

CITY COUNCIL  
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING,  
JOINTLY WITH THE SUBCOMMITTEE ON SENIOR CENTERS

----- X

September 22, 2016  
Start: 10:16 a.m.  
Recess: 12:26 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E:

MARGARET S. CHIN  
Chairperson  
PAUL A. VALLONE  
Co-Chairperson

COUNCIL MEMBERS:

Karen Koslowitz  
Deborah L. Rose  
Chaim M. Deutsch  
Mark Treyger  
Paul A. Vallone  
Rafael Salamanca, Jr.  
Peter A. Koo  
Inez E. Dickens

## A P P E A R A N C E S (CONTINUED)

Caryn Resnick  
Deputy Commissioner  
External Affairs  
Department for the Aging

Karen Taylor  
Assistant Commissioner  
Bureau of Community Services  
Department for the Aging

Sandy Myers  
Director of Government and  
External Relations  
Selfhelp Community Services

Lindsay Goldman  
Director of Healthy Aging  
New York Academy of Medicine and  
Age-Friendly NYC

Andrea Cianfrani  
Deputy Director of Public Policy  
LiveOn NY

Nora Moran  
Policy Analyst  
United Neighborhood Houses

Julia Martin  
President of the Advisory Council  
Hudson Guild Senior Center

## A P P E A R A N C E S (CONTINUED)

Elaine Rockoff  
Director of Community Based Programs  
Jewish Association for Services for the  
Aging (JASA)

Joanne Chu  
Representative  
City Hall Senior Center

Kevin Queen  
Representative  
NY Foundation for Senior Citizens

Thomas Weber  
Director for Care Management  
SAGE

1 COMMITTEE ON AGING, JOINTLY WITH THE SUBCOMMITTEE ON  
SENIOR CENTERS 4

2 [sound check]

3 [pause]

4 [gavel]

5 CHAIRPERSON CHIN: Good morning.

6 [background comments] My name is Margaret Chin; I am  
7 the Chair of the Committee on Aging; my Co-Chair for  
8 this hearing is Council Member Paul Vallone, Chair of  
9 the Subcommittee on Senior Centers. I would like to  
10 thank the Committee members and Council staff for  
11 coming together to hold this hearing.

12 Today's hearing will provide us with an  
13 opportunity to address attendance and participation  
14 at the City's senior centers and allow us to hear  
15 about the City's efforts to reduce the social  
16 isolation experienced by many seniors who live alone  
17 or are unable to have regular interactions with  
18 friends and family. New York's senior population is  
19 currently at 1.52 million people, just over 18% of  
20 the City's inhabitants. The City's Department for  
21 the Aging (DFTA) estimates that by 2040 there will be  
22 roughly 1.86 million seniors living in the city. As  
23 the senior population increases, the City must expand  
24 its systems and programs to accommodate the aging  
25 population. DFTA has recognized these concerns in

3 its most recent annual plan in which it acknowledged  
4 that over 30% of the City's residents over 65 live  
5 alone and over half of those over 85 live alone.  
6 Unfortunately, disability and poverty characterize  
7 much of this older, isolated population.

8 DFTA currently funds 250 senior centers  
9 throughout the City, which provide seniors with  
10 meals, transportation and social activity in order to  
11 promote health and recreation. While DFTA's senior  
12 centers and its programs have generally been held as  
13 a positive way to promote senior community  
14 engagement, there's a general lack of information  
15 regarding the numbers of seniors who attend these  
16 centers. We also lack the information to know  
17 whether certain senior center programs have been more  
18 successful than others or whether DFTA has taken  
19 steps to improve outreach to seniors in order to  
20 attract participation from those who are socially  
21 isolated. We hope to hear some of this information  
22 from DFTA today.

23 Socially isolated seniors are  
24 particularly prone to depression, increased level of  
25 stress and associated physical illness. A recent *New*  
*York Times* article refers to the epidemic of

3 loneliness facing seniors and the critical impact  
4 social isolation is having on the aging population  
5 nationwide.

6 The Committee understands that DFTA has  
7 taken steps to expand its senior center programming  
8 in order to address the growing problems of social  
9 isolation. We look forward to hearing the details of  
10 some of these programs today. We hope this hearing  
11 will provide the Council, the Administration,  
12 providers, and advocates with an opportunity to  
13 discuss ways to improve senior center outreach and  
14 reduce senior social isolation throughout the city.

15 With that said, I would now like to turn  
16 the floor over to my Co-Chair, Council Member Paul  
17 Vallone, to give some opening remarks. Thank you.

18 CO-CHAIR VALLONE: Thank you Madam Chair,  
19 Council Member Margaret Chin, and our fellow Council  
20 Members. Good morning everyone. I think today is  
21 the natural progression of all the different  
22 discussions we've been having at previous hearings  
23 and as we see our senior demographic growing and the  
24 challenges facing our senior community on a daily  
25 basis, I think hearings like today are very important  
for both sides to learn what our next steps can be to

2 expand services to seniors in every way. I have to  
3 tell you, each of us have different challenges in our  
4 districts, depending on where our seniors can and  
5 can't get to their centers and to their Selfhelps and  
6 to their hanuks [sp?] and their Catholic Charities  
7 and everywhere else that they can go, but the  
8 similarity of all of them is this growing term of  
9 isolation and the inability to get there,  
10 transportation alternatives; having the ability to  
11 get new services; the separation from previous  
12 seniors they may have seen when they used to go to a  
13 senior center, but now they can't see them anymore;  
14 the inclusion and growth of the Virtual Senior  
15 Centers that Margaret and I championed with the  
16 Speaker to get them computers at home.

17 So today is the discussion on how we go  
18 forward and how we can fund and how we can expand  
19 services on both sides of the aisle. For example, in  
20 Northeast Queens -- for myself -- we partner with  
21 Selfhelp and we've been able to expand the -- as we  
22 said -- the Virtual Senior Center to our more  
23 homebound individuals to participate; now we're  
24 having classes in Chinese, Korean, Russian, and  
25 Spanish and we're announcing something new this year

1 COMMITTEE ON AGING, JOINTLY WITH THE SUBCOMMITTEE ON  
2 SENIOR CENTERS 8

3 that we've been working so hard with Selfhelp -- to  
4 expand transportation alternatives. I love the term  
5 "transportation desert" that's been thrown out so  
6 many times, but if there is a bigger desert than  
7 mine, let me know; we don't have a train, so it's  
8 very hard for anyone in Northeast Queens to get  
9 around. So we're expanding this year a new pilot  
10 program where car service -- unlimited -- for seniors  
11 to get to medical services anywhere in the city  
12 through funding from my district, but we wanna grow  
13 it throughout the city so that our seniors and those  
14 with disability and eventually our veterans can get  
15 where they need to go. So I'm excited about today,  
16 Madam Chair and that is my statement. Thank you very  
17 much.

18 CHAIRPERSON CHIN: Thank you. We have  
19 also been joined by Council Member Rose from Staten  
20 Island and Council Member Deutsch from Brooklyn.  
21 Thank you.

22 We would like to call up the first panel  
23 -- Caryn Resnick, Deputy Commissioner from DFTA and  
24 also Karen Taylor from DFTA, and the counsel will  
25 swear you in. Thank you.

1 COMMITTEE ON AGING, JOINTLY WITH THE SUBCOMMITTEE ON  
2 SENIOR CENTERS 9

3 COMMITTEE COUNSEL: Uhm yeah, please  
4 raise your right hand. [laughter] Do you swear or  
5 affirm to tell the truth, the whole truth and nothing  
6 but the truth in your testimony today?

7 CARYN RESNICK: I do.

8 COMMITTEE COUNSEL: Thank you.

9 CARYN RESNICK: Good morning Aging  
10 Committee Chairperson Chin and Vallone and member of  
11 the Committee on Aging and Subcommittee on Senior  
12 Centers. I am Caryn Resnick, Deputy Commissioner of  
13 External Affairs at the Department for the Aging  
14 (DFTA), and I'm joined today by Karen Taylor,  
15 Assistant Commissioner of the Bureau of Community  
16 Services at DFTA.

17 On behalf of Commissioner Donna Corrado,  
18 who by the way is at an event today with Victor  
19 Calise this morning, sailing on a new vessel that  
20 accommodates people with disabilities and older  
21 adults who are wheelchair-bound. The impossible  
22 dream... [interpose, background comment] well it's not  
23 DFTA's boat. No, it's not. [laughter]

24 I thank you for inviting us to provide  
25 testimony about how DFTA-sponsored senior centers can  
play and do plan an integral role in reducing social

3 isolation. DFTA's mission is to eliminate ageism and  
4 to ensure the dignity and quality of life of New York  
5 City's diverse older adults. We also support  
6 caregivers through service, advocacy and education  
7 and combating social isolation falls squarely into  
8 our mission.

9 Although many older adults live alone and  
10 aren't considered socially isolated, research  
11 indicates that living alone may elevate the risk of  
12 social isolation. Thankfully, many older adults  
13 remain active in their communities.

14 Nevertheless, some seniors lack  
15 meaningful social relationships, activities and  
16 social support. Poverty, health problems, the loss  
17 of a spouse, transportation issues, decreased  
18 mobility, depression and other issues may contribute  
19 to social isolation.

20 DFTA offers community-based services and  
21 programs that help older adults engage in their  
22 longtime communities. The majority of older adults  
23 desire to remain in their homes and communities, and  
24 we expect the trend of aging in place to continue.  
25

2 In this context, DFTA believes that  
3 senior centers play a vital role in fighting social  
4 isolation.

5 DFTA funded a 2016 Fordham University  
6 study that sought to assess the role of senior  
7 centers and quantify the benefits of these centers.

8 The study found that member attended a  
9 senior center at least two days a week. More than  
10 70% of members attended at least as often, or more  
11 frequently, at the 12-month mark in the study as  
12 compared with the baseline group.

13 Among the five most common reasons given  
14 for attending a senior center was socialization -- in  
15 other words, avoiding isolation. The other reasons  
16 were educational programs, meals, recreational and  
17 exercise programs. One in six members also attended  
18 a senior center for health-related programs.

19 Senior center participants reported  
20 improved physical and mental health, increased  
21 participation in health programs, frequent exercise,  
22 positive behavioral changes in monitoring weight and  
23 keeping physically active.

24 Participation in a senior center also  
25 helped to reduce social isolation. Senior centers

2 are not only a place for socialization, but also  
3 provide health, education, fitness programs, meals,  
4 and recreational and educational programs.

5           The older adult population served by  
6 senior centers are among those with the lowest  
7 incomes, the fewest resources, the poorest health,  
8 the greatest social isolation, and are most in need  
9 of services.

10           The findings of this study indicate that  
11 senior centers are attracting this very group.

12           Senior center members experience improved  
13 physical and mental health not only in the immediate  
14 period after joining a center, but maintain or even  
15 continue to experience improvements even one year  
16 later.

17           This is a very important finding, given  
18 the decline in health and social activity in this age  
19 group, especially among those with low incomes.

20           DFTA currently funds 250 senior centers  
21 throughout the five boroughs. The centers have  
22 demonstrated the capacity of the capacity of the  
23 senior center system to meet the demand for more  
24 robust programming with the communities they serve.

2 With flexible hours, expanding  
3 programming, use of technology, community  
4 partnerships and shared resources, senior center  
5 services reach a broad and diverse audience of older  
6 New Yorkers spanning four decades of the lifespan.

7 An average of nearly 30,000 adults age 60  
8 and older attends all of the DFTA-sponsored senior  
9 centers daily.

10 Many centers serve New York's new  
11 immigrant populations as well as longtime residents  
12 whose primary language may not be English. DFTA  
13 assures that centers are culturally and  
14 linguistically competent. They make interpreter  
15 services available in any language needed and hire  
16 bilingual staff in the languages spoken by the  
17 communities they serve to the extent possible.

18 This affords seniors from diverse  
19 backgrounds the same opportunities to participate and  
20 engage in activities at senior centers.

21 Senior centers are perhaps best known for  
22 providing low-cost, nutritious meals. Although this  
23 is a vital service, the centers offer much more, such  
24 as health and wellness programs, arts and culture,  
25 technology, assistance with benefits and

3 entitlements, volunteer opportunities, and social  
4 events.

5 DFTA is also actively promoting evidence-  
6 based health promotion activities in all senior  
7 centers. Many programs have sent staff to DFTA to be  
8 trained as certified leaders in these programs so  
9 they can conduct programs at their own centers. DFTA  
10 also directly provides evidence-based workshops for  
11 programs that cannot send staff for training.

12 There is a growing body of research on  
13 the positive outcomes of specific, evidence-based  
14 interventions offered by senior centers. This  
15 includes falls prevention, improving cognitive health  
16 and the self-management of chronic diseases.

17 Some examples of evidence-based programs  
18 at our centers include: Arthritis Foundation tai chi,  
19 which addresses falls and arthritis; Stay Active and  
20 Independent for Life (SAIL), which is an exercise  
21 program; Chronic Disease Self-Management Program  
22 (CDSMP); Walk with Ease, which is a walking program;  
23 Active Choices, that help people incorporate  
24 preferred physical activity into their daily lives; A  
25 Matter of Balance, which combines workshops with  
exercises.

2 I also wanna just mention that it's Falls  
3 Prevent Day and we're doing a lot of social media and  
4 hope you can all join us in talking about the  
5 prevention of falls.

6 Senior centers also offer many programs  
7 that aren't certified as evidence-based, but the  
8 programs are sill highly successful in engaging  
9 members. Among them are Partner to Partner; Alert  
10 and Alive; keep on Track; medication reviews; Age-  
11 Tastic, which is a wellness game that we developed at  
12 DFTA, and walking club.

13 Senior centers also offer activities  
14 centered on arts and culture. SU-CASA is DFTA's  
15 joint program with the Department of Cultural  
16 Affairs. The program places professional artists and  
17 art organizations in senior centers to work with  
18 seniors on projects, and they can include painting,  
19 sculpture, dance and much more.

20 The City Council this year -- thank you  
21 very much -- doubled its 2016 funding for this  
22 program and DFTA now has \$2 million to place artists  
23 in residence at senior centers in every council  
24 district.

2           Additionally, many senior centers may  
3 offer their own informal classes centered on arts and  
4 crafts.

5           While physical and mental social  
6 isolation are known issues, some seniors report  
7 feeling digital isolation. Senior centers offer  
8 computer classes that cover basic information, such  
9 as how to use the internet, how to use social network  
10 sites.

11           Seniors are increasingly willing to  
12 bridge the digital divide by using sites and apps,  
13 such as Facebook, that help them in contact with  
14 their friends a relatives.

15           For some seniors, their center is not  
16 only a place where they interact with fellow members,  
17 but also a place where they volunteer. In doing so,  
18 these seniors continue to engage with their  
19 communities in an especially meaningful way.

20           Volunteer activities are tailored to  
21 seniors' desires and abilities that range from  
22 performing office work to setting up for meals.

23           As I mentioned earlier, meals are perhaps  
24 what senior centers are known for. The meals are  
25 provided for free but with a nominal, voluntary

2 contribution. While DFTA-funded centers do in fact  
3 offer many programs, the very act of sitting down to  
4 eat with others helps to fight social isolation. It  
5 plays a central role in the social life of some  
6 seniors.

7 All DFTA-sponsored senior centers serve  
8 meals that meet the city and state nutritional  
9 standards. The preparation or procurement of  
10 congregate meal services depends on the needs of the  
11 senior center. Senior centers either have meals  
12 prepared on site or catered and the meals are  
13 tailored to the palate of the community that is the  
14 home to the senior center.

15 With regard to benefits and entitlements,  
16 some seniors may lack the help they need at home to  
17 sign up for benefits or they may be unaware of their  
18 eligibility.

19 Some major benefits include Medicare,  
20 Medicaid, Social Security benefits, Supplemental  
21 Social Security Income for the blind or people with  
22 disabilities, SNAP and the Senior Citizen Rent  
23 Increase Exemption.

2 In addition to those benefits, a referral  
3 system is in place to assess whether seniors who need  
4 medical help have a doctor.

5 By screening for these benefits, we help  
6 ensure that seniors aren't left vulnerable to social  
7 isolation and other problems.

8 Considering the variety of services that  
9 senior centers provide and the findings of the recent  
10 study, DFTA has shown that it is committed to making  
11 centers even more innovative in combating social  
12 isolation.

13 Through the increased support of the  
14 de Blasio Administration and the City Council, we  
15 will continue to build on our successes on this  
16 important issue because it is clear that fighting  
17 social isolation is vital to improving health  
18 outcomes for our city's seniors.

19 Thank you again for this opportunity to  
20 provide testimony today and for your continued  
21 support of DFTA, and we are glad to answer any  
22 questions that you may have.

23 CHAIRPERSON CHIN: Thank you for your  
24 testimony. I'm gonna start off with a couple of  
25 questions and then I'll pass it on to my colleagues.

2 So how does DFTA track the number of  
3 people who participate in the senior centers, and how  
4 many seniors actually participate in each of the  
5 senior center program and are particular senior  
6 centers in certain areas more active than others?  
7 And so if that's the case, are steps being taken to  
8 increase outreach to the less active centers?

9 KAREN TAYLOR: Yes. We track senior  
10 center attendance and service participation through  
11 our data system, which is affectionately known as  
12 STARS -- don't ask me what it stands for, but it's  
13 out tracking system. All senior centers, in fact all  
14 of DFTA's contracted programs are part of this inter-  
15 program database. Our senior centers then register  
16 clients and they record what services clients attend.  
17 STARS has been rolling out for the last several years  
18 and we have probably -- we're very confident in the  
19 numbers that we have, especially around meals and  
20 general attendance. So we're able to get from this  
21 database the number of meals that are served, the  
22 number of educational recreation sessions -- the  
23 number of services that are provided, as well as the  
24 number of seniors who participate and that's where  
25 the 30,000 a day comes from; I would say it ranges

3 from -- on individual basis -- from around maybe 60  
4 people a day to about 350, I think at one of our top  
5 centers, so there's a wide range.

6 There's also a wide range in who  
7 participates in what services and in what area. As  
8 you well know, the centers are very diverse as well  
9 as the senior population, so there is no sort of  
10 cookie cutter answer to that question that most  
11 senior go to one service versus another. We've seen  
12 a great increase in participation in health and  
13 wellness over the last several years, since that's  
14 become a regular service to be offered by the DFTA-  
15 funded senior centers, which is really gratifying.  
16 The evidence-based component is a little bit more  
17 slowly growing out, but that has really picked up  
18 speed lately as well, so we're very happy about that.  
19 And we track all of this through our data system.

20 CHAIRPERSON CHIN: So in your tracking by  
21 the STARS the last couple years, so what is a general  
22 number of seniors that are registered at all the  
23 senior centers that DFTA provides... [interpose]

24 KAREN TAYLOR: That are registered? Now  
25 that one I'd have to... I have to... I'd have to get back  
to you... [crosstalk]

2 CARYN RESNICK: So we... You know we can  
3 pull reports of just about [background comments] in  
4 any way shape or form that you'd like them and so we  
5 can, after this hearing, share the data we have;  
6 we're happy to make it public... [crosstalk]

7 CHAIRPERSON CHIN: Yeah, I think every  
8 time we wanna see...

9 CARYN RESNICK: It's reported in the MMR,  
10 we report it to the state, so happy share that  
11 information. Way more seniors are registered than  
12 attend on a daily basis, which is why we're reporting  
13 the 30,000 a day that we know consistently is who  
14 come. But a center can have 5,000 registered  
15 members; they may have come once, you know others  
16 come every single day; some never come back, so that  
17 number is a big number.

18 CHAIRPERSON CHIN: I think it would be  
19 good to get a full picture... [crosstalk]

20 CARYN RESNICK: Okay.

21 CHAIRPERSON CHIN: as to what is the  
22 total population of seniors that actually have  
23 participated... [crosstalk]

24 CARYN RESNICK: Ever come to a center,  
25 yeah.

2 CHAIRPERSON CHIN: come to a center and  
3 how many participate on a regular basis, and also  
4 break down in terms of what are some of these  
5 activities that are more popular... [crosstalk]

6 CARYN RESNICK: Uhm-hm.

7 CHAIRPERSON CHIN: than others, so that  
8 we can have a better sense of, you know how... what  
9 percentage of seniors in the city are actually taking  
10 advantage of senior centers. Because I...

11 CARYN RESNICK: The number is also  
12 growing; we have seen over the past three... well,  
13 [background comments] one, we have better data than  
14 we ever have had before since STARS, so we are very  
15 confident about the data that we now are collecting  
16 and we have seen a significant increase over the last  
17 three to five years in overall utilization in our  
18 centers.

19 CHAIRPERSON CHIN: Well the senior  
20 population is growing, so...

21 CARYN RESNICK: That's true.

22 CHAIRPERSON CHIN: you're bound to get  
23 more every year, I mean that's a given, right?

24 Now in your testimony you do talk about I  
25 think some ways of tracking how seniors -- whether

2 they are satisfied with a program or which program  
3 they like better, so how does a center track the  
4 satisfaction rates; what methodology do they use?

5 KAREN TAYLOR: Well senior centers  
6 individually will do satisfaction surveys mostly  
7 around meals and services, but the Department for the  
8 Aging is also engaged in -- our planning unit is  
9 doing a senior center satisfaction study as well --  
10 I'd have to get back to you on what the state of that  
11 study is; I don't think it's complete yet. But they  
12 had looked at centers of different sizes and  
13 different areas and had done a random sampling of  
14 seniors, and the data that we had seen previously was  
15 really not very surprising and most seniors said they  
16 really enjoy their senior center, but we can get back  
17 to you with more specific information on that.

18 CHAIRPERSON CHIN: Okay.

19 CARYN RESNICK: And the study that I  
20 referred to, the Fordham study, which I would like to  
21 share with all of you... [interpose]

22 CHAIRPERSON CHIN: That'd be great.

23 CARYN RESNICK: really -- again, this  
24 doesn't surprise us, but it's good evidence to  
25 support the fact that our centers are doing a really

3 good job, and he looked at both innovative and  
4 neighborhood senior centers and discovered, of  
5 course, innovative centers are doing wonderful work,  
6 but also, the neighborhood centers are also doing  
7 very innovative and creative work, so it's a  
8 wonderful report.

9 CHAIRPERSON CHIN: Yeah, that's great; I  
10 mean I hope you will share with us, because I think  
11 what we've been advocating for is that definitely the  
12 senior center needs more funding; all of them are  
13 quite innovative in their own way and so we wanna  
14 make sure that we provide a support for them.

15 My other question is that -- my favorite  
16 topic, right -- there's all these social adult  
17 daycares that are popping up all over the place and  
18 they're providing a lot of similar service just like  
19 a regular senior center -- they provide meals, they  
20 provide social activities -- and I think from the  
21 last count, because we passed a law that they have to  
22 register, there's over 200 some social adult daycare  
23 centers popped up all over the city now. So is there  
24 any data that DFTA is collecting on how many senior  
25 they're serving and are they like providing services  
to the seniors that have been going to the senior

3 centers so that the number of seniors going to senior  
4 centers has dropped because of these popup social  
5 adult daycare programs?

6 CARYN RESNICK: So we don't have hard  
7 data because, as you know, the legislation requires  
8 us to do oversight in terms of complaint driven, so  
9 we are not actively going out and collecting data and  
10 at all of the centers, nor should we, 'cause they are  
11 funded by the State Department of Health. The intent  
12 is that they're serving a frailer population and  
13 should have different types of services that are  
14 geared toward that population, but there is  
15 absolutely an overlap and certainly about preventing  
16 social isolation. You know the Commissioner had  
17 stated publicly that there is a place and a role for  
18 social daycare, done right; done correctly, operating  
19 under the SOFA guidelines, which we can assess for,  
20 and that we need more services. So you know, it's  
21 not that it's a bad thing; the bad part is when they  
22 were not following the regulations and not operating  
23 with the need of seniors at heart.

24 CHAIRPERSON CHIN: Are you getting any  
25 data from the State?

2 CARYN RESNICK: The last data that we got  
3 was a comprehensive list of all of the centers that  
4 have opened in the state and I don't think we've  
5 gotten more recent information than that.

6 CHAIRPERSON CHIN: Well I mean that's one  
7 way we definitely have to push the State; somebody  
8 needs to be counting or monitoring these programs,  
9 because they are getting government funding, whether  
10 through Medicaid or long-term care health insurance  
11 or whatever, because we also wanna get the full  
12 picture of what are the programs out there that are  
13 serving our senior population. So we should  
14 definitely work with you to continue to advocate with  
15 the State to give us those information, because this  
16 is happening in the last couple of years that all  
17 these social adult daycares are popping up all over  
18 the city; it's almost the same number of senior  
19 centers, right; DFTA is providing 250 senior centers  
20 in the city and there's like almost the same number  
21 of these social adult daycare. So I think we really  
22 need to monitor closer.

23 I'm gonna pass it on to Council Member  
24 Vallone to ask questions [sic].

2 CO-CHAIR VALLONE: Thank you Madam Chair.  
3 Thank you, Caryn, both of... it's like being in my  
4 house with all the Peters running around.

5 CARYN RESNICK: We have many Karens; all  
6 spelled... [crosstalk]

7 CO-CHAIR VALLONE: Yes.

8 CARYN RESNICK: differently, [background  
9 comment] so.

10 CO-CHAIR VALLONE: All spelled different,  
11 and...

12 CARYN RESNICK: Yeah.

13 CO-CHAIR VALLONE: well they should be.  
14 And clearly -- as a Fordham alumni -- I doubt none of  
15 the statistics came out of the Fordham survey, but I  
16 would like to see that; I think that would be great  
17 to see.

18 I think how we started the hearing is so  
19 important for where we wind up in June when we're  
20 fighting for budget and these are the hearings and  
21 that's why I thank everyone for coming today and for  
22 input that really determine where the City goes when  
23 it comes to funding DFTA and senior programs, and all  
24 of the hearings that Margaret and I and all our  
25 council members are at that goal to push the

2 Administration to get an increase somewhere, 'cause  
3 we always wanna do better, and I think this is one of  
4 those clear areas that peripherally is talked about  
5 in every other hearing, whether it's transportation,  
6 meals, services, contracts; all of that -- the goal  
7 is to bring **[inaudible]** is to bring increased  
8 services to seniors. I think the data that we talked  
9 about by itself is the most alarming part of our  
10 future task. I mean I heard the testimony about what  
11 we're doing and that's always appreciated; I think  
12 I'm looking for what we're going to do, what we're  
13 gonna plan to do; how we're gonna get to the next  
14 step is critical in looking at the new realities for  
15 our almost 20% of the population -- it's up to 18.5 I  
16 think now -- on how we're going to get to the new  
17 generation of seniors who may not come to the senior  
18 centers and those who are challenged at home. I  
19 think the stat that was here -- by 2040 the 60 and  
20 older population will increase to a projected 1.86  
21 million, which is a 48% increase from the year 2000.  
22 Today's life expectancy for a person in New York City  
23 has increased to 81.1; women have a longer life  
24 expectancy and outnumber men by over 60 years and  
25 almost half of all the women age 75 live alone -- who

2 could blame them, they don't wanna live with us  
3 anymore. But yeah, I think we have some serious  
4 numbers there to look at.

5 Has there been coordination cross-agency  
6 beyond just DFTA's role with the seniors as to  
7 addressing the isolation and future planning for what  
8 we're talking about today?

9 CARYN RESNICK: That's an excellent  
10 question... [crosstalk]

11 CO-CHAIR VALLONE: I try, I...

12 CARYN RESNICK: and I think you're gonna  
13 hear more about it from the New York Academy of  
14 Medicine. Age-Friendly NYC you're all familiar with  
15 and we are working at this very moment to collaborate  
16 across all City agencies to come up with a new set of  
17 initiatives; we had 59 in the last go around and so  
18 we're dusting those off, seeing which stuck, which  
19 need some amendment and to come up with new ways and  
20 more creative ways perhaps and we can serve our older  
21 adult population. So I mean you're very right, that  
22 other agencies, you know, see their mission as  
23 serving children and providing transportation;  
24 they're not necessarily wearing that aging lens, so  
25 by sitting down and having those conversations, we

3 come up with some very creative ideas. So hopefully,  
4 in the next couple of months we're gonna have a whole  
5 new set of initiatives that we can all work on  
6 together.

7 I just wanted to mention transportation  
8 for a moment, 'cause you raised it in your opening  
9 remarks. We had a transportation RFP; we're gonna  
10 have those contracts in place for next July, so  
11 they'll be perhaps the same or some new  
12 transportation providers, and I think we tweaked it a  
13 little bit so that they'll be more kind of door-to-  
14 door service; not just picking up and dropping off at  
15 the senior center. But a New Freedom grant that we  
16 got with the Federal Department of Transportation and  
17 working with New York City Department of  
18 Transportation, we're gonna be piloting what sounds  
19 similar -- I'd love to hear more about your pilot  
20 program -- using an app, and of course, also having  
21 24-hour phone service but helping seniors to navigate  
22 using an app to get on-demand 24-hour, door-to-door  
23 service in their communities. So we are just getting  
24 that off the ground and you'll be hearing more about  
25 it.

2 CO-CHAIR VALLONE: Well those are the  
3 exciting things; nice to hear the RFP is starting  
4 July; Margaret and I had a very big hearing on  
5 transportation crisis, so I guess we can look at as  
6 to what the choices are for seniors.

7 What we did was just look at a microcosm  
8 in my district, as well all do, as to where the need  
9 was most and how we could help with out individual  
10 budgets to help the existing senior centers, 'cause  
11 we don't have that many and the ones we do, you can  
12 speak to the directors and the case manager workers  
13 and the seniors and say -- what can we do with this  
14 limited amount of money? -- and transportation kept  
15 coming back time and time again; they don't wanna be  
16 limited to come back right after lunch; that the  
17 programs are not as much as they would like at the  
18 center; they would like to get the neighboring  
19 cultural centers from the center, and the more I  
20 heard the more I said, we can do this, you know this  
21 isn't we need to get to the moon; this is how do we  
22 safely and within the confines of the budget get to  
23 these areas. So for example -- and I see Selfhelp is  
24 here -- we took some of the grant money that we had  
25 last year to increase services from Selfhelp to

3 Flushing Town Hall -- not my district; doesn't matter  
4 -- but just to get out Flushing Town Hall, Alley  
5 Pond, to Queens Theatre, to Poppenhusen in college  
6 Point, to the Bell Boulevard restaurant centers, work  
7 with the Bell Boulevard small businesses to give a  
8 higher discount to seniors on the day that they're  
9 gonna be dropped off, so instead of doing 10%, to up  
10 to 20-25% and the know the day that those  
11 transportation -- so it's all based on getting there.  
12 So I think maybe we can have that type of discussion  
13 and hearing also as to how we can expand with third-  
14 party contractors and car service...

15 CARYN RESNICK: Absolutely.

16 CO-CHAIR VALLONE: and it wasn't a lot of  
17 money; I mean we're talking about tens of thousands  
18 of dollars that would provide for the seniors at that  
19 center, so then if you combine all the centers, then  
20 it becomes a larger ask. But has there been any  
21 thought of expanding the existing... I know the RFP is  
22 one step, but beyond the RFP and expanding  
23 transportation alternatives to the individual senior  
24 centers and beyond?

25 CARYN RESNICK: Well that's really the  
goal of the new transportation RFP, as well as our

3 new pilot initiative, it's to come up with  
4 alternative types of accessible transportation for  
5 older adults. So we're working on it.

6 [background comments]

7 CO-CHAIR VALLONE: Yeah, I think what  
8 Margaret was just saying; is there a set budgetary  
9 amount or goal that we'd need to reach to do that?

10 CARYN RESNICK: I don't recall what our  
11 budget is for transportation, **[inaudible]**...

12 KAREN TAYLOR: Yeah, I don't know; it  
13 increased... we were able... [crosstalk]

14 CARYN RESNICK: We increased it, yeah.

15 KAREN TAYLOR: we were able to add some  
16 funding to the RFP... [crosstalk]

17 CARYN RESNICK: I don't remember the  
18 exact amount... [crosstalk]

19 KAREN TAYLOR: we don't have an exact  
20 **[inaudible]**...

21 CARYN RESNICK: it's small, it's not what  
22 would address the full need of New York City's  
23 population, and of course there's Access-A-Ride...  
24 [crosstalk]

25 CO-CHAIR VALLONE: 'Kay.

2 CARYN RESNICK: which is the primary..

3 [crosstalk]

4 CO-CHAIR VALLONE: One of my favorite  
5 topics, Access-A-Ride.

6 CARYN RESNICK: mode of transportation.

7 [background comments] Go ahead; Margaret, you're  
8 gonna... did you wanna jump in there.. [crosstalk]

9 KAREN TAYLOR: We also..

10 CO-CHAIR VALLONE: I have more, but... So I  
11 think -- and that was just, like I said, a microcosm  
12 look, and so right of the bat, that was dealing with  
13 so many different agencies, from Transportation to  
14 Small Business that economic services that it could  
15 provide, but it all dealt with senior -- like you  
16 said, that's the main focus.. [crosstalk]

17 CARYN RESNICK: So you're describing what  
18 we had called an Aging Improvement District and you  
19 know, working with NYAM and through Age-Friendly NYC,  
20 that's what we'd like to see happen in every district  
21 and it's bigger than DFTA and it's exactly bringing  
22 in those partners -- small business, the chambers of  
23 commerce.. [interpose]

24 CO-CHAIR VALLONE: Which we participated  
25 in and a big part of that study came from that.

2 CARYN RESNICK: Exactly, so pulling  
3 together all those other resources, which helped  
4 build on our budget in communities to make them age-  
5 friendly, so we would love to see you working on  
6 that... [crosstalk]

7 CO-CHAIR VALLONE: Well I think the next  
8 challenge for us is, we know what needs to be done  
9 and I think very difficult for us as elected  
10 officials and as administrators, then we have to get  
11 it done, right, 'cause one thing is addressing the  
12 problem; the next thing is actually going back to the  
13 centers... [crosstalk]

14 CARYN RESNICK: Right.

15 CO-CHAIR VALLONE: saying, this is what  
16 we're gonna do to address it, because I think there's  
17 a lot of frustration out there -- they know what the  
18 issue is; now they wanna see us do something about it  
19 and I think these little steps are a huge impact...  
20 [crosstalk]

21 CARYN RESNICK: Yeah.

22 CO-CHAIR VALLONE: we're looking at  
23 improving the life quality. Like I said, the senior  
24 isolation -- I mean if somebody **[inaudible]** an elder  
25 law attorney, family members will come in and say my

3 wife, my spouse, my grandparent, my son, my daughter  
4 is struggling 'cause they're alone or they can't get  
5 to the services they want, so it is much bigger than  
6 just DFTA, and we did the Case Social Workers Status  
7 APS study, which now they have to be brought back  
8 twice a year; a big part of that was the isolation of  
9 the seniors who then need guardianship services  
10 through APS, but I think we're all connected in that  
11 part of what we saw, which resulted in last year's  
12 budget that Margaret and I fought for, was that case  
13 management workers' salaries went up, right, 'cause  
14 we all were shocked at the amount of the case  
15 management over-workload to handle all of this. I  
16 think that was a great first step, but what I wanted  
17 to ask you is; I think the reality of just targeting  
18 case management workers creates other demands for  
19 senior centers and contractors when they only have an  
20 increase for case managers. It's just like when the  
21 minimum wage goes up to \$15; what happens to someone  
22 who was making \$16 before that; where then do  
23 salaries go? Do we have something that we're gonna  
24 be looking at to -- maybe across the board fight for  
25 salary parity in this year's budget? Gotta throw  
that in, 'cause then June comes, they'll say we

2 didn't have a hearing about it, so I think if we  
3 throw it on the table.

4 CARYN RESNICK: So we are so absolute  
5 delighted and thrilled about the salary increases for  
6 case management and I think the community feels the  
7 same way, and it was the opening **[inaudible]**...  
8 [crosstalk]

9 CO-CHAIR VALLONE: **[inaudible]**

10 CARYN RESNICK: Yeah.

11 CO-CHAIR VALLONE: A good step.

12 CARYN RESNICK: So it was an amazing  
13 first step and we realize that; we are just now  
14 beginning our discussions about this year's budget;  
15 we haven't really begun that in earnest yet, but we  
16 have started to hear from the community that parity  
17 now is an issue.

18 CO-CHAIR VALLONE: Which is good; I'm...  
19 that's helpful... [crosstalk]

20 CARYN RESNICK: Good issue to have, you  
21 know.

22 CO-CHAIR VALLONE: that's a hopeful; I  
23 think just being aware of it and then being able to  
24 fight for it I think is a... And I think before I turn  
25 it over... there was... the one section that I think

2 we're all kinda happy about, and just maybe if we  
3 have any data from it, are the 16 new innovative  
4 senior centers. Have we been able to track... do we  
5 have any initial data on what the original results  
6 are; what we're hearing; what we can do to maybe  
7 expand that or change what's happening? Attendance,  
8 you know, the ones -- not an innovative [sic]...  
9 [crosstalk]

10 KAREN TAYLOR: Right. Right. I think  
11 that one of the interesting things that this study  
12 pointed out, I think as Caryn mentioned earlier, is  
13 that while the innovatives are more generously funded  
14 and therefore we have higher expectations of them as  
15 well and they do provide a wealth of services,  
16 seniors also benefit from the rest of the network and  
17 we have the 16 innovative senior centers, but we also  
18 have, as you probably know, a number of neighborhood  
19 centers that operate almost like innovative senior  
20 centers; some of the have better funding; some of  
21 them don't, but we're really trying to focus now on  
22 supporting the bulk of the portfolio in a way, and  
23 for instance, with the evidence-based health  
24 promotion, trying to offer programs that don't have  
25 the innovative senior centers were not offered to

3 free evidence-based programming because they're able  
4 to do that on their own. So we're trying to sort of  
5 bolster the rest of the portfolio so that we can  
6 raise the bar a little bit across. We certainly have  
7 learned a lot from the innovatives and as I said,  
8 there are a number of centers that aren't in that  
9 funding bucket, but still provide innovative.. very,  
10 very innovative and outreaching services.. [crosstalk]

11 CO-CHAIR VALLONE: Well I'll give you an  
12 example of how it's working. The Virtual Senior  
13 Centers, that sometimes are separate from the  
14 innovative, is something that council members fight  
15 for and we put in the budget. So we wanted to bring  
16 the youth with the seniors, so when you put a  
17 computer -- I know even with my parents and I say ma,  
18 just push this button to send an e-mail; it never  
19 comes, 'cause she's like, I don't know what I did,  
20 but I didn't send the e-mail. So there needs to be a  
21 follow up. So what we did with the seniors and the  
22 high schools would have follow-up with the seniors  
23 who got the new computer programs and the computers  
24 themselves to have dialogue on how to keep it going,  
25 how to print, how to keep it moving, and we brought  
the high school seniors into the senior center to

2 talk with the seniors, and they thought there was  
3 gonna be 10 there, and what they saw was 20 of the  
4 computer tablets talking to the seniors and high  
5 school -- and it was one of the most interesting and  
6 heartwarming conversations, 'cause all the seniors  
7 wanna know is who are they taking to the prom, what's  
8 going on in their lives, and the kids opened up in  
9 such a... they thought they were gonna be teaching them  
10 how to print and how to access and the seniors wanted  
11 to have interaction with the teenagers. And I think  
12 it was such a good way to deal with this isolation  
13 and how to merge the generations. But again, it came  
14 through the Virtual Senior Centers being funded to  
15 get to the seniors at home, so it's always budget;  
16 it's always ideas, but I think there's ways to  
17 connect going forward that Margaret and I and all the  
18 other council members would love to expand with you.  
19 And maybe we could talk about expanding this  
20 transportation, 'cause each of the council members  
21 could easily embrace their senior center ask, 'cause  
22 there's not a lot of money to get the seniors where  
23 they need to go for their doctor's appointments, the  
24 cultural institutions or the things they wanna go to  
25 beyond just the RFP, so maybe we can have some

2 follow-up on that. Thank you Madam Chair..

3 [crosstalk]

4 CARYN RESNICK: Great.

5 CHAIRPERSON CHIN: Thank you. I think  
6 the conversations back and forth and also from your  
7 testimony, it just shows that our senior centers,  
8 especially the neighborhood senior centers, are not  
9 getting sufficient funding, because every year when  
10 we look at the budget, the enhancement part that the  
11 Council put in, it just supplements the senior  
12 centers that are doing a great job; they're  
13 overutilized, they're serving more people than they  
14 were supposed to, and those should be basic core  
15 programs that the Administration should be  
16 supporting. So we are already preparing for the next  
17 budget and I've already told the Mayor.. [crosstalk]

18 CARYN RESNICK: I... I know.

19 CHAIRPERSON CHIN: the next budget is the  
20 year of the senior; you heard it here.

21 CARYN RESNICK: Oh...

22 CHAIRPERSON CHIN: Okay? And we've gotta  
23 start advocating now, because every area -- you talk  
24 about transportation -- not enough funding, basic  
25 core service. I mean when you look at some of the

2 centers that we have to supplement end of every year,  
3 from Council funding, it doesn't make sense; it needs  
4 to be baselined, it needs to be from the  
5 Administration side. We could fund the creative  
6 programs, you know, like the arts and the culture,  
7 the SU CASA, yeah, we could do that, but even the  
8 immigration centers, DFTA told us all these new  
9 centers that are starting, they are serving immigrant  
10 populations; they were not in the RFP, so they didn't  
11 get the funding and we partner with you, the Council  
12 partnering with you to support these centers, but the  
13 amount of money they get from the Council is not  
14 enough to run a real senior center. So the  
15 Administration needs to really take a look at how to  
16 make sure that sufficient funding is available to  
17 start new centers so that more seniors -- and it's a  
18 growing population -- will get served. So we're  
19 starting now on next year's budget and we hope to  
20 partner with you to really strongly advocate, because  
21 right now DFTA's budget is less than half a percent  
22 of the City's budget, and that's not good; right? So  
23 we've gotta work to really increase that.

24

25

2 We are also joined by Council Member  
3 Salamanca from the Bronx and next, Council Member  
4 Deutsch for some questions.

5 COUNCIL MEMBER DEUTSCH: Thank you.  
6 Thank you Madam Chair.

7 First of all, good morning, Deputy  
8 Commissioner... [crosstalk]

9 CARYN RESNICK: Good morning.

10 COUNCIL MEMBER DEUTSCH: it's a pleasure  
11 always to be working with you and with Department for  
12 the Aging. Today's hearing is like a perfect  
13 hearing; it's called "Isolation," we're discussing  
14 isolation and transportation, so transportation, I  
15 cannot express how important that is; it's important  
16 to the seniors throughout the city and we're  
17 discussing about RFPs regarding transportation, the  
18 future, but we need to focus also on Access-A-Ride.  
19 Access-A-Ride is not accessible to our seniors and  
20 sometimes they are isolated, literally isolated when  
21 they get picked up in Brooklyn and end up in the  
22 Bronx just to come back to Brooklyn. So they are  
23 isolated in that commute and we need to have maybe a  
24 joint hearing between Department for the Aging and  
25 Access-A-Ride, because if the MTA cannot be held

3 accountable for Access-A-Ride, then how are we going  
4 to not fail in our future plans for transportation to  
5 our seniors if the MTA cannot do it on their own? So  
6 we need to hold the MTA accountable to make sure that  
7 we improve Access-A-Ride and transportation is  
8 extremely crucial for all our seniors and people with  
9 disabilities, so this -- I think we need to focus on  
10 the MTA and we need to focus on Access-A-Ride to see  
11 how to make it better and to hold them accountable in  
12 making sure that our seniors are taken care of when  
13 it comes to transportation.

14 While transportation is extremely  
15 important for seniors and people with disabilities,  
16 it's also important to encourage our senior  
17 population to do walking exercise, so by doing that  
18 we need to come up with some plans on how do we  
19 encourage our seniors, and I believe that having  
20 senior benches throughout our city, which is adopted  
21 by commercial establishments put out in the morning  
22 and brought back in at the end of business day and  
23 this way when the senior citizen or person with  
24 disability goes shopping they have a rest area, just  
25 as you have handicap accessible parking spaces, there  
should be a largely-posted sign saying this is a

2 senior rest area so it's not taken over by anyone  
3 else and it should be enforced. So it should be for  
4 seniors and people with disabilities when they go out  
5 and do their exercises and we could maybe reduce that  
6 transportation for certain people in the senior  
7 population when we encourage them to do those  
8 exercises, and many do want to walk out, but there's  
9 not rest area. So this is something we need to talk  
10 about and we need to work with our commercial  
11 establishments throughout our city to adopt a senior  
12 rest area, so this way it's also not taken over by  
13 the homeless population and it should be properly  
14 worked on.

15 In addition to that, I do fund -- my  
16 district funds for senior transportation and a few  
17 weeks ago I had about a 100 seniors going to  
18 Governors Island; we had a beautiful trip, and just  
19 two days ago we had 250 seniors visiting and touring  
20 the 9/11 Memorial in Manhattan and it was a beautiful  
21 trip; I am having one more trip this coming Tuesday  
22 for the overflow senior crowd; we had a great day,  
23 and look forward to having more trips with my  
24 seniors.

2 I also am considering introducing a very  
3 important legislation which will help our seniors  
4 throughout the city and this is something I had  
5 posted on my social media on the last day of summer  
6 and I'm considering to introduce legislation to  
7 mandate Carvel ice cream to open a store in every  
8 single council district through out the city, and I'm  
9 looking forward to having this hearing, together with  
10 the Committee on Aging and the Committee on Health  
11 and we'll see if we could work on this; I already  
12 have many -- I don't have any co-sponsors, but I have  
13 many prime sponsors, so I'm still looking for co-  
14 sponsors, but I think... well prime sponsors here.

15 And in addition... [interpose]

16 KAREN TAYLOR: How 'bout frozen yogurt?

17 COUNCIL MEMBER DEUTSCH: I'm sorry..

18 [crosstalk]

19 KAREN TAYLOR: How 'bout frozen yogurt?

20 COUNCIL MEMBER DEUTSCH: and frozen  
21 yogurt, yeah. So finally, I just wanna say that --  
22 and also, regarding our local parks, I have a  
23 designated area in one of my parks in my district, at  
24 the Seaside Park, which is known as Asser Levy Park,  
25 where I'm dedicating a certain area for senior

2 exercise machines -- when they come out there they  
3 could do exercises and also it will be friendly to  
4 people with disabilities to do exercises; important  
5 to have them come out and just walking, exercising;  
6 all these things are extremely important for our  
7 senior population.

8 And once again, I wanna thank my  
9 colleague Paul Vallone and Madam Chair Margaret Chin  
10 and all the members of the Aging Committee for being  
11 strong advocates on behalf of seniors throughout the  
12 city. Thank you.

13 CHAIRPERSON CHIN: Thank you Council  
14 Member Deutsch. I think the seniors in your district  
15 are so lucky; they get to go on wonderful trips. And  
16 thank you for visiting my district every year.

17 So next we're gonna have Council Member  
18 Rose.

19 COUNCIL MEMBER ROSE: Thank you...  
20 [interpose]

21 CHAIRPERSON CHIN: And also we have been  
22 joined by Council Member Treyger. Thank you.

23 COUNCIL MEMBER ROSE: Thank you Madam  
24 Chair. I was really pleased to hear that we are  
25 giving some concrete thought about transportation; as

2 you hear, it's a very important issue and I believe  
3 truly a contributing factor to isolation and so I'm  
4 proud to even hear that there are some innovative  
5 ideas being thrown around with transportation.

6 And you know, when you talk about social  
7 isolation and loneliness, you know there is an  
8 element of mental health that comes into play and I  
9 was wondering if any of the DFTA centers provide  
10 mental health services and how are they funded?

11 [background comments]

12 CARYN RESNICK: Yes. We have two very  
13 important initiatives that have been funded through  
14 ThriveNYC this year and they are both still in the  
15 planning stages; we're just beginning to roll them  
16 out, so we are -- I believe it's \$1.8 million that  
17 will fund geriatric mental health services in senior  
18 centers and I think we're starting with about 12-15...  
19 [background comments] 15 senior centers and a  
20 partnership with mental health providers that will be  
21 on site to provide services. So we are really  
22 excited about that.

23 And the other initiative is specifically  
24 to address social isolation and to provide friendly  
25 visiting through all, or a majority of our case

2 management agencies to the homebound and to train  
3 those volunteers to be able to assess and identify  
4 people who are suffering from depression or other  
5 forms of mental health issues and then be able to  
6 link them to services. So... [interpose]

7 COUNCIL MEMBER ROSE: How many volunteers  
8 do you have; who does the outreach to find the  
9 volunteers... [interpose]

10 CARYN RESNICK: So again, this is brand  
11 new funding and it hasn't rolled out yet, but we are  
12 going to partner with one of the major agencies in  
13 the city who will help train on how to do friendly  
14 visiting and how to recruit volunteers, and then with  
15 the funding we're going to fund a volunteer  
16 coordinator in each of the case management agencies  
17 and their job will be to recruit and train and deploy  
18 the volunteers to the homebound clients.

19 COUNCIL MEMBER ROSE: And what is your  
20 timeframe for both NYC Thrive and for the friendly  
21 visiting to be rolled out... [crosstalk]

22 CARYN RESNICK: This fall, I believe.

23 COUNCIL MEMBER ROSE: and **[inaudible]**...  
24 [crosstalk]

2 CARYN RESNICK: This fall; we've been  
3 getting all the contract funding and everything in  
4 place, so we're gonna be ready to roll out hopefully  
5 late fall.

6 COUNCIL MEMBER ROSE: And do you fund any  
7 centers that specifically do cognitive and behavioral  
8 health services?

9 [background comments]

10 CARYN RESNICK: I mean really, the social  
11 day programs; my mom, for example, attends a program  
12 at Lennox Hill Neighborhood Association, which is  
13 social daycare... [interpose]

14 COUNCIL MEMBER ROSE: Are they DFTA  
15 funded?

16 CARYN RESNICK: specifically for people  
17 with cognitive impairment.

18 COUNCIL MEMBER ROSE: Could you tell me  
19 how many of those centers you have that are funded by  
20 DFTA?

21 CARYN RESNICK: Well there are 10 and  
22 they're actually funded now by the City Council.

23 COUNCIL MEMBER ROSE: Oh, really?

24 CARYN RESNICK: Yeah.  
25

1 COMMITTEE ON AGING, JOINTLY WITH THE SUBCOMMITTEE ON  
SENIOR CENTERS 51

2 COUNCIL MEMBER ROSE: Well thank you,  
3 City Council. Thank you. [background comments] Oh  
4 we're supplement.

5 CARYN RESNICK: Yeah. They fund  
6 themselves with a variety of private pay, Medicaid  
7 managed long-term care funding and some Council  
8 funding. And a lot of the social day programs are  
9 geared for people that specifically have cognitive  
10 impairment.

11 COUNCIL MEMBER ROSE: And just one other  
12 question about the ThriveNYC Mental Health Roadmap;  
13 you're using that in terms of recruitment? Are you  
14 using that for recruitment purposes? No... [crosstalk]

15 CARYN RESNICK: Not exactly sure what you  
16 mean. The two initiatives I just mentioned are a  
17 part of the ThriveNYC Roadmap..

18 COUNCIL MEMBER ROSE: Oh, okay. [sic]

19 CARYN RESNICK: so DFTA was given funding  
20 specifically to do these two projects that are  
21 targeted specifically toward older people and mental  
22 health issues... [crosstalk]

23 COUNCIL MEMBER ROSE: But these are older  
24 people who are already participating in centers or..  
25 [interpose]

2 CARYN RESNICK: Yes. Or people who...

3 [crosstalk]

4 COUNCIL MEMBER ROSE: Okay.

5 CARYN RESNICK: come to the centers, it's  
6 both, you don't have to be a member of the center; I  
7 think once we're embedded in those centers and are  
8 able to make friends and make it comfortable for  
9 people to seek out mental health services, and  
10 anybody from the community can come as well.

11 COUNCIL MEMBER ROSE: So there's no  
12 marketing or outreach for this program.. [crosstalk]

13 CARYN RESNICK: Not yet; we haven't  
14 rolled out yet...

15 COUNCIL MEMBER ROSE: Okay.

16 CARYN RESNICK: but there will be for  
17 sure.

18 COUNCIL MEMBER ROSE: Okay. Thank you.

19 CHAIRPERSON CHIN: Thank you. Next,  
20 Council Member Salamanca.

21 COUNCIL MEMBER SALAMANCA: Thank you  
22 Madam Chair. Good morning. I have just one  
23 question. How does DFTA work with and coordinate  
24 with NYCHA on addressing capital projects needed to  
25 improve; not just senior centers?

2 KAREN TAYLOR: Okay. Interestingly, we  
3 had a meeting with NYCHA staff yesterday, which went  
4 very well, but it wasn't the capital project staff,  
5 it was with the group that works with families and  
6 social services and so forth, but they also do  
7 health.

8 If you're talking about capital budget  
9 projects, we have a facilities management unit and we  
10 have a facilities director who tried to, anyway,  
11 maintain close communication with NYCHA regarding  
12 projects in senior centers that are sponsored by the  
13 department, and we have, on lesser kinds of  
14 improvements -- the routine sorts of repairs and  
15 replacements -- we are actually, more or less  
16 operating on a case by case basis at this point; I  
17 know NYCHA has been going through a lot of  
18 reorganization and a lot of changes; we do work very  
19 closely with them; if we are going to fund a repair  
20 or replacement, we make sure that we have a vendor,  
21 for instance, cleared with NYCHA and have the proper  
22 approvals to go ahead and so forth. So it's a little  
23 case by case is to how we work with them, but we do  
24 try... but we do have contacts with NYCHA [inaudible]...  
25 [crosstalk]

2 COUNCIL MEMBER SALAMANCA: So for those  
3 routine repairs, who's responsible for them; is it  
4 NYCHA or is it DFTA?

5 KAREN TAYLOR: That's a very hard  
6 question; it really depends on -- it's a case by  
7 case; it depends on what the repair is; whether it's  
8 a building systems issue that in fact affects  
9 apartments above the center, which would be basically  
10 a landlord issue, or whether it's something just  
11 local in the senior center itself. We don't have,  
12 like really... [crosstalk]

13 CARYN RESNICK: A formal MOU.

14 KAREN TAYLOR: formal and prescribed sort  
15 of assignments of responsibility... [crosstalk]

16 CARYN RESNICK: I mean you're raising a  
17 concern that we are working to address, so we have  
18 begun dialogue with NYCHA to make it more clear.  
19 Generally, if it's a smaller internal issue in the  
20 senior center and it's something that we can handle  
21 within our budget or their budget, then we just go  
22 ahead and repair it. But as Karen said, if it's HVAC  
23 located on the roof and it's a systemic problem, then  
24 it's clearly a landlord issue.

2 COUNCIL MEMBER SALAMANCA: The reason I  
3 ask -- I've been a Council Member for the last seven  
4 months, visiting all my senior centers; there's one  
5 senior center in Mott Haven, Melrose, which has a  
6 constant leak; they've been dealing with this leak in  
7 two parts of the facility; my understanding, they've  
8 been dealing with this leak for quite some, a few  
9 years now; NYCHA's aware, DFTA's aware, but it's an  
10 ongoing problem, and I think it's unfortunate that  
11 our seniors are going somewhere where they wanna pass  
12 the time in recreation and in the middle of where  
13 they eat in the cafeteria there's a leak, so I'm just  
14 trying to understand. Is DFTA having a hard time in  
15 terms of getting things done or getting capital  
16 projects completed with NYCHA?

17 KAREN TAYLOR: Again, it really depends  
18 on the case. Can you tell me the name of the senior  
19 center again?

20 COUNCIL MEMBER SALAMANCA: Mott Haven  
21 Melrose. It's in the Melrose section of the Bronx.

22 CARYN RESNICK: Is there a sponsoring  
23 agency...? [crosstalk]

24 COUNCIL MEMBER SALAMANCA: We can talk  
25 **[inaudible]**...

2 CARYN RESNICK: Okay, we'll look it up..

3 [crosstalk]

4 KAREN TAYLOR: Yeah..

5 CARYN RESNICK: Let's... Let's talk  
6 offline.. [crosstalk]

7 COUNCIL MEMBER SALAMANCA: But I'm just  
8 curious because I have a few senior centers in my  
9 district that are in NYCHA buildings..

10 KAREN TAYLOR: Right.

11 COUNCIL MEMBER SALAMANCA: and I'm just  
12 trying to get an understanding 'cause I'm having an  
13 issue with NYCHA in terms of addressing capital  
14 projects, so I wanna be helpful to DFTA and be that  
15 advocate to ensure that NYCHA, you know, works within  
16 the reasonable timeframe to address these issues..

17 KAREN TAYLOR: Okay.

18 COUNCIL MEMBER SALAMANCA: and if there's  
19 a capital issue in terms of funding, I would like to  
20 be made aware of so that I can advocate on your  
21 behalf.

22 KAREN TAYLOR: We'd be very happy to work  
23 with you on that.

24 COUNCIL MEMBER SALAMANCA: Alright.  
25 Thank you Madam Chair.

2 CHAIRPERSON CHIN: Thank you. Next,  
3 Council Member Treyger.

4 COUNCIL MEMBER TREYGER: Thank you Chair  
5 Chin and also to Chair Vallone; having a very, I  
6 think timely hearing and a very timely discussion,  
7 and welcome, Deputy Commissioner and definitely we  
8 appreciate your attendance.

9 One of the issues that I have is that,  
10 you know, looking at your testimony today, DFTA  
11 acknowledges that the senior population will only  
12 continue to grow and the topic of today's hearing is  
13 regarding, you know, making sure seniors don't feel  
14 isolated, and I think it's fair to say that there are  
15 already capacity issues with existing DFTA centers,  
16 particularly in emerging communities with large  
17 immigrant populations, some of those areas that I  
18 represent; some of those communities don't have, some  
19 of those centers don't have DFTA contracts and they  
20 are in spaces that are small and they are tightly  
21 packed, and my concern is that when I visit these  
22 centers, I don't want seniors turned away; I don't  
23 want someone to come in and say there's no room for  
24 me; I can't sit somewhere; I can't participate in the  
25 activities; I can't have a meal with friends and

2 neighbors, and that will lead to isolation, because  
3 they'll be turned away and they'll go back home and  
4 that actually -- you know recently the Speaker of the  
5 City Council visited a center in my district and one  
6 of the issues was capacity -- small space, packed and  
7 they have to make do with what they have, but some  
8 seniors communicated with us that, you know it's  
9 pretty tight in here, and this is a growing  
10 community, we're seeing a population boom, we're  
11 seeing immigration waves and I think we have an  
12 obligation to accommodate this **[inaudible]** growth and  
13 I know that DFTA hasn't been really issuing new  
14 contracts to new centers, but I really think that we  
15 have to revisit this. I know the Chair has been  
16 very, very vocal about this, but I really think that  
17 we need to revisit this now, even with the  
18 acknowledgement that the senior population continues  
19 to grow, but the budget for issuing new contracts is  
20 not and I think that we have a serious capacity issue  
21 and I think if we're talking about seniors feeling  
22 social isolation, well they're gonna feel that when  
23 they don't have a chair or a seat at the table at  
24 many of these centers. So are there any plans  
25 currently underway -- any discussions right now about

3 issuing new contracts for new centers in this  
4 upcoming budget cycle?

5 CARYN RESNICK: No, we do not have an RFP  
6 planned for this year, but I do think that our  
7 centers in the next couple of years do come up for  
8 RFP, so now is a good time to begin a dialogue and  
9 plan for what that will look like in a couple of  
10 years, 'cause we do know that there are the new  
11 immigrant populations, changes in demographics from  
12 one community district to another, so we need to  
13 begin planning today.

14 COUNCIL MEMBER TREYGER: And you're  
15 saying that this is planning for years down the road  
16 or?

17 CARYN RESNICK: I think it's about two  
18 years.

19 KAREN TAYLOR: Yes, about two years the  
20 current contracts -- for the bulk of the portfolios.

21 CARYN RESNICK: Yeah, they don't all  
22 expire at the same time, but. [background comment]

23 COUNCIL MEMBER TREYGER: Right, because  
24 as we've discussed previously that there are some  
25 organizations that have more than one location and  
not all of the locations have contracts and they're

3 just, you know, pulling resources left and right to  
4 try to make ends meet, but you know, these centers  
5 are packed to capacity and I physically see seniors  
6 having a difficult time -- I mean, we should not  
7 treat them like sardines; they're human beings and  
8 they should be able to sit comfortably and have a  
9 meal and participate in programs, and I think, you  
10 know Chair, we need to continue to keep up the  
11 pressure to increase this capacity with this demand.

12 I also just wanna mention one last thing -- I did  
13 mention this before at a previous hearing -- but  
14 again, when I was an educator I would always invite  
15 veterans, Holocaust survivors and others and seniors  
16 -- whatever topic I was covering in the class, if it  
17 was relevant, I would invite seniors to discuss  
18 issues with my classes and they really enjoyed that,  
19 they really, really enjoyed that, and I don't know if  
20 there's any existing programs with DFTA and the  
21 Department of Education to really invite seniors, or  
22 at least have dialogue with the schools to invite  
23 seniors to speak to classes on -- because many  
24 seniors have a lot of powerful stories and memories  
25 to share and after that class they would say, I  
really enjoyed this... [interpose]

2 CARYN RESNICK: Uhm-ham.

3 COUNCIL MEMBER TREYGER: I mean, to get  
4 it out of their system, to talk, to meet young  
5 people, for them to ask questions and be engaged;  
6 they wanna go back to the class. So are there any  
7 existing programs to invite seniors to speak to kids  
8 in our schools?

9 CARYN RESNICK: Yes, we have an  
10 intergenerational program that still is connected  
11 with DOE that really more brings students into the  
12 senior centers, but many centers on their own develop  
13 these partnerships with their local schools and bring  
14 groups of seniors in, and we can encourage that; I  
15 mean it's, you know, very local, community by  
16 community, but I think you're right, that there's  
17 tremendous value.

18 COUNCIL MEMBER TREYGER: Yeah, I mean I...  
19 [crosstalk]

20 CARYN RESNICK: There are mentoring  
21 programs, there are reading programs where seniors go  
22 in and read to children in elementary schools, there  
23 are organizations that, you know that's their sole  
24 mission to do that... [interpose]

25 COUNCIL MEMBER TREYGER: Right.

2 CARYN RESNICK: but we can certainly help  
3 publicize that or make those connections.

4 COUNCIL MEMBER TREYGER: I mean it's  
5 definitely meaningful for the students, but it's also  
6 very meaningful for the senior who feels very, you  
7 know welcome and validated and feels that people care  
8 about what they have to say and that's good for them  
9 too and that deals with the issue of isolation I  
10 would say as well, so to get them out and whether the  
11 student comes to them or they go to the class, I do  
12 think we need to find ways to kind of close the gap  
13 between our young generation and our senior  
14 generation. Thank you, Chair Chin and Vallone for  
15 this very important hearing.

16 CHAIRPERSON CHIN: Thank you. I wanna do  
17 some follow-up questions. What is the budget or the  
18 average budget for running a senior center?

19 KAREN TAYLOR: Well, the average budget  
20 -- I don't have the average; the budgets... [crosstalk]

21 CARYN RESNICK: Five hundred... [sic]

22 KAREN TAYLOR: run from... you know, I'll...  
23 they really run the gamut; I would say... [crosstalk]

24 CARYN RESNICK: From three hundred to...  
25 [crosstalk]

2 CHAIRPERSON CHIN: What's the smallest  
3 and what is the largest...? [crosstalk]

4 KAREN TAYLOR: and it depends on the --  
5 the smallest is probably around \$250,000 for a very  
6 small center and it depends on whether you have rents  
7 or not in your budget and other kinds of things like  
8 that, and then we have some... you know, the... and it  
9 goes up from there. But it's... I mean we can run an  
10 average easily enough; it's just that the centers  
11 themselves have such a wide range, you know, some  
12 have fixed costs, some higher fixed costs; some  
13 don't, so we can get back to you with an average; I  
14 would say...

15 CARYN RESNICK: Four something; I would  
16 say between four and five hundred.. [crosstalk]

17 KAREN TAYLOR: Yeah, between four and  
18 five probably.

19 CARYN RESNICK: would be an average..

20 CHAIRPERSON CHIN: And the reason I'm  
21 asking... [crosstalk]

22 KAREN TAYLOR: Yeah, **[inaudible]**..  
23 [crosstalk]

24 CARYN RESNICK: with a hundred, you know,  
25 a hundred plus seniors.

2 CHAIRPERSON CHIN: Yeah. The reason I'm  
3 asking that is that already, I mean we're asking DFTA  
4 to let us know and then we can advocate with the  
5 Administration. I mean we, with the Council's  
6 initiative on the centers that serve immigrant  
7 populations, I think we supported... I don't know;  
8 maybe 10 or more and we were only... last year we were  
9 only able to provide \$75,000 to them... [crosstalk]

10 CARYN RESNICK: Yeah, that was not...

11 CHAIRPERSON CHIN: that doesn't... that  
12 helps...

13 CARYN RESNICK: Yeah.

14 CHAIRPERSON CHIN: but it really doesn't  
15 meet the need, so even if we look at 10 centers;  
16 right, at half a million each, that's \$5 million;  
17 right; then you could do an RFP for these centers  
18 that are serving immigrant populations for the last  
19 couple of years. So we're trying to put together a  
20 comprehensive budget, right, DFTA budget that we can  
21 support -- we can't wait another couple of years,  
22 because they're already serving this population. So  
23 we are trying to put together a comprehensive budget  
24 so that we can go to the Mayor and to the  
25 Administration and say this is what is needed to meet

3 the needs of the seniors right now. So I think  
4 that's why we hope to partner with you so that we can  
5 get some real numbers. Same thing with  
6 transportation -- the RFP is very small; it doesn't  
7 really meet all the need, but if we want to really  
8 help every center or more seniors to be able to get  
9 to the centers and get to programming and other  
10 interesting places that they would enjoy; it's a  
11 certain amount of money. So we're trying to build  
12 that total budget. I don't wanna just throw out a  
13 number and say okay, we should double DFTA's budget,  
14 that'd be great; we could start with that, but we  
15 also wanna have some realistic, you know numbers  
16 linked to programs so that we can start advocating  
17 for that. Because when Council Member Salamanca was  
18 asking about capital, it's like; does DFTA have a  
19 capital budget for senior centers?

20 KAREN TAYLOR: We have a capital budget  
21 for the facilities that are City-owned and -- not  
22 NYCHA, but other for our other City-owned facilities  
23 or City-leased facilities in some cases, but it's a  
24 very small budget. Most of our, what you would  
25 consider capital expenses, come from the expense  
budget.

2 CHAIRPERSON CHIN: So the centers, if  
3 they need some upgrade or whatever; then they would  
4 have to the Council to ask for capital dollars?

5 KAREN TAYLOR: But we have CDBG money;  
6 again, it's a small allocation every year that takes  
7 care of some of the larger projects, and other than  
8 that, either programs try to fund from their bottom  
9 line or we come to the Council.

10 CHAIRPERSON CHIN: But has DFTA actually  
11 talked to each center to assess what their capital  
12 needs are so that you could put together a realistic  
13 capital budget?

14 KAREN TAYLOR: Yes, actually we've -- the  
15 last couple of years we've had what we call "spruce-  
16 up" initiatives, where we have gone to all the  
17 centers and we've had recommendations for mostly  
18 small projects -- painting, you know, general  
19 improvements; sometimes it may be requirement  
20 replacement, flooring replacement; those kinds of  
21 things, and we've been able to find ways of funding a  
22 number of those projects. Whether that we have done  
23 a full-scale capital assessment of all of our sites  
24 -- no; these are sites that for the most part are  
25 leased by our sponsors, so a lot of the

2 responsibility for the sites falls on the landlords  
3 that own the properties that our centers exist in, so  
4 it's a mixed bag of facilities, so it's a little hard  
5 do to get that, but we haven't done a full-scale  
6 capital assessment... [crosstalk]

7 CARYN RESNICK: But we've done some major  
8 capital improvements over the years... [crosstalk]

9 KAREN TAYLOR: Oh yeah, definitely.

10 CARYN RESNICK: in a large number of  
11 centers -- putting in... [crosstalk]

12 KAREN TAYLOR: And we still are.

13 CARYN RESNICK: elevators and lifts and  
14 roofs and HVAC... [crosstalk]

15 KAREN TAYLOR: Right. And redoing  
16 kitchens and...

17 CHAIRPERSON CHIN: And ramps, but it  
18 takes forever... [crosstalk]

19 CARYN RESNICK: And ramps, absolutely.

20 KAREN TAYLOR: Right. And a lot of that  
21 is with Community Development Block Grants.

22 CHAIRPERSON CHIN: Okay. We'll have to  
23 continue to work on that. The other question is that  
24 NYCHA senior center or NYCHA community center --

2 there's a budget item of \$3 million to kinda help  
3 transition; what is the progress on that?

4 [background comments]

5 CARYN RESNICK: Well we've taken over I  
6 believe 17...

7 KAREN TAYLOR: Seventeen...

8 CARYN RESNICK: of the NYCHA social clubs  
9 -- [cell phone music] oh my -- I think that's my  
10 phone; I apologize. [laughter]

11 CO-CHAIR VALLONE: That's the Mayor  
12 saying he's increasing the budget for us.

13 [laughter]

14 CARYN RESNICK: I don't know. So we've  
15 taken over 17 and we're still in conversation with  
16 NYCHA about the remaining sites. I think they would  
17 like us to take over the remaining sites and they are  
18 the smaller -- we took over the larger, more robust  
19 of their, I think -- what is it, 50 or 40 some odd  
20 sites?

21 KAREN TAYLOR: We... yeah, I think  
22 altogether we've taken over about 40 of them.

23 **[inaudible]**... [crosstalk]

24

25

2 CHAIRPERSON CHIN: So 17 is the one that  
3 you're supposed to be working on in this year's  
4 budget?

5 CARYN RESNICK: Right.

6 CHAIRPERSON CHIN: So you're right now  
7 just doing the assessments and **[inaudible]**...

8 CARYN RESNICK: No, we... [crosstalk]

9 KAREN TAYLOR: Oh no, no; we're in them...

10 CARYN RESNICK: No, no, no; those have  
11 been...

12 KAREN TAYLOR: we are in those sites; we  
13 have, you know...

14 CARYN RESNICK: Sponsors.

15 KAREN TAYLOR: think it was last year.

16 CARYN RESNICK: It was last year.

17 KAREN TAYLOR: It was last year that we...  
18 we took those over. They're all up and running to  
19 some extent; many of them are very, very small; some  
20 of them are doing a larger program than others, but  
21 we're in those sites and we're... [interpose]

22  
23 CHAIRPERSON CHIN: Because the money was  
24 only put in for one year to try to figure out what to  
25 do; right, whether some of them will be turned into a

2 regular senior center or maybe some of them could be  
3 turned **[inaudible]**... [crosstalk]

4 KAREN TAYLOR: Oh I think that... that must  
5 be about the other 15...

6 CARYN RESNICK: Yeah, it is.

7 KAREN TAYLOR: That's about the other 15...  
8 [crosstalk]

9 CHAIRPERSON CHIN: The \$3 million?

10 KAREN TAYLOR: Yes, the other 15. Okay,  
11 those **[inaudible]**... [crosstalk]

12 CARYN RESNICK: Yes, we're assessing  
13 those. We took over the first bunch last year and  
14 then this year we're looking at the others to see...

15 KAREN TAYLOR: Okay. And that's... In  
16 fact, that's a large part of what our meeting with  
17 NYCHA was about yesterday; that is, these were the  
18 supervisors that work with the staff in those 15  
19 remaining NYCHA senior programs and how we can work  
20 together and bring a little bit more services to  
21 those seniors from our own programs, so we're working  
22 with them on that.

23 CHAIRPERSON CHIN: So are you looking at  
24 some of the models, because we have some where the  
25 NYCHA program is almost like a NORC, but it's

2 affiliated or it's connected with the senior centers,  
3 and I have one of those in my district, you know,  
4 **[inaudible]**; they have a NORC **[inaudible]** and then  
5 they.. they get the meal from the other senior center,  
6 so some of those are -- it's great for the senior  
7 because they just come down from their building and  
8 they can get to the center and participate in all the  
9 programs.

10 KAREN TAYLOR: We're not looking at  
11 funding those sites, but we are looking at linkages  
12 and partnerships and making sure that there's  
13 information exchanged so that they know where the  
14 seniors -- and probably having some of our programs;  
15 maybe do presentations at those sites and letting  
16 seniors know what's available **[inaudible]**...  
17 [crosstalk]

18 CHAIRPERSON CHIN: But ultimately, at the  
19 end of this fiscal year you will have a report or  
20 something to figure out what to do with these sites;  
21 right..

22 KAREN TAYLOR: Right.

23 CHAIRPERSON CHIN: because the.. the  
24 funding.. [crosstalk]

25 KAREN TAYLOR: That's the plan.

2 CHAIRPERSON CHIN: was only for one year,  
3 so now... [crosstalk]

4 CARYN RESNICK: That's the plan. Right.

5 CHAIRPERSON CHIN: the Administration  
6 will have to look at whether they need to continue or  
7 funding has to be given somewhere else.

8 KAREN TAYLOR: Right.

9 CHAIRPERSON CHIN: So please, you know,  
10 keep us updated on these centers so that we...  
11 [crosstalk]

12 KAREN TAYLOR: Okay. Actually, one of  
13 those sites we're moving an existing senior center  
14 into in a couple of weeks, so it'll be a list of 14  
15 sites that we'll be working on.

16 CHAIRPERSON CHIN: Yeah, I mean if you  
17 can just give us the updates... [crosstalk]

18 KAREN TAYLOR: Okay.

19 CHAIRPERSON CHIN: that would  
20 **[inaudible]**... [crosstalk]

21 CO-CHAIR VALLONE: Well just on that for  
22 a second. Has there been a thought of a new RFP for  
23 additional senior centers at some point? I mean when  
24 was the last time we had looked in the need for new  
25 senior centers?

2 KAREN TAYLOR: Additional?

3 CO-CHAIR VALLONE: Yes, from what we  
4 already..

5 CARYN RESNICK: We haven't had funding  
6 for additional senior centers.

7 [background comments]

8 CO-CHAIR VALLONE: Well what about some  
9 of our partners?

10 KAREN TAYLOR: I'm sorry; say again.

11 CO-CHAIR VALLONE: Some of the places in  
12 the neighborhoods or close to existing but they're  
13 doing it on their own so you know, they are taking  
14 the initial steps; has DFTA thought about taking the  
15 next step and bringing some of these new places  
16 online and having an RFP or getting them to the next  
17 step to actually being a senior center?

18 KAREN TAYLOR: Don't think we have  
19 funding for an RFP.

20 CARYN RESNICK: Right, we... we couldn't do  
21 that without an additional allocation of funds; we  
22 right now.. [crosstalk]

23 CO-CHAIR VALLONE: Well...

24

25

2 CARYN RESNICK: would have to shift  
3 resources from other programs in order to...

4 [crosstalk]

5 CHAIRPERSON CHIN: Well the last RFP was  
6 issued what, three years ago?

7 CARYN RESNICK: I think...

8 KAREN TAYLOR: Three-and-a-half...

9 [crosstalk]

10 CHAIRPERSON CHIN: That's when some of  
11 the... [interpose]

12 CO-CHAIR VALLONE: Right.

13 CARYN RESNICK: What?

14 KAREN TAYLOR: 2012.

15 CHAIRPERSON CHIN: Yeah. **[inaudible]**...

16 [crosstalk]

17 CARYN RESNICK: So yeah, we're  
18 anticipating an RFP in about two years is when the  
19 majority... [crosstalk]

20 CO-CHAIR VALLONE: Yes...

21 CARYN RESNICK: will run out of...

22 CO-CHAIR VALLONE: That's what I was  
23 looking for.

24 CARYN RESNICK: Yeah.

2 CO-CHAIR VALLONE: So within two years.

3 I think that would be important information so those  
4 could start to prepare for..

5 CARYN RESNICK: Yeah.

6 CO-CHAIR VALLONE: You mentioned the  
7 ThriveNYC, the funding and the initiative and the  
8 volunteers, all good stuff, but again, I think we  
9 started off in the hearing, we were talking about  
10 coordination with three agencies and it seems like  
11 there's so many cross-agency, not issues, but ways to  
12 share the same information, but I don't know if it's  
13 happening yet or not. I mean I look at the services  
14 when we deliver meals; that's somebody that's  
15 actually going to the door of a senior who could be  
16 the eyes and ears of someone who thinks that social  
17 isolation, like we've been talking about, there's an  
18 issue -- an APS worker going to a door on a case  
19 management, picking up the phone -- there's alarm  
20 bells or ideas or folks that can get involved to  
21 assist the agencies. My last question is; what can  
22 we do to help coordinate the duplication of -- so  
23 much of the information is probably there, but we're  
24 just maybe not asking the right way of getting it or  
25 getting that delivery of the meal to get to the DFTA

2 case workers, to get to the social worker, to get to  
3 the ThriveNYC volunteer, to get to the senior center,  
4 to wind up getting to you -- there's a dilemma and  
5 always I think at every one of our hearings I think,  
6 there's gotta be a way for us to get that data  
7 quickly so we can provide the service for that  
8 senior. Any thoughts on that; ideas? It's not easy,  
9 but I think if we're going to address it...

10 CARYN RESNICK: Well the data collection,  
11 you know through the STARS system is one way that we  
12 can really sort of focus and track a client and what  
13 they're doing; the case managers, you know  
14 theoretically, should be the hub of being able to  
15 coordinate all the services for that particular  
16 homebound client. It's complicated, 'cause there are  
17 issues about privacy and HIPAA and now the State  
18 Office for the Aging is requiring consent forms you  
19 know to be signed by seniors before we can even share  
20 information between programs. So there are some  
21 barriers to being able to do that effectively. But  
22 you're right, we should be making sure that all the  
23 services are coordinated and everybody's talking to  
24 one another.

2 CO-CHAIR VALLONE: So the State came up  
3 with a new regulation to...

4 CARYN RESNICK: I don't know that it's a  
5 new regulation, but [crosstalk, background comments]  
6 it's being enforced in a different way.

7 KAREN TAYLOR: Yeah.

8 CO-CHAIR VALLONE: I'd like to talk to  
9 that state senator or assembly member who helped put  
10 that one forward. But thank you very much and thank  
11 you, Madam Chair.

12 CHAIRPERSON CHIN: Thank you. So thank  
13 you for testifying today; we look forward to continue  
14 working with you.

15 CARYN RESNICK: Alright. And we will  
16 pass along our data and numbers to you, as well as  
17 the report.

18 CHAIRPERSON CHIN: Great. Thank you.

19 CARYN RESNICK: Thank you.

20 CHAIRPERSON CHIN: We're gonna call up  
21 the next panel -- Sandy Myers from Selfhelp Community  
22 Services; Lindsay Goldman, New York Academy of  
23 Medicine; Andrea Cianfrani, LiveOn NY, and Nora  
24 Moran, United Neighborhood Houses.

25 [background comments]

2 SANDY MYERS: Okay. Hi everyone. Thank  
3 you for the opportunity to testify today. Is it on?  
4 Again, my name is Sandy Myers; I'm representing  
5 Selfhelp Community Services. I know you're both  
6 familiar with Selfhelp, so I'm gonna skip over that  
7 and just highlight a couple of key points from our  
8 testimony.

9 So one, I know which was discussed and  
10 Council Member Vallone especially brought it up, was  
11 this issue of salary parity across all DFTA-funded  
12 programs, so we are so grateful for the initial  
13 investment in terms of case management, but what  
14 we're seeing now is one of the keys way to both  
15 attract and retain our frontline staff is in terms of  
16 proper compensation, so we really would like to see  
17 the same scale applied for senior centers, for NORCs,  
18 for social adult day programs; everything -- I guess  
19 social adult day not so much, but any DFTA contracted  
20 programs. You know the staff at senior centers  
21 perform a lot of the same functions as the case  
22 management staff, especially related to benefits and  
23 entitlements, which we heard DFTA mention today, so  
24 their work really overlaps and we wanna be able to  
25 have good quality staff that's willing to stay for

3 years and years and years, just as long as many of  
4 our volunteers do, at the centers. So that's one key  
5 point we'd like to highlight.

6 Then another program, which I know was  
7 brought up, is our Virtual Senior Center, so Selfhelp  
8 is really excited about this program and we're  
9 honored to work with partners in the tech field to  
10 really grow and expand it, as well as the support  
11 from the City Council; we are able to be in numerous  
12 neighborhoods around the city.

13 So today we're serving 300 participants  
14 on this platform which allows homebound seniors to  
15 connect with up to 40 different classes, so this is  
16 health and wellness classes, exercise, language,  
17 culture; we actually have a new one right now with a  
18 volunteer facilitator who lives in Brazil who is  
19 doing virtual tours of Brazil to homebound seniors,  
20 which is just an amazing thought when you think about  
21 it that these are folks who can't even get to their  
22 local supermarkets down the street and they are able  
23 to learn about Brazil and the different sites there.

24 So this program is something that we  
25 would really love to see expanded, both from support  
by the City Council as well as through DFTA, to be

3 able to reach more homebound seniors. So I know we  
4 talked a lot about what's needed in the physical  
5 senior centers but when we talk about folks who can't  
6 even get to those centers, we wanna really focus on  
7 that program.

8 And I'll also add that actually we have  
9 this program now in not only English, but also  
10 Chinese, Korean, Russian, and we're about to launch a  
11 Spanish platform, so it's certainly serving a lot of  
12 homebound seniors, including our immigrant seniors  
13 who, as we know and heard from DFTA, really rely on  
14 the senior centers.

15 And just a couple of quick stats about  
16 this program. So you know, it's been found to reduce  
17 social isolation by up to 85%, which is one of the  
18 key points that we've discussed at this hearing, and  
19 97% of participants have reported an increase in  
20 their self-reported health, which we know has a real  
21 impact in terms of how clients are actually feeling  
22 and doing.

23 Then the last thing I'll highlight, which  
24 was also brought up, both in terms of space and staff  
25 at the physical senior centers, so we talked a lot  
about that; Council Member Treyger especially brought

2 it up, but a lot of our centers are really bursting  
3 at the seams. We have a lot of support from the City  
4 Council and DFTA in terms of space costs, but it's  
5 not keeping pace with what we're actually seeing with  
6 our centers, so additional investments in those  
7 facilities would be critical. And then the same with  
8 staff, you know aside from the Innovative Senior  
9 Centers, most of our neighborhood senior centers have  
10 one social worker and one director and we're reliant  
11 on volunteers who are great; we have some volunteers  
12 who've stayed with us for 25 years, but a lot of the,  
13 especially the DFTA, the Title X -- I always blank on  
14 it -- those volunteer -- Title V are more short-term,  
15 so we really rely on the volunteers for a lot of  
16 office work and what would be helpful is if we had  
17 more funding in our budgets to perhaps be able to  
18 hire a part-time person to help with those office  
19 tasks.

20 So I will stop there and pass it along.

21 LINDSAY GOLDMAN: Good morning. Thank  
22 you for the opportunity to testify today. My name is  
23 Lindsay Goldman; I am the Director of Healthy Aging  
24 at the New York Academy of Medicine; I know that  
25 you're familiar with the Academy, so I will spare you

3 the Academy spiel. But I am here today in the  
4 capacity of Director of Age-Friendly NYC, which is  
5 our partnership between the City Council and the  
6 Office of the Mayor and the Academy, which work to  
7 maximize the social, physical and economic  
8 participation of older people to improve their health  
9 and wellbeing and also to strengthen communities  
10 where they live.

11 We applaud the City Council's commitment  
12 to reducing social isolation among older New Yorkers  
13 and recognizing the growing body of evidence  
14 indicating just how dangerous social isolation is to  
15 physical and mental health. Social connection, on  
16 the other hand, is not only good for health, but a  
17 priority for older people. Having spoken to  
18 thousands of older people throughout the five  
19 boroughs in 10 different languages, we have  
20 identified three consistent challenges to fostering  
21 new and maintaining existing relationships among  
22 older people, which are: affordability of city life,  
23 the accessibility of city life, which includes  
24 transportation, and inclusivity -- feeling welcome in  
25 a given place.

2 Senior centers are certainly an important  
3 part of the solution to this problem; however, the  
4 reality is that the majority of older people prefer  
5 multigenerational environments and experiences and  
6 don't attend senior centers, and that's okay; they  
7 should have choices.

8 So Age-Friendly NYC works not only to  
9 reduce social isolation but to prevent it in the  
10 first place by eliminating barriers to engagement  
11 with multigenerational services and amenities,  
12 including things like local businesses, arts and  
13 cultural institutions, parks, libraries, and colleges  
14 and universities. And to determine where those  
15 barriers exist, we've worked in partnership with the  
16 City Council and both of you on the Age-Friendly  
17 Neighborhoods Initiative since 2010. We've solicited  
18 feedback from thousands of older people on the eight  
19 domains of an age-friendly city and then we've worked  
20 collaboratively with local leadership to address  
21 those identified challenges.

22 So some of the ways that we've served to  
23 prevent and reduce isolation include: adding benches  
24 to improve walkability and promote socialization;  
25 mobilizing older people to address neighborhood-

3 specific challenges; improving programming for older  
4 people in parks; increasing access to grocery stores;  
5 securing senior discounts; producing senior resource  
6 guides for those people who are not online;  
7 organizing senior walking clubs; and improving  
8 pedestrian safety. In the fall of 2014, Speaker  
9 Melissa Mark-Viverito public committed to creating an  
10 age-friendly initiative in every council district by  
11 the end of 2017 -- a commitment which we are still  
12 striving to honor.

13 We've learned some valuable lessons along  
14 the way, having completed assessments and action  
15 plans in 18 districts, including both of yours, and  
16 I'll just share them very briefly.

17 First, an age-friendly neighborhood  
18 requires a local champion to advocate for the  
19 inclusion of older people in all neighborhood  
20 activities. A local champion can be: a faith- or  
21 community-based organization, a senior center, a  
22 community development corporation, a housing  
23 provider, a business-serving organization; there's no  
24 one-size-fits-all model.

25 The second finding is that the local  
champion requires dedicated funding to assess the

3 needs of older people and then to implement  
4 recommended solutions.

5 And finally, Age-Friendly Neighborhood  
6 Initiatives should be embedded in existing community  
7 structures and processes, such as neighborhood  
8 planning and rezoning efforts; participatory  
9 budgeting; community and economic development; and  
10 community board activities.

11 So when you consider how to best address  
12 social isolation in New York City, we hope that you  
13 will look beyond just the senior center, at the  
14 myriad opportunities afforded by our City which  
15 younger people often take for granted but older  
16 people may struggle to access. And as you continue  
17 to explore solutions we are, of course, here as a  
18 resource and we look forward to continuing to work  
19 with you to make sure every neighborhood is age-  
20 friendly. Thank you.

21 ANDREA CIANFRANI: Good morning. I'm  
22 Andrea Cianfrani, Deputy Director of Public Policy  
23 from LiveOn NY. First of all, happy Senior Center  
24 month to everybody for the month of September --  
25 fitting that we are here.

3 Thank you very much Chairwoman Chin and  
4 Chairman Vallone for holding this hearing and for the  
5 Aging committee to discuss the valuable contributions  
6 of senior centers and the work they do to prevent  
7 isolation and make New York a better place to age.

8 Our members have been on the frontlines  
9 of serving the diverse populations of older New  
10 Yorkers for many years through programs accessed  
11 mainly through the 250 senior centers. These  
12 programs directly promote social interaction and  
13 prevent isolation, including senior nutrition and  
14 anti-hunger programs, affordable senior housing with  
15 services, benefits assistance, elder abuse prevention  
16 and services, caregiver support, transportation,  
17 adult day, and other culturally competent  
18 neighborhood-based services that we've discussed  
19 already today.

20 You have already heard from and will be  
21 hearing from many more of these providers directly  
22 about the great work that they're doing.

23 Senior centers do play a very critical  
24 role in preventing isolation. The Deputy  
25 Commissioner talked about the DFTA-Fordham Study,  
which is an excellent study to really show the work

2 that senior centers are doing. One of the key things  
3 I wanted to highlight from that study is that more  
4 than 66% of the respondents noted that socialization  
5 and avoiding isolation was a reason for attending a  
6 senior center and it was the highest response for why  
7 they attended. Further, it reported that self-  
8 reported depression levels and anxiety decreased  
9 after one year of attending a senior center. So  
10 these are really important keys facts that we now  
11 have that we can use in our advocacy.

12 I would also add that the current  
13 resources don't allow senior services staff to  
14 connect with the broad array and ever-changing and  
15 ever growing senior demographic that we've also  
16 talked about this morning.

17 Thank you very much to the Committee and  
18 to Chairwoman Chin and Chairman Vallone for your  
19 leadership in advocating for this much-needed  
20 funding. I carry this letter with me everywhere that  
21 you distributed to your colleagues, and got many of  
22 them to sign on last year, where you point out that  
23 the elderly population is the fastest growing  
24 demographic in New York City, yet DFTA's budget was  
25 less than one-half of a 1% of the City's \$78.5

3 billion adopted budget. So I know that we are  
4 continually working with you to change that and we  
5 appreciate your help.

6 The lack in investment in senior programs  
7 through baselined funding requires the City Council  
8 to step in to close these funding gaps, and while we  
9 appreciate that, it's led to loss of services because  
10 it's not baselined, late receipt of funds and the  
11 inability to plan, and so we share those concerns  
12 that core senior services must be baselined and  
13 increased to keep up with this current demand and to  
14 play for the growing demand. So thank you for your  
15 leadership on that.

16 We also wanted to highlight a few  
17 innovations that LiveOn NY is working with our  
18 members in the field that will contribute to the work  
19 of the senior centers, we hope. We provide training  
20 and capacity building assistance to our members that  
21 highlights best practices and innovative programs  
22 that they can incorporate into their agencies to  
23 increase retention and recruitment.

24 And the other program I really wanted to  
25 mention was the work we're doing with the National  
Council on Aging to bring The Aging Mastery Program

3 to New York State. It's a 10 week education series  
4 that combines goal-setting, daily practices and peer  
5 support to help participants make meaningful changes  
6 in their lives, and the goal is to change societal  
7 expectations about the roles and responsibilities of  
8 baby boomers and older adults to create a fun and  
9 easy-to-follow pathways for getting more out of what  
10 they want out of their lives. This is a local  
11 project that will have national significance. And  
12 we're partnering with seven member agencies to  
13 implement this program within their communities and  
14 bringing it to the senior centers. In the first  
15 implementation we've already seen the participating  
16 programs show an increase in attendance and  
17 engagement of current members and interest from new  
18 members, so again; all pointing to the important  
19 issue of preventing isolation.

20 These programs funded through DFTA and  
21 the City Council are the only long-term care services  
22 available for older New Yorkers above the Medicaid  
23 level and that's a really important group of people  
24 that we are working to support. Investing in these  
25 core programs and baselining that funding is vital to  
the health of our city.

3 Thank you for your leadership and we look  
4 forward to working with you and the Administration on  
5 these issues going forward.

6 NORA MORAN: Good morning; I think it's  
7 still the morning. My name is Nora Moran and I'm a  
8 Policy Analyst at United Neighborhood Houses. Thank  
9 you both for convening this hearing and for your  
10 advocacy and leadership on behalf of older adults  
11 across New York City.

12 My testimony today is going to focus on  
13 two things: one is some preliminary information from  
14 the report that we're releasing this fall; it's an  
15 update to our 2005 report called "Aging in the  
16 Shadows," which looks at social isolation across New  
17 York City and kind of mapped out district by district  
18 some risk factors that older adults experience and in  
19 terms of potentially becoming isolated, and share  
20 with you some data from a pilot project that UNH has  
21 implemented at a few senior centers across the city  
22 to kind of increase center recruitment, involvement,  
23 etc.

24 So specifically for social isolation, you  
25 know what we found in the first "Aging in the  
Shadows" report that we did and what we found still

3 hold, are you know there are a number of risk factors  
4 that older people can experience and that put them at  
5 risk for being socially isolated. I think it's  
6 important to realize that you know not one of these  
7 things is inherently problematic on their own, but  
8 when you think about them kind of altogether and an  
9 individual experience and multiple risk factors at  
10 once, they have a compounding effect and can make it  
11 really difficult to kind of break out of that cycle  
12 of isolation. So some of those areas:

13 As was mentioned earlier, a living  
14 arrangement: People who live alone are at significant  
15 risk for being socially isolate; support of family  
16 and community: close family relationships, as well as  
17 family members and friends that are like physically  
18 close to older adults, that makes a huge different in  
19 whether or not somebody's isolated; meaningful social  
20 participation: so opportunities to feel engaged in  
21 their communities; Health status and mobility;  
22 socioeconomic status; sexual orientation; and level  
23 of English proficiency.

24 These are all issues that we can look to  
25 to kind of map out whether or not someone is at  
higher risk for being socially isolated. We say, you

3 know in the past 10 years we have much more data now  
4 around meaningful social participation and how that  
5 can impact someone; how they feel about themselves  
6 and their ability to be engaged and connected to  
7 others, as well as much more information than we did  
8 about immigrant seniors and really the changing face  
9 of who is a senior in New York City.

10 And kind of specifically in New York, I  
11 think two things to highlight are: poverty levels --  
12 poverty levels for older adults in New York City  
13 continue to be higher than the national level, and  
14 almost half of older adults in New York City are  
15 immigrants; many of those individuals have limited  
16 English proficiency, which kind of makes it difficult  
17 for them to participate in their communities and kind  
18 of navigate the world around them.

19 So pivoting a little bit to the ways that  
20 UNH has wanted to address the issue of isolation, you  
21 know we've tried to employ the philosophy that older  
22 adults are a key asset who have to be involved in  
23 their communities and senior centers themselves can  
24 be a really strong intervention for preventing social  
25 isolation when these centers provide meaningful  
opportunities for participants to shape center

3 programming and to connect and get involved to their  
4 broader community. So the way that we did this was  
5 we worked with the Aging in New York Fund to target  
6 five senior centers and at these centers we  
7 implemented something called a self-directed  
8 volunteer team or self-directed team; we did training  
9 to a senior center staff member and identified older  
10 adults within the center who wanted to start a self-  
11 directed team; they kind of together recruited other  
12 senior center participants and chose a community  
13 issue that they wanted to address together and then  
14 developed a plan to go and do so.

15 So at these five centers, these self-  
16 directed teams all chose a food access issue, they  
17 felt it was important to choose something that wasn't  
18 senior-specific but that would impact the entire  
19 community, all ages, and we wanted to really test the  
20 idea that by creating these opportunities older  
21 adults would feel more connected to their peers in  
22 their community and have better health outcomes.

23 So we have in the testimony some of the  
24 outcomes that these groups have been able to achieve  
25 -- four tons of fresh food distributed; two community  
gardens started; lots of workshops about healthy

3 cooking and eating, but I think the most interesting  
4 thing is what the older adults who attended these  
5 centers, whether or not they participated in a team,  
6 have reported about better life [sic]. So we asked  
7 members of the centers the main reason why they  
8 started coming to the senior center, whether or not  
9 they participated in a self-directed team, and the  
10 main reasons for attending were actually inherently  
11 social; over half of the participants identified  
12 either socializing with friends or meeting new people  
13 as the main reason why they started coming to a  
14 senior center, and interestingly enough, meals ranked  
15 last in kind of the list of priorities for wanting to  
16 come a center; kind of challenging that notion that a  
17 lot of us have sometimes, that the only reason people  
18 go to a senior center is to get food. People wanna  
19 go to a senior center 'cause they want to engage with  
20 people and they wanna connect to others. And then  
21 looking specifically at the individuals who were on  
22 these self-directed teams, they reported feeling  
23 empowered by the project, that they're finding  
24 meaning and value in their work and that their  
25 overall health and wellbeing is improving. And some  
of the specific areas: 90% reported more involvement

3 in community events and activities; 93% reported  
4 improved health from participating in the project;  
5 specifically, eating better, improved blood pressure,  
6 and for some folks, weight loss and even taking less  
7 medication.

8 And the center staff said that the  
9 presence of having one of these self-directed teams,  
10 even if folks did not participate, has really helped  
11 to transform the center and really has elevated kind  
12 of the center's profile in their communities, making  
13 them seem as places where people want to be and want  
14 to go and want to gather.

15 So we're kind of halfway through this  
16 pilot; we're looking now to see if we can expand to  
17 other centers and kind of take this show on the road  
18 and get this idea out there more, but we're really  
19 heartened by the results that we found that show that  
20 senior centers can be this really great hub and place  
21 for community engagement and older adults have things  
22 that they wanna contribute to their communities and  
23 it's up to us to make sure that we're making those  
24 opportunities available.

25 So thank you so much for your time and  
I'm happy to answer any questions.

2 CO-CHAIR VALLONE: Thank you to all four  
3 of you; I don't think Margaret and I and all the  
4 other council members don't either quote one of you,  
5 use one of your resources or follow one of your  
6 recommendations in just about any LS [sic] or budget  
7 request, so first of all, thank you for making us  
8 better council members. And I wish we had more time  
9 to discuss every one of the reports that you just  
10 talked about, because here we are looking for  
11 solutions and you just presented pages of ideas and  
12 solutions and I think getting with DFTA to the next  
13 step to implementing that is so critical.

14 Lindsay, I can't tell you how that  
15 changed our district, the report that NYAM did on  
16 making an age-friendly district, and in the end I  
17 think Margaret and I said well everything we do  
18 should be geared and every budget item to be what is  
19 in it for the seniors, whether it's a park, capital  
20 project, a senior capital project, a community  
21 project; what is in that percentage of capital that's  
22 going to benefit a senior? And I think once we start  
23 looking at everything we do to have a senior  
24 component, then we'll start to be able to address  
25 that. But I would think, what would be the next

2 step, in your eyes, for taking the initiatives,  
3 whether it's Sandy's over at Selfhelp or yours or  
4 Andrea with LiveOn, and especially with the five that  
5 you worked with, I'd love to expand it, you know, to  
6 districts that didn't get it; what would be the next  
7 step that you would see that DFTA could do to take  
8 that step to tackle on the social isolation and  
9 expand the role of senior centers beyond and into the  
10 new world of seniors who are stuck at home? Would  
11 anyone wanna touch that?

12 CHAIRPERSON CHIN: We thank you for your  
13 testimony. I think for us, you know to follow up, we  
14 should really have, in terms of meeting or briefing  
15 and really see how this... [crosstalk]

16 CO-CHAIR VALLONE: **[inaudible]**

17 CHAIRPERSON CHIN: really connects to the  
18 budget process, because as we said, we're preparing  
19 for next year's budget and some of these programs,  
20 you know, need to be funded and how do we expand? So  
21 I think that as a follow-up we would... you know our  
22 staff would set up you know some briefings and maybe  
23 also involve other council member who's interested to  
24 really look at how we can implement some of the

2 suggestions that you have raised. So we can do that...

3 [crosstalk]

4 CO-CHAIR VALLONE: That's a great idea.

5 JULIA MARTIN: Hello, my name is Julia  
6 Martin; I'm a senior; I'm President of the Advisory  
7 Council at Hudson Guild Senior Center and I can tell  
8 you what I feel would make it more accessible for me  
9 to get to the senior center.

10 One is the benches that someone  
11 mentioned, which would be great; the buses, the MTA  
12 said that they will not do anything about the buses  
13 running an hour late because people don't use the  
14 buses. There is an organization that says that these  
15 buses are losing money and they're going to try to  
16 find a way to get more people to use them, and one of  
17 the ways is that they should run on time. Another  
18 problem is that we can't cross the street in the  
19 winter, because when the streets are shoveled, the  
20 ice and snow end up on the crosswalks. And the third  
21 problem, which is an outrageous problem, are the  
22 bicycles that go through the lights dozens at a time  
23 and we've had hearings after hearings and nobody but  
24 nobody makes any effort to stop the bikes.

2 The other problem is that I stopped by a  
3 pharmacy that sells wheelchairs and walkers and I  
4 asked them if people's insurance cover this and he  
5 said some insurance covers it; the rest of the people  
6 cannot get, unless they have thousands of dollars  
7 they cannot get themselves a wheelchair or a walker.

8 The other issue is that we keep  
9 forgetting that seniors, to a great extent, have  
10 families and those families are working and I call  
11 them the ACE of hearts, adult children of the  
12 elderly, and we need to reach out to the business  
13 community and get them involved, because in 10 years  
14 when I'm 90, there's not gonna be any services for  
15 me. I've reached out to assisted living to put my  
16 name down and they said it's too late; they can't  
17 help me; there's nothing out there. So maybe there's  
18 enough services now, but in 10 years there won't be  
19 and I think the business community would be very  
20 interested in a cooperative effort with the  
21 government because their staff will not be able to  
22 function if their parents are taking up all their  
23 time and there's no services for them.

24 Also last, is hearing devices; we have a  
25 bilingual community, which is very typical; there are

2 hearing devices that can be used for people like  
3 myself who are hard of hearing and can only hear  
4 about a tenth of what was going on today. These  
5 devices can be on different channels so that people  
6 who speak Asian languages, Spanish, Russian, so  
7 forth, can participate in activities. We have a big  
8 Asian community in Chelsea and they only come once a  
9 week, because that's the only time that a program is  
10 being held in the Chinese language for them. These  
11 devices are not expensive and they could be  
12 available. Thank you very much.

13 CHAIRPERSON CHIN: Thank you, thank you  
14 so much... [crosstalk]

15 CO-CHAIR VALLONE: Thank you.

16 CHAIRPERSON CHIN: for your  
17 recommendation. And we will follow up with a  
18 meeting, and thank you for all your advocacy.

19 We're gonna call up the next panel -- Tom  
20 Weber; Elaine Rockoff from JASA and Kevin Queen from  
21 New York Foundation for Seniors Citizens, and Julie  
22 Martin, you just testified, so I [background  
23 comments] don't have to call you. Thank you.

24 ELAINE ROCKOFF: Oh hi. Good morning.  
25 My name is Elaine Rockoff; I'm the Director of

2 community-based programs for JASA, the Jewish  
3 Association for Services for the Aging, and on behalf  
4 of JASA's Board of Trustees and staff, and the more  
5 than 43,000 older adults we help each year, we  
6 appreciate this opportunity to provide testimony on  
7 senior centers to the Committee on Aging and  
8 Subcommittee on Senior Centers and thank you, Council  
9 Member Chin and Vallone.

10 JASA was established, as you probably  
11 know, 48 years ago and we offer a broad continuum of  
12 services to help and support seniors as they age in  
13 their homes and communities. Our mission: to sustain  
14 and enrich the lives of the aging in the New York  
15 metropolitan area so they can remain in the community  
16 with dignity and autonomy, promote independence,  
17 safety, wellness, community engagement, and an  
18 enhanced quality of life for New York City's older  
19 adults.

20 JASA operates 22 senior centers  
21 throughout the Bronx, Brooklyn, Manhattan, and Queens  
22 and three more on Long Island, in Nassau and Suffolk  
23 Counties. And the senior centers, we've already  
24 talked about all the different services that senior  
25

2 centers provide, so I'm not go through the whole list  
3 again.

4           But as the older adult population  
5 continues to grow, we are aware of several key issues  
6 related to age. Individuals between the ages of 70  
7 and 84 are the most common age range of the typical  
8 senior center participants at our sites. The "old"  
9 old individuals, aged 85 and older, is one of the  
10 fastest growing population subgroups and too often  
11 are aged out of senior center life because of  
12 physical frailty and transportation obstacles. They  
13 are vulnerable to social isolation and it's important  
14 to note that research increasingly points to  
15 loneliness as a key indicator linked to disease  
16 incidence and death. The young old, aged 60 to 70,  
17 may still be working, but may be seeking new  
18 opportunities to enhance their lives outside of work  
19 and their options are limited.

20           JASA recently facilitated a focus group  
21 that brought together volunteer leaders from each  
22 JASA senior center. These participants were provided  
23 with a platform to share their ideas and present  
24 their recommendations for how the senior center could  
25 better serve their needs and interests and

2 importantly, those of their peers. One focus group  
3 member noted "Being a senior is a 24 hour a day, 7  
4 day a week job, but the senior center is only open  
5 from 9-5, Monday through Friday." Another senior  
6 stated that the current senior center is "a 20th  
7 century model serving 21st century seniors." They  
8 spoke about feelings of loneliness and isolation on  
9 evenings and weekends and recommended that centers  
10 operate beyond the traditional business day. They  
11 suggested that senior centers provide congregate  
12 dinner in addition to congregate lunch, as well as  
13 regular evening and weekend programming. Other  
14 recommendations, including enhancing all sites with  
15 assistive devices, which we just heard about, to  
16 address hearing and sight loss and overall facility  
17 design and premises appeal were also issues which  
18 we've also heard about.

19 JASA has just also established a Senior  
20 Center Task Force to engage consumers in an  
21 interdisciplinary range of professionals to develop,  
22 test and disseminate practice and operations'  
23 innovations. Consumer outreach and engagement,  
24 programming, which would target homebound and non-  
25 attending younger old individuals, meal options,

2 staff development and facilities improvement are  
3 among the issues to be reviewed.

4 JASA has been successful in securing  
5 philanthropic funding to pilot initiatives that  
6 demonstrate promise for replication. For example,  
7 next week I will be co-presenting an overview of  
8 JASA's Community Health Navigation Program at the  
9 NCOA National Institute of Senior Centers' annual  
10 conference in Philadelphia. The program addresses  
11 the disproportionately high rates of diabetes,  
12 hypertension and preventable hospitalizations in  
13 North Brooklyn communities. Community Health  
14 Navigators are volunteers, aged 65 and over, who have  
15 learned strategies to manage their own diagnoses of  
16 diabetes, hypertension and related conditions and are  
17 committed to helping others to do the same, providing  
18 emotional support and information about local  
19 resources. They provide one-on-one coaching in  
20 person and by phone and provide group workshops at a  
21 JASA senior center at our JASA Williamsburg site,  
22 located in North Brooklyn. Community Health  
23 Navigators also serve as partners to local medical  
24 providers, bridging the gap between the patients and  
25 health professionals and encouraging individuals to

2 seek out clinical care when it is appropriate. They  
3 also serve hospital discharge teams with community  
4 support to prevent hospital readmissions.

5 JASA's Community Health Navigation

6 Program is evidence-based and evaluates satisfaction  
7 and measurable impact on health indicators. The  
8 Community Health Navigators report feeling empowered  
9 by acting as role models for their senior neighbors.  
10 Those being helped report feeling healthier and more  
11 in control of their health, less isolated and more  
12 engaged in community. A Community Health Navigation  
13 Program operating out of a neighborhood senior center  
14 helps make that center instrumental in improving the  
15 health of seniors throughout the community.

16 JASA is pleased also to participate in  
17 DFTA's initiative to establish license geriatric  
18 mental health services in senior centers -- we talked  
19 about that earlier. We have noted that too often  
20 mental illness interferes with an individual's  
21 ability to engage with others and subsequent social  
22 isolation further exacerbates his or her  
23 psychological health, and this is an important health  
24 arena to address and welcome opportunity for services  
25 continuity.

2 JASA recognizes that some individuals  
3 require additional support to help them with  
4 readiness skills to participate in a senior center.

5 JASA's philanthropically-funded Senior Community  
6 Connection project, which is an intensive short-term  
7 case management program, works to connect eligible  
8 seniors to senior centers.

9 In addition to offering venues for  
10 important preventive health support, neighborhood  
11 senior centers are, for many, a primary setting for  
12 social affiliation, support and meaningful, daily  
13 activity. There is potential for service delivery  
14 that meets the preferences and needs of a broader  
15 range of older adults. JASA is committed to having  
16 older adults drive programming and we are working to  
17 ensure that our staff have the tools to work in this  
18 way -- in some cases, staff need to work differently.  
19 However, even with this commitment, the challenging  
20 fact is that neighborhood senior centers are severely  
21 underfunded, allowing for only bare bones programming  
22 and falling short on operational expenses, including  
23 rent and indirect costs. We certainly appreciate the  
24 commitment of the New York City council to support  
25 many of our senior center programs -- the funding is

2 essential, enabling JASA to cover some costs of class  
3 instructors. However, we urge a Neighborhood Senior  
4 Center Initiative that would support a range of  
5 creative initiatives across the entire neighborhood  
6 senior center system.

7           Again, thank you for this opportunity to  
8 present this testimony on issues relevant to support  
9 New York City's aging population and to the members  
10 of the Committee on Aging and Subcommittee on Senior  
11 Centers. Thank you.

12           CHAIRPERSON CHIN: Thank you. This panel  
13 is also joined by Joanne Chu from the City Hall  
14 Senior Center.

15           JOANNE CHU: Hi, good afternoon everyone;  
16 Chair Chin. Thank you for this opportunity to speak  
17 on behalf of my colleagues at City Hall Senior  
18 Center.

19           We understand the importance of seniors'  
20 socialization and by providing the most comfortable  
21 environment via meals, case assistance, educational  
22 and art activities at City Hall Senior Center. So  
23 here we want to share some of our experience to share  
24 with the audience. I'm surrounded daily by members  
25 who are showing me the way as they continue to find

3 purpose and good times in their retirement. I have a  
4 team of staff members, although not enough staff, who  
5 understand the value of their work to provide a  
6 welcoming, clean and safe environment for our  
7 seniors.

8 By listening to our members we have shown  
9 a willingness to listen and consider their feelings,  
10 like when they tell us ground meat is not their  
11 favorite, but rather that they prefer a separate  
12 piece or meat with vegetable accompaniment. We also  
13 created computer and iPad classes because learning  
14 how to use their smartphone, tablets and  
15 computers/laptops reduces their social isolation.

16 In addition, I go into the dining room  
17 every day to personally greet the members and get to  
18 know them because my intuition told me when I started  
19 that it was one way for members to get to know me,  
20 and vice versa. I like to engage with our  
21 participants and listen to their concerns and  
22 suggestions. Our activities and nutrition/meal  
23 program is based on that.

24 At City Hall Senior Center we too  
25 understand that a meal in itself is not necessarily  
the primary reason our members come out daily. The

2 breakfast or lunch we serve is a convenience for  
3 many, as they come primarily for the various  
4 activities we provide and the case assistance service  
5 we offer. When we cannot provide a service, we seek  
6 out other agencies to do so; hence, every week an  
7 organization provides Medicare/Medicaid information  
8 and help, and on a monthly basis another group  
9 provides assistance with housing and legal assistance  
10 for our members.

11 As you all know, our target audience is  
12 primarily foreign-born and non-English speaking. We  
13 have designed activities which meet their particular  
14 needs. Consequently, our ESL classes and citizenship  
15 prep courses are among the most popular activities at  
16 our center. Our members also enjoy typically popular  
17 activities at the center -- Chinese recreational and  
18 arts programs, including calligraphy, brush painting  
19 and mahjong, in addition to bingo, social dancing,  
20 singing, and Karaoke. The feedback from our  
21 participants is the best way to outreach our center.  
22 Our members live in all five boroughs in New York  
23 City and they have come from all over the world.

2 Finally, but not least, so what more can  
3 be added here and what's the true cost of running the  
4 senior center?

5 As we may all know, DFTA already approved  
6 staff salary increase line at case management  
7 program. An increase at all levels of staff at  
8 senior centers would boost morale and help retain  
9 good staff. In addition, as some centers not only  
10 meet but exceed our targets, DFTA needs to have the  
11 financial means and flexibility to provide additional  
12 staff lines as necessary. For example, at City Hall  
13 Senior Center, serving an average of 300 participants  
14 daily, with 9,000 seniors in our database, there are  
15 only four full-time staff at the office and two full-  
16 time staff in our kitchen, and it depends on an  
17 average of 25 Core Volunteers each week, assisting  
18 with meal service, advocacy efforts, registration of  
19 new members, and program activities; that equals 250  
20 hours per week, \$195,000 annually additional. As the  
21 senior population grows with baby boomers retiring,  
22 in order to keep senior center relevant and fully  
23 utilized we need to retain experienced and dedicated  
24 bilingual center directors and staff who provide the  
25 vision and hard work.

2 Thank you for your time and support.

3 Thank you.

4 CHAIRPERSON CHIN: Thank you. Kevin or...

5 [background comments]

6 KEVIN QUEEN: Good afternoon now, Council  
7 Member Chin and Vallone. My name is Kevin Queen; I'm  
8 from New York Foundation for Senior Citizens; we  
9 thank you for having this hearing and I do want to  
10 express our support of a lot of the recommendations  
11 that have already been made in terms of expanding  
12 capacity with the senior centers, transportation, as  
13 well as staff salaries to really retain excellent  
14 staff to provide the services.

15 I did wanna speak today about New York  
16 Foundation's unique home sharing and respite care  
17 program; it's the only of its type in New York City  
18 and the program is providing services in all five  
19 boroughs to help older adults of all ethnic, racial,  
20 religious and socioeconomic backgrounds to not only  
21 maintain their independence and alleviate financial  
22 stress, but it also helps to prevent isolation and  
23 institutionalization.

24 The way the home sharing program works;  
25 it matches adult hosts, who either have an extra

3 bedroom in their apartment or their home throughout  
4 the City's five boroughs to share with a compatible  
5 guest as a need for affordable housing. One of the  
6 matchmates must be 60 years of age and older, and we  
7 do often intergenerational matches where we have  
8 someone 60 years of age or older and maybe a younger  
9 person in their 20s, so that type of matching does  
10 occur. We also serve adult hosts that are 55 years  
11 of age and older who are interested in sharing their  
12 homes with adult guests who are 18 and over with  
13 developmental disabilities and we work with OPWDD and  
14 Medicaid service coordinators to make those matches  
15 every year. Home sharing really is providing a  
16 unique affordable housing option that's helping  
17 people to not only maintain their homes, both younger  
18 and older adults alike, throughout our City, but by  
19 matching compatible individuals in the shared living  
20 arrangements, the program is also easing financial  
21 burdens, it is promoting companionship and it helps  
22 to relieve feelings of isolation and loneliness for  
23 the older adult population. Over the past two  
24 decades we have successfully matched 1,408 persons in  
25 704 shared living arrangements.

2 I'll just mention briefly too -- our  
3 respite care program provides affordable short-term,  
4 in-home attending care at the lost cost of \$9.00 per  
5 hour, for frail elderly who are attempting to manage  
6 at home with the help of others. The program  
7 provides the service on a three-month basis once a  
8 year to an eligible person who has to be 60 and  
9 older, and there's a caregiver involved that requires  
10 some assistance to relieve them from their caregiving  
11 duties.

12 We also have a small pot of money in this  
13 program to actually provide free emergency respite  
14 care, so if a caregiver has a sudden inability to  
15 provide care during the weekdays, at night or on the  
16 weekend, we could authorize free emergency respite  
17 care to avoid someone needing to go to the hospital  
18 or to institution in such an emergency, and the  
19 priority for that service is targeted to seniors that  
20 have incomes below \$40,000. And with that program,  
21 over the last two decades we have provided over 7,000  
22 frail elderly, and there are many hundreds of  
23 caregivers with that service.

24 I bring this program to your attention  
25 today because this program is totally dependent on

3 annual refunding. The program altogether for both  
4 services, home sharing and respite care, that we put  
5 together, operates on a \$800,000 budget each year,  
6 but not all of that is fully baselined or funded,  
7 about \$250,000 or so of it comes through a contract  
8 with the Department for the Aging; there is also  
9 small funding that is provided by the State Office  
10 for the Aging; the remainder of it is funded through  
11 the City Council, which we thank you, both through  
12 the Speaker's Citywide Fund and individual council  
13 members' discretionary allocation. So to keep this  
14 program going, which has many benefits, including  
15 helping to relieve isolation for seniors, is  
16 something that we have to address every year.

17 Thank you.

18 CHAIRPERSON CHIN: Thank you.

19 THOMAS WEBER: Council Members and.. Is  
20 this on? Hello. Yeah. On behalf of SAGE (Services  
21 and Advocacy for Gay, Lesbian, Bisexual & Transgender  
22 Elders), thank you for holding this hearing on senior  
23 social isolation. My name is Thomas Weber; I'm the  
24 Director of Care Management at SAGE. SAGE is the  
25 country's first and largest organization dedicated to  
improving the lives of LGBT older adults. Founder

3 here in New York City in 1978, we provided  
4 comprehensive social services and programs to LGBT  
5 older people for nearly four decades, including the  
6 nation's first full-time senior center, located in  
7 Chelsea and launched with generous support from the  
8 Council. Building on the positive strides The SAGE  
9 Center made in reducing isolation faced by LGBT older  
10 adults, in June of 2014, the New York City Council  
11 awarded SAGE funding to open SAGE Center standalone  
12 sites in Brooklyn, the Bronx and Staten Island and to  
13 expand our SAGE Harlem program into a full-service  
14 SAGE Center site -- and for that we are enormously  
15 grateful. Thank you.

16 SAGE launched our five senior centers  
17 across the city to reach more LGBT older people who  
18 are disconnected from services, but in great need of  
19 those services. LGBT elders face myriad challenges  
20 associated with aging: declining health, diminished  
21 income, the loss of friends and family and ageism.  
22 LGBT older adults also face invisibility, ignorance  
23 and fear of harassment and poor treatment.

24 LGBT older adults remain one of the most  
25 invisible and at-risk populations among our nation's  
elders. LGBT older people are more likely to face

3 discrimination around their sexual orientation and  
4 gender identity when accessing health care, social  
5 services or mainstream senior centers -- yet they are  
6 among the most in need of care as they have few  
7 places to turn. LGBT older people are twice as  
8 likely to live alone; half as likely to have life  
9 partners or significant others; half as likely to  
10 have close relatives to call for help; more than four  
11 times more likely to have no children to help them;  
12 and nearly 25% of LGBT older adults have no one to  
13 call in case of an emergency.

14           LGBT elders who are HIV positive  
15 experience compounded fear of judgment and  
16 discrimination due to their sero-status, and a  
17 truncated support network with a generation of gay  
18 men lost to HIV and AIDS. A recent study of the  
19 National Resource Center on LGBT Aging concluded that  
20 as of last year, half of all Americans diagnosed with  
21 HIV are 50 or older. That proportion will rise to  
22 more than 70% by 2020 -- just four years from now.

23           All of this leads to severe -- already a  
24 concern among all seniors. A recent *New York Times*  
25 article from September 5, 2016 hit this home. In  
that article, Dr. Carla M. Perissinotto, a

2 geriatrician at the University of California, San  
3 Francisco, said, "The profound effects of loneliness  
4 on health and independence are a critical public  
5 health problem." She continued, "It is no longer  
6 medically or ethically acceptable to ignore older  
7 adults who feel lonely and marginalized."

8           Feelings of loneliness and isolation lead  
9 to negative health outcomes. This is an area of  
10 developing research in the medical field, but the  
11 research so far points to declining mobility,  
12 difficulty in performing routine daily activities,  
13 and death during six years of follow-up, according to  
14 a study by John T. Cacioppo, a professor of  
15 psychology at the University of Chicago and director  
16 of the University's Center for Cognitive and Social  
17 and Neuroscience, who was featured in the  
18 aforementioned *New York Times* article. For LGBT  
19 older adults, this condition is even more exacerbated  
20 and can contribute to greater health disparities, as  
21 well as increased risk of victimization from  
22 perpetrators preying on LGBT older adults.

23           SAGE's five senior center programs and  
24 services are designed to combat these circumstances  
25 and feelings of isolation faced by LGBT elders and

2 HIV positive older adults, improve overall health and  
3 address the eight domains of wellness: social,  
4 physical, environmental, financial, intellectual,  
5 emotional, vocational/occupational, and spiritual.  
6 Our holistic programming and our daily nutritional  
7 meals ensure high retention at our centers -- 70% of  
8 participants return to a SAGE Center after visiting  
9 for programming or a meal.

10 Our centers and corresponding program  
11 have proven helpful to ameliorate the isolation,  
12 loneliness and alienation experienced by so many LGBT  
13 older adults throughout New York City. We hope that  
14 the City Council will continue to support LGBT older  
15 adults who are most at risk, and prioritize their  
16 need for culturally competent services and dedicated  
17 senior centers. Your support continues to be greatly  
18 valued and appreciated. Thank you very much.

19 CHAIRPERSON CHIN: Thank you all for your  
20 testimony and for your services to our seniors and  
21 thank you for your recommendations. And.. [crosstalk]

22 CO-CHAIR VALLONE: Thank you.

23 CHAIRPERSON CHIN: I also wanted to thank  
24 everyone for coming today to our hearing and also  
25 thank you to our Committee staff, our counsel, Alex

2 Paulenoff and Emily Rooney, our Policy Analyst, and  
3 Brittany Morrissey, our Finance Analyst. So thank  
4 you all again.

5 [gavel]

6 CHAIRPERSON CHIN: Hearing is adjourned.

7 [background comments]

8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date October 19, 2016