



**Department for
the Aging**

TESTIMONY

Presented by

**Lorraine Cortes-Vazquez
Commissioner**

on

Social Isolation Among Older New Yorkers

before the

New York City Council

Committee on Aging

on

Tuesday, December 9, 2025

At 1:00 p.m.

Introduction

Good morning, Chair Hudson, and members of the Committee on Aging. My name is Lorraine Cortes-Vazquez and I am the Commissioner of the New York City Department for the Aging (NYC Aging). I am very grateful for the opportunity to speak with you today about our agency's unflinching commitment to fighting social isolation among older adults. Combatting social isolation is a key reason the Older Americans Act established Area Agencies on Aging (AAAs), of which, NYC Aging is the largest in the US, to create the necessary programs and structures which provide older adults with the tools needed to stay socially, physically, and emotionally connected as they age. I want to acknowledge that this topic is being discussed by this City Council at an incredibly appropriate time as we move into the holiday season. Many people, including many older adults, may find the holidays to be lonely, isolating, or emotionally stressful. NYC Aging programs such as older adult centers (OACs), naturally occurring retirement communities (NORCs), the Friendly Visiting (FV) Program, Case Management (CMA), caregiving, Geriatric Mental Health (DGMH), Home Delivered Meals (HDM), and caregiving programs which integrate combatting social isolation into their program standards as a key component of their overall service. This is why we are so excited about the recent \$9 million expansion for the caregiver program in the current RFP which will allow us to better serve all populations at the local level. To say the least, we take social isolation incredibly seriously and it is a motivating factor behind our programs and services. As we learned during the pandemic, social isolation can have large impacts on all our health and well-being, yet in older adults, this has a major impact on their health which is linked to increased levels of heart disease, chronic issues, and limitations on their mobility.

Today, nearly two million New Yorkers are aged 60 or older, which in my last six years as Commissioner has increased from 1.7 million older adults to the nearly 2 million we see today. As we have said many times before, we expect that number to increase significantly in the next decade. As the population of the City ages so does the need for expanded services to help older adults remain in their homes and communities with dignity. This includes a growing demand for caregiving support and resources to address the epidemic of social isolation. Older adults are particularly vulnerable to challenges like loneliness and financial insecurity which are exacerbated by concomitant problems like food or housing insecurity. This combination of issues can worsen conditions such as depression and anxiety. In response, NYC Aging has been working to meet these needs with a particular focus on innovative solutions that foster connection. We recognize that aging in place requires a holistic approach. Underpinning all this work are two distinct NYC Aging initiatives: the Community Care Plan, which brings together a range of City non-profit services and outside resources to build an age-inclusive community for older adults, and; the Cabinet for Older New Yorkers, which brings together City agencies to break down communication silos, identify gaps, and find tangible ways to improve agency services which affect the lives of older New Yorkers.

NYC Aging's work is designed to provide comprehensive support where older adults already live. Through our robust network of community partners, we aim to expand our services to better serve more of these vibrant communities. We want to ensure older New Yorkers have access to the resources they need to thrive. This includes mental health services and social engagement opportunities. Our goal is to empower older adults by providing the tools and connections necessary to maintain their health and independence. We are constantly looking to better calibrate and improve programs and services to meet the needs of this growing population and ensure they find the social and emotional connections needed to age-in-place and thrive in New York City. All this is done through a broad interconnected network of community based non-profits.

Older Adult Centers & Naturally Occurring Retirement Communities

It is obvious to us that older adults want to remain in their homes and the communities they helped to build as they grow older. Our network of more than 300 Older Adult Centers is fundamental to achieving this goal. These centers serve as true community hubs where older New Yorkers can congregate, learn, and socialize. Our approach is to meet older adults in their communities by ensuring the services they need are accessible and

integrated into their neighborhood OACs as well. This aligns with our broader Community Care Plan which aims to promote independence and well-being of the aging population by connecting networks of services throughout the city.

These centers are the frontline of our defense against social isolation. Through diverse programming we offer much more than just a place to sit or grab a meal. Our centers provide art classes and technology education and recreational activities. We also provide communal lunches that offer culturally aligned meals. With the goal that everyone feels welcome and respected at the table. These programs provide the social infrastructure necessary for mental and emotional health. They are essential engagement opportunities that prevent older adults from withdrawing from society. By providing these services they can live healthier and more connected lives. We are building a city that truly embraces longevity as well as aging with dignity. We also recognize the need to provide services which are culturally and linguistically appropriate for older adults in various communities throughout the network—a goal that this committee and our agency has shared since the early years of this Administration. Our programs are required to know and understand the communities they serve and provide programming in appropriate languages, but equally important, with an appropriate social-cultural focus. We see this in the diversity of centers which serve Spanish speaking communities, LGBTQIA+ specific centers, and centers serving Muslim, Asian, Caribbean, West African, and a range of other ethnicities and communities.

The same applies to NORC services where older adults are further supported in their homes and buildings where they have may have lived for decades. NORCs are set up to address and combat social isolation because of their unique position where they already exist in a place where older adults have found and set up communities. These include healthcare management through nursing services, civic engagement through interactions with case assistance staff, and working with housing management to address long-term housing issues experienced by older adults. These are key services which help to prevent older adults from moving into institutional care and keep them in their homes and the communities they have built longer. When older adults remain in their homes and communities and receive the services they need to assist in activities of daily living, we are succeeding in our goals of combatting social isolation.

Case Management & Home Delivered Meals

For those who cannot physically travel to a center the risk of isolation is even more acute. NYC Aging addresses this through a multi-layered approach that brings the community to the doorstep. Our HDM program is a vital component in this network of services. Not only do these meals provide sustenance to homebound older adults across the five boroughs but interaction with the delivery person is crucial. Many clients may have limited direct human interaction because of health challenges, mobility issues, or other impediments which affect their daily lives. The CMA program evaluates and understands older adult's needs so we can better find the supports which alleviate social isolation.

Case managers do much more than just handle paperwork or coordinate benefits. They perform vital check-ins that serve as a lifeline for homebound clients. These assessments allow us to monitor not just physical needs but social and emotional health as well. When a case manager checks in, they are often the first to notice if an older adult is feeling lonely or disconnected. This allows us to intervene early. We want to ensure that no older adult remains invisible just because they cannot leave their home. Meals are still part of this equation and we continue to hit milestones in meal delivery, with a current record of more than 10 million meals served to older New Yorkers throughout the five boroughs. This includes 6.1 million meals served at the 300-plus OACs in the network and 4.2 million meals delivered by our HDM providers. These are 10 million interactions with older adults over a meal and every one represents an opportunity this agency has taken to address and alleviate social isolation.

Friendly Visiting & Mental Health Support

Because we recognize the vulnerability of older adults to become socially isolated, NYC Aging operates the Friendly Visiting program which is available to homebound clients through our Case Management Agencies. Through the nine providers across all five boroughs, case managers can identify a client who is lonely and then refer them for an assessment where they are matched with a volunteer who fits their specific needs. These volunteers undergo background checks and training and commit to the program for at least six months. A coordinator monitors these matches to ensure the older adult is happy and safe. Volunteers visit and speak with homebound older adults in the program where they share interests and build friendships which ultimately limits social isolation. We are always recruiting new volunteers especially in areas with shortages like the South Bronx and encourage that anyone who is interested can call Aging Connect to begin the process of joining this incredible program.

These interactions are not just service calls. They often blossom into lasting friendships that bridge generational gaps. It significantly reduces feelings of loneliness for people who might otherwise go for days without a conversation. We have seen firsthand how a simple weekly visit can completely change the outlook of an older adult. It gives them something to look forward to and reminds them that they are a valued part of our City. This focus on connection extends to our mental health programming as well. Placing licensed clinicians in our centers makes it easier for older adults to get help without the stigma often associated with seeking therapy. By coming into an OAC, an older adult will be able to access a hub of services—all of which are part of our efforts to reduce social isolation. If they don't want to come into an OAC, they can schedule mental health counseling over the phone or by calling Aging Connect who will then connect them to other programs. By treating mental health as a normal part of aging services, we can better address the depression and anxiety that often stem from isolation. We are giving older adults the tools to process their feelings and reconnect with the world around them. The goal is to be connected and ensure we limit isolation in every program or service.

Conclusion

I am immensely proud of the work our staff and provider network at NYC Aging accomplish every day. We are consistently working to be more innovative and efficient in meeting the diverse and growing needs of New York City older adults. Like you, we are concerned about social isolation in our communities and the ways in which older adults may be cut off from the bonds that have strengthened their lives. That is why this Administration has invested hundreds of thousands of dollars in an anti-ageism campaign to make sure that older adults are not invisible. You are the ambassador to combat social isolation, stand up against ageism, and break the chain of despair in older adults. With your continued partnership we can ensure that older New Yorkers are not only cared for but are also celebrated and respected. We want to ensure they have every opportunity to live the life they have worked for and earned so that they may thrive in a dignified way as older adults. That is why a well-resourced and comprehensive Community Care Plan should be mandated as the service approach to New York City as the model age-inclusive city. We all must advocate for the same statewide, where New York has a more medicalized approach. We all must become the activists needed to ensure we achieve this goal. I thank you for your steadfast commitment to New York City older adults and your unflinching partnerships with this agency.



COUNCIL OF PEOPLES ORGANIZATION

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Testimony of Mohammad Razvi, CEO

Council of Peoples Organization (COPO)

Before the New York City Council – Committee on Aging

Fiscal Year 2026 Preliminary Budget Hearing

Chair Crystal Hudson

Members: Chris Banks, Linda Lee, Darlene Mealy, Yusef Salaam, Lynn C. Schulman, and Susan Zhua

Opening Statement

Thank you, Chair Crystal Hudson, and members of the Committee on Aging, for holding this hearing and for giving us the opportunity to testify. My name is Mohammad Razvi, and I am the Founder and CEO of the Council of People's Organization (COPO).

At COPO, it's about people helping people. Our organization provides immigration legal services, case management, and critical social support to immigrant families across New York City, helping them navigate complex legal systems, access resources, and secure safety and stability. Each year, COPO serves more than 60,000 New Yorkers.

Today, I come before you with deep concern and urgency.

Across our community, we are witnessing an unprecedented surge in mental health needs among seniors, families, and young people. The emotional impact of COVID-19, combined with economic strain, housing instability, and rising hate and discrimination, has pushed many to a breaking point. In early 2024, COPO had to hire a second mental health counselor even without budget capacity — our first counselor was simply overwhelmed. And even now, with two counselors, demand far exceeds our ability to respond. Waitlists are growing, walk-ins are being turned away, and trauma often goes untreated.

We urge the Council to create a **dedicated mental health funding stream for community-based organizations**, so we can hire and retain licensed counselors and provide trauma-informed, culturally competent care. This is a public health emergency, and it must be funded accordingly.

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Our Older Adult Center is equally strained. In just three years, our senior meals program grew from **396 clients to 692**, and from **17,637 meals to 34,680 meals**. Across NYC Aging case management, we now support more than **700 older adults**. Many are uninsured, isolated, or ineligible for Medicare. Cuts to NYC Aging would devastate our ability to meet their needs.

Our center provides more than meals — it fights isolation, connects clients to health services, and offers a space of dignity and community. But the mental health crisis among older adults is worsening, and we simply do not have the capacity to keep up.

COPO is also home to Brooklyn's largest **100% Halal food pantry**, and we are proud to be the **first Halal Meals on Wheels provider in the nation**. Yet halal food access remains deeply limited across New York City. More than **83% of Muslims follow a halal diet**, but fewer than **40% of pantries offer halal options**, and even fewer provide halal meat. Kosher is not halal, and halal is not kosher — both are important, both are distinct, and both must be respected. Without culturally appropriate food access, families face exclusion and stigma within the food security system.

At COPO, it has always been about people helping people. With your support, we can continue to provide mental health care, senior services, culturally appropriate food access, and the stability our communities urgently need.

Thank you for the opportunity to testify.

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TESTIMONY OF ALI HODIN BAIER, CHIEF PROGRAM OFFICER, DOROT

New York City Council Committee on Aging

Social Isolation Among Older New Yorkers

December 9, 2025

Chairperson Hudson and members of the committee: Thank you for this opportunity to discuss social isolation among older adults. My name is Ali Hodin Baier, and I'm the Chief Program Officer at DOROT in Manhattan.

DOROT is unique among nonprofits serving older adults in that our *sole mission* is to prevent loneliness and isolation. We provide seniors with opportunities to connect socially with others and feel a sense of purpose and belonging.

DOROT has deep expertise and a track record in building programs that foster social community.

A powerful example is our Friendly Visiting program, for which we match hundreds of trained volunteers with older adults for regular in-home visits. These one-on-one visits are profoundly enriching for both seniors and volunteers. Key to the program's success is having our team of social workers behind the scenes to assess older adults, interview volunteers, then carefully match them based on shared interests.

We offer several *other* one-on-one programs, including **Caring Calls**, in which volunteers and older adults build remarkable connections through regular telephone visits.

DOROT's intergenerational programs bring groups of older adults together with teens for activities. By fostering meaningful connections, these programs lead both generations to feel seen, valued, and part of a community.

Finally, DOROT offers a range of cultural activities and lifelong learning for older adults, with in-person, phone, and online formats. Whether it's an arts workshop,

book club, museum tour, or tech help, we intentionally weave social connection into every program we offer.

As a city, we can ease or prevent social isolation among older adults wherever they are. The key is putting social connection at the heart of all we do—and providing financial resources for staff with the knowledge and expertise to make these programs work well.

We're grateful that legislation from both Republicans and Democrats has elevated this issue, making it both critical and bipartisan.

Thank you again for the opportunity to speak with you today.



**Testimony of Rich Baum, President and CEO of Educational Alliance
Before the New York City Council Committee on Aging
Oversight: Social Isolation among Older New Yorkers
Hon. Crystal Hudson, Chair**

December 9, 2025 at 1 p.m.

Thank you, Chair Hudson and members of the Committee, for the opportunity to submit testimony.

For more than 135 years, Educational Alliance has brought together and partnered with diverse communities in Lower Manhattan, offering individuals and families high-quality, multi-generational programs and services that enhance their well-being and socioeconomic opportunities. Educational Alliance's Older Adult Services (OAS) are supported by contracts with New York City Aging, which help fund programs in three centers for older adults: the Sirovich Center for Balanced Living, the Weinberg Center for Balanced Living, and the Co-op Village Naturally Occurring Retirement Community (NORC). Funding through NYC Aging supports our Older Adults Services to collectively provide 3,372 older New Yorkers with educational, recreational, nutritional programs and case assistance and referrals.

As a large service provider for older adults, we understand that loneliness and social isolation are widespread problems. Social isolation -- the lack of social connection -- can stem from circumstances that are common to all people, especially as we age. Experiences like losing mobility or grieving the loss of a loved one or a pet, can make it daunting to find resources and connections that can help address loneliness.

In 2023, the U.S. Surgeon General issued an advisory on the epidemic of loneliness and isolation, offering recommendations to advance a national strategy of social connection. The report illustrates the diverse ways social connections within communities have a direct impact on health outcomes of the population. Older adults face heightened risk for loneliness and isolation, and often experience other co-occurring health conditions like heart disease, depression, and cognitive decline.

In New York City, results from the NYC Aging Service Needs Assessment demonstrate older New Yorkers need more social connection opportunities: approximately 22% of older New Yorkers indicate they are not socializing with others as often as they would like, and 17% reported high levels of loneliness. NYC Aging Contracted providers like Educational Alliance offer vital programming that guards against social isolation. Our wide range of classes, workshops, performances, and meals, are all developed with the understanding that bringing people together is the first step in strengthening the social fabric of our communities.

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At the same time, the social workers and care managers in our older adult programs have high caseloads, and clients with complex needs take up a large share of their time. The average caseload of the social work team members in our older adult centers is approximately 70 clients. As access to safety net benefits like SNAP and Medicaid has become increasingly uncertain and confusing, our social work staff are stretched thin. Often the work of helping individuals find social connections within the community becomes secondary, despite the importance of prevention isolation.

An increasingly popular policy solution that has taken hold in health care systems worldwide is worth considering here. Social prescribing – an evidence-based practice in which individuals are referred to community-based activities and non-clinical services as a way of improving their overall health and mental wellbeing – is gaining recognition as a promising protocol for connecting people to community-based programs and activities.

Social prescribing has gained momentum in communities around the globe, with innovative variations that are unique to place and population. Four central practices unify the diverse ways of implementation:¹

- A personalized approach to individual needs
- Community settings as pathways to health and wellness goals
- Referrals to community-based services
- Empowering individuals to have greater agency over their health outcomes.

At Educational Alliance, we are dedicated to meeting our community members' needs. As a settlement house with deep roots in our Lower East Side community, we are well-positioned to practice social prescribing: identifying needs of community members and connecting them with resources within our network of community centers, the programs and services we provide, and the larger community in which we are embedded.

I strongly encourage the City to consider ways to introduce social prescribing within Older Adult Centers.

Thank you for the opportunity to submit feedback.

¹ <https://socialprescribingacademy.org.uk/media/thtjrjn/social-prescribing-around-the-world-2024.pdf>



Fountain House Written Testimony for the 12/9/2025 Committee on Aging Oversight Hearing on Social Isolation Among Older New Yorkers

Thank you Chair Hudson and the members of the Committee on Aging for holding this critical oversight hearing on Social Isolation Among Older New Yorkers. We are grateful for the Council's dedication to this growing population in NYC and for the pivotal work on the Age in Place NYC legislative agenda.

For more than 75 years, Fountain House has been a beacon of hope and recovery for people living with serious mental illness (SMI). Through our direct service clubhouse programs, as well as national policy, advocacy, and research initiatives, we have transformed the lives of tens of thousands of people living with serious mental illness. Fountain House's innovative approach begins with the insight that community is therapy and prioritizes the leadership of people living with serious mental illness, whom we refer to as "members" to signify agency and belonging. As the inspiration for more than 300 programs worldwide, Fountain House demonstrates the power of community in improving health outcomes, reducing loneliness, and breaking cycles of isolation and institutionalization. Together, we are building a brighter future for people living with serious mental illness — one of dignity, opportunity, and recovery.

Levels of loneliness in the United States have risen so high in recent years that the Surgeon General has declared loneliness an epidemic. For people with SMI, loneliness and isolation can have even more severe ramifications— they can further increase the risk of chronic disease, heart attacks, etc. in a population that is already at high risk for these comorbidities. People living with depression, bipolar disorder, schizophrenia, and other SMI diagnoses are 2 to 3 times more likely to be lonely than someone without a serious mental illness.

We know intimately that social isolation and loneliness are extremely prevalent in our community and harmful to the overall health and wellbeing of our members. Last year, we published a report [The Community Effect: How Clubhouses for People with Serious Mental Illness Reduce Loneliness](#), that analyze shifts in loneliness among more than 200 clubhouse members and found that 73% of members report high levels of loneliness when they enter Fountain House and 58% of them report reduced loneliness at time of follow-up, about 12-18 months later.

This provides profound evidence into the impact of the model as a powerful antidote to loneliness. Clubhouses create an intentionally designed community to promote recovery and



personal growth, building agency and a sense of belonging through daily work amongst staff and members to run the clubhouse.

One Fountain House member and board member, Deb, recently [shared the story of her mental health journey](#) over the course of the past several decades. She discussed the various hospitalizations and treatment programs that she cycled through that did not help her, saying that despite all of these, “for the most part, I was non-functional. I struggled to keep a job and spent a lot of time isolating and sleeping.” But, more than two decades ago, a caring social worker recommended Fountain House to her and transformed her life. She says, “going to Fountain House gave me a new identity. It helped me function and get out into the world. I was finally able to succeed and have goals and create a life that I wanted to live. It also became my safety net. Fountain House and the right treatment plan have kept me out of the hospital. I haven’t been hospitalized for nearly 24 years. Now that I’m here, I know I won’t fall through the cracks.”

Deb has achieved a lot over the years at Fountain House, including being appointed to the board of directors to represent the community. In recent years, she has also transitioned into living in a Fountain House senior residence. She describes it as “extremely supportive, but at the same time it’s independent. The people who work at the building are amazingly caring and helpful. Our director always goes the extra mile. I feel so secure. It’s an intentional community, just like it is in the clubhouse itself.”

In addition to running several units of senior housing, we also have a unit in the clubhouse specifically dedicated to our aging members. For 55+ members who come to the clubhouse, the Silver Center is an oasis of social connection and support. For those unable to attend, it serves as a lifeline, combating the profound isolation and neglect that too many individuals face in long-term care. Through its comprehensive services, advocacy, and community-driven approach, the Silver Center ensures that older FH members remain engaged, supported, and never alone. The program’s holistic approach ensures that older adults live fulfilling, purposeful lives as they age. With about 39% of clubhouse members being 55 or older, this represents a very significant portion of the Fountain House community.

The Silver Center is a dynamic and responsive program that has grown to meet the evolving needs of our aging members. Member volunteers are central to planning and executing programs and their efforts are supported by a dedicated team of professionals, including a program director and center-based [social practitioners](#). Each Silver Center participant meets individually with a social practitioner at least once a month to discuss personal goals and receive tailored support. The Silver Center also serves as a link to essential services, working closely with case workers who help members manage health care, medications, and housing.



Like other senior centers, the Silver Center at Fountain House offers a structured schedule of social events, activities, workshops, and exercise classes designed to support members' health, well-being, and social connections. Each day there are two unit meetings (at 9:30 AM and 1:00 PM) where members can help plan the day, share concerns, suggest ideas, and raise any issues they wish to discuss with staff. The rest of the day features a rotating schedule of engaging activities, including chair exercises, dance, meditation, yoga, bingo, board games, book clubs, watercolor painting, and themed art projects. Members also enjoy group outings, such as bowling trips or movie screenings in Times Square, followed by discussions over dessert at a local diner.

We also have robust virtual programming throughout the clubhouse and Silver Center has one of the highest virtual attendance rates of the whole clubhouse. This points to the fact that older adults are motivated and eager to connect in online spaces with support and highlights the need to run accessible programming that incorporates virtual options to engage those who may not want to or be able to travel into the clubhouse.

Additionally, the team in the Silver Center runs the Not Alone Project, a member-led safety initiative that brings the Fountain House clubhouse experience to members who can no longer visit in-person. Teams of members and staff make regular visits to those in long-term nursing care, short-term rehabilitation facilities, or homebound living situations, ensuring they remain connected to the FH community. Beyond providing social connection, the Not Alone Project serves as a powerful advocacy force, monitoring members' well-being and ensuring they receive proper care. Finding suitable housing for individuals with SMI as they age is particularly challenging, especially for those on Medicaid or Medicare, as many assisted living facilities are costly or exclude individuals with mental health diagnoses. As a result, some members end up in substandard nursing homes that are often quite far from their long-standing communities which increases their risk of isolation and decline.

Currently, the Not Alone team conducts visits across nearly 30 residential care facilities citywide, including Far Rockaway, Staten Island, and Parkchester. They do several outreach trips per week to visit several members in different facilities and support a total population of 60 to 90 members. To further bridge the gap, the program has also begun providing tablet computers to members in assisted care, allowing them to participate virtually in Silver Center activities. Through consistent outreach, advocacy, and innovation, Not Alone ensures that no member is ever forgotten.

Thank you for the opportunity to testify today, we greatly appreciate the City Council's attention to this issue and look forward to any opportunities to partner in working to ensure that no New Yorker suffers needlessly from social isolation and loneliness.

**New York City Council Committee on Aging
Oversight: Social Isolation Among Older New Yorkers
December 9, 2025 at 1:00 pm**

Good afternoon. I am Linda Hoffman, President of New York Foundation for Senior Citizens. On behalf of our Board of Directors, we would deeply appreciate your ensuring the continuation of our program by supporting the provision of \$250,000 from the Speaker's City-Wide Budget, an allocation from your individual and borough delegations' discretionary budgets within the next City Budget.

Our program provides the only services of their types in New York City.

Our free home sharing service is implemented by Social Workers who use their professional skills to successfully match older adult "hosts" with extra space in their apartments or houses to share with responsible, compatible "guests" in need of affordable housing. One of the "matchmates" must be age 60 or over.

During the first five months of fiscal year 2026, the program has already matched 60 hosts and guests in 30 home sharing arrangements. At this rate, the program is on its way to exceeding last year's record of matching 100 hosts and guests in 50 shared living arrangements. As such, the one-time cost of matching each host and guest could be even less than \$3,991.

Our respite care service is also implemented by professional Social Workers. They arrange affordable, short-term, in-home care at the low cost of \$19.10 per hour, paid directly to the home care workers by the frail elderly, who are attempting to manage at home alone or with the help of others, and, thereby, prevent their need for nursing home care.

Although the cost of private agency home care is \$30 per hour, our respite care service provides the lowest cost, highest quality home care at \$19.10 per hour and free of charge under emergency circumstances.

During the past 44 years, we have provided over 12,280 frail older adults and many more thousands of their caregivers with respite care services plus jobs for hundreds of Certified Home Health Aides. The current per person cost of providing respite care services during the last 2025 fiscal year was only \$553 per person.

Findings from our study of the July 1, 2024 – June 30, 2025 fiscal year demonstrate that New York City provided our Home Sharing and Respite Care Program with a total of \$200,000. In turn, the program saved New York City \$1,767,231.75 in Medicaid expenses by preventing abuse and the need for institutionalization.

Along with providing the City significant annual savings in Medicaid and other expenses, our home sharing and respite care services: enable the City's older adults to maintain and remain in their homes, obtain affordable housing, prevent feelings of isolation and loneliness and prevent institutionalization in nursing homes and homeless shelters, provide jobs for Home Health Aides.

Our program is totally dependent upon government refunding, each and every fiscal year, to continue to fulfill an ever-increasing number of requests for its services. To ensure that the program remains fiscally viable throughout each fiscal year, our program must receive sufficient New York City Budget and privately raised funds to cobble together with New York State Budget funding.

To continue our program, city-wide, requires \$250,000 from the Speaker's City-wide Budget, allocations from your individual and borough delegations within the City's next budget.

Thank you very much, in advance, for hopefully providing these desperately needed funds.

Date: December 9th 2025

Subject: Oversight - Social Isolation Among Older New Yorkers.

Good afternoon, Chairs Hudson and members of the New York City Council Committee on Aging

My name is Bryan Ellicott-Cook (They/He), and I serve as the Director of Government Relations at SAGE—the nation’s oldest and largest organization dedicated to improving the lives of LGBTQ+ older adults. Thank you for allowing me to share the voices of a generation that changed history—and now needs our help.

On behalf of SAGE, I submit this testimony as we explore social isolation, a challenge that disproportionately impacts LGBTQ+ older adults. Decades of discrimination, family rejection, and the devastating loss of entire communities during the HIV/AIDS crisis have left many aging members of our community without the support systems others take for granted. Social isolation is not just about loneliness—it is a public health issue that increases the risk of depression, cognitive decline, and even premature mortality. To illustrate what this looks like in real life, I want to share the story of Mary.

Mary is 72 years old. She lives in a small apartment in Manhattan. Every morning, she makes coffee and sits by the window, watching the city she helped shape. Mary came out in the 1970s, marched for equality, and cared for friends during the darkest days of the HIV/AIDS crisis. She worked at St. Vincent’s Hospital during the peak of the epidemic, witnessing unimaginable loss and offering comfort when few others would. Mary buried more people than she can count—partners, best friends, chosen family. Entire circles of love disappeared in a matter of years.

Today, Mary is alone. She never had children. Her biological family rejected her decades ago. Her phone rarely rings. And when she walks into a senior center that isn’t LGBTQ+-affirming, she feels invisible—or worse, unsafe. Mary’s story is not unique. It is the reality for thousands of LGBTQ+ older adults in New York City.

Social isolation is not just heartbreaking—it is deadly. Research shows that isolation increases the risk of depression, cognitive decline, and even premature death. For LGBTQ+ older adults, these risks are magnified by:

- Loss of support networks during the HIV/AIDS epidemic.
- Higher rates of discrimination in healthcare and housing.
- Economic insecurity from decades of workplace bias.
- Mental health challenges rooted in trauma and stigma.

The HIV/AIDS crisis left scars that never healed. Those who survived carry grief and trauma that shape their aging experience. They fought for their lives then—and now, they are fighting to age with dignity. But resilience should not mean isolation.

At SAGE, we know that connection saves lives. When programs are LGBTQ+-affirming and staffed by people who share these identities, trust is built—and isolation is reduced. Here's how we do it:

- Friendly Visiting Programs bring companionship to homebound elders.
- SAGE's four LGBTQ+-affirming older adult centers across New York City offer safe spaces for community and joy.
- Care Management & Special Programs provide tailored support for complex needs.
- Inclusive housing initiatives give older adults a place to belong.

Policy Recommendations

- Fund LGBTQ+-affirming aging services to expand outreach and programming.
- Require cultural competency training for all aging services providers.
- Support inclusive housing initiatives for LGBTQ+ older adults.
- Invest in mental health resources tailored to trauma histories.

Mary—and thousands of LGBTQ+ older New Yorkers—should not spend their final years in silence. They built this city. They fought for equality. They survived a pandemic that stole their chosen family and loved ones. Now, it is our turn to fight for them.

Thank you for your time and commitment.

Bryan Ellicott-Cook (He/They)

Director, Government Relations

SAGE – Advocacy & Services for LGBTQ+ Elders

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**Testimony from Selfhelp Community Services
NYC City Council Committee on Aging
Oversight Hearing: Social Isolation Among Older New Yorkers
December 9, 2025**

Hello to the Chair and members of the Committee on Aging. My name is Katie Foley, and I am the Managing Director at Selfhelp Community Services. Thank you for the opportunity to submit testimony today on the critical issue of social isolation among older New Yorkers.

For nearly 90 years, Selfhelp has been dedicated to helping older adults live with dignity and independence. We serve over 25,000 individuals across New York City through a wide range of services, including affordable housing, home care, and community-based programs. Our unique approach is rooted in our foundational work with Holocaust survivors, which has given us decades of experience in providing compassionate, trauma-informed care that respects the life experiences of every person we serve.

We believe that every person deserves to age with connection, purpose, and dignity. However, a growing crisis of social isolation threatens the health and well-being of countless older adults in our city. We see this every day in our work. Isolation is not simply a feeling of loneliness; it is a dangerous condition that has been linked to depression, cognitive decline, and poor health outcomes. For many, a lack of social connection creates a significant barrier to aging safely in their own homes and communities. The COVID pandemic worsened these issues, highlighting barriers in digital access and the growing need for virtual engagement opportunities.

At Selfhelp, we have long recognized the importance of community. Our Older Adult Centers, Naturally Occurring Retirement Communities (NORCs), and social programs for Holocaust survivors provide in-person connection, engagement, and support. These are essential programs, offering a lifeline to many who would otherwise be alone.

We also understand that a one-size-fits-all approach is not enough. We must think big and embrace innovative solutions to meet the evolving needs of older adults. Many of the individuals we serve are homebound or become effectively homebound during extreme weather, such as summer heatwaves or winter snowstorms. For these New Yorkers, leaving the house is not always an option, making them particularly vulnerable to prolonged isolation.

This is why we have integrated virtual programming through our Virtual Senior Center. As recent reporting in the Washington Post has highlighted, online tools can be a powerful way for older adults to build and maintain social connections. We support flexible funding for community-based programs that combine in-person services with adaptive virtual options to create a more inclusive and comprehensive support system. A hybrid model ensures that every older New Yorker, regardless of their mobility or circumstances, has the opportunity to remain part of a vibrant community.

Our Virtual Senior Center offers live, interactive classes and events that bring community directly into people's homes. It is a space for learning, for friendship, and for engagement. This is not a substitute for in-person interaction but a crucial addition to it. It provides a resilient and accessible



way for older adults to stay connected, especially when circumstances prevent them from gathering in person.

Preliminary findings from phase one of the research by Yeshiva University's Wurzweiler School of Social Work and supported by the Mother Cabrini Foundation has found many benefits to virtual programs for isolated adults, including:

- Structured digital programs, like Selfhelp's Virtual Senior Center, can extend access to older adults who are often excluded from in-person services.
- Accessibility features (captioning, large fonts, easy interfaces, proactive tech support) are essential.
- Findings highlight the potential for scalable, inclusive digital engagement models to address social isolation among vulnerable populations.

Thank you to the Council for this hearing and recognizing that social isolation is a public health issue. Together, we can find ways to support physical and digital forms of social connection for older adults and uphold our responsibility to ensure that all New Yorkers can age not in isolation, but with the dignity, independence, and connection they deserve.

Thank you.

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www.selfhelp.net



SERVICE PROGRAM FOR OLDER PEOPLE

Testimony presented to the

New York City Council Meeting
Committee on Aging

December 9, 2025 1:00 p.m.

Service Program for Older People, Inc.

www.spop.org

Good afternoon. I am Geordana Weber, Chief Program Officer at Service Program for Older People (SPOP). Thank you, Chair Hudson for holding this oversight hearing on the social isolation of older New Yorkers. I am grateful for this opportunity to address the Committee on Aging today.

As you've heard SPOP say throughout the years, we play a unique role in supporting the health, emotional well-being, and independence of older adults – and we've done so for more than 45 years. We are the only agency in the city that is exclusively dedicated to community-based mental health care for older adults. We provide outpatient treatment to over 1,000 people each year through individual and group therapy, assessments, medication management, and psychiatric rehabilitation.

The former US Surgeon General reported in 2023 that loneliness and social isolation are at epidemic levels. The oft-quoted statistics from Surgeon General Vivek Murphy's 2023 report document the impact of chronic loneliness and isolation: a 50% greater likelihood to develop dementia and a mortality rate equal to that of a person with a 15-cigarette-a-day habit. Our Assistant Director of Social Health says it this way: older adults who do not have friends die sooner, and they die at the expense of the health care and social service systems designed to keep them alive.

Social connection is a pillar of health and wellness because social isolation is dangerous. Falls, stroke, diabetes, suicidality and substance use are all made worse by isolation. On the flip side, social connectedness reinforces one's sense of purpose, values, and place in community.

At SPOP, we see how the most isolated and the most fragile of older adults in New York City are those living with serious mental illness, alone in a home, or in a room, or unhoused throughout the city. Isolation can be self-imposed, as a means to keep oneself alive and safe from the harm caused by community-imposed isolation, and we know that we have a responsibility to Older New Yorkers to provide behavioral and social supports that welcome them back into the community.

The solution to social isolation in older adults does not have a “once size fits all” fix, but the first step is to invest in increasing human contact and removing the barriers to connecting. We can diversify ways and places to congregate, so older adults recognize their own cultural and socio-economic reference group; teach social skills that have either gone dormant, due to years of isolation, or that were never effectively taught in earlier life; and focus on the groundbreaking technology that increases human to human connection, and rule out the technology that doesn’t.

Thank you for your work on behalf of all older New Yorkers and for this opportunity to testify.



Oversight: Social Isolation Among Older New Yorkers

**New York City Council Committee on Aging
Honorable Crystal Hudson, Chair**

Submitted by: Abbie Rubin-Pope

December 9, 2025

Thank you, Chair Hudson, and members of the Committee on Aging for holding this hearing and for the opportunity to provide testimony. My name is Abbie Rubin-Pope, and I am the Policy & Advocacy Associate at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services and allocates roughly \$200 million each year to support older adults, combat poverty and food insecurity, nurture mental health and well-being, strengthen Jewish life, and respond to crises here and across the globe.

Combatting Social Isolation

Social isolation is a significant concern among older adults, and often leads to adverse health outcomes, diminished emotional well-being, and a decreased sense of belonging within their communities. As individuals age, factors such as retirement and fixed incomes, mobility limitations, loss of loved ones, and changing family dynamics can make it more challenging to maintain strong social networks. Without regular opportunities for meaningful engagement, older adults may experience loneliness, which has been linked to increased risks of depression, cognitive decline, and even physical illness. Community-based programs play a vital role in addressing social isolation by fostering connections, organizing group activities, and providing access to support services that help older adults remain active and involved in their communities.

N/NORC Program

Naturally Occurring Retirement Communities (NORCs) and Neighborhood Naturally Occurring Retirement Communities (NNORCs) – collectively referred to as N/NORCs – are multi-age housing developments or neighborhoods, respectively, that were not originally developed for older adults but are now home to a significant number of older people. UJA helped establish the first NORC program more than 40 years ago with the goal of transforming residential complexes

and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes, thrive in their communities, and delay hospitalization or nursing home placement.

N/NORC programs provide case management services, nursing services, recreational, social and cultural activities, volunteer opportunities, and ancillary services tailored to meet the needs of each community. By providing culturally and linguistically diverse staff to administer wellness checks and organize community activities, N/NORCs provide support to individuals struggling with social isolation while simultaneously working to actively combat this phenomenon with intentional opportunities to connect.

At the same time, we must look toward growing the network of these services to support more older adults, especially as the number of older adults in New York City continues to rapidly grow. To continue to promote healthy aging in place, UJA, in conjunction with United Neighborhood Houses, proposes the “NORC in Every Neighborhood” model. There are currently 31 neighborhoods in New York City without a N/NORC. We ask the Council to commit an additional **\$10 million in the coming fiscal year to support the creation of 31 new N/NORCs**, ensuring that every community can benefit from the physical, social, and emotional advantages of these programs.

Nursing and healthcare services play an essential role in the N/NORC program and must be provided by participating organizations. However, DFTA NORC contracts do not cover the full cost of health care services. While these services had previously been covered by healthcare providers, pro-bono, with changes to the healthcare system over the years, these agreements have eroded. With rates exceeding \$100 per hour for some nursing services providers, NORCs now scramble to cover this cost, including an annual funding request to the Council through the N/NORC Initiative.

Without the support of the City Council’s N/NORC Initiative, many programs would not be able to continue to provide critical services to thousands of older adults in New York City. **To sustain and strengthen the N/NORC program, we ask the Council to baseline an additional \$1 million to support increased nursing rates for Council-funded NNORC programs.** These funds will help ensure these programs can continue to provide essential services to N/NORC residents throughout New York City.

Conclusion

The N/NORC program shows the importance of dependable social connection, reliable healthcare services, and pathways to essential support. These programs help older adults maintain independence, prevent isolation, and participate fully in community life. We urge the Council to increase its investment in N/NORCs in the years to come so that older adults in New York City can continue to live safely and meaningfully in their communities.

**Testimony of Molly E. Eagan, CEO
VISIONS/Services for the Blind and Visually Impaired
Hearing on Social Isolation and Aging in New York City**

Thank you, Chair and members of the Council, for the opportunity to speak today. My name is **Molly Eagan**, and I am the CEO of **VISIONS/Services for the Blind and Visually Impaired**, a 100-year-old New York City nonprofit delivering free rehabilitation, workforce, youth, and older adult services to people who are blind and visually impaired. I've also lived here in NYC since the late 80s, up in Washington Heights and have spent more than thirty years working on public health equity through both local and national NYC-based non-profits.

I want to begin with a simple truth:

Everything we know about social isolation among older adults is magnified when you lose your vision.

As our city's population ages, the four leading causes of vision loss—**age-related macular degeneration (which is what I myself have), diabetic retinopathy, glaucoma, and cataracts**—are all rising, especially among communities already facing health disparities. Vision loss is not an isolated medical condition; it is a gateway to disconnection. Without support, older adults who lose their sight often lose far more: their mobility, their confidence, their access to community, and the daily interactions that make life meaningful.

When an older New Yorker can't read mail, navigate their building safely, cook a meal, or leave home independently, **the risk of social isolation skyrockets**. And if you overlay vision loss on top of poverty, chronic illness, unsafe housing, or limited family support, isolation becomes almost guaranteed.

At VISIONS, we see this every day and we also see what is possible when the right supports are in place. Our staff provide in-home vision rehabilitation training, orientation and mobility instruction, assistive technology coaching, and social programs that help older adults remain active and connected. At our VISIONS Center on Aging in Manhattan—New York City's **first and only** older adult center specifically designed for people who are blind and visually impaired—participants regain skills, rebuild community, and rediscover independence. For many, it is the only place where they feel fully seen.

I want to stress that this issue is bigger than any one organization. **New York City has not yet fully reckoned with the coming wave of vision loss among older adults.** By 2030, tens of thousands more New Yorkers will age into conditions that can severely limit their vision. The question is not whether this will impact rates of social isolation—it is how prepared we are to respond.

To combat social isolation effectively, we must recognize vision loss as a core aging issue. That means:

1. **Funding more in-home vision rehabilitation and mobility training**, which directly reduces isolation.
2. **Expanding accessible older adult centers and community programs** so that someone who recently lost their sight does not have to stop participating in the world.
3. **Investing in assistive technology and training**, which is now as essential as a walker or hearing aid.
4. **Ensuring that every city-funded aging initiative includes accessibility for blind and visually impaired New Yorkers**—not as an afterthought, but as a requirement.

The people we serve are not defined by their vision loss. With the right support, older adults remain vibrant, engaged contributors to their families and communities. But without those supports, isolation becomes a silent epidemic.

I urge the Council to see this moment clearly: addressing social isolation among older adults **must include the needs of those experiencing vision loss**, or we will leave tens of thousands of New Yorkers behind.

Thank you for your leadership and for your commitment to ensuring that older adults—of every ability—can age with dignity, connection, and independence. VISIONS is ready to partner with the City to make that future possible.

Thank you.

**THE COUNCIL
THE CITY OF NEW YORK**

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