inclusivity completely. For example, the WHO framework led us to conclude that 46% of older adults in Greater New Haven volunteer monthly. However, we do not know why people do or do not volunteer. Inasmuch as participation indicates social inclusion and has implications for health and wellbeing, understanding what compels people to volunteer may address inequities in this and other areas of livability.[xxvii]

For service and resource-related indicators, the framework captures the existence of resources but does not measure how effective they actually are in improving livability for older people. Follow-up questions on individual satisfaction are necessary to capture how well resources serve the people who need them. For example, the WHO framework leads us to conclude that a bus system operates within our area, but is it also easy to navigate and use? The locally prioritized framework addresses if buses can transport individuals to their destinations but not if they can within a reasonable amount of time. To understand the extent to which our community is livable, we need to evaluate if available resources fully address the need for the services they provide. So, measures could be added that assess if resources not only exist but also have the capacity to address the needs of those they serve.

Comparing different indicators that attend to the same issue reveals information about supply-demand gap for services or individual experience with an aspect of livability. For example, about 70% of older GNH residents thought that public transit could get them where they needed to go; however, only 6% of the same group rode public transit 5 or more times in a month. So, even though public transit exists as a transit option, the majority of older residents prefer not to use it. We may conclude that public transit does not address all service needs of older residents, but without more information on user experience we do not know why not.

Similarly, about 9 in 10 older adults are registered to vote, but only about 3 in 10 believe they can influence local decision-making, showing that voting participation may not be sufficient to include older adults in local political issues. Different values of same-issue indicators also reveal that standards for livability may not reflect the actual experience of individuals. For example, half of adults 60 and over in the City spend less than 30% of income on housing, an indicator representing a national standard for housing affordability; however, only 30% of City adults over 60 years said housing affordability is excellent or good, indicating that the standard "30%" ratio may not accurately represent perceived housing affordability for older adults in the City as even adults below the national threshold make daily choices between paying for housing and purchasing other necessary goods.

Local experts suggest expanding the equity indicators to include other measures not captured in this study: age and location of residence. All indicators could be evaluated for different age groups, because the obstacles to livability are different for younger older adults compared to older older adults – less of

whom work, more of whom are dependent on family members or caretakers, and who in general have worse physical health. Stratifying older adults between approximately 60 to 80 years and 80 years and over would yield meaningful comparison of livability according to age. However, researchers may find that the relatively small population of adults 80 and over limits data comparisons, though that segment of the population will continue to increase rapidly in the coming years. Comparing indicators for the older adult population and younger counterparts will also highlight age-related livability issues. We also recommend examining equity through subpopulations based on geographic location of residence. Prior studies of Greater New Haven suggest that disparities abound between the total populations living in different neighborhoods, particularly within the City.

Because DataHaven had access to the Wellbeing Survey, many of the WHO framework's subjective indicators were easy to measure. It was more challenging to gather the corresponding objective metrics and measures not included in the Wellbeing Survey. All known potential data sources were explored, including agency websites, published studies, and government legislature. These investigations did not always yield data that addressed the correct population, that was easy to extract, that reflected the WHO Guide appropriately, or that had any data at all. Data points that were not from the Census or the Wellbeing Survey required a significant amount of time to collect and analyze, so that ensuring quality and consistency of these data within the scope and time of this pilot study was not always possible. The data successfully collected from local and state sources had various formats and contexts, which took research and time to standardize. Accordingly, a moderate degree of expertise on the broad and specific topics was required to navigate quality collection and analyses of these data.

Overall Feedback on the Guide

The WHO's Age-friendliness of Cities Guide was well-organized and easy to use. Its descriptions of general age-related and indicator-specific research helped the user to understand the indicators. This information helped to define the relevance of the indicator in the study area, and how the WHO envisioned each indicator fit into its livability framework. The Comments section gave contextual information on each indicator and reduced the amount of background research DataHaven had to do in order to understand the significance of each metric. Annex II provided DataHaven with additional indicators to consider as locally-defined priorities. The researchers found that the proposed data sources were often too vague to be accurate for their study area but at least suggested how to start to look for data. Also, we of course understand that the global scope of the WHO Guide necessitates general suggestions. DataHaven did not use the Key References, the Additional Resources, or Annex III.

The researchers recommend that all indicators in the WHO Guide represent the population positively experiencing an element of livability. For example, the subjective first indicator, Neighborhood Walkability, is defined as the "proportion of older people who report that their neighborhood is suitable for walking." In other words, this group has positively experienced an element of livability. The fourth subjective indicator is the "proportion of older people who report that public transportation stops are too far from home." So, the reported group for this indicator has not experienced an element of livability. To make comparisons between indicators easier, DataHaven suggests the WHO Guide assesses "positive" indications of livability whenever possible.

The WHO guide uses inclusive vocabulary – that aligns with Connecticut's Legislative Commission on Aging lexicon – to refer to populations across the lifespan and avoids unsuitable language. These language choices should be integrated with the final WHO guide. Connecticut's Legislative Commission on Aging does not generally use "senior" or "elderly" to describe the older population and the WHO

Guide did not use these terms either. Older "people," "adults," or "residents" were used throughout the report as the Commission believes they represent a language of empowerment, rather than that of frailty or vulnerability. Additionally, these terms appropriately include all of those in the community, irrespective of citizenship. They are preferred to older "citizens," which limits the population in reference.

Local experts suggested possible modifications to some of the vocabulary in the WHO Guide. Rather than referring to livability initiatives as "age-friendly," "age-inclusive," which defines these initiatives as important for people of all ages, is preferred (if the term "age" must be included at all). Connecticut's Legislative Commission on Aging specifically avoids age-related phraseology and instead embraces phrases like "livable communities" and "community readiness." The Legislative Commission on Aging strongly emphasizes that this work be embraced with an intergenerational lens. The elements of a community that make it a place to support older adults also make it a place that can support persons with disabilities and other residents at different stages of life. Moreover, the Commission has emphasized that policy strategies are most effective when they foster notions of shared fate, across age and other demographic and personal characteristics. According to one recent study, a lifespan approach in communities not only helps foster social capital among diverse populations, but it also increases public will among younger generations to address aging issues.[xxviii] Accordingly, the Commission would encourage the WHO to consider a rebranding of its approach, eliminating the phrase "age-friendly," and instead embracing the language of a lifespan approach—with the obvious focus still being on older adults, and expanded to persons with disabilities.

The word "accessibility," which is used in the WHO Guide, has two meanings in the context of factors of livability. Accessibility can be the completion of legal standards or requirements; for example: an ADA-certified ramp will make the public library accessible. Or, accessibility can be an assessment of ease of use: the bus is accessible to me because its ramp makes it easy for me to get on and off. We would recommend that the WHO Guide develop and use clearer language to clarify which meaning of accessibility it refers to for each indicator.

In addition to the framework measuring community livability, the final WHO Guide could include direction on how stakeholders can use the collected data to support age-inclusive improvements in their communities. WHO-outlined actionable steps, with particular emphasis on easy and low-cost solutions that acknowledge financial realities and lack of political will, would help communities to understand the implications for their data and the ways in which they can effect policy changes.

DataHaven suggests distributing the document online in an accessible format such as PDF. The WHO could make it public and universally available on its website. The WHO could also require that municipalities adapting the framework also publish it online, in addition to their locally prioritized indicators. Local agencies addressing age-related issues, including government agencies and non-profits, could also consider publishing the WHO Guide on their websites.

Reflections on the Pilot Study Experience and Its Impact

Local partners addressing aging issues are energized and dynamic, and their diverse interests touch every aspect of aging in place and livability. This study helped to convene many stakeholders, engage them in one conversation, and collect their numerous ideas and efforts towards promoting livability. It is one of many efforts taking place across Connecticut to convene conversations and coalitions across broad-ranging disciplines, with an emphasis on creating synergies between thought leaders.

The researchers plan to distribute the data collected within this study's framework to local stakeholders, who will be able to use the data to support their efforts to improve livability. Local agencies could use the data to evaluate the effectiveness of their services and to restructure their work, if necessary, to be more responsive to the needs of older people. However, many agencies require data that delve deeper into a single issue area, so the WHO Guide dataset may best serve as an overview of the issue in our region to serve as a starting point for deeper local dialogue.

From May to September 2015, DataHaven will conduct the 2015 Community Wellbeing Survey, collecting statewide data from roughly 15,000 interviews in towns across Connecticut. As a follow-up to the 2012 Wellbeing Survey that was used extensively in this study, the 2015 survey will collect many measures of livability, and its content will be modified based on suggestions from this pilot study. Although the Connecticut's Legislative Commission on Aging was one of nearly 100 different stakeholders to provide input on revisions to the questions to be included in the 2015 Community Wellbeing Survey, it was the primary stakeholder to assess the survey items using a lifespan lens. The Commission on Aging intends to use the 2015 Community Wellbeing Survey results, complemented with additional data, to create a statewide indicators report on Connecticut's livability for residents across the lifespan. Additionally, DataHaven will be working with its government, institutional and community partners to ensure that results from the 2015 Community Wellbeing Survey are used in a variety of other local, regional, and statewide publications over the next several years.

Annex

Table 8: Formal Partners of the Connecticut for Livable Communities Initiative

AARP – Connecticut	Connecticut Association of Senior Center Personnel	Connecticut Public Health Association	LeadingAge Connecticut
African American Affairs Commission	Connecticut Chapter of the American Planning Association	Connecticut State Data Center	LGBT Aging Advocacy
Aging Affinity Group	Connecticut Community Care, Inc.	DataHaven	Manchester Housing Authority
Bike-Walk Connecticut	Connecticut Community Foundation	Department of Developmental Services	Partnership for Strong Communities
Capitol Region Council of Governments	Connecticut Conference of Municipalities	Department of Housing	Regional Plan Association
Center for Disability Rights	Connecticut Council for Philanthropy	Department of Public Health	State Department on Aging
Community Solutions	Connecticut Council of Small Towns	Fairfield County Community Foundation	Technology Transfer Center of the Connecticut Transportation Institute
Center for Transportation and Livable Systems of the Connecticut Transportation Institute	Connecticut Data Collaborative	Foundation for Community Health	The Community Foundation *for* Greater New Haven
Connecticut Asian Pacific American Affairs Commission	Connecticut Fair Housing Center	Greater Hartford Transit District	The Peter and Carmen Lucia Buck Foundation, Inc.
Connecticut Association of Area Agencies on Aging	Connecticut Local Administrators of Social Services	HomeHaven	Tri-State Transportation Campaign
Connecticut Association of Directors of Health	Connecticut Main Street Center	Jewish Community Foundation of Greater Hartford	United Way of Connecticut

Table 9: Local Experts Engaged in Pilot Study

American Association of Retired Persons (AARP) – Connecticut	Connecticut Department of Social Services	New Haven Commission on Equal Opportunities	Partnership for a Healthier Greater New Haven
Center for Disability Rights	Connecticut Department of Transportation	New Haven Community Services Administration	Regional Plan Association
Connecticut Association of Directors of Health	Connecticut's Legislative Commission on Aging	New Haven Department of Arts, Culture and Tourism	South Central Area Agency on Aging
Connecticut Association of Area Agencies on Aging	Connecticut Main Street Center	New Haven Department of Elderly Services	South Central Regional Council of Governments
Connecticut Chapter of the American Planning Association	Connecticut Public Health Association	New Haven Department of Parks, Recreation and Trees	The Community Foundation *for* Greater New Haven
Connecticut Community Foundation	Connecticut State Department on Aging	New Haven Department of Planning	The Peter Carmen and Lucia Buck Foundation
Connecticut Conference of Municipalities	DataHaven	New Haven Department of Services for Persons with Disabilities	Tri-State Transportation Campaign
Connecticut Council for Philanthropy	Fairfield County Community Foundation	New Haven Department of	University of Connecticut Center for

		Transportation, Traffic and Parking	Transportation and Livable Systems
Connecticut Council of Small Towns	Foundation for Community Health	New Haven Free Public Library	United Way of Connecticut
Connecticut Department of Developmental Services	Hartford Foundation for Public Giving	New Haven Health Department	Yale School of Forestry
Connecticut Department of Housing	Home Haven	New Haven Livable City Initiative	
Connecticut Department of Mental Health and Addiction Services	Jewish Community Foundation of Greater Hartford	Open Communities Alliance	
Connecticut Department of Public Health	Mary Wade Home	Partnership for Strong Communities	

Table 10: Databases used in Pilot Study

Data Source	Collecting Group	Accessibility	Catchment Area or Population	Frequency of Data	Online Link	Other Info
Greater New Haven Wellbeing Survey (Community Wellbeing Survey)	DataHaven	Tables with limited crosstabs available online, free; raw files owned by DataHaven	Greater New Haven region – Bethany, Branford, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, West Haven, Woodbridge CT	Available: 1 year, 2012 In Process: Underway in 2015 at a statewide level Proposed: every 3 years	http://www.ctdatahaven.org/wellbeingsurvey	The 2012 Wellbeing Survey was the result of a highly-collaborative regional process, including regional sponsors and advisors. The survey was supported with sponsorships from The Community Foundation *for* Greater New Haven, Yale-New Haven Hospital, Carolyn Foundation, and others. It involved 1,300 cell phone and landline interviews, including oversampling to reach underserved populations and small demographic groups. The questionnaire was developed based on extensive community input including considerations of previous survey efforts throughout CT. The Survey is being repeated in 2015, and greatly expanded to include all cities and towns in Connecticut.
Walk Score	Redfin	Available online, free	City and neighborhood-level throughout the United States	Current	https://www.walkscore.com/	Walk Score measures walkability of any address using a patented system. For each address, Walk Score analyzes hundreds of walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Amenities within a 5 minute walk (.25 miles) are given maximum points. A decay function is used to give points to more distant amenities, with no points given after a 30 minute walk. Walk Score also measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density. Data sources include Google, Education.com, Open Street Map, the U.S. Census, Localeze, and places added by the Walk Score user community.
American Community	US Census Bureau	Tables with limited crosstabs available	United States, regions, states,	Collected on an	http://factfinder.census.go	The American Community Survey (ACS) is a nationwide survey that collects population information,

Survey		online, free; microfiles accessible	counties, towns, census tracts, block groups, metropolitan statistical areas	ongoing basis; available in 1 year, 3 year, 5 year estimates	v	demographic, economic, educational, and other social characteristics; and housing information, including physical and financial characteristics. The ACS collects and produces information every year, selecting a sample of households during each survey period per catchment area.
Current Population Survey	US Census Bureau; Bureau of Labor Statistics	Tables with limited crosstabs available online, microfiles accessible	United States, states, metropolitan statistical areas	Monthly	http://www.census.gov/cps/	The Current Population Survey samples 60,000 households monthly, and focuses on collecting employment, economic, education, and civic participation-related data; topical supplements change monthly.
Measure of America	Includes data from the Center for Disease Control and Prevention, the National Center for Health Statistics, and the US Census Bureau Population Estimates Program	Tables with limited crosstabs available in report and online	United States, states	Periodical, every 2-3 years	http://www.measureofamerica.org/	Includes data from various sources to understand the distribution of well-being and opportunity in America and related to issues such as health, education, and living standards.

Table 11: Indicators by Category

Transit & Community Design	Community Vitality	Health & Basic Needs
Neighborhood Walkability	Positive social attitude toward older people	Paid Employment
Accessibility of public transportation vehicles	Engagement in volunteer activity	Availability of social and health services
Accessibility of public transportation stops	Engagement in socio-cultural activity	Economic Security
Access to goods and services	Participation in local decision making	Quality of Life
Accessibility of priority vehicle parking	Availability of information	Internet Access
Accessibility of public spaces and buildings	Lifelong learning	Physical Activity
Affordability of housing	Public safety	Health and Mental Health
Accessibility of housing	Community Cohesion	
	Family Structure	

Table 12: Suggested Changes to Indicator List

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
Neighborhood Walkability (1) Proportion of streets in the neighborhood that have pedestrian paths which meet locally accepted standards (2) Proportion of older people who	(1) Walk Score (2) Proportion of older people who "strongly agree" that there are safe sidewalks and crosswalks on most of the streets in my neighborhood.	Collect information on physical features that make streets and sidewalks more walk-friendly.	(1) Number of benches on sidewalks per block (2) Number/proportion of 4+ lane streets with street islands (3) Average allotted time for pedestrian crossing streets

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
report that their neighborhood is suitable for walking, including for those who use wheelchairs and other mobility aids	(3) Proportion of older people who report that a lack of adequate sidewalks does not present difficulties in getting to public transit.		according to crosswalk signal timing (4) Proportion of older people who report that there are sufficient sidewalk benches, street islands, and time to cross streets
Accessibility of public transportation stops (1) Proportion of housing within walking distance (500 m) to a public transportation stop (2) Proportion of older people who report that public transportation stops are too far from home	(1) Proportion of older people who report that "far distance" presents a difficulty in getting to public transit. (2) Proportion of older people who report that it would take "more than 10 minutes" to walk from home to the nearest bus stop or train station. (3) Proportion of older people who report that crossing busy streets presents difficulties in getting to public transit. (4) Proportion of older people who report that they rode public transit on average "5 or more times" in a month. (5) Proportion of older people who "strongly" or somewhat disagree" that public transit can generally get them where they need to go.	(1) Collect information on whether public transportation can get older people where they need to go, within a reasonable amount of time. (2) Collect information on existence, accessibility, and affordability of paratransit systems	(1) Proportion of older people who "strongly" or somewhat disagree" that public transit can generally get them where they need to go in a reasonable amount of time. (2) A paratransit system exists. (3) Average cost of a ride with a paratransit system. (4) Average length of journey of a ride with a paratransit system.
Positive social attitude toward older people (1) Number of reported cases of maltreatment of older people (2) Proportion of older people who feel respected and socially included in their community	(1) Rate per 10,000 of Elderly Abuse in CT (2) Proportion of older people who report that support for elderly citizens is "Excellent" or "Good."	Collect information on how respected and included vulnerable social groups feel in their community, such as the older LGBT community	(1) Proportion of older people who report that support for older LGBT residents is "Excellent" or "Good."
Engagement in Volunteer Activity (1) Proportion of older people in volunteer registries (2) Proportion of older people who report engaging in volunteer	(1) Proportion of older people reporting that since Sept. 1 of last year they have done some volunteer activity. (2) Proportion of older people who	(1) Collect information on how many older people report are invited to or asked to volunteer. (2) Collect information on why	(1) Proportion of older people who report being asked to volunteer. (2) Proportion of older people who report not volunteering because they a) did not have time b) did not

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
activity in the last month on at least one occasion	report that since September 1 of last year they have volunteered at children's schools or youth organizations.	older people who do not volunteer choose not to do so.	know of volunteering opportunities c) did not have transportation to volunteer opportunities d) could not find a suitable volunteering opportunity e) other
Paid Employment (1) Proportion of older people who are currently employed (2) Proportion of older people who report to have opportunities for paid employment	(1) Proportion of older people who are currently employed (2) Proportion of older people who report having had a paid job in the last 30 days. (3) Proportion of older people who report that the ability of residents to obtain suitable employment is "Excellent" or "Good."	Collect information on connectedness to workforce, underemployment, and job quality to address why some adults work in their 70s and 80s.	(1) Proportion of older people who are currently employed by choice (who would not rather be retired) (2) Proportion of older people who are currently employed part-time by choice (who would not rather work full time or be retired) (3) Proportion of older people who report who work who feel completely or somewhat satisfied with their work
Availability of Information (1) Availability of local sources providing information about health concerns and service referrals, including by phone. (2) Proportion of older people who report that local sources of information about their health concerns and social needs are available	A local source providing information about health concerns and service referral is available by phone.	Collect information on if seniors have the information they need and how they got the needed information.	(1) Proportion of older people who have/who report having access to the information they need about health concerns and social services (2) Proportion of older people who access/ who report accessing needed information by 1) phone 2) internet 3) periodical 4) with assistance from another person 5) other
Availability of social and health services (1) Number of older people with personal care or assistance needs receiving formal (public or private) home-based services (2) Proportion of older people who report having their personal care or assistance needs met in their home setting through the use of formal (public or private) services	(1) Number of beds, semi-private or private, in nursing facilities. (2) Average cost of personal care or assistance services from nursing facilities, home and community-based care, and home health agencies.	(1) Collect information on older people receiving social services	(1) Number and proportion of older people receiving social services such as SNAP (food stamps) and TANF (welfare).
Economic Security	(1) The ratio of household income	Collect information on food insecurity,	Proportion of older adults who report not

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
(1) Proportion of older people living in a household with a disposable income above the risk-of-poverty threshold. (2) (Proportion of older people who report having had enough income to meet their basic needs over the previous 12 months without public or private assistance.	to poverty over the past 12 months is greater than 300%. (2) Proportion of older people who report that they are managing financially to "live comfortably" these days.	which is strongly correlated with poverty.	having enough money to buy food in the past month.
Quality of Life (1) Healthy Life Expectancy at birth (2) Proportion of Older people who rate their overall Quality of Life as 'very good' or 'good.'	(1) Healthy Life Expectancy at birth (2) Proportion of older people who report that they are satisfied with the city or area where they live.	(1) Collect information on satisfaction with daily life (2) Collect information on availability of friends or family members to talk to (3) Collect information on ability to complete interesting activities outside the home (4) Collect information on quality of life specifically for people transitioning back to home care	(1) Proportion of older people who are/who report being satisfied with their daily life. (2) Proportion of older people who have/who report having friends or family members with whom they talk and interact. (3) Proportion of older people who feel/who report feeling lonely or isolated.
Accessibility of housing (1) Proportion of new and existing houses that have wheelchair accessible entrances (2) Proportion of older people who report that their house is adapted or can be adapted to their needs to facilitate aging at home.	(1) Ratio of housing units specifically designated for older people or people with disabilities to population of older people (2) Proportion of housing that is a not 1-unit, detached unit.	Collect information on if the number of homes that are accessible is sufficient for the demand for accessible homes.	(1) Number of older people on waitlists for accessible homes (2) Proportion of older people who report that they would like to live in a more accessible home.
Physical Activity (1) Proportion of older people who are a member of a self-organized or institutional leisure-time physical activity group. (2) Proportion of older people who report participating in group physical activities in their leisure time.	Proportion of older people who report that they engage in moderate physical activity or exercise for a total of 30 minutes or more, at least three days or more per week.	(1) Collect information on quality and level of organized fitness activities, including individual activities and strengthening activities. (2) Collect information on parks within walking distance	(1) Proportion of older people who engage/who report that they engage in moderate strengthening activity often (2) Proportion of older people who engage/who report that they engage in moderate individual physical activity (3) Proportion of older people who report having a park within walking distance (.5 miles) of

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
			their home (4) Proportion of homes within walking distance (.5 miles) of a park.
Internet Access (1) Proportion of older people living in a household with internet access (2) Proportion of older people who report having access to internet at home	(1) Proportion of older people who have a computer with internet subscription in their household. (2) Proportion of older people who report having access to internet at home.	Collect information on level of phone access – prepaid phones, landlines, cell phones, etc.	Internet and Cell phone Access (1) Proportion of older people who have/who report having a cell phone.
Community Cohesion	(1) Proportion of older people who "strongly agree" that people in their neighborhood can be trusted. (2) Number of senior community centers (3) Proportion of older people who report having worked with other people from their neighborhood to fix a problem or improve a condition in their community or elsewhere worked since September 1 of last year.	Collect information on how many older adults serve as role models or community-based mentors for youth.	Proportion of older adults who serve/ who report serving as role models or community-based mentors for youth.
Health and Mental Health	(1) Proportion of older adults who report that their overall health is "excellent" or "very good" (2) Proportion of older adults who report that during the last month they have "fairly often" or "very often" been bothered by feeling down, depressed, or hopeless. (3) Proportion of adults who are disabled.	(1) Collect information on the nutritional content of older people's diets. (2) Collect information on the level of cognitive functioning (3) Collect information on social isolation	(1) Proportion of older adults who report eating balanced and healthy meals. (2) Proportion of older adults who have degenerative brain disorders.
		Collect Information on which groups are involved in addressing issues related to aging and to what capacity	Resources for Older People (1) Number of groups and agencies addressing issues related to aging and 1) health or mental health 2) transportation and

WHO Indicator	Indicator Measured	Suggested Additions	Suggested Additional Indicator
			services access 3) social engagements 4) others
		(1) Collect information on access to primary care, including geriatricians or physicians with specific training to address the needs of older people, not just home-based services. (2) Collect information on adults with patient-centered medical homes, not just multiple doctors or clinic access. (3) Collect information on affordability of care and of prescription medicines. (4) Collect information on barriers to care related to a lack of transportation.	Access to Care (1) Proportion of older people who have/ report having access to primary care. (2) Number of older people with patient-centered medical homes. (3) Proportion of older people who have/who report having patient-centered medical homes. (4) Average cost of primary care. (5) Average cost of prescription medicine. (6) Proportion of older people who have/who report having difficulty paying for primary care and prescription medicines. (7) Proportion of older people who don't attend /who report not attending primary care appointments due to a lack of transportation

Notes and References:

[i] Bethany, Branford, East Haven, Hamden, Guilford, Madison, Milford, New Haven, North Branford, North Haven, Orange, West Haven, and Woodbridge, CT

[ii] Connecticut's Legislative Commission on Aging. Connecticut for Livable Communities: A Report Pursuant to Public Act 13-109. Accessed January 12, 2015. http://www.livablect.org/wp-content/uploads/2013/12/Annual-Report-2014-FINAL-2.pdf

[iii] Unless otherwise noted, all Connecticut, Greater New Haven, and City of New Haven demographic data are from the 2009-13 American Community Survey. See American Community Survey. (2013). Washington, DC: US Census Bureau. Accessed January 10, 2015 at http://factfinder.census.gov/

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